

Psychotherapy Guidebook

MUTUAL STORYTELLING TECHNIQUE

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Mutual Storytelling Technique

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DEFINITION

The Mutual Storytelling Technique is a method of therapeutic communication with children. In it, the therapist elicits a self-created story from the child, surmises its psychodynamic meaning, and then creates a story of his own using the same characters in a similar setting. The therapist's story differs from that of the child in that he introduces healthier resolutions and maturer adaptations.

HISTORY

Eliciting stories is a time-honored practice in child psychotherapy. From the stories children tell, the therapist is able to gain invaluable insights into the child's inner conflicts, frustrations, and defenses. The techniques described in the literature on child psychotherapy and psychoanalysis are, for the most part, attempts to use such stories therapeutically. Some are based on the assumption, borrowed from the adult psychoanalytic model, that making the unconscious conscious can itself be therapeutic. My own experience has revealed that few children are interested in gaining conscious awareness of

their unconscious processes, let alone utilizing such insights therapeutically. Children do, however, enjoy both telling stories and listening to them. Since storytelling is one of the child's favorite modes of communication, I wondered whether communicating to him in the same mode might not be useful in child therapy. The efficacy of the storytelling approach for the imparting and transmission of values and insights is proved by the ancient and universal appeal of fable, myth, and legend.

TECHNIQUE

It was from these observations and considerations that I developed the Mutual Storytelling Technique — as one solution to the problem of how to utilize the child's stories therapeutically. In this method the child first tells a story; the therapist surmises its psychodynamic meaning and then tells one of his own. The therapist's story contains the same characters in a similar setting, but he introduces healthier adaptations and resolutions of the conflicts that have been exhibited in the child's story. Since he speaks in the child's own language, the therapist has a good chance of "being heard." One could almost say that here the therapist's interpretations bypass the conscious and are received directly by the unconscious. The child is not burdened with psychoanalytic interpretations that are often alien to him. Direct, anxiety-provoking confrontations, so reminiscent of the child's experience with parents and teachers, are avoided. Finally, the introduction of

humor and drama enhances the child's interest and pleasure and, therefore, his receptivity.

Drawings, dolls, puppets, and other toys are the modalities around which stories are traditionally told in child therapy, but these often restrict the child's storytelling or channel it in highly specific directions. The tape recorder (audio or visual) does not have these disadvantages; with it, the visual field remains free from contaminating and distracting stimuli.

I introduce the game by asking the child if he would like to be guest of honor on a make-believe television program on which stories are told. If he agrees — and few decline the honor — the recorder is turned on and I begin:

Good morning, boys and girls. I'd like to welcome you once again to Dr. Gardner's "Make-Up-a-Story Television Program." On this program we invite children to see how good they are at making up stories. Naturally, the more adventure or excitement a story has, the most interesting it is to the people who are watching on their television sets. Now, it's against the rules to tell stories about things you've read or have seen in the movies or on television, or about things that really happened to you or anyone you know.

Like all stories, your story should have a beginning, a middle, and an end. After you've made up a story, you'll tell us the moral or lesson of the

story. We all know that every good story has a moral.

Then after you've told your story, Dr. Gardner will make up a story, too. He'll try to tell one that's interesting and unusual, and then he'll tell the moral of his story.

And now, without further delay, let me introduce to you a boy [girl] who is with us today for the first time. Can you tell us your name, young man?

I then ask the child a series of brief questions that can be answered by single words or brief phrases, such as his age, address, school grade, and teacher. These "easy" questions diminish the child's anxiety and tend to make him less tense about the more unstructured themes involved in "making up a story." The child is then told:

Now that we've heard a few things about you, we're all interested in hearing the story you have for us today.

At this point most children plunge right into their story, although some may feel the need for "time to think." I may offer this pause; if it is asked for by the child, it is readily granted. There are some children for whom this pause is not enough, but nevertheless still want to try. In such instances the child is told:

Some children, especially when it's their first time on this program, have a little trouble thinking of a story, but with some help from me they're able to do so. Most children don't realize that there are millions of stories in their heads they don't know about. And I know a way to help get some of them out. Would you like me to help you get out one of them?

Most children assent to this. I then continue:

Fine, here's how it works. I'll start the story and, when I point my finger at you, you say exactly what comes into your mind at that time. You'll then see how easy it is to make up a story. Okay. Let's start. Once upon a time — a long, long time ago — in a distant land — far, far away — there lived a —

I then point my finger, and it is a rare child who does not offer some fill-in word at this point. If the word is "dog," for example, I then say, "And that dog —" and once again point to the patient. I follow the statement provided by the child with "And then —" or "The next thing that happened was —." Every statement the child makes is followed by some introductory connective and an indication to the child to supply the next statement — that and no more. The introduction of specific phrases or words would defeat the therapist's purpose of catalyzing the youngster's production of his own created material and of sustaining, as needed, its continuity.

This approach is sufficient to get most children over whatever hurdles

there are for them in telling a story. If this is not enough, however, it is best to drop the activity in a completely casual and nonreproachful manner, such as: “Well, today doesn’t seem to be your good day for storytelling. Perhaps we’ll try again some other time.”

While the child is engaged in telling his story, I jot down notes, which not only help in analyzing the child’s story but also serve as a basis for my own. At the end of the child’s story and his statement of its moral, I may ask questions about specific items in the story. The purpose here is to obtain additional details, which are often of help in understanding the story. Typical questions might be: Was the fish in your story a man or a lady? Why was the fox so mad at the goat? or Why did the bear do that?

APPLICATIONS

The technique is useful in the treatment of a wide variety of psychogenic disorders of childhood. It is generally useful for children between the ages of four and twelve. It is contraindicated in the therapy of children who resort significantly to fantasy, especially those who are psychotic. Such children need reality-oriented therapeutic approaches rather than those that encourage fantasy formation. Some of the specific psychiatric disorders for which the method has been shown to be useful are listed in the bibliography.

