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Storytelling and Cognitive Therapy with Children

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Storytelling is a developmentally sensitive tool to elicit children's thoughts, identify their distortions, and help them to more accurately make sense of their world. Integration of storytelling into a cognitive approach to child psychotherapy is encouraged due to cognitive therapy's conceptual richness and flexibility. Cognitive case conceptualization augments the application of the storytelling techniques. Advantages of the storytelling approach such as familiarity to children, relationship enhancement, meaningfulness, and flexibility are delineated. Clinical examples are described and special considerations are outlined.

Bettelheim (1975, p. 63) wrote that a journey into the woods, which is so common in children's stories, reflects "a voyage into the interior of our mind, into the realms of unawareness and the unconscious." Children's deeply held thoughts, beliefs, and images frequently lie unarticulated in this dimly lit but vast mental interior. Illuminating these hidden assumptions through mutual storytelling is an exciting clinical adventure. Storytelling in cognitive behavioral therapy with children is a developmentally appropriate means to enrich therapy.

The favorable results from case studies, clinical reports, and theoretical reviews mainly from a psychodynamic perspective support the utility of storytelling in child psychotherapy (Corder, Haizlip, & DeBoer, 1990; Kestenbaum, 1985; Remotique-Ano, 1980; Gardner, 1970, 1971, 1972, 1975; Becker, 1972; Brandell, 1986).

Further, there is recent interest in the use of stories in cognitive therapy practice (Russell, 1991; Van den Brock & Thurlow, 1991; Bamberg, 1991; Leahy, 1988, 1991; Friedberg & Dalenberg, 1991; Friedberg & Fidaleo, 1990). While this literature does not include well-controlled empirical research, it nonetheless provides a springboard on which a cognitive approach to storytelling

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can be based. Although storytelling in psychotherapy has its theoretical DNA in psychodynamic approaches, its use in cognitive therapy is a compelling hybrid. The beauty and appeal of cognitive therapy is its rich conceptual model which promotes integration with techniques subleased from other theoretical landlords (Beck, 1991; Alford & Norcross, 1991).

TECHNIQUE

Gardner (1970, 1971, 1972, 1975) offers a complete description of the Mutual Storytelling Technique (MSTT). He (1972) recommended the use of the MSTT with nonpsychotic children who are verbal and between four years old and adolescence. Basically, the child is invited to tell a story into a tape recorder. The story should include a beginning, middle, and an end. Further, it should be one the child has never heard before. The story ends with a lesson or moral. The therapist's job is to discern the psychological meaning of the story and offer a healthier version along a similar theme. Therapists can ask questions to flesh out their understanding of the children's stories. Finally, a lesson is also included in the therapist's story. In this way, the Mutual Storytelling Technique is a respectful and developmentally sensitive method to correct children's cognitive errors. In fact, despite its psychodynamic heritage, a main focus in MSTT is the "repetitious correction of cognitive distortion (Gardner, 1970, p. 429)." Certainly, the focus of the MSTT in cognitive therapy is more explicitly placed on problem solving, self-statements, and alternative thinking than in Gardner's more psychodynamic approach. Accordingly, less emphasis is placed on uncovering and interpreting symbolic meaning.

In their review of the literature, Van den Brock and Thurlow (1991) found that children were more apt than adults to neglect the roles emotions, thoughts, and images play in story characters' behaviors. They advocate targeting treatment toward increasing children's recognition of these internal states. Gardner (1972) similarly suggested that broadening children's truncated perspectives is the goal of MSTT.

Van den Brock and Thurlow (1991) remarked treatment success depends on the psychotherapist's awareness and appreciation of children's developmental capacities. Cognitive psychotherapists must keenly respect the range in children's abstract reasoning, attention, and verbal expressive skills. At times, a child's inability to offer or accept a more realistically sanguine tale may not be a function of avoidance or resistance. Rather, the therapist's story may be incomprehensible or the causal connections between story elements may be unclear. The therapist's story theme may be inaccurate or the lesson may be too "adultomorphized." One must always remember that common sense notions to adults may seem nonsensical to children.

Stories add to the traditional recipes of cognitive therapy with children and augment the therapy process. Experimenting with a pinch or splash of flavor-

ing is part of being a good chef. Cooking up a good mix of standard cognitive-behavioral practices and storytelling requires considerable flexibility. Similar to any other technique, it can be underdone or overcooked.

While experimenting with storytelling is recommended for each unique child, a few general guidelines are suggested. Typically, storytelling can be a regular treatment component but not necessarily part of every session. The storytelling "show" ordinarily occurs once a session, usually in the middle of the session. Since rapport may need to be reestablished and a context for the stories may need to be developed, beginning the session with storytelling may compromise its results. Using storytelling in the middle of the session enables the therapist to embed the story into the agenda that forms the therapeutic foci. Leaving the story to the end of the session can preclude depthful processing of the material as well as designing homework assignments around the story. Storytelling, like homework assignments in standard cognitive therapy, should emerge gracefully within the session. Imposing storytelling inappropriately can intrude on play or discussion about other material. It should remain consistent with the content, structure, and process within therapy and thereby promote therapeutic momentum.

APPLICATIONS

Using stories in cognitive therapy offers several advantages to clinicians. Like so many other environmental events in distressed children's lives, therapy is often a confusing, perplexing and peculiar experience for children. Their resistance, avoidance, and inertia may be due to this unfamiliarity and not knowing the rules of the therapy situation (Friedberg & Dalenberg, 1991). Russell (1991, pg. 254) aptly noted, "It is, after all, the universal and ineradicably significant presence of narrative in human life that recommends it so highly as an explicit, perhaps unavoidable therapeutic target." Stories are familiar to almost any child and they are threads woven into the fabric of childhood.

Stories permit children the freedom to acknowledge and express outcast feelings, thoughts, and actions that were heretofore seen as reprehensible. "It is all right," Kestenbaum (1985, p. 488) wrote, "for such a child to "code" his feeling in stories or even write forbidden words on paper to hand to the therapist, but very upsetting to say the words aloud." Stories facilitate expression and disclosure with relative impunity.

Storytelling in cognitive therapy can be seen as a form of covert modeling. When children listen to, perceive, and tell therapeutic tales, they create positive coping images (Lazarus, 1984; Friedberg & Fidaleo, 1990; Corder, Haizlip, & DeBoer, 1990). Bettelheim (1975) remarked that the imagery and action inherent in stories communicate important information about emotional functioning. "Stories," Lazarus (1984, p. 104) notes, "instill basic psychologi-

cal realities" in children. In their work with sexually abused children, Corder, Haizlip, and DeBoer (1990) found the stories fostered children's cognitive reframing and more objective perspectives on the trauma. According to Corder et al., stories promoted adaptive strategies, mastery, and problem solving.

Mutual storytelling also helps children develop more accurate perceptions without the use of direct refutation and confrontation (Gardner, 1970). For Bettelheim (1975, p. 45), "a child trusts what the fairy story tells, because its world view accords with his own." Correction without direct refutation is especially valuable since children are quite reactive to Socratic questioning and may misinterpret it as implicit criticism (DiGiuseppe, 1989). Troubled children often have relationships with parents, teachers, and other authority figures that are punctuated by confrontations, lectures, and/or overcontrol. Gardner (1970) aptly noted that through storytelling child psychotherapists can obviate the chasms which plague other adult-child relationships. Storytelling also occurs in an interpersonal context and accordingly yields a myriad of benefits. In storytelling, child and therapist are equal partners (Bettelheim, 1975). For children who have relationship difficulties, the exchanging of stories teaches them important lessons about turntaking, listening, and patience.

The rich interpersonal nature of storytelling augments the therapeutic relationship fueled by collaborative empiricism. Contrary to Russell and Van den Broek's contention (1988) that mutual storytelling reinforces passive learning, children become engaged and active collaborators when sharing stories. The data on vicarious learning indicate that children are not passive waste baskets of incoming information (Bandura, 1977, 1986). Rather, they chew things over, listening, watching, remembering, sorting, and transforming information in an idiosyncratic manner (Friedberg & Dalenberg, 1991). In cognitive therapy, stories represent the empirical data base for children's beliefs and in turn, mutual storytelling reflects the stance that these beliefs are hypotheses to be tested. When children offer morals or lessons to their stories, they are effortfully processing material and the lessons succinctly reveal their implicit judgments, evaluations, and conclusions about their problems (Becker, 1972).

Cognitive therapy, like all psychotherapies, seeks to slice to the psychological meat while carving off the grissle and fat in a timely and effective manner. Stories tap into meaningful thoughts, images, feelings, and behaviors. As Becker (1972, p. 88) suggested, "stories are relevant and situationally-specific to the patients' immediate conflicts." They are packed with here and now information (Becker, 1972). Moreover, stories reflect schematic content and knowledge of scripts (Leahy, 1991: Van den Brock & Thurlow, 1991).

The flexible and creative nature of storytelling in cognitive therapy augments its potential impact. Using a tape recorder in sessions allows children to take therapy home. They can listen to the stories at home with their parents.

Parents can become involved in the storytelling, observe the process, and learn to use it with their children. The resulting benefits enrich heretofore impoverished parent-child relationships. Additionally, when parents and children listen to the stories, the themes and issues raised in the stories become the grist for family therapy sessions. By taping the stories, children listen to and review their story tapes when they are confronted with real life stressors that are similar to the story themes. This is a parallel technique to the use of flash cards with adults. Gardner (1975) also mentioned enacting the stories during sessions and thus rehearsing coping plans. The behavioral, cognitive and affective rehearsal can enliven therapy, prompt generalization, and punch up its efficacy.

Storytelling is also fun for the therapist (Gardner, 1970, 1972). When therapists are enjoying themselves, they are more psychologically present and effective. The challenge inherent in mutual storytelling promotes therapists' curiosity, creativity, and enthusiasm. Clearly, children reap the salubrious benefits from active, creative, enthusiastic, and engaged psychotherapists. Since storytelling is pleasant and entertaining, it advances the reinforcement value of sessions. Becker (1972, p. 89) noted that during storytelling children "perceive themselves as important and essential to the therapeutic encounter." This boosts their selfe-steem as well as their investment in therapy.

CLINICAL EXAMPLES

I would like to share two examples of stories I have found successful in clinical practice. In the first example, I was working with a four-year-old preschool boy who was experiencing troubling separation anxiety. When he went to preschool, he would bite, scratch, and hit the other kids. He was clingy with his mom and would become anxious at her absence. During the course of the play, he was cooperative but not particularly engaged. When we decided to play the storytelling game early in therapy around the second or third session, his interest peaked. He told a story about a kitten going to kitty school and scratching the other kittens. When I told my parallel story, I narrated a story about "Stinky" a skunk who too went to skunk school and felt afraid and lonely and bit and pinched the other skunks. I explained that Stinky punched and kicked and bit because he was afraid of the other skunks. With the help of his teachers and parents, Stinky slowly learned ways to make friends and be apart from his mom. After he learned these new things, Stinky wasn't scared anymore. The lesson, of course, was skunks could learn to be away from their mom and still be safe.

During the story, the boy maintained extraordinary eye contact and listened intently. When he returned the next week, he eagerly greeted me in the waiting room exclaiming, "Hi, Dr. Bob, look what I have" and proudly held a stuffed skunk in the air. "His name is Stinky," he added and separated easily from his

mom. Although "Stinky's" story was not repeated and we did not tell many more stories, Stinky remained central to our work on building self-efficacy, social and expressive skills, and making independence less scary. The theme was reinforced by the play and the character, Stinky, was externalized through a toy figure that could demonstrate problem solving and self-statements. For younger children, transforming the covert image created in the story into a tangible model can be a particularly effective metamorphosis. The story made a contribution as a catalyst for change priming the child for traditional cognitive behavioral play therapy.

A second story was a central part of my work with a very fearful five-year-old girl. She timorously approached autonomy and had subsequently become an expert in enlisting mom's help in doing things for her that she could do herself. My storytelling was unsuccessful early in therapy because I seemed to be missing the theme or my lessons/stories were too abstract. However, I tried the following story during one of our sessions together and it proved engaging.

> Once upon a time, a long, long time ago in a place far, far, far away, there lived a little bear. And this bear's name was Tracy. Tracy was a happy little bear except when she was away from her mom and dad or when she had to do things for herself. One day, she was playing in the woods with her friends, the butterflies, when she got very hungry. She wanted to eat, but there was no one there to feed her unless she went home. Then she saw the tree. It had delicious honey coming out of it. She went over to the tree and licked her lips. She wondered whether she should get the food for herself or go home and have her mom get it for her. She reached into the tree, very slowly (at this point, the girl reached out her own hand with her mouth agape) and pulled out the honey. She tasted it and it tasted very good. She took enough to not make her feel hungry and went back to playing. On her way home, she could not wait to tell her mommy about the snack. She told her mom and her mom said it was great that she could do things for herself. The end. The lesson of the story is that even when you do things for yourself your mom and dad still love you.

SPECIAL CONSIDERATIONS

Often, the cognitive therapist will be challenged by children who are reluctant to get involved with the Mutual Storytelling Technique. Of course, nothing is gained from forcing or coercing children to play with the technique. However, there are several useful ways to help disengaged children connect with the procedure (Gardner, 1972). An animated introduction to the game captures a child's attention and imagination. Additionally, the gadgetry represented by the tape recorder also elicits children's interest. Having the child introduce the therapist on the tape is fun. Further, younger children find pushing the buttons on the machine entertaining. For shy and reticent children, playing with the recorder before telling the stories can be useful. For example, sharing a favorite animal noise on the tape and playing it back is enjoyable and lessens performance pressures.

For some children, Gardner (1972) recommends graduated storytelling where children can fill in the blanks before they begin their own story. He suggests the therapist start the story, pause, and then prompt the child to fill in

the blanks. This process can continue until the child narrates a tale on his/her own or the story is complete.

Mutual storytelling is a behavioral experiment. Therefore, much information can be discovered in how the child approaches the task. When a child is avoidant or reluctant to tell a story, it is an ideal time to tap the nature of the avoidance. The feelings and thoughts are ripe for capture. Is the child placing performance pressures on himself or herself? Is the child afraid of disclosure? Does he/she fear disapproval? Is he/she afraid of her thoughts and feelings? Sometimes, the beliefs culled from the avoidance can be extremely productive.

Finally, the therapists must examine their own expectations and behaviors. Therapists must avoid trying to do too much with one story and attempting to encapsulate all of a child's experiences, thoughts, and feelings into a *Reader's Digest* story. Adding too much to the story can overwhelm children. Complex stories and abstract lessons are difficult to follow. When the material is beyond children's level, their perspective-taking abilities are inhibited.

Three components are particularly potent in storytelling. The therapeutic alliance is potentiated by the growing connection between listener and teller during the story play. This collaborative give and take between clinician and child provides data that the therapist is not another aloof adult. Rather, through this special exchange therapists communicate that they know what it is like to be late for dinner, have dirty hands and skinned knees or be home alone. The retelling of the stories models problem solving, alternative thinking, behavioral experimentation, and the use of self-statements. The stories can be the basis from which characters model self-statements. It could also serve as a metaphor for skill training and presenting educational material. The lesson provides a summation or a conceptual anchor point. The moral offers a hook upon which children can hang an alternative construction or explanation of their experiences. These three processes are interrelated and reinforce each other. One process may be more crucial than the other for different children or at different times for the same child.

When placed within the theoretical context of cognitive change, storytelling promotes children's exploration of their cognitive and emotional experiences, coping self-statements, the hypothesis-testing process, alternative problem-solving, accurate reattribution, and behavioral experimentation. Similar to other cognitive methods and processes, storytelling influences change by fostering a salutary interpersonal relationship and building a variety of skills (Robins & Hayes, 1993).

CONCLUSION

Storytelling can be a useful component to cognitive therapy with children. Although there is a lack of systematic research in this area, perhaps the extant work can provide a clinical heuristic which can stimulate controlled outcome

research. In this way, storytelling can take its place alongside other incompletely studied but intriguing approaches to cognitive therapy (Beck, 1993). Mutual storytelling fits well into cognitive therapy's allegiance to collaborative empiricism and guided discovery. Storytelling can facilitate case conceptualization and refresh stale sessions with creativity and flexibility. Most important, stories are intimately tied to basic human experiences (Neimeyer, 1993). Understanding these experiences and helping children change their maladaptive ways of coping is ultimately the work of the cognitive therapist.

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