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Narrative therapy with children: A qualitative interview study with Danish therapists about the application of narrative practices

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Abstract

Purpose: Therapists' insights into practising narrative therapy (NT) with children can elucidate the strengths and challenges associated with this practice.

Aim: The aim of this study was to investigate how therapists experience the application of NT with children.

Method: Nine Danish narrative therapists working with children participated in semi-structured qualitative interviews. The data were analysed using Braun and Clarke's thematic analysis.

Results: Three overall themes were identified; “you have to be crazy about children,” “practised ethics” and “practical challenges.” Two subthemes were generated: “acting is the key” and “the importance of the system surrounding the child.”

Conclusion: The narrative therapists experienced NT as applicable for children due to its potential to facilitate a safe place that integrates the child's current stage of development. NT does not serve to “fit” the child but should be perceived as a practised ethic. Therapists accentuated challenges working with NT, specifically related to outsider-witnessing and staying in a decentred position. The results are discussed regarding their contribution to the evolvement of the narrative therapy profession and to the training and supervision of novice practitioners.

KEYWORDS

children, narrative therapy, qualitative interviews

1 | INTRODUCTION

Narrative therapy (NT) was originally developed within the context of family therapy with children and their parents, siblings and other caregivers (Ramey et al., 2009; White & Morgan, 2006). In

the past decades, mental health issues of children and adolescents have increased (Collishaw, 2015), with the worldwide prevalence rate of mental disorders estimated to be 13% (World Health Organization, 2021). This negative increase highlights the need to identify effective and meaningful interventions, but also to

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identify the mechanisms underlying them to better inform therapists, parents and teachers on how to support children efficiently. Interventions with children can be particularly challenging if they hold an unequal balance of power, where the child experiences personal questions in a therapeutic situation as an interrogation and, when searching for an answer, the child may feel she herself is the problem. Consequently, communicating and interacting with children in a therapeutic setting can be inhibited by the nature of the therapist-child relationship, and, additionally for children struggling with psychological issues, it might be stressful having to adapt to serious novel adults (Vermeire, 2017). NT is informed by post-structuralist or non-structuralist understandings of life and identity (White, 2000) and holds the potential to facilitate a non-hierarchical relationship between the child and the therapist, where the therapist and child can adopt new positions or roles in interactive informal conversations rather than being constrained by the setting of formal therapeutic conversations (Vermeire, 2017).

1.1 | Narrative therapy with children

Narrative therapy was developed by David Epston and Michael White and involves working with and examining the stories told by an individual (White & Morgan, 2006). In NT, problems are viewed as dominant stories influenced by cultural, social, historical and political contexts, and the goal is to facilitate the individual in replacing thin, problem-oriented stories with preferred thickened narratives about their personal lives. The problem addressed by the individual is not viewed as a dysfunction, but as a story that needs to be reconstructed through therapeutic conversations and practices. Through these conversations, people become agents in their own lives by describing everyday situations in words that reflect their unique experiences (White, 1988). NT was originally developed in the context of working with families and has long held an important place in family therapy (Ramey et al., 2009). The applicability of NT for working with children has been core to the origins of the narrative approach, and NT can be considered useful in therapeutic work with children. Furthermore, NT is inspired by specific concepts and modes of conceptualising children's development that were developed in Vygotsky's Sociocultural Theory of Cognitive Development (White & Morgan, 2006). For example, through the zone of proximal development and the unfolding of scaffolded conversation maps, the narrative therapist can help minimise the gap between what is known by the child and what is possible for the child to become knowledgeable about. This may also provide the child with a greater opportunity to play a more meaningful role in their own development, to explore previously unknown facets of themselves and provide them a sense of personal agency in regulating their life (White & Morgan, 2006). Young children are often unable to verbalise their personal stories in a clear way (Carlson, 1997). If given the choice, most children will, however, choose to interact playfully with others. Serious questions and methodological problem-solving approaches

Implications for practice and policy

- Our findings indicate, in general, that therapists' experiences of NT have the potential to help children struggling with a variety of challenges. The strengths and challenges highlighted by the therapists can be useful for training and supervising novice narrative therapists in the future and for the future development of the narrative profession.

can hinder children's communication and inhibit their skills, knowledge and creative resources (Freeman et al., 1997). As an alternative to complex talking, NT integrates simple and concrete activities, such as drawing, to refer to and communicate about specific challenges (Carlson, 1997). This allows children to tell their stories in a way that makes sense to them, and for more detailed descriptions to emerge (White, 2007). In this sense, the conversation can become more inviting for the child, enabling them to talk about concerns and what is important to them without pressuring the child to express themselves exclusively through language (Vermeire, 2017). Consequentially, this may allow the child more direct access to overlooked aspects of their life and to see problems from different perspectives and through new constructions of narratives (White, 2007). Research has shown that children from the age of six years are able to tell chronological and coherent stories (Kelly et al., 2022).

1.2 | Previous research on NT with children

Evidence regarding the use of NT with children and its effectiveness is limited. This may in part be due to the incongruent epistemological standpoints of evidence-based-thinking psychiatry and narrative therapy (Jørring & Jacobsen, 2014). In a systematic review by Velat (2018), the evidence of NT was examined in the context of children and youth with special educational needs. Across the six identified studies, Velat found that NT can be an effective method to reduce problematic behaviour in school. Other studies have emphasised NT as a preventive intervention for children of parents with affective disorders (Focht & Beardslee, 1996) and NT is evidently helpful in the treatment of moderate depression (Jørring & Jensen, 2018; Lopes et al., 2014), the reduction of attention-deficit/hyperactivity symptoms (Looyeh et al., 2012), psychological distress in children with autism (Cashin et al., 2013), social phobia (Looyeh et al., 2014), and to support the development of social and emotional skills in children. A study by Jørring and Jensen (2018) found that narrative family therapy has a positive effect on young teenagers' own evaluation of the burden of symptoms, and on parents' perceived personal agency regarding the teenager's distress. They point to NT as giving families a language for, and ways of placing themselves in, a more powerful position regarding experienced challenges. A study by Beaudoin et al. (2016) found that

children who received NT demonstrated a significant improvement in self-awareness, self-management and social awareness, compared to children in the waitlist control group. They argued that NT allows children to explore their situations from new angles without being limited by their narrow vocabulary of self-descriptive words (Beaudoin et al., 2016). Furthermore, qualitative studies have explored what children and families experience as meaningful in their encounters with NT and highlighted that through storytelling, the therapy helped them create distance between themselves and the problem (Baldiwala & Kanakia, 2021; Young & Cooper, 2008).

When considering therapists' experiences of NT, limited studies have yet explored this. A study by Casey et al. (2022) investigated therapists' experiences of play therapy for Muslim families in Western countries by conducting semi-structured interviews. Findings indicated that the therapists experienced curiosity for the family's culture as essential in practice, as well as conceding their limited knowledge of the culture and directly asking questions about it. O'Connor et al. (2004) interviewed therapists using NT at the beginning stage of their therapeutic practice about their experiences with the use of a reflecting team in NT. This study revealed that the therapists experienced a sense of success in reducing the participants' problems; however, the therapists highlighted that narrative therapy requires specialised education and practice to excel in using the skills, phrases and concepts of the approach.

To our knowledge, prior research has not addressed narrative therapists' views and experiences with NT when working with children. Investigating therapists' unique insights into NT with children can elucidate how and why NT is useful when working with children and illuminate potential strengths and challenges associated with this therapeutic approach. Knowledge gained through such an approach may be useful for training and supervising novice narrative therapists, but may also be valuable for revisiting and developing the existing narrative therapy profession.

1.3 | Objectives of study

The present qualitative study aims to investigate therapists' experiences of what makes NT suitable when working with children. There is an increasing use of NT; however, knowledge regarding therapists' experiences with NT practice, and which has the potential to increase psychologists' and other professionals' knowledge and understanding of the components of NT, is limited.

2 | METHOD

This study utilised semi-structured interviews, which can contribute detailed and descriptive data, enabling researchers to interpret the participants' personal experiences, views and assessments in an explicit way. We investigated how Danish therapists experience practising NT with children aged 4 to 12 years and applied Braun and

Clarke's (2013) thematic analysis to interpret data from nine qualitative interviews.

2.1 | Recruitment and inclusion criteria

In this study, a mixed purposive sampling method was used to recruit Danish therapists.¹ Therapists working with NT and with children were approached via e-mail and invited to participate in the study. This method led to snowball sampling, as some of these therapists led us to new potential participants. Furthermore, participants were approached through a written recruitment invitation that was posted on two Danish Facebook groups, leading to convenience sampling (one for members holding a master's degree in psychology and one for professionals working with or interested in NT). Inclusion criteria to participate in the study were that the therapists must have the following: (1) a degree allowing them to practice as a psychologist according to the criteria of the Danish Association of Psychologists, (2) experience working with NT and children aged 4–12 years, (3) at least 6 months² of experience with NT, and (4) be practising NT in Denmark. Participants were not obliged to work with NT nor this age group currently or exclusively. Thirty-six therapists were invited to participate in the study. In total, 27 therapists declined to participate for a variety of reasons: 16 reported a lack of experience with NT and/or children in the specified age group, while four others had busy time schedules. Seven therapists gave no reason for their decline.

2.2 | Procedure and data collection

The interview guide included topics that explored the following domains: (1) experience with NT and level of expertise, (2) applicability of NT and (3) which children benefit the most from NT, including open-ended questions such as, "Can you tell me about a specific successful experience with a child that comes to mind when you think about narrative therapy?" and "Can you tell me about a specific situation where you expected a child to profit more from narrative therapy than he/she did?" Additionally, prompts were used if the interviewee misunderstood the question, was unable to provide information about their experience, or to facilitate elaborations. A pilot interview was carried out prior to data collection to ensure the quality and validity of the interview guide. Interviews were conducted by three interviewers (JTB, JB, CBJ) during the last semester of their master's degree in psychology, and all had previous experience with conducting interviews. During data collection, the interviewer and an observer who collected fieldnotes were present with the interviewee. Six interviews were conducted online at a time and location convenient for the interviewee, and three interviews were conducted at the therapists' clinic. Prior to data collection, written consent was obtained from all participants. Data collection spanned a period of 16 days. The study was carried out in accordance with the Declaration of Helsinki (World Medical Association, 2013).

2.3 | Interview transcription

All interviews were audio recorded and the data were transcribed orthographically and verbatim by the respective interviewer following transcription guidelines, except for one interview that was transcribed by the observer (KP). The first four authors were involved in transcribing the interviews and Express scribe transcription software was used as a transcription tool. The length of the interviews ranged from 34 to 62 min ($Mdn = 50$, $M = 48.4$, $SD = 8.6$).

2.4 | Participants

A total of nine Danish authorised psychologists and therapists who had extensive therapeutic experience with NT and children agreed to participate in the study. See Table 1 for background information about the participants. Five therapists were recruited directly via e-mail, three via Facebook groups and one via snowball sampling. Participants gave written consent prior to data collection and participated voluntarily in the study, with the opportunity to withdraw their consent at any time. Participants were aware of the interviewer's interest in NT with children. All participants were native Danish speakers and had an average of 17 years of practical experience.

2.5 | Data analysis

Data were analysed using the method of thematic analysis (TA) developed by Braun and Clarke (2006, 2013). The themes were generated through an inductive-deductive and semantic process, where patterns reflecting insight into the participants' narratives were generated into themes. Insights were interpreted, highlighting the significance of the patterns, their broader meanings and implications (Braun & Clarke, 2006, 2013). The application of TA was selected to create a unique understanding of the therapists' experiences of using NT with children. Consistent with Braun and Clarke (2021b), our aim was not to obtain objective descriptions of therapists' experiences, nor to reach saturation, but to document an understanding of the therapists' personal experiences through scrutiny and meaning condensation. The final analysis and selection of excerpts representing the content of the themes were thoroughly interpreted in a contextualised manner to avoid misunderstandings and biases (Braun & Clarke, 2013).

The analysis was driven by an iterative process including six recursive phases, where the authors continuously moved back and forth between the data, coding process and analysis (Braun & Clarke, 2006; Terry et al., 2017). The initial phase entailed a process of familiarisation with the data, which involved reading and re-reading the transcripts, as well as writing immediate notes.

Informant	Years of practising NT	Post-graduate NT	Length of interview (min)
IP1	14	Education in NT and supervisor in NT	56
IP2	22	International Diploma in NT, education in systemic family therapy and supervisor in psychotherapy	42
IP3	35	Six years of continuing education in NT with an international, highly acknowledged scholar and supervisor in psychotherapy	50
IP4	16	Education in NT	62
IP5	11	Four-year master's in systemic family psychotherapy	34
IP6	20	Education in systemic and narrative therapy and supervisor in psychotherapy	43
IP7	18	International diploma in NT and supervisor in clinical child psychology	55
IP8	6	Extended continuing education in NT	50
IP9	12	Education in NT	44

TABLE 1 Sample characteristics.

Note: NT is the abbreviation of narrative therapy. The title Psychologist covers informants with the following educations: master's degree in educational psychology, Certified MSc in Psychology and Magister's Degree in Psychology.

Subsequently, the author team discussed different conceptualisations that were expressed in each interview and, based on these discussions, a mind map and a draft coding sheet consisting of 18 codes were developed. An example of preliminary coding for the first theme is shown in Table 2. Here, candidate code labels and code descriptions are illustrated. Extensive discussions between the authors induced the analysis to move from a process of coding towards creating the final themes, resulting in three themes and two subthemes. This coding was further discussed by the group and the authors added illustrative quotes from the dataset that fit each topic. Finally, themes were refined, and transcripts were re-read to ensure no important points were missed. The interviews and analysis were conducted in Danish, and, in accordance with Jensen de López et al. (2021), extracts of the data were not translated to English before the final themes were refined. This was done to respect the original meaning of each interview in the process of analysis.

3 | RESULTS

Three overall themes were generated: “You have to be crazy about children,” “Practised ethics” and “Practical challenges.” Additionally, two subthemes within the first and second theme were generated: “Acting is the key” and “The importance of the system surrounding the child.” An overview of the content of the themes is described in Table 3.

3.1 | Theme 1: “You have to be crazy about children”

The theme “You have to be crazy about children” captures the therapists' original interests in entering the child's world and the particular values and skills expressed as important therapeutic tools when working with children. From this theme, a subtheme concerning the importance of a resource-oriented view on the child was also generated.

A common experience among the therapists was their particular interest in children's perspectives, thoughts, wishes and desires, which is important in their work with NT. For example,

one therapist expressed: “Yes, they [NT therapists] must be crazy about children, and they must NOT focus on the problems, they must focus on the children's intentions and what the children care about. They must be crazy about children” (IP3). This illustrates that, in NT, it is essential to have an interest in children while focusing on how to accommodate their perspectives and participation. The therapists also stressed that considering the child's perspective and ensuring their active participation requires flexibility and plasticity during therapy. For instance, the therapist must feel comfortable operating in zones of uncertainty where the child's domain is in focus, which facilitates curiosity and creativity within the therapist. This requires a flexible and adaptive approach where the therapist allows themselves to think beyond the typical therapeutic setting. Moreover, children are not yet considered to be familiar with the norms of adult society: “(...) if they don't want to talk, then they don't want to talk so they won't start talking just because an adult is sitting there, or an adult has told them to (...) so you must somehow resort to other things” (IP4). Therefore, the therapist must be patient and ready to give up what they have laid down for the session and adopt techniques that match the child's current position. Furthermore, a general enthusiasm and fascination towards children's lived experiences was highlighted as essential to accommodate the views of children. The therapists also stressed the importance of communicating with the children in a playful manner: “But I also think that one must possess a (...) certain portion of playful approach” (IP9). In this way, NT facilitates respect for children's interests and their means of being present in the world by constantly being aware of their needs and perceptions of the world. This approach in the therapy session can be achieved when the therapist does not take themselves too seriously and is willing to work playfully on the children's terms.

The therapists highlighted different effective ways to make the therapy exciting and accommodating for the child through creative and inviting activities. For example:

(...) we draw the ADHD and then I show some drawings that other children have painted of their ADHD and then I suggest the child can put it in a box and then we play with it. So, all the time I say 'WOW' [with excitement].

(IP3)

TABLE 2 Extract of preliminary code work: Theme 1 - You have to be crazy about children.

Candidate theme: Creating a distance to the problem	
Candidate code label	Code description
Externalisation of the problem	Children are given the opportunity to examine the problem from a distance
Thickening of alternative stories	Making problems less prominent in the eyes of the child and thickening alternative stories
Removing guilt and shame	Externalisation removes feelings of guilt and shame and enables difficult conversations that strengthen the understanding that the child is not responsible for their problems
Playful approach to externalise	Integrating toys and drawings creates motivating and fun contexts where reflections on challenges can be unfolded in focused interactions

TABLE 3 Themes and subthemes identified through thematic analysis.

Themes	Subthemes	Description	Illustrative quote
1. You have to be crazy about children		This theme reflects the therapists' interest in entering the child's world and their view on skills that are necessary when working with narrative therapy and children	"Yes, they must be crazy about children, and they must NOT focus on the problems, they must focus on the children's intentions and what the children care about. They must be crazy about children" (IP3)
	<i>Acting is the key</i>	This subtheme entails the therapists' emphasis on seeing the resources surrounding the child, as well as their strengths and developmental potential	"(...) one of the things we strive for when we work with children (...) is to do something WITH the children instead of doing something TO them" (IP8)
2. Practised ethics		This theme involves the therapists' experiences of narrative therapy as being a practised ethic that embraces a broad range of children	"I believe that all children benefit from narrative therapy. I believe that the way you meet them; that approach to the child is what is crucial" (IP1)
	<i>The importance of the system surrounding the child</i>	This subtheme entails the therapists' emphasis on the relevance of taking the system into account	"It's just an insanely important ethic for me that the family or the parents need to be involved. I do not think it's okay to send the child alone to therapy if they are suffering from anxiety, because I think that you are kind of signalling to that child 'you are the one with this problem, you are actually responsible for solving it too'" (IP4)
3. Practical challenges		This theme covers the therapists' experiences of practical challenges with narrative therapy and highlights the barriers that can occur when working specifically with children, as well as more general challenges in narrative therapy	"Some may have difficulty choosing figures [animal toys] (...) It becomes too abstract. And for others, it becomes too concrete" (IP7)

This also illustrates ways therapists make use of concrete materials and activities in sessions, such as stacking blocks or taking a walk with the child to make therapy more appealing for them. These creative ways of accommodating the child were also experienced as a way of making it less threatening for the child to talk about difficult topics and to make the conversation less serious. As NT relies on spoken language and the individual child's vocabulary, awareness of using words the child also uses was pointed out as being of particular importance. It was emphasised that "(...) in narrative literature, there can be some very convoluted and very high-flown types of questions, so the language in therapy must be adapted to the language of the child, and sometimes (...) some questions become too difficult" (IP8).

A certain level of professional competence is required to develop creative ideas and to interact with the child with appropriate language, as well as when adapting questions in ways that make sense to the child. Furthermore, by meeting the child on creative, playful terms, where language is adapted to the needs of the child, the therapist is supported in making a strong connection with the child.

3.2 | Subtheme: "Acting is the key"

The subtheme "Acting is the key" was derived from the therapists' emphasis on foregrounding the child's strengths and resources and

supporting the child in taking agency within the landscape of actions. This also requires an ability to see through the problem and identify new possibilities rather than being a prisoner of the present and past. The therapists stressed the importance of helping children realise that they have an active influence on their life: "So the primary job (...) is to help them [the children] see 'the narrative YOU have about yourself is not definitive. It CAN change and you have a say in this'" (IP5). The children's full potential is accentuated by thickening their stories through a focus on their strengths and resources, assisting them in realising their agency and intentions. It is important to strengthen the children's perceptions of themselves as individuals with valuable intentions, enabling them to act: "Our skills are shown in our actions, our skills allow us to do something, so that's why we talk about the landscape of actions" (IP3). From the therapists' narratives, it became apparent that they experienced facilitating a process where the child can realise and connect the aspects in their life that are important to them as an essential part of NT with children. Some of the activities contributing to this process included creating drawings with identity markers and highlighting children's stories of accomplishment. Identity markers are viewed as perceived attributes assigned to a person to contextualise their status and role in society, like gender, race, ability and age (Cosier, 2011). To facilitate a process where the child can realise and connect to the important aspects in their life, the therapist needs to stay curious instead of lecturing. On par with this, the therapists emphasised the necessity

of being aware of one's own decentred and influential position when working as a therapist. Being decentred entails taking a position where one does not see themselves as an expert on the client's life, but remains curious and inquiring (White, 2007). In relation to this, one therapist noted:

(...) one of the things we strive for when we work with children (...) is to do something WITH the children instead of doing something TO them.

(IP8)

The therapists furthermore highlighted the importance of facilitating the children to take agency and control over their lives: "So narrative therapy is very much about gaining agency and power over your life again, so the problem doesn't control it, but you somehow get to control your problem" (IP2). NT can help children acknowledge the resources they possess and the circumstances they have control over by changing their perspective from a problem-oriented outlook towards a focus on the situations they can master: "I focus a lot on the resources, and I think about their skills (...) what is this child able to do?" (IP1). By collaboratively identifying exceptions to the problem-dominated story, children can gain a thickened understanding of themselves as individuals with values, knowledge and capabilities that can help them manage the challenges they face and realise that they are individuals with specific intentions behind their actions. Simultaneously, the therapists stressed that problems should be accepted and allowed without being controlled or limited. Children should have the opportunity to tell their stories without a sense of shame, so they can feel safe and understood, and it is crucial to accept the child's experiences as they are, while focusing on their abilities: "(...) you must focus on what the child can do, so the child can feel pride. Because pride is the medicine against shame" (IP3).

Positive experiences using externalising conversations with children were also emphasised by the therapists. Externalisation is an approach to narrative therapy that encourages the client to objectify and sometimes personify problems that they otherwise may experience as oppressive (White, 1988). Moreover, externalisation can "protect" the child from being misconceptualised as the problem itself. The therapists experienced that externalisation has the potential to facilitate difficult conversations about sensitive topics due to its ability to create a reflexive distance to the problem:

Externalisation can be many things, but I use it to move what she [the child] has in her head to the outside and into reality so she can look at it differently. So, there is an appropriate distance to the drama that is going on inside of her, and then she can stand and look at it.

(IP7)

This quote illustrates how serious challenges can become less threatening when they are examined from a distance. The therapists highlighted that integrating toys or drawings facilitates the child to reflect on the problem at hand as a concrete object, which can be manipulated and controlled by the child and the people around them. Externalisation

facilitates a fun, yet serious interaction within the context of children's play activities. This supports concretising abstract thoughts and feelings, allowing the child to understand the problem in a meaningful way, rather than engaging in traditional therapeutic conversations.

Many adults have forgotten that there does not always have to be a distinction between seriousness and play. So, in a way they [the children] take it seriously enough even if it seems like a funny way to do it; to draw your monster or whatever it might be.

(IP6)

By using toys, drawings, games and externalisation activities, therapy becomes a fun experience for the child and increases their engagement in conversations and promotes feelings of relief because the child understands that they are not the problem: "In the moment [during externalisation], I can feel it gives the children a little relief, it becomes a little more fun in some way because it is not them who are the problem" (IP1). It was specified that children find it easier to externalise because they are more immediate and are not yet incorporated in the social norms and language of adults. However, they can easily and spontaneously identify pictures and objects serving as substitutes or metaphors for abstract thoughts or feelings.

3.3 | Theme 2: "Practised ethics"

The theme "Practised ethics" captures the essence of NT as a practised ethic that embraces all children and emphasises the significance of including their voices and intentions. From this theme, a subtheme concerning the importance of the system surrounding the child was generated.

Turning back to the impact externalisation can have on children, the therapists experienced that by separating the child from the problem, and not turning to the question of who is to blame, the child may be protected from being misconceptualised. Thus, this opens the door for conversations about difficult topics without implying that the child is responsible for the problem:

(...) the children have a desire to talk about problems without being so preoccupied with the question of guilt, because the question of guilt (...) creates shame and it creates long discussions about whose fault it really is. So, we try to talk externalising about most problems.

(IP8)

The therapists emphasised that the goal is not to ignore the problem, but to make it less prominent in the eyes of the child by thickening alternative stories. Externalisation requires a particular carefulness in how language is used so it does not contribute to the development of stories that give rise to new, internalised negative identity conclusions. In this sense, it is important to remember that words and conversation are always powerful tools in therapy.

Another aspect that emerged was that NT creates a safe space for children to express their narratives without anyone trying to change them, which has a positive impact: "(...) we need to upgrade people's experiences (...) So NT seeks to give voice to children, so their experiences are upgraded, and they feel worthy" (IP3). The therapists pointed to NT as a tool that helps the child articulate their thoughts, understandings, feelings and experiences by working from a decentred position without judgement or predefined understandings. This highlights the importance of language and the therapists' awareness of the power that lies within it:

(...) this preoccupation with language and the power of language. How it can affect you emotionally, how you are being spoken to. And the importance of when others define you with words you don't recognise yourself in; it can make things difficult.

(IP7)

The awareness and use of language as a tool for positioning the child allows the therapists to make personal choices about whether they want to "put people into boxes," such as in diagnostic categories based on behaviour and symptoms. The therapists chose to look at the child as a whole and understand the intentions behind specific behaviours: "(...) I found it difficult to meet teachers and social educators who defined children as 'they have anxiety', well anxiety is a way of expressing some emotions" (IP1). The therapists expressed the importance of focusing on the child's narrative in a way that respects the individual child and their unique experiences.

Narrative therapy was also practised as an inclusive approach, suitable for many children dealing with diverse difficulties. A common experience of the therapists regarding the applicability of NT was that all children can benefit from NT: "I believe that all children benefit from NT. I believe that the way you meet them; that approach to the child is what is crucial" (IP1). The therapists elaborated that inclusiveness is a result of NT not being merely a technique but a practised ethic, based on the belief that human beings need meaningful narratives about their lives, and aspects of ambivalence related to the practised ethics of NT was also identified in this theme. On the one hand, therapists expressed that NT can be used with all children. On the other hand, they expressed how it can be demanding to fit all children into the therapeutic frame of NT. For example:

(...) now I have several young people who come with an ADHD diagnosis or ADD, and I think it is difficult to sustain focus on something specific because then they are over there and over there and over there (...) you need to keep a cool head to capture the essence of their words.

(IP1)

In a similar vein, some therapists experienced children with an autism spectrum disorder as more challenging to work with due to their different ways of thinking and perceiving the world: "(...) well, they [children with Asperger's syndrome] need it to be more concrete (...) they

have a hard time looking at people's efforts and intentions because they don't really care what people's efforts and intentions are" (IP9). In contradiction to this, others highlighted that some children on the autism spectrum enjoy drama and pretend play, and this can help facilitate externalisation of problems. It seems to require more of the individual therapist to adapt the conversation to a child with special needs, but, overall, the therapists accentuated that it is a matter of adaptation, and the individual child should be in the centre, rather than their diagnostic category: "We're not preoccupied with: 'What's your IQ?' (...) Well, if you are developmentally disabled then you cannot do that much therapy. But I have had several people with developmental disabilities in therapy who also benefit from it" (IP7). The therapists expressed how NT has a positive impact on different groups of children as it contributes to new understandings of themselves. In the therapeutic process where the therapist and the child cooperate on thickening the child's narrative, the child becomes able to gain hope for the future:

If children have been in crisis and have been exposed to trauma, it [narrative therapy] can be a good method to reach them (...) And also children who have attachment disorders because they often have a negative view of themselves and their situation and of their future (...) So, therefore, the primary work becomes helping them to say "It's not definitive. It CAN change and you have a say in this."

(IP5)

Additionally, it was emphasised in the interviews that children who have been blamed all their life or seen as troublemakers may especially benefit from NT because the separation of the problem from the child removes the child's feelings of blame and guilt. In a similar vein, children who have witnessed someone being victimised but did not know how to express their views or feelings get a voice and finally feel heard. Those seen as troublemakers are given the opportunity to change their narrative and the oppressed are given a voice:

Because it's a circular story and (...) it turned out that the day before the girl had teased him in gym class, she had also done something to make him hit her, so in that situation he did not just hit her. But he is being punished for his actions instead of looking at what really happened.

(IP1)

This example highlights one of the elements that the therapists felt made NT applicable when working with children, namely focusing on intentionality and the notion that all children act intentionally and do not act without provocation. By being attentive to intentionality and agency, the therapist can expand the child's story by stressing that a troublemaker is not just a troublemaker, but also an intentional child. Apart from highlighting the versatility within NT, the therapists also stressed the importance of integrating the specific contexts and relationships the children are part of, which leads to the following subtheme.

3.4 | Subtheme: “The importance of the system surrounding the child”

In this subtheme, we identified how the therapists emphasised the importance of considering the system surrounding the child in order to remove feelings of blame and to work with the family as a unified entity: “The reason why I want to include everyone is that when a child has a problem, everyone in the family has a problem (...) also because the child may be a symptom of something in the family” (IP1). The therapists stressed that, within NT, the therapist holds specific awareness about problems not emerging from within the individual, but rather that individuals are constantly being shaped by their social context and interpersonal relationships. They indicated that while NT starts with the individual and their stories and then extends to the context, systemic thinking starts with the context. The therapists argued that the two approaches complement each other well and are difficult to separate when working with children. This subtheme encompasses the therapists' views regarding placement of responsibility, where they stress that the child should never be viewed in isolation:

If you focus on the child who is struggling, you individualise the approach and that's what you have to be careful with when working with children. You must see that children's psychological life is an effect of what adults do.

(IP3)

Furthermore, the therapists underline that patterns within the family play a crucial role and parents need to take responsibility for their children. Parents should dispose of the idea that there is something wrong with their child, leading them to place the child in therapy in the first place:

It's just an insanely important ethic for me that the family or the parents need to be involved. I don't think it's okay to send the child alone to therapy if they're suffering from anxiety, because I think you are signalling to that child “you're the one with this problem, you're actually responsible for solving it too.”

(IP4)

By only focusing on the child failing to thrive, the child becomes individualised. Additionally, it was emphasised how relations surrounding the child impact the well-being of the child and play a central role in expanding the child's narrative: “And also being very mindful of who is part of their relationships. So, who can help to make the problem take up less space? Is it when you are with your peers that it takes up less space?” (IP2). This quote highlights the significance of involving the system around the child, including the family, and the potential this has to contribute positively to therapy: “Then the parents sometimes invent a common language about how they can support the child. What can they call things, how can they name it [the problem] and how can they change? (...) So it becomes part of the treatment” (IP2). When families

change how they communicate and express suggestions of how to externalise problems, they start to play an important role in the treatment of their child. In this way, parents can contribute to the therapy by giving voice to something the child does not necessarily have a voice for, allowing the child to express different opinions. Concerning the importance of the system surrounding the child, some therapists emphasised the necessity of considering cultural aspects of children's upbringing:

The individualised focus has often been brought up before; the focus that in a way invites children to look at how they themselves have also been to blame for what happened (...) I want to be aware of how much in our culture that leads problems back into the person.

(IP8)

This last excerpt underlines the impact society has on children's self-understanding and how this awareness might serve as a tool in externalising problems.

3.5 | Theme 3: “Practical challenges”

The third and final theme in our analysis captures the practical challenges the therapists highlighted. This theme incorporates the experienced challenges related specifically to children and challenges with NT in general. The therapists expressed that a high level of abstract thinking, and, in some cases, too much concrete thinking could cause challenges when working with NT with children: “Some may have difficulty choosing figures [toy animals] (...) It becomes too abstract. And for others, it becomes too concrete” (IP7). There was a common understanding that, for some children, questions about choosing a figure to represent the problem when externalising can become too abstract for their thinking, which might result in the child withdrawing. On the other hand, other children may be more concrete in their thinking and will therefore find it difficult to operate on more abstract levels. Thus, the therapist must adapt to the child's needs by adjusting to the child's language and mindset and having an awareness that some questions can be too difficult: “The assignment involves (...) not to jump too high in the landscape of identity but somehow try to stay in the concrete” (IP6). The therapists also pointed to some challenges concerning parents sometimes lacking insight into the role they play:

It's important for me to have a sense of whether the parents understand the child (...) to be able to understand that “my child feels this way” (...) that's where I feel the therapy is failing; when they're not teammates.

(IP1)

Hence, parents must acquaint themselves with their child's way of feeling instead of trying to solve their problem and advise the therapist to work in a certain way and ask specific questions.

This demand also illustrates the essence of family therapy that is present in NT. Moving on to general challenges within NT, the therapists emphasised that a hidden naivety may occur within the NT approach regarding the activity of outsider-witnessing. Outsider-witnessing involves asking one or several external witnesses, who are individuals not actively involved in the conversation, to respond to the person's story without giving affirmation, highlighting positive aspects, assessments or interpretations (White, 2007). One therapist stated:

I actually think one of the most difficult things to do is the use of outsider-witnessing in a family context (...) so it really requires something from the therapist to make it a safe space (...) you need to spend a long time instructing and even THEN, it's difficult.

(IP4)

Therapists explained that successful outsider-witnessing requires a lot of practice in collaboration with the parents to be able to listen to the child without evaluating them. They experienced that parents often find this difficult because they tend to redress their children's statements. Therefore, the use of outsider-witnessing with the family can be experienced as a somewhat naïve concept and a challenging practice because parents, whether intentionally or unintentionally, may consider their own opinions and experiences as more accurate than the child's story. Hence, the use of outsider-witnessing requires the therapist to be capable of instructing the parents to be attentive to the child's perspectives. This can, however, be difficult in some instances, as parents' willingness to be open and listen to their child varies from family to family.

However, in regard to the benefits of this aspect of NT, the therapists also accentuated that outsider-witnessing has the potential to uplift the child's experience of the therapy by making them feel seen and heard. For instance, a therapist described a situation where the parents were asked if they had experienced something similar to their child. When the father told a story from his childhood, the girl ended up feeling more understood. This resulted in the girl not feeling alone anymore: "(...) just like that the girl's fear of falling asleep had disappeared like dew from the sun" (IP3).

Another aspect of NT that was addressed as a somewhat naïve concept in NT with children was the ability to stay in a decentred position, involving curiosity rather than ascribing ones preconceived assumptions to the child:

(...) we can very easily fall into, what I sometimes call our own mechanic logic where we attempt to change the children in some ways. And my experience is that, in this way, when these things keep happening, we meta-communicate that there is something wrong with them. Unfortunately, this is something children notice.

(IP8)

This points towards the potential challenges in setting aside one's preconceptions and hypotheses and only listening to what is

meaningful for the child without being concerned with "fixing" the child. One therapist expressed that she managed to stay in a decentred position in a particular therapy session because she had not grown up in the same culture as the child and therefore was "forced" to ask the child directly about the cultural context to understand the narrative. This meant that the child started to explain the context and, while doing so, the child began to question the reasons for their actions which then caused the narrative to change.

Finally, the therapists stressed the absence of explicitly acknowledging the internal life of the child in NT as sometimes being problematic within the NT approach as it may lead to a lack of acceptance of the embodiment of children's experienced difficulties and how children's physical and psychological reactions are linked together in development:

We're just not allowed to internalise ANYTHING at all, right? When you talk about this body thing, well, there's an inner life where you have some sensations, and you have some sensory perceptions. And then there's the external life. So, it's important to have a language for the inner life as well (...) I think this is a necessary development that needs to be made.

(IP7)

This quote highlights that therapists have concerns about how to focus on the child's personal and embodied experiences of the problem while balancing the core practice of avoiding internalising the problem in NT with children.

4 | DISCUSSION

This study explored therapists' experiences of what makes NT applicable when working with children. We conducted semi-structured qualitative interviews with nine Danish psychologists and therapists working with NT and children aged 4–12 years. Three themes were generated through a thematic analysis of the data: "you have to be crazy about children," "practised ethics" and "practical challenges." We further generated additional subthemes within the first and second theme: "acting is the key" and "the importance of the system surrounding the child."

Overall, the therapists expressed a genuine interest in children as a central part of what they experience make NT specifically applicable to this age group. This interest demands a playful, non-serious approach and an adaptation of the therapeutic language to facilitate respect for the child with a constant awareness of their intentions, needs and perceptions. Furthermore, the therapists pointed to NT as practised ethics, where the presupposition is that all people need meaningful narratives about their lives, and the therapeutic practice should integrate inclusive practices as default. This also aligns with the therapists' experiences of how directing focus towards the child's strengths and resources facilitates a shift from a problem-oriented focus to focusing on concrete abilities the child can master, thereby creating scenarios for practising agency. These practices were also experienced as important tools for scaffolding the child in

interpreting diverse intentions behind their own and others' actions, and allowing the child to act according to their own intentions. This is similar to findings from Baldiwala and Kanakia (2021), who examined children's and parents' experiences of NT in an Indian society. The authors pointed to the role of NT in supporting children to identify potential skill, which then made it easier for them to tackle the problem at hand. This indicates that NT has the potential to support children while accommodating their developmental challenges. Further, it guides therapists and parents in becoming better at supporting children, as it helps them to meet the individual child on their level.

However, the therapists also expressed some challenges with meeting the child's developmental level, especially in relation to the development of concrete and abstract thinking when applying NT. This highlights the need for therapists to be aware of and adjust to individual differences in children's cognitive development, as this varies among children of similar ages. The therapists also stressed the importance of attending to the words, thoughts and views of the specific child. This is in accordance with findings from a study of Canadian children and adults, who described the feeling of being listened to when the therapist asked questions that stayed close to what was said instead of being driven by their assumptions of what "proper" narrative question to ask next (Young & Cooper, 2008).

Another essential aspect of what the therapists expressed makes NT applicable is the creation of a reflexive distance to the problem and protecting the child from being misconceptualised as the owner of the problem. The therapists experienced that it was easy for children to engage in activities motivated by the technique of externalising, as this facilitates a fun, yet serious, interaction and seems well-nested within children's natural interest in play. Furthermore, therapists experienced that externalisation is an important practice in NT as it replaces feelings of guilt and shame with elicited feelings of relief.

A common agreement among the therapists was the importance of involving the system surrounding the child to prevent the child from feeling isolated and taking responsibility for the problem. This points to the value of talking about problems in information-saturated descriptions and in creating a thickened story. NT has the potential to give greater support to children without defining them beforehand, thus allowing them to construct their own sense of self, free from blame, and is in accordance with reports of children's and parents' experiences of NT in other countries (e.g. India, see Baldiwala & Kanakia, 2021).

Interestingly, we identified a certain level of ambivalence in the therapists' views regarding the use of diagnostic labelling. In accordance with the ontology of NT, therapists expressed that children should not be categorised using diagnostic labels. However, they described situations where they explicitly used diagnostic labels in activities with the children during therapy and when referring to the specific child and the problem. An additional challenge the therapists expressed was that they themselves, but also the parents, sometimes struggled to avoid ascribing their preconceived assumptions to the child instead of remaining open and curious.

A certain level of concern was identified in the interviews regarding the applicability of the practice of outsider-witnessing, also

addressed as the definitional ceremony metaphor (White, 2000) and the ability to stay in a decentred position. However, despite being difficult to apply, the therapists experienced that when outsider-witnessing works successfully, it can be a helpful tool in making the child feel seen and heard. This is consistent with the study by Young and Cooper (2008), where parents and children experienced outsider-witnessing as contributing towards building understanding, trust, relief and hope. The Danish narrative therapist Saxtorph (Saxtorph, 2023) recently shared her clinical experiences in practising outsider-witnessing within a case study. She argues for the important responsibility of the therapist in facilitating and unfolding the views of the outsider-witnesser team. At the same time, she points to specific ways information contributed by the team, despite at first glance seeming negative, may become valuable if the therapist is able to deconstruct this. White refers to overlapping elements that should be explored sequentially during outsider-witnessing, for example, plots and themes or specific expressions used in the retellings of the witness, the image or metaphors of life knowledges and skills of the focus person, resonance related to the outside-witness's own life and experiences and ways the telling of the focus persons have caused movements and resonant stories in the witness. This underlines that outsider-witnessing may be a powerful practice and that one mechanism of retellings, or of retelling retellings, may be the acknowledgment of people's expressions of their experiences of life, which makes the practice transformative (White, 2000). Therefore, rather than avoiding integrating outsider-witnessing in NT with children and families, we suggest narrative therapists continuously receive focused training and supervision on how to apply and develop the concept in the context and practice of NT.

4.1 | Strengths and limitations

Our study highlights practical implications about what NT practitioners working with children should pay attention to and what may contribute to further development of this therapeutic approach. Knowledge generated from this study might be useful for training novice narrative therapists and may also influence the reflections of experienced child narrative therapists during therapy or supervision sessions.

It is vital to underline that the target of qualitative research is to integrate aspects of the social and psychological world and not to quantify the findings to the target population (Braun & Clarke, 2013). Therefore, we do not seek to generalise our findings to narrative therapists in general since we are occupied with obtaining an in-depth understanding of individual therapists' experiences of using NT with children. Instead, we seek to ensure the transferability of our study, thereby making it possible to transfer our findings to other subjects, contexts and situations, which is essential in qualitative research (Braun & Clarke, 2021a). To gain a better understanding of what works well in NT with children, it could be beneficial to examine Danish children's and families' personal experiences of what they found useful when engaging in NT. This could facilitate

the examination of potential coherent or conflicting experiences between therapists, children and parents.

4.2 | Conclusion

The findings of this qualitative study indicate that Danish therapists experience NT as applicable when working with children aged 4–12 years due to its potential to facilitate a safe place that respects the child's individual pathway of development, and their intentions and experiences as situated in and dependent on a specific context. A sharpened and explicit focus on the child's strengths and resources can help transform the child's perspective from a problem-oriented view to a system-oriented view that facilitates possibilities of expressing agency and own intentions. By creating a reflexive distance to the problem, NT can contribute to preventing the child being misconceptualised as the problem itself and consequentially remove feelings of guilt and shame while promoting feelings of relief. For NT to be applicable to children, therapists need to resist downplaying the essential importance of the context for the child's well-being, as this can lead the child to feel isolated and responsible for the problem. Furthermore, the findings of our study suggest that, for NT to be applicable with children, therapists must be able to set aside their preconceptions and avoid trying to "fix" the child, and, in parallel, assist parents to practice a similar way of conceptualising the specific challenges that initiated the therapy. Finally, the complexity of practising outsider-witnessing suggests a need for continuous training and supervision when applying this specific practice in NT. Overall, our findings indicate that Danish therapists experience NT as having strong potential to help children struggling with a variety of challenges. The strengths and challenges of NT with children highlighted by the therapists' can be useful for training and supervising novice narrative practitioners in the future and for future adventures in evolving the narrative therapy and family therapy profession. This recommendation aligns with the spirit of adventure put forward by the initiators of NT, White and Epston: "One of the aspects associated with this work that is of central importance to us is the spirit of adventure. We aim to preserve this spirit, and know that if we accomplish this our work will continue to evolve in ways that are enriching to our lives, and to the lives of those persons who seek our help" (Epston & White, 1992, p. 9).

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ENDNOTES

¹ According to Danish law, and the Danish Association of Psychologists, only those who have passed a masters' degree in psychology at a

university or other higher educational institution, or have an equivalent examination, have the right to refer to themselves as a psychologist (Cand.Psych). In this study, we use the concept "therapist" synonymously with the Danish concept "psychologist" which captures professionals with a master's in Educational Psychology, a Certified MSc in Psychology and a Magisters' Degree in Psychology.

² The inclusion criterion of only 6 months of experience was a pragmatic decision to ensure recruitment, due to the study forming part of a master's thesis with a very limited time span. At least one full year of training is required to have proficient competence in NT and the included participants held at least 6 years of practice experience.

REFERENCES

- Baldiwala, J., & Kanakia, T. (2021). Using narrative therapy with children experiencing developmental disabilities and their families in India: A qualitative study. *Journal of Child Health Care*, 1-12, 307–318. <https://doi.org/10.1177/13674935211014739>
- Beaudoin, M. N., Moersch, M., & Evare, B. S. (2016). The effectiveness of narrative therapy with children's social and emotional skill development: An empirical study of 813 problem-solving stories. *Journal of Systemic Therapies*, 35(3), 42–59. <https://doi.org/10.1521/jsyt.2016.35.3.42>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Braun, V., & Clarke, V. (2013). 10 fundamentals of qualitative research. In *Successful qualitative research: A practical guide for beginners*. Sage Publications.
- Braun, V., & Clarke, V. (2021a). *Thematic analysis: A practical guide*. Sage Publications.
- Braun, V., & Clarke, V. (2021b). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative Research in Sport, Exercise, and Health*, 13(2), 201–216.
- Carlson, T. D. (1997). Using art in narrative therapy: Enhancing therapeutic possibilities. *American Journal of Family Therapy*, 25(3), 271–283. <https://doi.org/10.1080/0192618970825107>
- Casey, S., Moss, S., & Wicks, J. (2022). Therapists' experiences of play therapy with Muslim families in Western countries: The importance of cultural respect. *International Journal of Play Therapy*, 31(1), 56–70. <https://doi.org/10.1037/pla0000142>
- Cashin, A., Browne, G., Bradbury, J., & Mulder, A. (2013). The effectiveness of narrative therapy with young people with autism. *Journal of Child and Adolescent Psychiatric Nursing*, 26(1), 32–41. <https://doi.org/10.1111/jcap.12020>
- Collishaw, S. (2015). Annual research review: Secular trends in child and adolescent mental health. *Journal of Child Psychology and Psychiatry*, 56, 370–393. <https://doi.org/10.1111/jcpp.12372>
- Cosier, K. (2011). Girl stories: On narrative constructions of identity. *Visual Arts Research*, 37(2), 41–54.
- Epston, D., & White, M. (1992). *Introduction. Experience, contradiction, narrative & imagination: Selected papers of David Epston & Micheal White 1989-1991*. Dulwich Centre Publication.
- Focht, L., & Beardslee, W. R. (1996). "Speech after long silence": The use of narrative therapy in a preventive intervention for children of parents with affective disorder. *Family Process*, 35(4), 407–422.
- Freeman, J. C., Epston, D., & Lobovits, D. (1997). *Playful approaches to serious problems: Narrative therapy with children and their families*. WW Norton & Company.
- Jensen de López, K., Lyons, R., Novogrodsky, R., Beana, S., Feilberg, J., Harding, S., ... Rodriguez-Ortiz, I. R. (2021). Exploring parental perspectives of childhood speech and language disorders across 10 countries: A pilot qualitative study. *Journal of Speech, Language, and Hearing Research*, 64, 1739–1747. https://doi.org/10.1044/2020_JSLHR-20-00415

- Jørring, N. T., & Jacobsen, C. B. (2014). The corner: Narrative therapy in CAMHS: Creating multistoried treatments. *Journal of Systemic Therapies*, 33(1), 89–101.
- Jørring, N. T., & Jensen, K. G. (2018). Treatment efficacy of narrative family therapy for children and adolescents with diverse psychiatric symptomatology. *Scandinavian Journal of Child and Adolescent Psychiatry and Psychology*, 6(2), 107–114. <https://doi.org/10.21307/sjcapp-2018-012>
- Kelly, K. R., Ocular, G., Zamudio, J., & Plascencia, J. (2022). "But what about the beginning" Young children's independent narrative structure and how mothers promote chronological coherence during narrative conversations. *Narrative Inquiry*, 32(2), 424–451. <https://doi.org/10.1075/ni.19082.kel>
- Looyeh, M. Y., Kamali, K., Ghasemi, A., & Tonawanik, P. (2014). Treating social phobia in children through group narrative therapy. *The Arts in Psychotherapy*, 41, 16–20. <https://doi.org/10.1016/j.aip.2013.11.005>
- Looyeh, M. Y., Kamali, K., & Shafieian, R. (2012). An exploratory study of the effectiveness of group narrative therapy on the school behavior of girls with attention-deficit/hyperactivity symptoms. *Archives of Psychiatric Nursing*, 26(5), 404–410.
- Lopes, R. T., Gonçalves, M. M., Machado, P. P., Sinai, D., Bento, T., & Salgado, J. (2014). Narrative therapy vs. cognitive-behavioral therapy for moderate depression: Empirical evidence from a controlled clinical trial. *Psychotherapy Research*, 24(6), 662–674.
- O'Connor, T. S. J., Davis, A., Meakes, E., Pickering, R., & Schuman, M. (2004). Narrative therapy using a reflecting team: An ethnographic study of therapists' experiences. *Contemporary Family Therapy*, 26(1), 23–39. <https://doi.org/10.1023/B:COFT.0000016909.51162.74>
- Ramey, H. L., Tarulli, D., Frijters, J. C., & Fisher, L. (2009). A sequential analysis of externalizing in narrative therapy with children. *Contemporary Family Therapy*, 31(4), 262–279.
- Saxtorph, A. (2023). Bevidning i anvendelse – Hvordan praktisere og styre et bevidnende team? *Narrativt Tidsskrift nr. 2*, 1, 1–21.
- Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. In C. Willig & W. S. Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (2nd ed.). Sage Publications.
- Velat, K. (2018). *Can narrative therapy be an effective school based intervention for children and Young people with special educational needs?* [Unpublished doctoral dissertation thesis] (pp. 1–56). London's Global University. <https://www.ucl.ac.uk/educational-psychology/resources/CS1Velat17-20.pdf>
- Vermeire, S. (2017). What if... I were a king?: Playing with roles and positions in narrative conversations with children who have experienced trauma. *International Journal of Narrative Therapy & Community Work*, 43, 50–62. <https://doi.org/10.1111/1467-6427.12326>
- White, C. (2009). *Where did it all begin? Reflecting on the collaborative work of Michael White and David Epston*. Context, October. Dulwich Centre Publications.
- White, M. (1988). *The externalisation of the problem and the Re-authoring of lives and relationships*. Adelaide.
- White, M. (2000). Reflecting teamwork as definitional ceremony revisited. In M. White (Ed.), *Reflections on narrative practice: Essays and interviews* (pp. 59–88). Dulwich Centre Publication.
- White, M. (2007). *Maps of narrative practice*. Norton.
- White, M. K., & Morgan, A. (2006). Narrative practice with families with children: Externalising conversations revisited. In *Narrative therapy with children and their families*. Dulwich Centre Publications.
- World Health Organization. (2021). Adolescent mental health. Retrieved February 15, 2022, from: <https://www.who.int/news-room/factsheets/detail/adolescent-mental-health>
- World Medical Association. (2013). Declaration of Helsinki: Ethical principles for medical research involving human subjects. *JAMA: The Journal of the American Medical Association*, 310(20), 2191–2194. <https://doi.org/10.1001/jama.2013.281053>
- Young, K., & Cooper, S. (2008). Toward co-composing an evidence base: The narrative therapy re-visiting project. *Journal of Systemic Therapies*, 27(1), 67–83. <https://doi.org/10.1521/jsyt.2008.27.1.67>

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