REVIEW ARTICLE

USE OF THE HEROIC JOURNEY NARRATIVE IN THE DIAGNOSTIC INTERVIEW AND TREATMENT WITH FAMILIES OF CHILDREN WITH SPECIAL NEEDS

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ABSTRACT

The aim: To explore and corroborate personal and family narratives within the framework of "heroic journey", delineate function of the narrative in the diagnosis and treatment of families of children with special needs, and to describe the process of improving psychological well-being of these families.

Materials and methods: The study material consisted of articles on the subject found in American and international databases (Springer, Thompson ISI's Web of Science, Scopus and PsycINFO, Google Scholar), using keywords "family and child psychotherapy", "heroic journey", "differentially able", "attachment", "narrative", "therapeutic storytelling". Two case vignettes, parents of a) a special-needs adult and b) a pre-teen psychotherapeutic patient, illustrate application of the heroic journey narrative in psychotherapeutic treatment.

Conclusions: Formation of the narrative identity is simultaneously the ends and the means: while a parent is encouraged to tell the story repeatedly over time, a new narrative identity emerges. Purpose, roles, patterns, and the structure of the storytelling process are outlined. Increased coherence of the family stories leads to strengthening attachment patterns.

Using personal and family narratives for the purpose of diagnosis and treatment; incorporating and interpreting stories told in treatment can become a useful tool in the clinicians' toolbox.

KEY WORDS: family and child psychotherapy, heroic journey, differentially able, attachment, narrative, therapeutic storytelling

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INTRODUCTION

This paper explores the use of narrative techniques in psychotherapeutic assessment and treatment of families and children, specifically, those with special needs. Frequently, such families present with the heightened levels of stress, which are even higher among families of children on autistic spectrum [1]. Subjective feelings of stress complicate family relationships [2]. Comorbid clinical issues may include marital discord, trauma, grief and loss, domestic violence, poverty, abuse and neglect. The abovementioned factors negatively influence the quality of parental attachment; in turn, deviations in early attachment impact consequent adult functioning [3]. Lowered self-esteem can also originate from the unspoken implicit beliefs that their children are perceived as weird and "uncanny" [4]. Such internalized negative self-image may create obstacles to participation in therapy, ultimately undermining the treatment success.

Parent involvement is crucial for the success of relationship-based treatment interventions. Likewise, parent's input is necessary for forming the bond with the child. S. Greenspan [2] holds that the affective "glue" becomes the nutritional component assuring healthy maturation of the child. At times, mental health clinicians walk the tight rope when the identified patient is a child and not a family, or when parents are resistant to the clinician's probing into the seemingly unrelated family history. When it comes to traumatic experiences, including child's disability, "the first step should be assessing parental trauma and attachment history" [3]. Clinicians need to engage parents sufficiently as to collect essential information on their own functional emotional functioning [2]. However, parents' responses may range from skepticism and distrust to denial and anger.

Collecting family history is not over after the initial interview. The backstory told to an active listener can be re-narrated multiple times, and subsequently used for many purposes, from establishing therapeutic alliance to planning interventions. We offer the concept of the heroic journey borrowed from comparative mythology as an information gathering and therapy tool. Narrative model proposed herein can also be successfully applied as a free-standing treatment approach that is aimed at strengthening self-image, identifying coping skills and promoting regulatory and reflecting capacities.

Non-mental health specialists across medical and health-related disciplines that champion the whole-person treatment philosophy can find it daunting to delve into a family history. The proposed model offers non-intrusive,

respectful yet comprehensive tool for collecting family information in the non-judgmental fashion and can be used by psychotherapists, pediatricians and allied health professionals practicing in the relationship-based paradigm.

THE AIM

The purpose of this study is to explore and corroborate personal and family narratives within the framework of "heroic journey", delineate function of the narrative in the diagnosis and treatment of families of children with special needs, and to describe the process of improving psychological well-being of these families.

MATERIALS AND METHODS

The study material consisted of articles on the subject found in American and international databases (Springer, Thompson ISI's Web of Science, Scopus and PsycINFO, Google Scholar), using keywords "family and child psychotherapy", "heroic journey", "differentially able", "attachment", "narrative", "therapeutic storytelling". Two case vignettes, parents of a) a special-needs adult and b) a preteen psychotherapeutic patient, illustrate application of the heroic journey narrative in psychotherapeutic treatment.

REVIEW AND DISCUSSION

LITERATURE REVIEW

Stories are a natural way for our psyche to perceive and organize information about the world. J. Hillman [5] believed that each person lives in his plot, which develops according to the laws of certain genre and has certain predisposed resolution. The significance of stories is substantiated by representatives of various branches of knowledge. In particular, "the psychologist George Kelly has described how our personalities grow out of the stories we have chosen to construct from our perceptions of what has happened to us, and how these stories influence our future expectations. Similarly, sociologist Peter Berger has emphasized the importance of stories in shaping social realities, showing how people's characteristic stories change as they progress from one life theme to another" [6]. Representatives of the neuropsychological point of view, D. Siegel and T. Bryson, note that the experience of storytelling helps to create new neural pathways and increase brain connectivity [7].

The experience of the authors' practical work shows that it is important that the client can tell his/her own story, rethink life events, transform and tell them in a new way, reprocessing, justifying or accepting the past. The task of psychotherapy is to facilitate storytelling and assist in finding new interpretations and solutions. Using the heroic journey model allows therapists to identify main (archetypal) "characters", reframe the events in terms of the classical monomyth, and move beyond merely factual, in the attempt to strengthen the client's sense of self and the quest for meaning making.

Retelling one's story is at the core of talk therapy. The study by J. Adler [8] demonstrates that clients told stories about their experiences with the emerging sense of agency that also increased over the course of treatment. Furthermore, coherence of narrative is shown to be associated with secure attachments [7]. Therapeutic value of storytelling is preconditioned linguistically and psychologically, as well as by the neural wiring, and doesn't need to be vouched for; bringing the narrative threads together in the coherent fashion makes for a sound therapeutic goal.

The narrative discourse in the therapeutic setting can take different shapes and forms, from the repetitive circle to the upward bound arrow. Narratology, initially a literary theory, lends a model of a labyrinth which encompasses the story itself, with all its (archetypal and repeating) elements, and the way a story is told, and compares the narrative journey to travels through such labyrinth [9]. First labyrinths imitated intricate patterns built by the intestines of slaughtered animals. Minotaur's labyrinth is one of the most famous. As per Greek mythology, Minotaur, a monstrous creature with the bull's head on a man's body, dwelt at the center of the elaborate labyrinth constructed for him on the island of Crete. In the myth about the Labyrinth, the Cretan princess Ariadne fell in love with the hero, Theseus, who had ventured to kill the monster, and helped him navigate his way back by giving him a ball of thread that allowed to retrace his steps.

Similar mythical plots can be traced in the narratives of many clients; it is fully explained by C. Jung's theory of the collective unconscious. He argued that "deposits of the constantly repeated experiences of humanity" are characteristic of people; there's "a kind of readiness to reproduce over and over again the same or similar mythical ideas...." [10]. This shared memory of universally meaningful emotional experiences resonated in the concepts of hero and/or heroine that transcend time, place and culture. Jung called these recurring personalities archetypes, from the Greek word archetypes, meaning "first of its kind." Theory of archetypes, in turn, preceded the creation of Campbell's monomyth.

The heroic journey is essentially a resilience model that can be utilized across ages, settings, and with most clinical issues. Originally coined by J. Campbell [11], this universal storytelling framework encompasses cultural and spiritual tradition from around the globe and across time. Way beyond the content of people's life stories, the storytelling process is also essential to understanding the historically significant role of the narrator (genograms [12] can effectively delineate his/her place in the family constellation) and his/her reflective capacity. The purpose of a story, the role of the listener, and storytelling patterns influence the way stories are told, shape the narrative identity of the storyteller and, ultimately, present-day decisions and behaviors.

Research on narrative identities focuses on thematic elements of personal narratives. McAdams delineates seven constructs: redemption, contamination, agency, communion, exploratory narrative processing, coherent positive resolution, and meaning making [13]. The purpose of the

(symbolic) heroic journey is to reach all of them, one by one, and finally achieve the stage of meaning making. A psychoanalytically minded therapist may call this meaning making "an insight". During the reconstruction of our own stories, we rely on the key, "nuclear" episodes, which served as turning points in the development of personality. Response to the nuclear episodes, too, may differ: the narrator with a strong motivation to power will seek to seize the reward, while those looking for intimacy will focus on achieving unity. From the DIR perspective [2], the higher functional emotional levels get activated while the storyteller tries to make sense of the described event from the family past and to express his/her attitude or take a moral stand.

Byng-Hall [14] remarks that the term 'myth' implies a false belief in certain contexts. Cultural myths, on the other hand, often take the form of stories. He further describes family mythology as a combination of the family's beliefs about itself (myths) and stories and legends that illustrate those beliefs. As we try to look at the family as people who jointly recreate shared history, it is hard not to notice that in many families there are shared anecdotes and legends easily acknowledged by all members; judgments and conclusions can vary greatly but the story itself is a fixed presence in members' lives, even though open for interpretation. We all recall and subsequently reconstruct, or even fully redesign family stories. It occurs spontaneously and continuously, from almost automatic retelling of events of the day at dinner, to reminiscing about the traumatic or funny anecdote at a family function. In this, barely conscious, process we usually welcome the input of others who might have been a witness or heard the same story many times from different narrators within the family. While members create their very own (sometimes, multiple) versions of the same facts from the shared history, they arrive to the better understanding of who they are. That's how myths develop and grow.

There are character types who typically appear in story after story. Review of literary tradition reveals that the protagonist types who recur in these stories fall into seven (some scholars suggest, sixteen) distinctive categories. Terminology borrowed from the field of hermeneutics may be helpful in classifying them. In V. Propp 's system, there are seven archetypal characters that reappear in folk tales and literary works: the villain, the donor, the helper, the princess and her father, the dispatcher, the hero (victim) and the false hero [15]. In the context of the family narrative, the above roles are not set in stone. While narrating family stories, parents may take on roles of these characters one by one or assign them to various family members at different times. Intonation and content of these tales from the past are linked directly to the subjective sense of safety, security and well-being of children in the family.

Types of narrators also differ. Notably, "the narrator factor" influences and shapes not only the form, but also the context of a story told. It is a known fact that the same event can be interpreted and subsequently described in many ways, "Rashōmon" by Akutagawa a textbook example of such phenomenon. The resourceful narrator (*the hero* or *the helper*) is radically different from *the victim* or *the false hero*. Change of personal stanza during the retelling helps to shape the new myth: "In reacting to narratives, children grow in their ability to compare their constructs of the world with others', and they learn to question whether their system of expectations is adequate for the future. "Storying," in other words, is central to personal and ethical development "[6]. The narrator plays a role that may be misconstrued. Therapist's interpretation is crucial to moving the narrator closer to insight. While some myths from the past get debunked, family members may give up the passive role of "the victim of the circumstance" or modify the behaviors of learned helplessness to the position of the active resourcefulness.

The narrative in the therapeutic discourse can follow chronology or be non-chronological, "daisy-chain", when the narrator offers episodes drawing from and referring to a present-moment, parallel event. It requires a good observer to weave the episode into one whole piece, together with the previous material. It may so happen that the narrator may have difficulty accepting more coherent version of a story or, conversely, may be compelled to retell the episodes in the chronological order as she sees it. A proliferation of empirical research studies focused on narrative identity sufficiently and convincingly explored its relationship with psychological well-being. It was found to spur short-term personality change via an emphasis on narrative identity as it relates to mental health [8, 13, 14].

Therapeutically meaningful experience of storytelling is more than just the return from the ordeal, or from the center of the labyrinth: it requires a so-called "spiral return" (Abrams) [16], allowing the storyteller to grow in the process and leaving room for the emergence of higher functional emotional developmental levels: as the mature mind returns to the memories of the childhood, the experience is applied to the child's unconditional acceptance of the world.

Since the story of a heroic journey often resembles journey through a maze, the role of the guiding active listener – a psychotherapist – is very important. If we are to use Campbell's constructs, a therapist can be a *mentor*, giving direct suggestions, an *ally* or a *helper* at the challenging juncture, but most importantly, the therapist becomes witness to the heroic handling of the challenge. Such interviewing/genogram techniques as reframing, clarification, interpretation and generalization [12] can propel the story and build emotionally meaningful connections. One can say that killing Minotaur necessitates getting equipped with better coping devices. Clinician's gentle prodding and attention to the storyteller becomes the guiding principle. Therapist as an affectionate, clue-offering (scaffolding, in Greenspan's [2] term) facilitator and protector (Ariadne of the myth) who provides guidelines; thus, facing the central part, the inner conflict of the story-labyrinth becomes less threatening to the storyteller and assure his/her safe "return" to the present.

CASE VIGNETTES

"A PRINCESS AND HER FATHER", POSITIVE SELF-TRANSFORMATION THROUGH THE NARRATIVE.

A 60-y. o. male self-referred to treatment due to lifelong difficulties with social skills, obsessive compulsive traits and navigating family relationships, specifically, conflicts with the 20-y. o. daughter. "I think I am struggling with Asperger's," he stated at intake. He further discussed his "compulsiveness", need for maintaining things in the same order and adhering to a schedule, and feeling totally devastated at the smallest change of routine. He has been in individual therapy because of the above issues for many years, with moderate success.

Mr. C is married for 33 years and has two daughters. His older daughter, 27, is married with children, and lives independently. His younger daughter Lisa is single, unemployed, and lives with patient and his wife. She is diagnosed with seizure disorder and borderline personality traits. Her lifestyle is vastly different from her father's; she functions in ways that create tremendous stress for Mr. C: sleeps late, never completes anything, and is chronically late. This led in the past to her being fired and dropping out of academic programs. Mr. C gets very angry at her, belittles and threatens her; his behavior totally ruined father-daughter relationship. Mr. C regrets this estrangement from his daughter and is constantly worried about inability to help her "to shape up." He further described close yet tense relationship with Lisa, with concurrent desires to hold her "captive" (protected) and to encourage her independence.

As Mr. C's answered questions about his daughter's functional emotional development and individual differences (see [2] for the details on DIR assessment), we tried to examine the differences between the parent and the adult child. It became apparent to Mr. C that Lisa and he functioned at the different pace; their sensory preferences were vastly different, and their circadian rhythms mismatched. Proceeding to Mr. C's family genogram, we found out that he did not know about his predecessors beyond his parents' generation, as he comes from the family of Holocaust survivors. He recalled that his mother was extremely compulsive and structured in her behavior, which caused perpetual anguish to him and his siblings. She was never in treatment nor ever was she diagnosed, but Mr. C believed, looking back, that she had Obsessive Compulsive Disorder. His sisters, Deena and Mindy, both functioned with difficulty. While his older sister, Deena, insisted on being called Doctor, she never finished medical school. Over the years, she tried and failed multiple programs, and finally received a certificate of a life coach, but never ever practiced. Mr. C remarked that she was "the handy one" and could perform tasks like fixing household appliances. Mr. C, on the other hand, had difficulty with fine motor tasks his entire life. At the same time, he was the only one who could take care of the financial affairs of his mother and sister Mindy (diagnosed with Bipolar Disorder), organize and plan family gatherings and trips, and maintain in order complex paperwork.

In the course of his narrative, familial patterns became apparent. Reflecting on the session, Mr. C observed how much he resembled his mother in his insistence on sameness, the very behavior that he found so disruptive in his youth. He also observed similarity between Lisa's behavior patterns and issues that had affected his sister Deena's life. He commented that, had his mother recognized the need to support Deena at her "breaking points", Deena would have had a fulfilled professional life. In subsequent sessions, we further expanded and built on this insight. We could identify his emotions, among them, anger at Lisa for getting him in touch with parts of self that reminded him of his mother. Together, we could fantasize about her future "escape", what it would look like and how it repeated his own quest for independence and validation. In a few months, Mr. C reported that Lisa ventured out on a date. "I would never choose that boy if I was her," he remarked in session. Yet, he became more tolerant of Lisa choices overall.

"A DONOR", THE STORY OF REDEMPTION AND CROSSING A PERSONAL THRESHOLD.

Ms. P brought her 9-y. o. son into treatment because of multiple, previously undiagnosed yet pervasive problems in relating to others and in daily functioning: "homework wars", breaking rules both at home and in school, frequent conflicts with siblings and peers.

Ms. P is a single parent. Brian is the middle of her three children, and "the unhappiest one." Mom has been a highly functional yet rigid super achiever (she was running a start-up and, on occasion, related difficulty staffing and supervising her employees) and the sole provider. She finds Brian's behavior annoying and sees it as challenging her authority. She admits that at times she resents him.

Family history was explored, including Mom's failed marriage. She was initially vague about the backstory of her marriage and divorcing Brian's father, offering snippets of information in short encounters at the end of Brian's sessions, and avoiding one-on-one sessions by cancelling and rescheduling. She eventually was able to narrate a story of a man who started off as a steady provider but then suffered a mental breakdown, which Ms. P interpreted as a sign of her personal shortcomings in understanding people.

Within the context of the story, Ms. P was encouraged to identify her own role and roles of other family members. She was able to reflect on pressure and expectations imposed by the extended family, and her own need to redeem herself through becoming a strong parent and a provider. Mom's regulatory profile was explored along with Brian's so that coregulation between the two could be achieved. Her ability to assure family's survival was interpreted as "taking all the roles in the family upon herself and becoming both mother and father!" *The donor* is a person who gives *the hero* something special, such as a magical weapon or some particular wisdom. Once Ms. P accepted that Brian's behavior was not rebellious or a direct criticism of her, she finally reached out to multiple sources and actively sought comprehensive diagnosis. After a battery of evaluations

(OT, auditory processing, PT, SLP), it became clear that Brian was experiencing difficulties with motor planning and sequencing, auditory hyper/hyposensitivity, and difficulty converting emotions into words, associated with poor motor planning (speech dyspraxia).

The formation of the narrative identity is simultaneously the ends and the means: in the process of the clinically significant information gathering, while a parent is encouraged to retell the story over and over again, a new narrative identity emerges. Specifically, Mr. C's self-image was negatively influenced by betrayal by the mother. Breaking her spell and, through perceived self-mastery, building independence helped him empathize with his daughter's struggles and eventually accept her quest for independence. The story of transcending from contamination (his own struggles and, later, the struggle to shield Lisa) was reframed as the journey towards the sense of agency. Mr. C's ability to reflect on own actions, seeing the consequences and guessing its impact on others increased during treatment. Identifying patterns (repetition of the family history) helped him to progress to the increasingly enjoyable and positive relationship with his daughter. V. Propp [15] notes that Princess is impossible without her father. Once Mr. C reflected on and adjusted his behavior, Lisa showed improvement.

Ms. P's story, initially a story of contamination, was told from the position of a victim. However, over time, as she better understood her son's behavior and learned how to communicate without haste, anger and frustration, a new narrative identity, that of a donor, emerged: she was able to enlist resources that she found, and strategies learned to reevaluate own function. As a result of work in therapy, Ms. P was able to make sense of the past events and behaviors, empathize with Brian and provide better support for his self-regulation issues, thus becoming instrumental in his success. In both cases, increased coherence of the family stories led to strengthening attachment.

The story of heroic journey, more complex than a genogram or a family tree, appears to include all narrative threads and episodes, conflicting views, memories, whole or partial – anecdotes about friends, summaries of family tales, histories, intellectual musings. The "heroic journey" that started in the therapist's office can go on indefinitely, reshaping the narrative and making it more coherent. During the "journey" through adversity or challenge, the hero him/herself evolves, getting equipped with better coping devices. Metacognitive clues, constructing together family genogram, using such techniques as reframing and clarification, and giving clients an opportunity to repeat the story again the next time assures that the narrating family member won't get lost in the gruesome or tragic content but will see him/herself as a hero winning the battle or overcoming the unfavorable circumstance, and safely reemerge from the labyrinth. Identity that emerges in such process is the internalized, ever evolving story of the self that each person crafts to provide his or her life with a sense of purpose and unity.

The role of a therapist, the listener to the heroic journey narrative, becomes essential to the success of the therapeutically meaningful, co-constructed storytelling experience. S/he becomes the vehicle of therapeutic change, reframing the story in "heroic journey" terms and allowing safe space for uncovering the repressed, oftentimes traumatic material from the past. Psychotherapist's remarks and observations help clients to correct errors of judgment, clarify questions, think aloud (non-judgmental reflection on the "morale of the story") and, essentially, activate memory circuits in the brain. Shared implicit therapist-parent relationship allows gentle support and guidance in the process of storytelling. If not the friendly and open-minded clinician offering a leading central idea or some other *safety device*, the narrator won't dare enter "the labyrinth" of past relationships and events; won't get to the center with its core issues, frightening discoveries or shameful secrets; won't reflect on what's uncovered without losing his/her identity or self-respect, and safely reemerge. In the narrative terminology, the hero needs to get to the core issue, win the battle, and return unscathed.

The process of reconstructing family history in multiple repetitions and iterations in front of the genuinely concerned, sympathetic yet impartial outsider allows full integration of past experiences where subsequent healing occurs. The experienced listener will dot on the important facts and emotional truths, on replay of the main scenes and events and analysis of the power balance within the family. In this process, listening becomes a boon (reward) of its own. A psychotherapist can also supply questions that propel the story, or provide pointers to guide the client to find ways out of the situation: "What could a helper (e.g., Fairy Godmother or Prince Charming) help you with in this situation?" Also, using the heroic journey model as the treatment template allows for the overall positive reframing of the family history ("Yours was such an adventurous move!", "I recall your miraculous story of…").

Metacognitive regulation and tips from the listener-clinician help to transform the position, passing through the stages of incompleteness, positioning, implementation and completion, and are reflected in the everyday functioning of the communication and not only the child but the whole family. As therapists we are looking for patterns and repetitions, as well as getting back to the entrance which is usually an exit. It may prove useful to think about the therapeutic storytelling as the upward spiral where rethinking and rewriting the story previously told may help change the meaning of the actual event and promote healing from the past trauma.

LIMITATIONS AND DIRECTIONS FOR FURTHER RESEARCH

The objectives of this paper are to become comfortable with the use of the heroic journey vocabulary, learn its use for establishing therapeutic alliance with families and caretakers, elicit stories from family legends to narrated play scenarios, and positively reframe the narrated content with the goal to promote self-reflection, healing and/or coping while move patients and their family members up the developmental ladder. Increasing coherence of the

family stories leads to strengthening attachment patterns (Siegel) [7]. This is definitely worth further examining. Another direction for future research is using heroic narratives with children who witnessed violence or experienced psychological trauma, as well as in play-based therapy dealing with attachment disruptions. In such treatment, the "heroic journey" storytelling creates opportunities for reprocessing and reframing memories. Weaving narration and the running commentary into the actual traumatic reenactment can facilitate healing.

CONCLUSIONS

The heroic journey narrative model has significant psychotherapeutic value. Using it for the purposes of diagnostic interview and, later, incorporating elicited material in treatment can become a useful tool in the clinicians' toolbox and ultimately benefit, among other groups of clinical population, many families of children with special needs. Learning occurs in tight corridors of the family narrative labyrinth. Family's success is child's success. Following family "heroic" stories and reframing them along the way strengthens parents' self-esteem and positively affects their relationship with the children, setting the ground for mutually respectful and robust growth and learning.

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