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Using Stories with Families: A Scoping Review

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Using Stories with Families: A Scoping Review[1]

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This article is the fruit of a systematic scoping review, according to PRISMA precepts. Its objective was to explore the use of stories and other symbolic genre on family therapy settings. Thus, it explains how the researchers made the selection of articles in phases or steps, in a total of six, having a final result of 11 articles, in a time-lapse of 28 years. By the one hand, it was observed a relationship between different techniques that are usually grouped separately and, by the other hand, the disparate way in which the same concepts are confused among researchers, where each one of them offers a distinct explanation on the same things. It was also confirmed that the use of stories and congeners offers both to patients and therapists an effective and economic methodology. The article proposes, in its conclusions, an umbrella term, *StoryTherapy*, which intends to cover such techniques, conceptualize them and offers criteria for those techniques that may be included under it; brings forth the three main elements a story should have; and also recommends the creation of teaching policies for StoryTherapy for professionals who work on family therapy. Further research must also take place.

KEYWORDS: Scoping Review, Family Therapy, Stories, StoryTelling, StoryTherapy

Resumo

O presente artigo é fruto de uma revisão sistemática de escopo, conforme preceitos PRISMA. Seu objetivo explorar o uso de histórias e outros gêneros simbólicos em contexto de terapia familiar. Destarte, explica-se como os pesquisadores fizeram a seleção dos textos em fases ou passos, num total de seis, obtendo 11 artigos, num intervalo de tempo de 28 anos. Por um lado, observou-se uma relação entre diferentes técnicas que são geralmente agrupadas separadamente, e, por outro, a forma díspar como os mesmo conceitos se confundem entre investigadores, onde cada um oferece uma explicação distinta sobre os mesmos. Confirmou-se também que o uso de histórias e congêneres oferece para ambos pacientes e terapeutas um método efetivo e econômico. O artigo propõe, em suas conclusões, um termo de amplitude, *StoryTherapy*, que pretende abarcar tais técnicas, conceptualiza-o e oferece critérios para que as técnicas possam nelas ser incluídas; apresenta os três elementos que todas as histórias deveriam ter; e recomenda ainda a criação de políticas de ensino de StoryTherapy para profissionais que trabalhem com terapia familiar. Outras pesquisas também devem ocorrer.

Using Stories with Families

Stories are little bricks that are presented in the lives of any individual. Each story, either heard, seen, or lived, allows learning personal processes and even reviewing personal processes. Peseschkian (1996) comes even to comment:

> Parables are pictures in language. As such they lend support do understanding and have a central didactic value. Many people feel overwhelmed when confronted with the abstract aspect of psychotherapeutic topics. Psychotherapy does not take place just among experts, but must be a bridge to the layman, the patient. This is why it is important that psychotherapy be comprehensible. One way to make it easier to understand is to use an example, a mythological story, or an image. In their own way these all deal with personal, interpersonal, and social conflicts, and present possible solutions. Stories help the patient free himself from the direct world of his own experiences and from resistance to revealing his own conflicts and weaknesses. These stories, if used in a conscious way, help him gain a more distanced relationship to his conflicts. Man does not think only in abstract and theoretical concepts. Rather, an understanding of his problems is determined by vivid and imaginary modes of thoughts and by fantasy that is charged with emotions (p. 7).

Peseschkian's thoughts seem to establish a parallel to Joseph Campbell's (2013), who argues that stories are means to say "the truth through a symbolic expression (…), symbolic disguises of the truth" (p. 11). Consequently, for Campbell, one needs to first "learn the grammar of symbols" (p. 11). After all, if messages have the power to represent abstract ideas, we are talking of symbols, and human thought seems to revolve around symbolic formation (Cyrulnik, 1991). Thus, our question is: What are the results pointed by studies on family therapy that use stories, or other related symbolic genre?

Methodology

In order to answer the question, we have chosen a systematic review and guided ourselves, whenever possible, with PRISMA checklist recommendations, ascertaining higher guarantee of rigor, giving the reader the ability to replicate the research and obtain similar results, increasing the reliability of the results. A systematic review of the literature is like building a cathedral, so it has a personal style of the creators and rules which must be applied: it becomes the core of future researches, just like the European cathedrals of yore being built in the center of the cities, not a merely by stacking bricks of knowledge, but putting the very plaster that consolidate the structure. This is the only way through which the research shall emerge, revolving the cathedral, prospecting ways through which one can identify and expand one's area of knowledge.

The review system which would allow some sort of dialogue between the many researches we might find, and hence chosen, is called *scoping review*. It is designed in a way that allows a preliminary assessment of the existing literature in any given field, as well as the potential nature, size, volume or extent, and features of the existing literature (Peters and co, 2015, p. 141; Sousa, 2018, p. 47), regardless of study design or quality, especially when there is still no robustness in the literature, using even (if researchers so decide) dispersed materials or of heterogeneous nature. Thus, the process allows researchers "to engage with each stage in a reflexive way and, where necessary,

repeat steps to ensure that the literature is covered in a comprehensive way" (Arksey & O'Malley, 2005, w/p), thinking and refining their practice. This allows the identification of research gaps, synthesizing research evidence, or even present recommendations, by mapping the key concepts, the main sources and types of evidence available (Arksey & O'Malley, 2005). Just like the tourist exploring the city from its historic neighborhood to the most distant ones, due to its descriptive and exploratory nature, scoping reviews find results that allow the researcher further exploring. Its focus is to explore elements related to the subject.

In order to that, a research question is formulated. Then one has to decide where and how to do the research. For this presentation, we have decided to use online database tools[2]. For it we used the item *Subject*, and an expression as it follows: <<(tale OR story* OR metaphor OR joke* OR movie OR books OR bibliotherapy) AND psy* AND family>>. Afterwards, the following filters were used to apply the inclusion criteria: (1) they should be scientific articles published by a scientific journal, (2) peer reviewed and (3) in a language the researches could read them with no need for translation (in our case Portuguese, English, Spanish and Italian). A total of 233 texts were initially obtained, and with the filters 163 where included in the research.

The next phase regards itself with the selection of the study, so one can avoid irrelevant work. In order to do so, one must define new criteria — exclusion criteria. In our case we choose to exclude articles focusing on areas such as education, pedagogy, mental health or public policy making. A total of 55 articles were then excluded, remaining a total of 108.

The third phase of this screening is, according to Arksey e O'Malley, to read all 108 articles. First, we noticed one duplication, and eliminated it, remaining now 107 articles. Due to the high number of articles, the research team chose to include an intermediate filter process. First step would be to read their titles and 18 were eliminated; then the reading of the abstracts eliminated 53. It is important to mention that there were at least two researchers (or judges) reading every article and whenever there would rise disagreements or doubts the article would go to the next step; so, articles that mentioned some presence of parents or existence of a son or a daughter were kept to the next step. A total of 36 articles were to be read. Researched/judges read all the articles without sharing notes while doing so. By the end of the reading, there was agreement on the analysis of only 5 articles and the elimination of 14. The lack of consensus on the other 17 led to reflecting on the adopted method, that by being non-rigid and non-lineal, invited to understand and review each phase and step. With it, there came the realization that though interesting, some articles used (a) stories, in a non-symbolic language, but biographic elements (describing the elements lived by people) and (b) self-help kind of literature, not fictional ones. These where then eliminated, consensually. With this new and clearer criterion, a total of 11 articles remained and are to be used in the present Review.

Results

A total of 11 articles where within the scope of our study. We tried to have a coherent approach on all the selected articles although, in practice, not always one could obtain specific information from the existing material.

It is common, in a scoping review, to tabulate data such as authorship, publication year and

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[2] For the current research, we have chosen a Brazilian platform called Comunicade Acadêmica Federada (CAFe), where one may find periodicals and other database, with a login provided by the research center the three authors are attached to (Universidade de Brasília in Brazil). Arksey and O'Malley (2005) also mention we could have used reference lists, manual search in journals, network connections, organizations and even scientific or academic events, if so we had decided.

research or publication local. The table below includes such data[3], and has been organized by year of publication, so the reader can follow some sort of de evolution on this field.
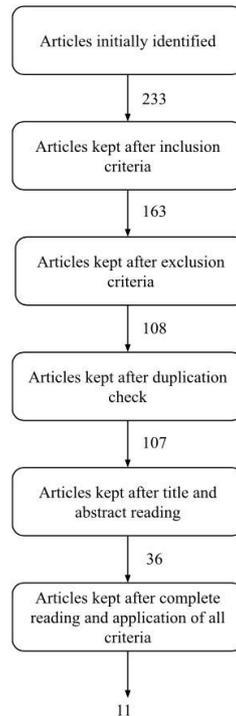
Table 1 — Characteristics of the reviewed articles (Source: author)

Title	Authors	Year of publication	Filiation country of the first author
The Uses of Juvenile Fiction and Self-Help Books with Stepfamilies	M. Coleman L. Ganong	1990	United States of America
Teaching Family Counseling through the Use of Fiction	S. T. Gladding	1994	United States of America
The Effects of Therapeutic Storytelling and Behavioral Parent Training on Noncompliant Behavior in Young Boys	L. T. Painter J. W. Cook P. S. Silverman	1999	United States of America

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[3] We chose to include the country of the first author, because we considered not to be useful to know the country of publication and many of the papers didn't inform where the research took case.

The Self-Characterization as a Narrative Tool - Applications in Therapy with Individuals and Families	A. Androutsopoulou	2001	Greece
Healing Traumatized Children - Creating Illustrated Storybooks in Family Therapy	L. Hanney K. Kozlowska	2002	Australia
If Your Mother Were an Animal, What Animal Would She Be? Creating Play-Stories in Family Therapy - The Animal Attribution Story-Telling Technique (AASTT)	D. Arad	2004	Not informed
Feeling the Tug-Creative Use of Ropes and Felt Board to Promote Family Change	R. A. Bruhn D. B. Lykke B. S. Duhl	2006	United States of America
Parental management of adoptive identities during challenging encounters - Adoptive parents as 'protectors' and 'educators'	E. A. Suter K. L. Reyes R. L. Ballard	2010	United States of America
Do You Ever Feel That Way? A Story and Activities About Families and Feelings	E. J. W. Kanewischer	2013	United States of America
The Portrayal of Black Swan T h r o u g h a M u l t i c o n t e x u a l Framework	V. D. Smith C. G. Austrich R. R. Brown L. H. Steding	2015	United States of America

Developing a Teddy Bear Therapy Training Program for Family Therapists	L. Beyers W. D. Phipps C. Vorster	2018	South Africa

The reading of the above data shows, at least on a time basis, a gap of interest on the subject of symbolic elements in family process. There is a hegemony of the researches on the United States, and other two coordinated on English-speaking nations (South Africa and Australia) and, finally, one written by a Greek author in English. It is worth noting that one of the US articles, the research by Suter and colleagues (2010), is held in Canada.

Other aspects that tend to be considered by reviews such as this are the features of each research (here we considered the theme/scope of the research, type of research and duration of intervention), as well as aspects of the families (how many families and their ethnic origins)[4]. In the table below, we have compiled such information.

Table 2 — Characteristics of the reviewed researches (Source: author)

Title	Scope of the research	Type of research	Intervention timespan	Number of families	Ethnic origin of the families
The Uses of Juvenile Fiction and Self-Help Books with Stepfamilies	Description and/or application of a technique or practice (bibliotherapy as a tool for stepfamilies)	Qualitative (theoretical practical description of technique)	Not informed	"A group of stepmothers"	Not informed
Teaching Family Counseling through the Use of Fiction	Description and/or application of a technique or practice (fiction as a means of teaching family therapy	Qualitative (theoretical practical description of technique)	Not informed	0	Not informed

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[4] Other elements (such as objectives, reached and/or important results) should be included, but the table would end up having too many blanks to fill.

The Effects of Therapeutic Storytelling and Behavioral Parent Training on Noncompliant Behavior in Young Boys	Description and/or application of a technique or practice (therapeutic storytelling terapêutico and behavioral training of parents)	Quantitative (nonconcurrent multiple baseline crossover design)	2 therapy sessions with two weeks in between them, 6 weeks of post treatment and 5 to 7 days to reach stability	4	Caucasian
The Self-Characterization as a Narrative Tool - Applications in Therapy with Individuals and Families	Description and/or application of a technique or practice (self-characterization on with the assistance of storytelling)	Qualitative (clinical case study)	Not informed (there are expressions such as "a number of sessions" and "several months", with no further specification)	3	Greek families
Healing Traumatized Children - Creating Illustrated Storybooks in Family Therapy	Description of a technique or practice (creation of illustrated books for traumatized children)	Qualitative (clinical case study)	Not informed	3	Australian (2) and Chinese (1) families
If Your Mother Were an Animal, What Animal Would She Be? Creating Play-Stories in Family Therapy - The Animal Attribution StoryTelling Technique (AASTT)	Description and/or application of a technique or practice (metaphor on children with attention deficit hyperactivity disorder)	Qualitative (clinical case study)	Not informed (there mentions "sessions")	1	Not informed

Feeling the Tug - Creative Use of Ropes and Felt Board to Promote Family Change	Description and/or application of a technique or practice (metaphor in couple and family therapy)	Qualitative (clinical case study)	Not informed (there mentions "several sessions")	1	Not informed
Parental management of adoptive identities during challenging encounters - Adoptive parents as 'protectors' and 'educators'	Description and/or application of a technique or practice (thematic metaphor to understand cognitive structures of cross-cultural family adoption)	Qualitative	Not informed (there mentions the existence of 1 recruitment session and a 1-hour session with small focal groups)	69	Caucasian Canadian couples (93%), Asians (2%) and Hispanic 3%, who have adopted Chinese or Vietnamese children.
Do You Ever Feel That Way? A Story and Activities About Families and Feelings	Description and/or application of a technique or practice (bibliotherapy applied to children on foster care or adoption system)	Qualitative (theoretical practical description of technique)	Not applied	0	Not applied
The Portrayal of Black Swan Through a Multicontexual Framework	Movie analysis (to understand a dysfunctional family)	Qualitative (movie analysis)	Not applied	1	Not informed (it's a fictional family from a movie)

Developing a Teddy Bear Therapy Training Program for Family Therapists	Description and/or application of a technique or practice ("Teddy Bear Therapy" in family context)	Qualitative (theoretical practical description of technique)	Not applied	0	Not applied

The diversity within the scope of the articles is worth-noting. Some researches focus on the description of the techniques (Teddy Bear Therapy, metaphors or bibliotherapy), while others present case descriptions to point the use of techniques (such as metaphors, bibliotherapy or self-characterization). Only one uses the knowledge of such techniques analyzing an American motion picture, with an approach on a fictional family. There were two empirical researches, with the total sample of 73 (69 in one and 4 in the other). We also found 4 clinical case studies, were the researchers worked with 8 families, in a non-specified number of sessions.

When looking at this data, one may see the obstacle we came across; most researches didn't present us the duration of the intervention. Most of them used expressions such as "sessions" or "a number of sessions" and only one mentioned the existence of 2 therapy sessions, yet lacking to mention how the 6 post-treatment weeks worked (number of sessions or time between them). The lack of such an information makes difficult to understand how the process happened and even to replicate the results.

Another important aspect is the ethnic origin of the families. As stories and narratives are inherent elements to the most diverse cultural backgrounds, we wanted to have a grasp on the diversity of the families. From the 7 studies that, directly or indirectly, worked with real families, only 3 mentioned ethnic background, two of which did so because of the intercultural scope. What leads us to two possible conclusions (that do not self-eliminate): (a) a fragility of the research or its information recording as an article, not mentioning such relevant data, and (b) a false illusion of normalcy regarding Caucasian and/or autochthonous sampling.

At this moment, we consider important to bring the subject of the articles not included in our counting. During process the selection of articles, we came to realize that despite the richness of some of them built in the solid earth of empiricism, they focused on "human narratives of lived experiences" (Kempson & Murdock, 2010, p. 751), many times a first-person narrative (Pardeck, 1996), "Discussing stories together contributes to the family's ability to make sense of difficult experiences" (Rolbiecki et al., 2017, p. 240), about what Rynearson (2005) calls the real facts (who, what, where, when, how, and why). The objectives of most of the non-included research were "the construction of personal identity, relationships, and fully actualized lives", or "simply to help us make sense of life" (McNay, 2009, p. 1178) or a challenging situation, such as dying (Rynearson, 2005), specially of a family member. In general, those non-included texts, allowed "identifying the significance of storytelling to the construction of familial identity and illustrating how members of an extended family through storytelling constructed and negotiated identity" (Cooper & Ewing, 2020, p. 9). Notwithstanding, they used concepts such as *bibliotherapy*, *metaphors*, *narratives* or *storytelling* on their approach. Hence the confusion it might have brought on this paper's research team. This is why we decided not to include them on numerical counting of the results, yet they should be revisited and

cited whenever appropriate. After all, even though they are a different process from the one we focus, they end up drinking from the same theoretical fountain.

What Do the Articles Say Regarding Storytelling in a Family Therapy Context?

The systematic review adopted doesn't have the purpose to provide an analysis on the quality or consistency of the literature or its evidence, or even to facilitate or prohibit the synthesis of studies, neither does it seek to offer generalizable findings. Yet, it summons us to organize the literature and understand its framework; it allows researchers to provide insights they consider relevant to enrich their review.

The first relevant aspect to be understood is the *family object* as a "primary social form" (Scabini and Cigoli, 2000, p. 7). Primary because, "the health of society largely depends on its holdings" (p. 7); after all, it is from the biological, psychological, social and cultural aspects of the family that social generation and development come to be; and when they become problematic, in a larger scale, "society faces unsolvable social problems" (p. 7). Even more, it's within family that children learn the fundamental function of relationship and attachment, that enables one to learn how to show oneself to the world and in future relationships — being them cultural, economic, sexual or reproductive. Thus, "the family organizes relationships" (p. 9), through an "organized system with an inner structure and hierarchy", which "interact in a non-casual way with the context" (pp. 8-9). This is how families become spaces to understand diversity and its processes — being in each one's roles, gender, or generation —, and comprehend the world. In the words of Suter and colleagues (2010), in one of the selected articles:

> family is a socio-historical construct, one that owes its existence to influences including social institutions, political configurations, economic trends, gender roles, parenting norms, emphasis on privacy and individualism, importance of work, and the division of labor. In this view, the notion of the traditional family is an ideological construct that masks itself as a universal, static, normative ideal to which families can aspire (p. 243).

Ackerman, who wrote the first article on families in 1937, said families are "like social and emotional units" (Feixas & Miró, 1993, p. 253) and in its core one finds its identity. In order to identify and understand such an identity that emerges from a discursive construction, one needs to understand the discursive practices used by families, and how these practices are generated and kept.

The aim is much more than understanding this relational-discursive family organization, it is to allow *change*, or "developing processes capable to change the structures" (Simon et al., 2002, p. 49). One can infer the importance of change, after reading and analyzing the articles, for instance one of them admits, in its very title, its aim: to "Promote Family Change" (Bruhn et al., 2006, p. 286); while another one mentions itself as seeking "to provide initial empirical evidence for efficacy and to identify the behavioral changes therapeutic stories induce" (Painter et al., 1999, p. 49). A third one shows, as in a child's case, the process of change happening when the parents "were able to detect his distress in contrast to viewing him simply as #naughty,!$and they became interested in the importance of emotions in relationships, even buying books on emotional intelligence!", going even further by pinpointing that the techniques used stablished a bond to "help children deal with the emotional impact of severe medical illness"; and "When working with non-traumatized populations", those techniques "may be used to make sense as to why some children present with particular emotional and behavioral

symptoms, and how these relate to their past and present context" (Hanney & Kozlowska, 2002, pp. 52, 42, 60, 60). The techniques here studied "facilitate the expression of feelings" and/or allow the involved "to access the emotions in response to each scenario" (Bruhn et al., 2006, p. 286). Such techniques, that many authors have called *storytelling* or *metaphors*, allow families to "learn to understand and express their emotions" (Beyers et al., 2018, p. 454) and children, who "sometimes find it difficult to express their feelings regarding these [traumatic] experiences", often receive help "to start this conversation, normalize their experience and emotions, and begin the healing process" (Kanewischer, 2013, p. 71). It seems that the objective is to enable "clients to express feelings and emotions that are otherwise difficult to access", making each of these techniques "a powerful therapeutic tool" (Arad, 2004, p. 253) — a power that goes from the individual level — an article mentions "people can change their views about themselves by reworking a personal story" (Hanney & Kozlowska, 2002, p. 42) — to the level of "bring[ing] change to the whole family system" (Beyers et al., 2018, p. 259). One of the articles comes even to mention the techniques "help individuals to accommodate changes, experienced during career transitions, that defy their sense of sameness" (Pizzorno et al., 2014, p. 420). In sum, "By becoming attuned to their emotions, participants may realize more about themselves, others, and their environments" (Gladding, 1994, p. 192).

Most articles mention the concept of *story* or *storytelling*. Curiously, the ones that better explain these concepts are the ones eventually not included. Nonetheless, it! S impossible not to mention them here. One even says:

> Storytelling has long been used as a supportive tool for people who have experienced adverse life events. It encourages them to process their feelings and emotions about an event through narratives (Bosticco & Thompson, 2005; Nadeau, 2001; Robinson & Hawpe, 1986; Sedney, Baker, & Gross, 1994). (…) When bereaved families engage in therapeutic storytelling as a way to re-author their family story in the wake of a loss, they work collaboratively in establishing new global meanings (Koenig Kellas & Trees, 2006; Nadeau, 2001). (Rolbiecki et al., 2017, p. 240).

This idea that the technique has been used from a long time comes to be mentioned by a second article, that puts *storytelling* as amazingly present throughout the whole human story:

> Wherever and whenever humans gather, telling and retelling stories is fundamental to communication. (…) For most events, creating and retelling a story promises a symbolic continuity, coherence, and transformation as the story unfolds (Rynearson, 2005, p. 351).

A third one presents it in a more poetic way: "The world, the human world, is bound together not by protons and electrons, but by stories" (Brian Morton cited by Kiser et al., 2010, p. 243). This same article defines "storytelling or storying as the natural process that families engage in to relate experiences to one another", and distinguish the term "narrative, to imply a therapeutic family discussion facilitated by a therapist" (Ibid., p. 243). For the same authors, stories are the intersection point between past and future:

> With each year of our lives, we add well over half a million minutes to our banks of experience. However, to be human is not simply to keep a record of the details of that sensory experience, but rather it is to organize those

experiences into a cohesive story that allows us to integrate selected moments into our sense of who we are. Stories are used to organize, predict, and understand the complexities of our lived experiences (Kiser et al., 2010, p. 243).

The authors explain that family stories transcend individual stories, enabling the understanding of different meanings of each family event, going beyond the immediate experience. Their explanation brings the Greek story to mind. Ariadne who, seeing her loved one going into the labyrinth, creates a system through a thread, through which, once completed the mission, he would be able to return to her. Perhaps this is the process: before the labyrinths of challenges that each one lives within one's family, stories allow a thread that unites all towards a common goal. In the words of yet another article, "Storying (…) served as a conduit to remember and connect", while "attempting to make meaning" from a tragic situation. This is perhaps the highest contribution of a story, and hence why, "Storying is a human predilection as we attempt to make sense of significant events in our lives" (Kempson & Murdock, 2010, p. 748).

We are all presented to stories when we are children. Being through fables or family stories, they allow us to "begin to organize our world. Telling stories then, becomes an integral part of life" (Parker & Wampler, 2006, p. 165).

In the many articles we read, many forms of *storytelling* were presented to us — both in the included and the non-included — and the textual confusion between concepts such as storytelling, bibliotherapy or narrative was clear to us. For instance, we found a definition of *bibliotherapy* as "the self-help, problem-solving-based manual-reading intervention", or "manual guided, problem-solving-based self-learning programme" (Chien et al., 2016, pp. 152-3). It is important to clarify those books were not considered in the scope of our review, since they don't use a symbolic language. It is true that "Self-help books and multimedia treatments have been empirically tested in about 70 randomized controlled studies", yet such practice not always shows results, as in one case where "low participation rate in reading the materials" from the part of some of the research subjects, "and therefore [are] reported no changes in their personal adjustment data" (Hahlweg et al., 2008, pp. 661, 677, 677).

We decided to use *storytelling* as a wide technique that may work as a metaphor. Either stories become like metaphors to be explored by patients, or technical processes used within therapy are metaphorical processes that combine themselves with the telling of stories, "given metaphors are so pervasive in everyday language and interactions". Metaphors, if well applied, may enable "access associations, resources and entertain novel experience" (Parker & Wampler, 2006, pp. 164-165). We may call this a sort of "metaphorical discourse". After all, a metaphor is "a figure or mode of thought", and not merely "a figure of speech"(Suter et al., 2011, pp. 246-247):

> Rather than referring to a particularly poetic or persuasive use of language, metaphor as figure of thought refers to cognitive categories, schemas, or knowledge structures that humans use to make sense of and understand reality in general and phenomena in particular, such as interracial surveillance. Metaphors illuminate often unconscious or implicit bases for thinking and reasoning about phenomena. (…) The metaphors undergirding our conceptual systems manifest themselves in large part through the ways we talk (Suter et al., 2011, p. 247).

In a study (Suter et al., 2011), the applied metaphors allowed researchers to observe how parents understand family identity and position. In a situation of cross-cultural adoption, parents felt a complimentary metaphor as derogatory and negative: "She's like a China doll! An earlier research sustained those compliments as problematic, appearing like a fetishization of Asian population, "encouraged their children to define their self-worth primarily in terms of attractiveness, and connected difference with physical features that cannot be altered". In another research mentioned in the same article, they noticed complimentary metaphor as "challenging to the bonds between parent and child, as these compliments call attention to visible differences between the two". Compliments in the process of cross-cultural adoption, such as ##What a wonderful, selfless act to adopt this poor, orphaned child!!$ created a new metaphor, also mistaken, of "saviors and their children as having needed rescuing", transforming "their expressed underlying intentions for international adoption – to build family, rather than to do charity" (Suter et al., 2011, p. 245). Metaphors are knives in the hands of a family therapist: misusing them, they may deeply cut; well used, they can cut the ingredients of a great meal! After all, "metaphors are (among other things) models for reality", models that the therapist decides on how using. It has to do with "the quality of semantic transformation that is brought about", with "seeing something that is unfamiliar and invisible by talking about it in the light of something that is visible and familiar", towards an understanding that enables "clear and concise meanings for ambiguous, multileveled, imagistic language": "Metaphor is, at its simplest, a way of proceeding from the known to the unknown" (Smith, 2017, pp. 744-745). This is why they cannot be forgotten. This is why a "metaphor is an important part of family therapy" (Smith, 2017, p. 748).

There are many ways to use the metaphoric process, "there are creative techniques that metaphorically access couple and family information in more efficient ways" (Bruhn et al., 2006, p. 289). In the scope of family therapy (our scope), they "have used experiential metaphors to help family members and to train new practitioners". It's a methodology that, in a wider sense, allows accessing non-easily verbalized information, while facilitates "the expression of feelings" (Ibid., p. 286). There are many ways of using techniques born from metaphors, many of which through the selected articles.

- One of them is *playing* (Hanney & Kozlowska, 2002, talk about *unstructured play*) which, lowers defenses, encourages spontaneity and allows "Taboo subjects" (p. 251) to be expressed through fantasies in a symbolic and metaphoric language (Arad, 2004).
- There can also be *role plays* and *games with different dolls* (Hanney & Kozlowska, 2002) and *puppets* (Hanney & Kozlowska, 2002; Arad, 2004), *make believe games* (Arad, 2004) or even a "family puppet interview" (Arad, 2004), where each family member chooses a puppet and plays a role; in order to tell the story through a more ludic way, instead of simply telling it. Once the story is told, all family members continue in character for a possible analysis made by them all.
- *Structured family art exercise* (Hanney & Kozlowska, 2002), *art therapy* (Arad, 2004) or simply using arts (Hanney & Kozlowska, 2002; Bruhn et al., 2006) allows the patient to develop a sense of "control, hope, competence, and mastery" (Hanney & Kozlowska, 2002, p. 41), through which "intolerable feelings can be externalized in a concrete form that can then be manipulated, returned to, and reworked as part of the therapeutic process" (Hanney & Kozlowska, 2002, p. 41).
- One may find many different kinds of use of the arts, through colored pencil or other artistic means (Bruhn et al., 2006). Hanney and Kozlowska (2002) mention *drawing*, though which it's possible to express remembered and unremembered memories (Hanney & Kozlowska, 2002, p. 41). Like the above-mentioned techniques, "Drawing enables

clients to express feelings and emotions that are otherwise difficult to access, and is thus a powerful therapeutic tool" (Arad, 2004, p. 253). Other visual tools may be found useful, such as drawing circles representing family members, while, for instance, observing their size and distance between them (Hanney & Kozlowska, 2002). Molding with clay or glue are other possible options (Bruhn et al., 2006).

- *Family sculptures* (Hanney & Kozlowska, 2002; Arad, 2004; Bruhn et al., 2006) also have the power "of metaphorically presenting relationship patterns in ways that cannot be put into words" (Bruhn et al., 2006, p. 286).

Other techniques are mentioned in only one article and shall be here presented:

- The *memory bracelet* (Kanewischer, 2013), using beads and bracelets, where each bead represents a person (the article talks about those one misses), and while putting each of the beads an associated story is told. The last story/bead represents something one is grateful for: the bracelet metaphorizes the presence of each person and/or thing in life.
- *Ropes* (Bruhn et al., 2006) that visually demonstrate the connection between family members, allowing manipulations that may symbolize borders, proximity, patterns e relationship intensions. Every member of the family influences the other, just like the ropes that bond the whole family organization.
- The *house of feelings* (Kanewischer, 2013) is a technique of drawing a house, where many feelings may inhabit. Each feeling may live in a different room, and in that room, one draws a face representing the feeling. The therapist might decide to talk about how big or small is this or that feeling, if/why lives downstairs or upstairs, or in this/that room, and even who else might have the feeling. The technique allows assessing personal and relational dynamics, using the stories of the feelings.
- Drawing a *family tree* (Kanewischer, 2013) in a large paper, with its strong trunk and its branches and possible small leaves that shall be glued on the branches. By putting each person's name in the right places, the technique allows the child to understand his/her place in the family, a place of comfort, support and protection. The author uses it with children who were adopted, yet it may be a meaningful technique to other contexts and ages. If so wishes, the person may take the tree home.

Other possibilities found in our research, but not described in the articles are *sand games* (Arad, 2004; Bruhn et al., 2006), *card or board games* (Arad, 2004) and *flower arrangements* (Bruhn et al., 2006). One of the articles mentions the use of "photography, music, and spoken word as a way to capture one's lived experiences and increase understanding of these experiences", mentioning *digital storytelling* as a technique where many families engage, in order to "increase their ability to communicate their feelings", while "work collectively in establishing new global family meanings" (Rolbiecki et al., 2017, p. 240-1).

It's important that the therapist also make a photographic registry of the productions made by the patients. Even though only one article mentions it (Kanewischer, 2013), specifically for one of the techniques. As researchers we understand, if possible, this tool should be used, allowing reviewing the data, as well as its analysis for future studies. Another element, mentioned by another article (Arad, 2004), is that some techniques are more directive (such as the ones using puppets), while others are more spontaneous (such as playing).

Meanwhile, one must notice that all the aforementioned techniques equip themselves, in some way, with stories, mainly by creating stories as a way to help individuals' re-author their lives (White, 2012). In other words, with the help of the therapist and the use of storytelling, people can change their views about themselves by reworking a personal story" (Hanney & Kozlowska, 2002, p. 42), or, even better, "re-writing of the client's story to fit a more heroic tale" (Hanney & Kozlowska, 2002, p. 43). These are activities that enable people to find their own voices, hence, "they can take charge of their own story" (Androutsopoulou, 2001, p. 82). An article even lets us with the challenge of making the many stories one story, when "families join their voices together to co-construct a story" (Kiser et al., 2010). But all of this is possible only if the therapist shows "trust and commitment"(Androutsopoulou, 2001, p. 82), since people are "not yet sure of what is expected of them" (Androutsopoulou, 2001, p. 82).

One of the articles (Kiser et al., 2010) mentions the concept of *shared frame*, a framework inside of which they may "co-construct coherent stories", each one of them fitting in "with the family's purpose and aspirations" (Ibid., p. 245) in a "coherent family story" that allows understanding family events and situations from the past, while they observe and tell the stories on those episodes:

> By making these connections, the family ties together discrete scenes across the family cycle to explain who they are (…). Through thematic coherence the family develops a dominant theme that becomes central to their family storyline. In this way, the story being told holds true to the shared family paradigm, values, and messages (Kiser et al., 2010, p. 246).

This is the only way through which, many different pasts connected to a single present are able to connect to one vision of the future guided by a shared identity within the family. This framework, or shared framework, once shared no longer belongs to one single family member, being something shared by all, created or established by this conjunction of different stories. Kiser and colleagues (2010) stablished this conducting thread as the one dictating the meaning of experiences, including of those experiences yet to be clarified by the story told, as well as the meaning of divergent paths or their alternative endings. According to him, agility is the ability of unfolding this not told snippets of the stories, and the storytelling agility "gives families the opportunity to recognize and imagine alternatives to their dominant family story, to suppose how else they may have felt or what else they may have done"[5]. During the process, families understand the existence of "multiple

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[5] In a certain way, it is like-a common technique used by story creators. Stephen King (2015) talks about a "real telepathy" (p. 95) and describes the following scene:

> Look—here's a table covered with a red cloth. On it is a cage the size of a small fish aquarium. In the cage is a white rabbit with a pink nose and pink-rimmed eyes. In its front paws is a carrot-stub upon which it is contentedly munching. On its back, clearly marked in blue ink, is the numeral 8. Do we see the same thing? We'd have to get together and compare notes to make absolutely sure, but I think we do. There will be necessary variations, of course: some receivers will see a cloth which is turkey red, some will see one that's scarlet, while others may see still other shades. (To color-blind receivers, the red tablecloth is the dark gray of cigar ashes.) Some may see scalloped edges, some may see straight ones. Decorative souls may add a little lace, and welcome—my tablecloth is your tablecloth, knock yourself out. (…) The most interesting thing here isn't even the carrot-munching rabbit in the cage, but the number on its back. Not a six, not a four, not nineteen-point-five. It's an eight. This is what we're looking at, and we all see it. I didn't tell you. You didn't ask me. I never opened my mouth and you never opened yours. We're not even in the same *year* together, let alone the same room... except we are together. We are close. We're having a meeting of the minds. (…) We've engaged in an act of telepathy. No myth-mountain shit; real telepathy" (p. 95).

realities, multiple truths" (Ibid., pp. 245, 247) which makes lives, consequently *multi-historied*, due to the many stories being simultaneously lived. Another article mentions *competing narratives*. Such narratives would not necessarily be positive or negative, but may well "indicate a power game, confuse the adolescent, but also counter crystallization and set in train an individuation process" (Pizzorno et al., 2014, p. 429). None of the little stories or *micronarratives*, as Pizzorno and colleagues (2014) would call them are "free of ambiguity or contradiction and no single story can encapsulate or handle all the contingencies of life" (Kiser et al., 2010, p. 247). Thus, "Family stories act both to convey meaning as well as to guide families toward reaching a consensus among all members regarding that meaning" (Ibid., p. 245).

In sum, coherent stories or narratives should connect to the many stories in an articulated way, temporarily enveloping the sequence of events, and provide semantic meaning to the events. It's important noting that "Failure to form a coherent narrative of traumatic events impacts attachment relationships in the family, impedes resolution of trauma, and makes the repetition of the abuse cycle more likely" (Hanney & Kozlowska, 2002, p. 41). This disruptive aspect of traumatic events happens insofar as they negatively affect the abilities to tell stories in a shared framework, also impeding the finding of meaning in the stories (Kiser et al., 2010). This way, it becomes the role of the therapist to help the family to watch, as if from a distance, the process. The telling of traumatic stories may take families to relive the experience or understand it from other angles. So, the therapist must facilitate *empathic listening* processes to the family, empowering them to be in tune and to consider other member's viewpoints. The very act of telling stories, according to Kiser and colleagues (2010), is an excellent tool for that. Through it, therapists may allow chunks of each member's story to be elicit and allow them to coherently integrate those stories in a trek they are journeying along.

The techniques which allow the stories to achieve such goal are multi-fold, and shall here be presented.

- The first one, we may call *Therapeutic Storytelling*. It's an "approach [that] involves the use of multiple embedded stories" (Parker & Wampler, 2006, p. 156), and aims to unravel and focus on stored narrative resources. Using it, the therapist tells two stories, the first, envisioning the change in attitude, is interrupted to tell a second story which leads the patient to experience a specific emotion. By the end of the second one, the therapist goes back to the first one to end it. In-between, the therapist may approach other materials he considers might contribute with therapeutic change; and in other sessions, he may revisit the stories if found necessary.

- Another technique, called *Self Characterization*, is a somehow an adaptation of *Family Characterization Sketch* (Androutsopoulou, 2001). It allows people to describe themselves in two ways: how they were before and how they imagine themselves after the therapeutic process (immediately after and/or in 5 or 10 years in the future). In order to do so, patients are invited, during the session, to write about their family, as if they were outsiders who knew them well — it's ideal to write in third person, which brings a certain distancing and sense of security. From the difference between stories, there may emerge constructs that allow reading, not the identity of the involved but, the ways in which one sees meaning in situations; regarding the intersectional points in the stories, it's worth noting those ignored or forgotten by one of the tellers, since they may ignite a feeling of neglect or treason. The

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This "meeting of the minds" (p. 95) is a shared framework, that allows (1) not to share unnecessary elements, (2) each one may feel the blanks the way they feel proper, and (3) everyone focused on the same. In the story presented by King (2015) for the number drawn on the back of the rabbit, for the patients their common goal towards the future.

idea, perhaps similar just like a framework, is to search that common voice within the whole family, that lets everyone know and understand how to act in a specific context. Many times, nonetheless, a family member talks with the voice of another member, mentioning how the person may or may not feel in certain circumstances, affirming oneself as a dominant voice within the family.

• In the case of children who, by any reason, don't know how to write, three options are presented by Hanney & Kozlowska (2002), *Story Game Drawing*, *Life Book* and *Alphabet Book*. Despite being different techniques, all articulate drawing with stories, with the main difference in the first one which does not group stories in one *book*. In the first one, the child draws images and goes on telling the stories they are drawing, while in the second and third one the child draws in the pages of a book inventing the scenes they tell. The third one, specifically, invites the child to draw something associated with each page, containing a letter from the alphabet. The book is co-constructed by the therapist and the child, going through many narrative events, from birth; and since it's a family therapy process, the family participates in it, both telling the stories as well as drawing and painting together — always respecting the limits of the other person's drawings (not being allowed to correct or modify someone else's drawings). It "helps the child sequence temporal events and explore associated feelings and facts" (p. 42). Family may also negotiate and dialogue on how to use each page. Books may be portrait albums, with pictures or drawings, including letters and other documents the child may consider relevant to add; A1 paper sheets may be used, folding them to look like books. It's recommended to always start with non-traumatic events so it can be linked to a pleasant experience, and each story may be revisited at any time, being even possible to interrupt the process to, for instance, seek more information. Authors describe how the experience helped dealing with individual emotions, to improve communication skills, or even lead each member of the family to acknowledge and understand their own personal identity, letting even memories to be accessed, and hence clarified and finding their specific meaning. Despite it may appear that the focus is on the child, the technique enables the whole family to reconnect and comprehend unknown aspects.

• A similar technique is *My Story*, described by Kanewischer (2013), which may take place either in session or at home. In this case, it's asked of the child to tell their own story, while drawing or painting, and the therapist writes it all down. It's important to use the child's own words. Its differential is that, at the beginning of the following session, it's up to the therapist to read the words so that all hear them and the child be able to add something to them, if so wants.

• Another technique we may call *Final Alternatives* or *Worst-case scenario* is brought by Kiser and colleagues (2010). The authors invite people to think about alternative endings, telling what might have happened instead of what in fact happened. Its aim is to allow a path that shows the opposite of the traumatic event and its results, diminishing feelings possibly seen as negative, such as the guilt for the death of a family member. These new narratives may include stories that shed new lights to the process, focusing on values, aspirations, wishes and family dreams[6].

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[6] The practicality of such a technique becomes even more evident when put together with literature or cinema, creating parallel universes, where protagonists, instead of passing through certain incidents, pass through others. One may check

Some techniques put the patient almost at the center of the process, giving the therapist the role of reflection process facilitator. Other ones put the therapist as someone more involved in the creation and telling of the story.

- Richard Gardner, such as presented by Beyers and colleagues (2018), introduced the *Mutual Story Telling Technique*, a technique not very far from the last one, in which the therapist, listening the story of origin told by the assigned patient, offers another narrative version — though similar in terms of characters and scenery — so that, among other things, a new, more mature and healthier solution may emerge.

- Beyers and his colleagues (2018) also presented the *Teddy Bear* technique which, they explained, is a "mutual storytelling process between therapist and child about a teddy bear who is facing the same difficulties as the child" (p. 450). The process begins with first choosing a teddy bear, whose name is chosen by the child. Afterwards, the therapist proposes a scenario (generally a forest) through which the animal lives and goes by (male or female according to the child's choice) and a context representing the reasons led the child to the therapeutic process. The therapist continues offering scenarios, with the bear's family routine (the routines are actually obtained from previous dialogues with the parents. The story, perhaps even more than the ones aforementioned, involves creative and fantasy elements to such a level that, when questions, problems or challenges appear in the story, they have to seem to be the bear's and not the child's, who, in fact, feels empowered by helping the bear to solve their problems.

- The *Animal Attribution Story-Telling Technique* (Arad, 2004) "wishes to integrate the world of symbols and metaphor with the world of experience by modeling fantasy alternatives to real-life stress" (p. 253). The technique is used with disruptive and noncooperative children and its implementation happens when each of the family members assigns an animal to the other members of the family (including to themselves) and tells a story that includes all the animals, and not the people; and when they forget or confuse something no one corrects them. At the end, each one offers a title and a moral to the story they tell (after checking if the children know what a story moral is). Like some of the techniques mentioned above, this one allows to understand family dynamics, externalizing and clarifying feelings, emotions and beliefs may exist. Some people choose offensive animals (such as the father who chose a cockroach); when a child does that, it is recommended to guide them in a way that the insult is felt like a compliment: after all, only a child who feels supported and safe dares to choose such an animal, and when others see it positively, family is in fact showing a more accepting behavior towards the child.

Another style of using *StoryTelling* elements within a family practice context are closer to what the first author uses in practice. Despite presented by Peseschkian (1996) as "stories, fables, and myths" (p. 262), *therapeutic stories* may be told to patients, in two different ways:

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the case of the TV show *What If…?* (Marvel/Disney, 2021) that invites fans to imagine how the world would be if a hero would have gone through an experience different from the original one. Or, the Tv show *This is Us* (NBC), where two characters, a couple, have a game, in which they imagine what could be the worst thing to happen if things happened a different way. Lastly, in a more poetic tone, one may quote *The Road not taken* de Robert Frost, a poem where the poet/protagonist is on a crossroad, and shall choose one of the two roads, choosing the one less travelled, a choice which would make all the difference — someone who listens or reads a story may think about how their choices lead to different roads, and how their lives would be different if another road would have been chosen.

- The first, brought by Smith and colleagues (2015), are *motion pictures* prescribed by the therapist, which just like the other techniques mentioned, should be prepared to help families and discuss family processes touched by the movie narratives. Movies tend to generate conversation among viewers regarding characters, their perceptions and actions. Peterson and Twist (2017) quote possibilities of movies such as Artificial Intelligence (Steven Spielberg), Ex Machina (Alex Garland), EDtv (Ron Howard), Her (Spike Jonze) and Sleepless in Seattle (Nora Ephron), but truth being told, many movies can be used. The first author has already used Spider-Man (Sam Raimi), The Dark Knight (Christopher Nolan) and Malcolm & Marie (Sam Levinson), to mention a few. The important, as Peterson and Twist (2017) say, is that whoever watches them feels the "story is to some extent the story of us all" (p. 371).

- The second is the use of *literature*, which, according to Gladding (1994), "is a systemic, versatile and palatable way to deliver information about family counseling" (p. 191). The author brings literature in the context of training future family therapists, since they don't have access to the many different family relationships, but his thoughts also apply to the clinical context: "Despite its historic use as a means of helping, literature is under- utilized" (p. 192). In classrooms, literature would allow the increase in awareness, the improvement in understanding family dynamics, the promotion of insights and objective compassion, which would hardly be possible in each person's everyday life.

Some people, nonetheless, see such possibilities in only one shape or, perhaps, use only one name to all possibilities: *bibliotherapy*. Though initially it might have been born from the therapeutic reading of literature, many use technical books and self-hep books. Aaron Beck (1979) comes even to say that "books and articles have high credibility to some patients" (p. 213). The techniques proposal is seen as:

> (a) to share information, (b) provide insight, (c) begin discussion about problems, (d) demonstrate new attitudes and values, (e) show that others have similar problems, and (f) show solutions to the problems (Pardeck & Pardeck, 1993). (Kanewischer, 2013, pp. 70-1).

Furthermore, while some authors (Kierfeld et al., 2012) may affirm "The use of bibliotherapy in children has been less well documented" (p. 554), others indicate a clear preference in children! S context:

> Books provide a variety of information that is helpful to children. Books are especially helpful with children because they offer a way to engage in a relationship-building process while also relating to their experience. Books are one way to promote healing for children (Smith, 1989). When working with children, bibliotherapy has been used to help children experiencing parental divorce, a sick or dying parent, bullying, abuse, adoption, foster care, alcoholic- or drug-abusing parents, a blended family, and anxiety (Pardeck & Pardeck, 1993). Books can give children a way to reflect on their own experience, see examples of positive behaviors, express emotions, and develop critical-thinking skills (Timmerman, Martin, & Martin, 1989). Bibliotherapy can be seen as a way for children to develop new competencies and learn from experiences that are different from those to which they have

been exposed in their everyday lives (Pehrsson, 2005; Davis & Wilson, 1992). (Kanewischer, 2013, pp. 72-3).

Nonetheless, bibliotherapy may be used by any person, at any given moment. Kierfeld and colleagues (2012) mentioned a higher therapeutic engagement of families, due to self-observation and the sense of empowerment they find in themselves, besides the economy of time and money.

Even more, it's never too late to remember that "Through vicariously experiencing family crises within books, plays, or dramas", not only therapists$ "gain insight into the reasoning that family members go through in creating or resisting change" (Gladding, 1994, p. 193), but also, in a distanced process within the reality of the world, families show themselves capable of looking towards themselves and understand such a reality. Or, in other words:

> The importance of popular stories and films in clinical practice often goes unrecognized, but can be a powerful tool through which to train educators and therapists alike on how to work with various kinds of relational systems (Blumer, 2010; Laszloffy & Hardy, 2000; Neustifter, Blumer, O'Reilly, & Ramirez, 2015; Shen, 2015). (…) In addition, stories and films can serve as gateways to better understand a client's culture, presenting concerns and related narrative, as well as potential solutions to their problems (Mota & Blumer, 2013). (Peterson and Twist, 2017, p. 367).

The involvement of multidimensional characters and ambience of a well told story may bring forth values which would lead those who received the story to "react to literature in a concerned but objective manner" (Gladding, 1994, p. 193). In this process it's possible to only read, or watch, or interpret scenes and even analyze fictional families, presented in their complexities and dynamics and, to do so, the facilitator — who Gladding defines as a classroom professor training future family therapists, but may as well be therapists in family therapy process — must better prepare themselves, and the receiver — students or families — should acknowledge their *modus operandi* and accept the use of such arts in the process (Gladding, 1994). Perhaps this is why we may find a research (Parker & Wampler, 2006) mentioning therapists who use the technique to feel "the sessions as deeper when storytelling was used, they also saw them as less smooth" (p. 163). Preparation and previous training seem to be fundamental for the success! By the other hand, Kierfeld and his colleagues (2012) mention bibliotherapy managed by parents "has been found to enhance parental competences and to reduce oppositional, disruptive, aggressive, and hyperactive child behavior" (p. 554), if parents are well instructed people. This seems to point out, that even if they understand the relevance of the techniques here explored, both therapists and families need to have some level of mastering.

In general, "Clinicians have reported the success of therapeutic storytelling in treating children for a myriad of problems" (Painter et al., 2008, p. 63), the same way as "families with other presenting problems, and possibly even couples" (Arada, 2004, p. 262). Techniques which use stories as main ingredient lead to diminishing of parental stress levels (Painter et al., 2008), are "especially useful for mild and moderate psychological problems (…) and parent's parenting competence" (p. 555) and may assist non-traumatized populations to understand their contexts in which their symptoms emerge as well as understand how the family interact, helping them on how to lead with specific emotional or behavioral symptoms (Hanney & Kozlowska, 2002), while enabling:

> The transmission of familial and cultural lore, the expression of feelings, the relation of personal information, and the communication of values and

knowledge (Aurela, 1987; Brems, 1993; Hughes, 1995; Pellowski, 1977). In addition, stories may be used to explore and discover solutions to problems and dilemmas with which we may be confronted in normal development (Bettelheim, 1977; Brems, 1993). (Painter et al., 2008, p. 48).

There's still a lot we can write specifically on using books, or bibliotherapy. Books are useful, in the words of Kanewischer (2013) "because they offer a way to engage in a relationship building process while also relating to their experience" (p. 72), in cases such as the experience of parental divorce, a sick or deceased parent, bullying, abuse, adoption, parents with abusive use of substances, or anxiety. Whatever the mantle of the story, whether told, expressed or read, it becomes "means by which people organize and communicate the meaning of events and experiences" (Androutsopoulou, 2001, p. 80):

> One of the timeless and universal purposes of myths is to provide meaningful explanations of life and death and offer guidelines for dealing with the most basic existential dilemma of all: our helplessness in confronting our own dying (…). Telling and interpreting this myth highlights a reconstructive theme that has restorative utility for family members lost in the self-created labyrinth of retelling (Rynearson, 2005, p. 355).

Stories told carry within themselves the meaning of what is felt and known, in the form of knowledge and/or the tradition within a family or culture. This is due to the fact that stories carry symbols "embedded in memory during childhood and are formed as a result of experience" (Arad, 2004, p. 253), thus nourishing curiosity, creativity, sense of search and communication. Moreover, they have *specific functions*[7].

- Perhaps the first function of a story is to understand the cultural world of the patients and incorporate them in therapy. As Hahlweg and colleagues (2008) remind us, a competent vision is needed, without ever assuming to know all about someone else's cultural reality. Maybe by listening the stories people tell, one finds this knowledge.
- Another primary function of stories is, in the words of Gold (1998, quoted by Gladding, 1994), to offer a "new and newly arranged information (…) so that there is a cognitive shift in how one views the world" (p. 94). Here they assume themselves as filters (even if temporarily) that break down barriers and allow abandoning ideas, convictions and myths. There is a kind of shift in reference, where Hahlweg and colleagues (2008) mention the acceptance of the problem, its cognitive restructuring and even the emergency of creative solutions, recommending further follow-ups. Listening to the stories, people may find themselves in awe and find within a process to seek for the solutions.
- Lastly, Bruhn and colleagues (2006) mention "multiple sensory modalities (visual, auditory, kinesthetic and/or tactile)" (p. 286), which possibly increment the abundance of imagery in stories, and, by its turn, invites the receivers of the stories to see in them their projected needs, meanings and feelings. Parker and Wampler (2006) talk of the patient identifying with the protagonist and experiencing emotional change, and Pardeck (1996)

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[7] The concept of *story functions* comes from the German-based psychiatry, Nossrat Peseschkian. For him, stories have different and specific therapeutic functions. Here, even though inspired by his theory, we chose to analyze the articles and try to find what they might have considered as story functions. Then, we tried shed new light on this matter.

says we may identify the problems described and these identifications facilitate therapy. They reproduce conflicts and reveal possible solutions and, for this reason, the receivers of the story learn coping or solving strategies for their situations or challenges, from the many interpretations and possible connections to the real situation; Peterson and Twist (2017) report how couples recover from infidelity episodes after watching a specific movie. The process connects the receiver to the characters in the story (Hahlweg et al., 2008), establishing similarities between them (Hahlweg et al., 2008) and/or focusing on such relationships (Bruhn et al., 2006), while enabling the learning of positive thinking techniques (Hahlweg et al., 2008) and the expression of emotions about personal experiences (Hahlweg et al., 2008; Bruhn et al., 2006). Here, basically, stories become models and mirrors that reflect or may reflect different realities from the experienced ones, despite having common elements, nourishing what we may call *displacement*, which becomes even more relevant insofar it enables a connection to the narrative, but not in a perspective so close it's impossible to see the reflection.

Results and Discussion

According to Arksey and O'Malley (2005) there are a few reasons one must aim, when doing a scoping review, such as (1) mapping the study field, exploiting the extent, coverage and nature of the subject studied, (2) the synthesis and dissemination of research results in order to, amongst other things, supporting the creation of public policies, and (3) the identification of gaps within the literature. We came to realize the lack of studies in the field; after all, there were 11 articles in a time frame of 28 years! Indeed stories, narratives and other similar techniques exist within clinical framework, but seldom in the setting of family therapy. This information is so blatant that the field doesn't even have clear idea on how to write terms and what they mean. Notice, for instance, how the idea of telling a story (or multiple stories) is written: sometimes as two words (*story telling*) and others as one word (*storytelling*); sometimes with a capital *S* while other times with both the *S* from *story* and *T* from *telling* are capital. Techniques aren't clearly described leaving many doubts on what they really mean. Thus, the highest of all risks we faced was within the selection of the articles. It's undoubtedly possible to have wrongly excluded some articles. Noticing the richness of some of the non-included articles and knowing the selection technique might have been compromised by difference of terminology, we came to use such articles, whenever we considered they could add new insights and knowledge to our research.

We also found that 5 (five) of the presented techniques were symbolic, and presented in more than one article and, in some way, they use stories, 4 (four) techniques were explained in only one article, and 3 (three) had their existence only mentioned with no farther explanation on them. We also found a total of 10 (ten) techniques directly related to our scope, 5 (five) of which use patients as the ones telling the story, 3 (three) are mixed process where therapists also participate, and 2 (two) imply the acceptance of a story told by a third party (a writer or a movie director).

It's important to bring forth that the main force of this systematic revision is found in possibly being the first revision to associate stories and family therapy. If this weren't the case, the researchers would have probably come across such a review. Even so, this may not be the case, since there are many books in the market doing different good analysis. The research, nonetheless, chose to do focus on academic literature in article format — it was a design decision and, as such, shall come with its advantages and disadvantages, amongst which the selection of studies with good scientific or writing

qualities, together with ones that lack in those same qualities. Additionally, we might consider that not everyone who works with stories in therapeutic settings are publishing their findings.

One must also consider, some points common to many articles, which may be common to the many techniques:

- In order to use a technique, it must be considered pleasant. This is the reason many articles recommended stories to be told in moments of low anxiety or mood, while introducing challenging subjects or intense feelings in future moments.
- Participants should feel part and protagonists of the process, in such a way their contributions should never be disregarded by the therapist or another family member (either correcting the story, criticizing analysis, or drawing in someone else's space), in such a way a freer perspective may be arise and they find themselves able to better communicate with each other. It's important that all involved people learn to suspend their judgement and accept what may come to be included in the process.
- The creation of a thread that brings the many narratives together, or the different elements of the same narrative. Some authors mention the creation or co-construction of a theme (Pizzorno et al., 2014) or a central idea (Kiser et al., 2010); only possible if everyone has the ability to listen and appreciate each other and everyone's contributions to the process. Sometimes, the aim is to achieve such a level of listening and appreciation and the main idea becomes an exercise, a means to the end; other times, listening and appreciation capacities are means to the end, it being the discovery or definition of that theme.

The story of the builders is an excellent example. It's said that a young man, traveling across Italy, saw what he considered to be three men doing the same. Questioning on what they were doing, the first one, pretty grumpy and with a tired face, as if he had bitten a sour lemon, harshly answers "don't you have eyes to see? I am hitting a stone!". The second one, seemingly not tired, but also with appearing not to be on such a friendly mood, answered "not much, only doing a wall". Now, the third one, smiley and cheerful, as if dancing while hitting each rock, when questioned, with shining eyes and with such a smile that raised from one ear to the other, answered:
"me? I am collaborating with the construction of this city's cathedral".

The process used by these techniques is an invitation to nothing more than this: that each one puts, despite the emotions they may be feeling, their collaboration on one construction; and, sometimes, the participating members of the family see if they have, together, risen a cathedral, the cathedral of their lives!

In the more eloquent words of Kiser and colleagues (2010), "People's stories are not neutral but partial, told from the angle of vision of the owner of the story" (p. 245). And this is perhaps the real power of the stories told and listened in therapeutic setting: to move toward, not a cure but, a collaboration, working together, in which everyone is accepted and share their work and effort collectively.

> If families work together to create a single story, participants may be more easily able to focus on the family's collective experience, and they may better understand how their individual experience is part of a larger whole. However, it may be challenging to ensure that all family members have a voice in the creation of the story, and family members may need support in reconciling conflicting versions of the same events. If family members create individual stories, it is much easier to ensure that everyone participates and is

heard, but they may require more redirection to focus on how the loss affects the family as a distinct social system (Rolbiecki et al., 2017, p. 242).

Stories are tools to understand *how* the process occurs and not *what* occurs. It may seem like a pun and may also seem that the technique is as simple as listening to a patient talking about their issues. But what happens is that *how* stories are told, how pauses, silences, interruptions, the order of the narrative is presented becomes as important, or more important, than the *what* is told; this is because families bring their contents (the *what*) and the vision they have on the meaning of the contents (the *how*).

Thus, the therapist becomes an archeologist exploring meanings in the havoc of narratives, so many times, loose and disconnected, some of which are found in the surface and others in the depths, digging through omissions and possible paradoxes and even discovering unimaginable stories. Just like an archeologist, one needs technical, scientific and professional capacities, and an imaginative thinking to know *how* to look for lost narratives. As Bruhn and his colleagues (2006) might say, there's only one limit for the therapist: their imagination.

Conclusion

Even though we didn't focus our selection in articles talking about public policies, we are invited to think of them. After all, one of the reasons one does a scoping review is to synthesize and assist the dissemination of research results in order to support the creation of public policies. So, we came to notice that at least one article mentioned the use of the techniques we here explored would bring economy of time and finances. What leads to the question: why then don't we have public policies investing in training family therapy professions in such techniques? At the same time, we find patients accepting such techniques which work! Again, why isn't there an investment on such techniques?

Perhaps future studies may be able to present some of the elements necessary to train professionals. Perhaps what we need is to find networks of professionals who work with such techniques and instigate them to interact with each other and publish their case studies. Perhaps faculty members should access such scientific investigations and even invite their students to farther explore the field of stories. Perhaps Psychology, as a science, could show itself more open to relationship with other fields of knowledge, such as literature, cinema and even journalism, to assess other ways of telling narratives.

All this is future behavior which may or may not occur! But one thing should happen, and urgently: the definition of "the techniques". A more attentive reader must have noted, as it was earlier mentioned, there are terms and techniques that literature confuses. What is narrative, or storytelling, or stories, or tales?

What we propose is using one common term, the expression *StoryTherapy* as a larger framework, including all the techniques here mentioned and so many others may come to be, if they fit with the following criteria:

- have a real or fictional story associated;
- use imaginative and symbolic elements, allowing one to grasp the meaning of the expressed and non-expressed contents of the story;
- aim to transform fixed and rigid symbols in fluid symbols, which would enable sharing experience narratives;
- and bring forth the hope for change.

A story cannot be used under the likes and dislikes of the professional, but should respect the speech place and the reality of the people, to what Gallo (2014) calls the *ethos*. A story cannot be used without understanding its underlying meanings, what Frankl (2021) would call the *logos*. And a story must consider the emotions of everyone involved, the *pathos* presented by Gallo (2014).

Hence, *StoryTherapy* is a macro-technique or an umbrella, if one prefers, under what we may find the use of the millenary knowledge of storytelling, equipping itself with imaginative and symbolic elements in many shapes, aiming to make symbols fluid, where all share their personal experienced narratives, under the tripod of respect, *logos*, *pathos* and *ethos*, of each person involved — either a single individual, a couple, a group, a family in singularity or multiplicity and the therapist(s) — presenting everyone with hope: the hope that change is always possible.

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