Welcoming the Christian Story in Narrative Therapy with Children

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Abstract

Despite evidence that children are deeply spiritual and concerned with questions of meaning and purpose, developmental psychologists have frequently denied the importance of spirituality to children. Similarly, narrative therapists, including those who work with children, hold postmodern commitments that lead them to reject the religious metanarratives. Ironically, narrative therapists' rejection of religious metanarratives subverts the goal of narrative therapy itself: to help the client develop a coherent life story. Furthermore, narrative therapists are frequently blind to the fact that their rejection of metanarratives is, in and of itself, a metanarrative that marginalizes other metanarratives. Narrative therapists' practice of supporting and introducing metanarratives of social justice into therapy also belies a positive evaluation of particular metanarratives. Given that philosophical and theological metanarratives are not only inescapable but also necessary to achieve coherence, the question is raised as to whether religious metanarratives might yet play a critical role in narrative therapy with children and families. A closer examination of the Christian metanarrative reveals a marginalized narrative that advocates for the perspectives of those in vulnerable positions, particularly children. As those who have been entrusted with the power to influence the child's developing identity, narrative therapists in general and Christian narrative therapists in particular have an ethical responsibility to welcome the spiritual stories children and families bring to therapy.

At that time the disciples came to Jesus and asked, "Who is the greatest in the kingdom of heaven?" He called a child, whom he put among them, and said, "Truly I tell you, unless you change and become like children, you will never enter the kingdom of heaven. Whoever becomes humble like this child is the greatest in the kingdom of heaven. Whoever welcomes one such child in my name welcomes me.

"If any of you put a stumbling-block before one of these little ones who believe in me, it would be better for you if a great millstone were fastened around your neck and you were drowned in the depth of the sea. Woe to the world because of stumbling blocks! Occasions for stumbling are bound to come, but woe to the one by whom the stumbling block comes! . . . Take care that you do not despise one of these little ones; for, I tell you, in heaven their angels continually see the face of my Father in heaven."

Matthew 18:1-7, 10 (NRSV)

My first experience with the field of psychology came at the age of ten. My parents had recently filed for divorce, and due to the combative nature of the proceedings, the judge had ordered everyone in my family to individual therapy. I distinctly remember my evaluation of my first therapist, which I reported to my mother: "He needs Jesus." Although my therapist never explicitly stated a bias against Christianity, it was clear that he discounted the importance of faith to my life. Try as I might, I couldn't convince him that I wanted to go to church to worship God and be with my spiritual family, not because my mom was forcing me to spend more time with her. Nor could I help him see that my relationship with God was real (and not just some form of denial) and helped me to cope with the divorce and make meaning out of it.

I was not the only child to feel that her psychologist did not take her faith seriously. In *The Spiritual Life of Children*, Robert Coles (1990) writes about an eight-year-old girl he treated named Connie. Connie was referred because she had become a troublemaker at school. She was devoutly Catholic and admitted that she had "bad habits," which she could successfully conquer only by praying in church or talking with the priest (p. 11). In therapy, Connie loved discussing a movie she had seen about Bernadette of Lourdes, who would eventually become sanctified by the Catholic Church. Coles, however, was not interested in the movie or her spirituality, and

thought that her discussion of "bad habits" was merely "a smokescreen for the sexual feelings I presumed she had and acted upon" (1990, p. 11). His supervisor affirmed this hypothesis: "In a while she will talk with you about her sexual life, and all this religion talk will go away" (1990, p. 11). But Connie was not willing to follow his interpretation of her, which she picked up on through the questions he asked and the issues he ignored. One day, she demanded to know whether Coles was "an atheist or a believer." Coles turned the question back on her and summarized her response, both verbal and non-verbal, as follows:

> Because . . . You're not interested in my religion, only my "problems." But without my religion I'd be much worse off, don't you see? How about *encouraging* me to talk about that movie, about what I experience when I go to church, instead of sitting there, bored, waiting for God to pass from this conversation? (1990, p. 12)

This proved to be a turning point for Coles, as he began to understand that his bias against Connie's religious faith was hindering her treatment and his understanding of her.

The psychoanalytic training received by Coles (and, evidently, by my first psychologist) reflects a common bias against religion and spirituality in the field of psychology. Some have argued that this bias is largely due to personal rejection of religion by most psychologists (Roehlkepartain, Benson, King, & Wagener, 2006). As demonstrated by Coles and his supervisor, many psychologists view religion and spirituality as expressions of other issues, such as sexuality, gender, and ethnicity. This neglect of spirituality and religion has not been limited to the psychological literature on and therapy with adults, but has also limited research on and clinical work with children and their families (Roehlkepartain et al., 2006).

Thankfully, the training I have received at Fuller Seminary has focused on including spirituality and religion in our clinical work and research as psychologists. Interestingly, however, I have found a different bias here. With the exception of courses with the words "child" or "family" in the title, all of my courses were taught with the assumption that clients are adults. Few courses were offered in child therapy, and the ones I have taken have not spent much time on understanding the spirituality of children or how to integrate their spirituality into therapy.

In this paper I will attempt to integrate what I have learned about the spirituality of children and narrative therapy, a modality to which I have gravitated due to its potential for integration as well as its applicability to child and family therapy. I will argue that narrative therapists, including those who work with children, must welcome religious metanarratives into therapy that is aimed at helping the client achieve coherence. I will begin by examining the historical bias of psychology against the importance of spirituality to children, and I will show that the current literature on spiritual development provides evidence that children are concerned with issues of transcendence and coherence. Next, I will turn to a discussion of narrative therapy, and demonstrate that the postmodern commitment of narrative therapists leads them to take a stance against religious metanarratives, while inconsistently supporting and introducing the metanarratives of postmodernism and social justice into therapy. I contend that coherence cannot be achieved without the acceptance of a telic metanarrative and that this requires theological resources outside of the realm of psychology. Furthermore, for the Christian client, it is ultimately the Christian metanarrative that provides coherence. Contrary to postmodern thought, a faithful reading of the biblical story reveals a marginalized, rather than a dominant, metanarrative. This marginalized Christian metanarrative has relevance not only for adults, but also for children, who are similarly interested in finding coherence. Whether this metanarrative is

welcomed in therapy, however, depends largely on the therapist, who decides which narratives to include in the therapeutic process through the questions they ask and the stories in which they show interest. It is therefore the ethical responsibility of narrative therapists to welcome religious metanarratives and allow these metanarratives to help the client achieve coherence.

The Spirituality of Children

Whether a therapist believes that religious metanarratives should be included in child therapy depends, first of all, on whether the therapist views children as spiritual beings who seek answers to philosophical questions of meaning and purpose. Unfortunately, many developmental psychologists view children as too developmentally immature to have spiritual or philosophical concerns, given that children lack the abstract thinking and higher language skills that develop in adolescence (Hart, 2006). This perception belies a cognitive bias in the field that neglects the rich spiritual experiences children have but do not express in adult language. Researchers who have studied child spirituality from the child's perspective, however, have found that most children, including those who come from agnostic or atheist families, are deeply spiritual (Coles, 1990; Hart, 2006; Roehlkepartain et al., 2006). Children engage the world with a sense of awe and wonder that holds every experience as potentially sacred (Hart, 2006). Whereas for adults, religion is often principally about beliefs and practices, for children, spirituality is largely about experiencing the divine in the everyday moments of their lives (Hart, 2006).

In addition, contrary to popular psychological opinion, children are quite capable of contemplating complex spiritual and philosophical issues. Many children are natural philosophers who ponder life's "big questions," such as the meaning and purpose of life, death, the nature of existence, and issues of truth and justice (Hart, 2006). For example, a seven-year-old who was shopping for groceries with his father asked, "Why am I here?" His father tells him

they are there to buy food for dinner, to which the child adamantly replies, "No! No! Why are we *here*, you know, alive?" The father, somewhat mystified, is wise enough to turn the question back on the child. The boy responds, "I don't know yet; I'm working on it" (Hart, 2006, p. 168).

The ability of children to ponder philosophical questions is actually enhanced, rather than limited by, their developmental level and corresponding spiritual approach to the world. Recently, developmental psychologists have found that belief in the supernatural is intuitive for young children (Barrett, 2004). Hart (2006) notes that the child's ability to approach the world with a sense of wonder may be due to a lack of a rigid ego structure, which blurs the divide between object and subject and allows the child to absorb the world and see it as new and mysterious. The child's experience of the world as large, new, and mysterious helps the child to remain humble in his thoughts on it, as demonstrated by the seven-year-old boy's response to his father. The child's humility, coupled with his experience of the world as mysterious, frees him to ask radical questions similar to those of the great saints Teresa of Avila, St. John of the cross, and Augustine (Coles, 1990; Hart, 2006). Hart (2006) also suggests that the awareness that one doesn't know may be the essence of wisdom. Thus, in their humility, children may explore philosophical questions of meaning and purpose with greater facility and insight than adults.

The Role of Narrative in Identity Development and Therapy

Discovering answers to these philosophical questions is a central part of identity development, in which we seek to create personal narratives that interpret our life experiences. McAdams (1993) posits that our identities are actually created through the development of these personal narratives. As a person goes through life, she begins to develop a life story through her experiences and her interpretations of them. The goal of human development, therefore, is to develop a good personal narrative; for we come to know who we are through the story we create.

The adult must arrive at a heroic self-narrative which tells of a life well lived so as to experience integrity rather than despair. Although the formal development of a coherent life story is the major challenge of adulthood, the events and interpretations made in infancy, childhood, and adolescence shape the kind of story that can be told.

These events include times when parents become frustrated with their inability to change their child's behavior and thus seek professional help. The family often begins therapy by explaining that something is "wrong" with their child: he has become a "bully" at school or "sulky and defiant" at home. Narrative therapists understand, however, that the child is not the problem; the problem is that the family's stories are focused on problems. Narrative therapists term these stories "problem-saturated narratives," (White & Epston, 1990, p. 16) and note that when therapists accept these pathological descriptions of a child, the child's identity suffers. Accordingly, narrative therapists work on "externalizing the problem," separating the problem from the child by giving it a name (e.g. "Temper" or "The Squirmies") and use the child's strengths to help the family gain victory over the problem (Freeman, Epston & Lobovits, 1997, pp. 35, 38, 42). In this way, narrative therapists bring the issue of identity to the forefront, and suggest that healing comes as families change the story they tell about the child.

As this brief description of narrative therapy illustrates, narrative therapists view the problem as stemming from the social constructions that have been created and maintained about the child or family's identity. Freedman and Combs (1996) assert that the narrative perspective on problems and their solutions comes from "a postmodern view of reality," which is based on the following tenets of narrative therapy:

1. Realities are socially constructed
2. Realities are constituted through language

3. Realities are organized and maintained through narrative
4. There are no essential truths. (Freedman & Combs, 1996, p. 22)

The assertion that there are no essential truths follows from the postmodern perspective that reality can't be objectively known since reality is socially constructed. Reality is merely interpreted experience, thus the understanding that there are multiple interpretations leads to the conclusion that there is no "truth," (singular) but only the individual truths that people create for themselves. As a result, narrative therapists reject "metanarratives," the larger cultural stories that shape the personal narratives which individuals and families tell about themselves, because of the authoritative weight which is often given to these metanarratives as being universally true (Freedman & Combs, 1996; Lee, 2004). Metanarratives are also viewed negatively because they become dominant in a given culture and marginalize other stories (Freedman & Combs, 1996). Narrative therapists thus seek to liberate clients from dominant metanarratives that keep them from living out their "preferred narratives" (Freedman & Combs, 1996, p. 39). From a narrative perspective, accepting *any* metanarrative as authoritative would be adding to the oppression clients already experience from their problem-saturated, dominant narratives (Lee, 2004).

Similarly, narrative therapists remain skeptical towards institutions, including religious institutions. From a narrative perspective, institutions are also socially constructed, yet as they receive legitimation from a society, people begin to accept them as a form of reality or fact (Freedman & Combs, 1996). Institutions and the metanarratives they promulgate dominate other groups and narratives, and limit the stories people tell about themselves to those that are condoned by the institution. Accordingly, narrative therapists are particularly leery of religious institutions because of their tendency to produce metanarratives that have led to the oppression of other people groups. Although narrative therapists are right to point out that institutions, both

religious and secular, have often used their metanarratives to dominate and oppress, it should also be noted that narrative therapy has itself become a socially constructed institution with its own potentially oppressive metanarratives. By rejecting religious metanarratives and their corresponding institutions, narrative therapists severely limit the resources that are available (and perhaps necessary) for the client to achieve coherence.

The Inescapability of Metanarrative

Although narrative therapists take a strong stance against metanarratives, they are often ignorant of the fact that their stance against metanarratives is, in and of itself, a metanarrative (Lee, 2004). As this circularity illustrates, it appears that metanarratives are an unavoidable part of human existence. Furthermore, a closer examination of narrative approaches reveals that narrative therapists do in fact hold certain metanarratives to be, in essence, true (Lee, 2004). In their textbook on narrative therapy, Freedman and Combs (1996) encourage narrative therapists to "consider and ask about the larger sociopolitical contexts and discourses that support problems" (p. 283). Narrative therapists assume, first of all, that various forms of oppression such as racism, classism, and sexism exist; and second, that these forms of oppression are morally evil (Lee, 2004). The assumption that oppression is evil and that freedom from oppression constitutes what is good is a metanarrative which narrative therapists grant a privileged status (Lee, 2004).

These assumptions about the presence, description, and moral status of particular social phenomena are not limited to narrative therapy with adults. Freeman, Epston and Lobovits (1997) also emphasize the importance of social construction for narrative approaches to child and family therapy. Because the problem-saturated narratives families tell are shaped by sociocultural assumptions, they contend that:

> Factors such as racism and sexism that affect children and their families need to be acknowledged and sometimes acted upon. This involves both identifying social conditions and challenging taken-for-granted assumptions about aspects of problems that have their roots in social injustices, such as structural unemployment, housing problems, or discrimination against women. (p. 52)

Despite the fact that narrative therapists claim that metanarratives must be rejected and that therapist's assumptions should not be introduced into therapy, issues of social injustice appear to be an exception to the rule in both adult and child therapy. Freeman and colleagues (1997) describe a case example in which Shawna, a nine-year-old girl, shares with Jenny Freeman (her therapist) that her math grades have suddenly plunged. Freeman writes:

> Questioning Shawna about the social context of the problem, Jenny discovered, not to her surprise, that there was an idea current in Shawna's peer group that high grades in math could lead to a girl being regarded as "un-cool." Shawna was asked to consider if boys were viewed the same way, and if not, how come? On reflection, Shawna became upset about the unfairness of such gender-based limitations of girls' abilities. She found it, in fact, discriminatory. As Shawna was biracial—Caucasian and African American—Jenny raised the question of racial discrimination, but Shawna said that the problem had more to do with her gender than her racial background. (pp. 15-16)

Freeman (Shawna's therapist) introduces both the metanarrative of gender discrimination and the metanarrative of racial discrimination into the therapeutic discussion through the questions she asks, even though her client has not raised these issues. Freeman's formulation of the problem as one of gender discrimination leads to rich therapeutic work as Shawna recruits her friend Alice

to form what Freeman called “The Anti-Anti-Math Club” in which the girls produced “revolutionary art and stories” to campaign for the right of girls to like and do well in math (1997, p. 16). The girls then sought math tutoring and pulled up their math grades.

Lee (2004) argues that narrative therapists’ use of metanarratives of discrimination has three important implications. The first is that narrative therapists do indeed grant some metanarratives privileged status. In the example above, Freeman demonstrated a belief in the existence of gender discrimination in schools (particularly against girls’ performance in math) and an associated metanarrative that such discrimination is oppressive. The second implication is that, even from a narrative perspective, therapists are allowed to introduce these metanarratives into therapy even if they aren’t initiated by the client. Thus, although Shawna did not originally consider that her problem had anything to do with gender discrimination, Freeman felt free—and perhaps even obligated—to share this interpretation with her. Finally, rather than being conceived as an oppressive abuse of the therapeutic hierarchy, the introduction of the discrimination metanarrative is viewed as contributing to a positive therapeutic outcome—here, an improvement in math grades for both the client and her friend.

My critique of narrative therapy is not that it takes a stance against social injustice, but rather the basis on which that stance is taken. Narrative therapists claim to reject metanarratives when, in practice and in theory, they simply accept certain metanarratives which they view as liberating and reject those they perceive to be oppressive. Ironically, this metanarrative becomes oppressive toward other metanarratives as it refuses to allow them into the therapeutic discourse (Hauerwas, 1981). Consequently, this prevents narrative therapists from discovering that other metanarratives, particularly religious metanarratives, might in fact be liberating, helpful, and perhaps even necessary, toward developing a coherent life story. Given that narrative therapists

believe that social justice metanarratives can—and should—be introduced into therapy for positive clinical effects, might they not also seek sensitive ways to welcome religious metanarratives that may be key resources for developing coherence?

The Necessity of Teleology

One of the central problems with narrative therapy's rejection of religious metanarratives is that this bias can become an obstacle toward its explicit therapeutic goal: to help the client develop a coherent life story (McAdams, 1993). As noted earlier, narrative therapists seek to help clients achieve coherence by counteracting dominant narratives that make it difficult for the client to live out their "preferred narratives" (Freedman & Combs, p. 39). In a world where there are no essential truths, however, personal preference becomes the only criteria by which such life directions are chosen (Lee, 2004). This practice poses a problem for the goal of coherence. If coherence is attained by looking back upon one's life and calling it "good," one must have a way to determine whether one's life has been good. Yet the postmodern commitment of the narrative approach leaves people without any standard by which to measure their lives (Lee, 2004).

Narrative therapists may be somewhat unique in the field of psychology for their explicit attempt to address issues of coherence, but they are not alone in their inability to do so. It is not so much that *narrative* therapists are unable to address coherence, but that the psychological discipline in which narrative therapists are rooted is ill suited for defining the purpose of human life (Murphy, 2005a). The purpose of psychology is to illuminate how particular ends may be attained by providing the appropriate means. Thus, narrative therapists change the stories that are told about a child (means) to reduce the family's distress (ends). But how does a psychologist decide on appropriate therapeutic goals? And by what criteria does he define psychological health or flourishing? Although psychological theories vary in the degree to which they make

ontological claims, definitions of health and flourishing often include implicit ethical and philosophical assumptions about human nature and the purpose of human life. Understanding the purpose of human life, however, belongs more properly to the fields of philosophy and theology (Murphy, 2005b).

Consequently, the ultimate goal of identity development—coherence, a sense of satisfaction with one's life as having been "good"— requires a philosophical or theological explanation of one's purpose in life, or *telos*. *Telos* defines the features and accomplishments of the good life, and thus provides a way to measure one's life and determine whether it has, indeed, been good (Lee, 2004). The development of a coherent identity therefore requires a metanarrative that defines the purpose of human life. Given that the goal of narrative therapy is to assist the client in developing a coherent life narrative, narrative therapists who wish to be faithful to their discipline must consider religious metanarratives that provide *telos.*

Spiritual Development & Coherence in Childhood

The question that remains, then, is whether the search for coherence and hence, the need for a telic metanarrative, also apply to children. According to McAdams' (1993) theory of narrative identity development, it is only in adulthood that people become concerned with developing coherent narratives. McAdams (1993) regards childhood as the season for gathering the raw materials for a story: infancy sets the tone, and childhood introduces themes and characters. It is in adolescence that one begins to fashion a story out of these materials, and in older adulthood that one hopefully arrives at a coherent life narrative. Adults create myths to make sense out of the lives they have lived, to "determine who we are, who we were, and who we may become in the future" (1993, p. 92). Not having lived very much of their lives just yet, children are not as concerned with making sense out of what has happened to them in the past.

Those who have studied child spirituality, however, have found that children are quite interested in making sense out of their lives in the present as well as the future (Coles, 1990; Hart, 1996). Children desire to know who they are in relationship to the world around them and seek answers to spiritual questions of existence and meaning in ways that are appropriate to their developmental level (Coles, 1990). Recently, researchers in the area of spiritual development have recognized that a child's quest to understand "who am I?" and "why am I here?" is both philosophical and spiritual in nature. Roehlkepartain and colleagues (2006) view spiritual development as the search for coherence, meaning, and purpose in life as well as connection with others and the sacred, which is achieved by integrating all other aspects of development (emotional, cognitive, social) into the creation of a "life narrative" (p. 9). A child's identity development is thus intertwined with his spiritual development, as he seeks to create a narrative about who he is at a certain place in time (Roehlkepartain et al., 2006).

Although children may not tell life stories with a beginning, middle, and end (after all, they have only experienced the beginning!) they are interested in understanding who they are in the present. Children often understand their identities in the context of their interests, abilities, and relationships with others. In response to Coles' (1990) request to fifth grade students to tell him, as best as they can, who they are, one girl wrote: "I'm the one at home who can make our Gramps laugh. He's old, and he doesn't laugh much. I don't tickle him. I just tell him jokes. My mom said without me Gramps would be sad" (p. 310). Rather than seeking to understand her identity in terms of her past behavior, this child demonstrates a child's tendencies to understand her identity in terms of her relationships with others in the present. Hart (2006) describes this as the "relational spirituality" of children (p. 172):

> Relational spirituality is about communion—a profound sense of interconnection with the cosmos; connection—a sense of intimacy with someone or something; community—a sense of belonging to a group; and compassion—the drive to help others. (Hart, 2006, p. 174)

This child's identity is thus rooted in her sense of being connected to her grandfather, the community (her family), and her compassionate desire and ability to keep her grandfather from feeling sad and demonstrates the child's tendency to seek coherence through her relationships.

Children remain humble about their identities, however, as they are aware that they don't know what they will be like when they grow up. Furthermore, many children recognize that the world is mysterious and that they are limited in their ability to comprehend it. For some children, coherence is gained through a perspective that God knows their whole story, even if they do not. The same girl quoted earlier also wrote: "I'm like I am now, but I could change when I grow up. You never know who you'll be until you get to that age when you're all grown. But God must know all the time" (Coles, 1990, p. 310). Another boy in her class wrote,

> I don't know what to say. I was put here by God, and I hope to stay until He says OK, enough, come back. Then, I'll not be here any more. By the end I hope I'll find out why I was sent down, and not plenty others. There must be a lot of waiting. God decides . . . who's born. He puts us here, and then He's the one who says we should go back and be with Him (p. 312).

These children demonstrate an inherently theological perspective on their identity; although they can't foresee who they will become or understand why they exist, they believe that God knows why they are here, how long they will live and who they will become. The religious metanarratives these children have learned provide them with the belief that God knows the

entirety of their story. This allows the children to gain a sense of coherence even though their future remains a mystery. Yet religious metanarratives offer more than assurance that one has a coherent story that is known by God; they define the coherent life itself by explaining life's meaning and purpose. Narrative therapists seeking to help the client achieve coherence would do well, then, to attend to the ways in which religious metanarratives define the good life.

A Revolutionary Kingdom

In striving to understand how religious metanarratives provide *telos*, it is important to recognize that telic explanations vary by religious tradition. Given that I can only do justice to the metanarratives I know well, I will focus on the version of the Christian story that I have developed and the ways in which this narrative provides *telos*.

Briefly summarized, the Christian narrative is the story of how God created people so that they could experience loving relationships with him. People became seduced by the powers of this world, however, and chose instead to be subject to them. Yet God, in his compassionate love for his people, has acted consistently throughout history to woo his people back to himself. The culmination of his pursuit came in the sending of his son, Jesus, and in Jesus' life, death, and resurrection. Through the power of the Holy Spirit, Jesus' obedience to the cross frees humanity from the powers of this world and creates a new society, the church. The church exists to share the good news of Jesus with the world and to continually reenact the story of Jesus' love and obedience through loving and serving God, one another, and the world (Epicentre Church, n.d.; Hays, 1996; Murphy, 2005b)[1].

The Christian narrative thus provides the *telos* for the Christian life. The purpose of the Christian life is to follow the example of Jesus through communion with God, participation in

[1] Although elements of this summary are drawn from Hays and Murphy, it is also largely shaped by the vision and statement of faith of my church.

the church community, and evangelistic witness (in both proclamation and service) to those who do not know the love of God. The implications of this *telos* is that it provides guidelines for life in the community; if the church is to be faithful to the example of Jesus, it is to be a community characterized by love, trust, obedience, and service. As a community whose central story is that their leader has conquered death itself, the church is called to live radical lives that are free from the fear of death (Hauerwas, 1981). The Christian metanarrative therefore defines the good life as one that continues to carry out the mission of Jesus on earth.

Despite the potential religious metanarratives hold for providing coherence, narrative therapists frequently view religious metanarratives negatively because they have historically held positions of power and dominance. Yet I would argue that, particularly in this postmodern era, the Christian metanarrative has actually become subjugated to the more dominant cultural metanarratives of postmodernism and its correlate, individualism. Hauerwas (1981) observes that the liberal project has made individual freedom its ultimate goal, and in so doing, has become its own form of domination.[2]

> Ironically, the most coercive aspect of the liberal account of the world is that we are free to make up our own story. The story that liberalism teaches us is that we have no story, and as a result we fail to notice how deeply that story determines our lives. (1981, p. 84)

According to the Christian paradigm, however, freedom comes not from the freedom to choose one's story, but from obedience to the liberating story of Jesus Christ.

[2] Although liberalism, a term used in political discourse to describe the effects of modernity, is not synonymous with postmodernism, the discussion of liberalism is included here because liberalism's rejection of metanarratives is also due to its individualistic ideals.

> For the Christian, autonomous freedom can only mean slavery to the self and the self's desires. In contrast, it is the Christian belief that true freedom comes by learning to be appropriately dependent, that is, to trust the one who wills to have us as his own and who wills the final good of all (Hauerwas, 1981, pp. 130-131).

The Christian is thus freed from the dominant metanarrative of postmodern individualism and the values it produces. In contrast to a society whose narrative promotes independence, self-protection, social status, and financial success, the Christian narrative promotes interdependence, self-sacrifice, humility, and simplicity.

In narrative therapy, children and families are encouraged to discover alternative narratives for their lives that have become marginalized by the oppressive metanarratives of the larger culture. Given that the Christian metanarrative and its values run counter to the popular metanarrative of postmodern individualism, could not the Christian metanarrative itself be understood as a marginalized narrative which the therapist should encourage Christian clients to rediscover? Furthermore, might not the Christian metanarrative, which has an ethical and theological foundation for social justice, provide a strong imperative for eliciting the marginalized stories of those in more vulnerable positions, such as children?

Welcoming the Christian Metanarrative in Narrative Therapy with Children

Unfortunately, children are rarely recognized in contemporary society as being in a vulnerable position in relationship to adults. Yet it is precisely this aspect of the child's experience that Jesus highlighted in his revolutionary attitude toward children and the marginalized in society. In Matthew 18, the disciples ask Jesus, "Who is the greatest in the kingdom of heaven?" Jesus calls a child from the crowd, and tells them "whoever becomes humble like this child is the greatest in the kingdom of heaven" (Matthew 18:3, NRSV). Notably,

Jesus does not say that the child is the greatest in the kingdom because she is holy, pure, or innocent, but because she is humble. In contrast to earthly kingdoms, where the kingdom belongs to the rich and powerful, the kingdom of heaven belongs to those who are weak, powerless, and humble like children.

Children are in a humble position partly because they are dependent on adults. This is evident in Matthew 19, where we find the disciples reprimanding those who have brought children to Jesus for prayer. Jesus reminds the disciples to "Let the little children come to me, and do not stop them; for it is to such as these that the kingdom of heaven belongs" (Matthew 19:14, NRSV). Again, Jesus reminds them that the kingdom belongs to the children, who the disciples are not permitting to draw near to Jesus. The child's experiences are often limited to the opportunities sought or permitted by their parents and other adults. Unlike Jesus, the disciples, and the children's caretakers—all adults who wield the authority to decide whether the children receive prayer—children remain at the mercy of the adults who provide their care and run the social, political, and economic systems that surround them. Unless adults inquire after a child's desires or perspectives and make them known, the child remains without a voice.

Similarly, the child client remains voiceless in therapy unless the therapist draws out and hears the child's perspective. Although narrative therapists strive for a less hierarchical position in relationship to their clients, the nature of the therapist-client relationship unavoidably places the therapist in a position of power as the therapist guides and directs the therapeutic work. The authoritative position of the therapist is accentuated in child therapy, where the child is dependent on the therapist (as both the adult and the professional in the relationship) to welcome the child's spiritual stories. As demonstrated in the story of Connie at the beginning of this paper, even a strong-willed child can only protest against but not determine the course of her therapy;

the therapist decides, through the questions he asks and the stories in which he shows interest, which narratives will be used to help the child make sense of her life (Coles, 1990).

Furthermore, in a culture whose adults value scientifically provable phenomena, both children and their families are likely to withhold significant spiritual stories from the therapist, especially those that may be considered more supernatural. Griffith and Griffith (2002) observe that clients often suppress spiritual stories that do not fit cultural norms out of fear that they will be asked to prove themselves or that these intimate experiences will be intruded upon or dismissed. As therapists who claim to advocate for marginalized stories, however, how might narrative therapists create safe environments for these marginalized spiritual stories?

Griffith and Griffith (2002) suggest that an attitude of wonder, curiosity and openness toward the other opens the door to conversations about spiritual experiences. In our efforts to understand the child, it is imperative that therapists approach the child and her stories with the same sense of wonder with which the child approaches the world. Approaching the child with wonder requires humility on the part of the therapist; the therapist must admit, as the child does, that there are many things that one does not know, that people and the world they inhabit are mysterious, and that the child may have more wisdom and knowledge than the therapist. Furthermore, creating a safe space for spiritual stories requires suspending disbelief and relinquishing the assumption that the therapist's experiences define what is possible. The Griffiths (2002) argue that "an attitude of wonder in the therapist can be cultivated only if cynicism and certainty are attenuated" **(**p. 34). Wonder requires the therapist to privilege the child's interpretation of the story over her own, and to believe, as the child does, that every moment could be touched by the divine. Only when the therapist opens herself to the possibility of the sacred can she begin to create a space that encourages the child's spiritual stories.

Whether the therapist approaches the child's spiritual stories with wonder depends on the therapist's personal attitude toward religious metanarratives. As demonstrated in Coles' (1990) story about Connie, Coles' lack of interest in Connie's spiritual stories, communicated through his verbal and non-verbal responses, expressed his personal bias against religion at the time. By contrast, the Griffiths' belief that spiritual stories can provide hopeful alternative narratives allows them to hear spiritual stories differently; where others may have heard stories about an "oppressive religion," they heard "inspiring stories that provided a sense of connection and hope" (2002, p. 89). Connie's protest against Coles is fundamentally that Coles does not *believe*. She asks whether he is "an atheist or believer," (1990, p.) implying that maybe, if he believed her metanarrative, he would believe in its power to provide her with hope, strength, and purpose. As those who have been entrusted with the child's identity development, narrative therapists must recognize that their acceptance or rejection of the child's religious metanarratives opens or closes the door to resources the child may need to develop coherence.

Finally, approaching the child's spirituality with wonder requires that we as therapists consider the ways in which the child's spirituality may offer spiritual insights which evade us as adults. How might seeing the world through the child's eyes help the therapist discover new possibilities for coherence not only for the client, but also for the therapist herself as well as other clients? And how might the child's experience of the world as novel and exciting rejuvenate the therapist's own spiritual life and her ability to welcome the unique spiritual stories of other children? It appears that welcoming the child's spiritual stories in narrative therapy might not only provide meaning and purpose for the child, but might also provide renewed meaning and purpose for the life and work of the therapist.

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