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Who Are We, But for the Stories We Tell: Family Stories and Healing

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Abstract

Storytelling is a notable part of family life. Families share stories that illuminate and combine their separate experiences into a meaningful whole. Families narrate both their best and worst life experiences and in this way pass down a heritage of remembrances from one generation to the next. Clinicians working with families who have been impacted by trauma can use family storytelling to aid healing. This article reviews the functions of family storytelling and the skills used by family members in the act of storying to illustrate how therapists can facilitate families' use of their storytelling skills in the healing process.

Keywords

family stories; trauma; family process; narrative

The world, the human world, is bound together not by protons and electrons, but by stories. Nothing has meaning in itself: all the objects in the world would be shards of bare mute blankness, spinning wildly out of orbit, if we didn't bind them together with stories (Brian Morton, *Starting out in the Evening*, as cited in Diane Schoemperlen, *Our Lady of the Lost and Found*, p. 141).

We take this time to explore the multiple aspects of family storytelling that are integral to using narrative techniques with families who have been traumatized. We refer to storytelling or storying as the natural process that families engage in to relate experiences to one another. We reserve the term, narrative, to imply a therapeutic family discussion facilitated by a therapist. In trying to understand what a therapist would need to know to help families use their storytelling abilities to talk about and cope with traumas, we believe it is important for them to know the functions of family storytelling, the skills used by family members in the act of storytelling, and the effects of trauma on family storytelling. Finally, we provide a review of the skills and knowledge that the therapist brings to the therapeutic encounter to guide narration and healing.

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Functions of Family Storytelling

And sometimes remembering will lead to a story, which makes it forever. That's what stories are for. Stories are for joining the past to the future. Stories are for those late hours in the night when you can't remember how you got from where you were to where you are. Stories are for eternity, when memory is erased, when there is nothing to remember except the story (O'Brien, 1998, p. 38).

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.

Family stories go beyond the lived experience of each individual member. Family storytelling gives us access to the multiple meanings of family experience while building a shared theory to explain the meaning of life events to the family as a whole (Boss, Beaulieu, Wieling, Turner, & LaCruz, 2003; Fiese & Sameroff, 1999). Family stories illuminate the *content* (the details of "what happened"), the *affect* (the "how it felt"), as well as the *meaning* (the family's sense of "why this happened"). Collaborative storytelling allows for each member to share a perspective of the experience, including the emotions attached, which then allows the family to develop a shared understanding of events. This chronicling of experience develops the family's history into a framework for meaning making. Family stories as told over time become internalized as family schemas for individual family members (Bakhtin, 1981; Hermans & Dimaggio, 2004). Further, family stories allow us to step beyond our immediate experience and to interpret events with an eye toward the future. The story is like the thread that weaves together a family's past providing shape and form together with the anticipated future. Finally, families often use their stories to communicate beliefs, values, and important life lessons of the family system and of the larger sociocultural context (Fiese & Wamboldt, 2003).

Family Storytelling Skills

And just as spiders don't have to think, consciously and deliberately, about how to spin their webs, and just as beavers ... do not consciously and deliberately plan the structures they build, we do not consciously and deliberately figure out what narratives to tell and how to tell them. Our tales are spun, but for the most part we don't spin them; they spin us. Our human consciousness, and our narrative selfhood, is their product, not their source (Vollmer, 2005, p. 418).

Telling family stories comes naturally to most families. It is an ordinary part of shared family meals, family leisure time, and special family events. Through frequent practice, families develop natural abilities in storytelling. Families skilled at storying demonstrate both *practicing* and *representing* characteristics (Pratt & Fiese, 2004). Practicing characteristics suggest the act of storytelling, how the family tells the story, who talks, and who listens. Representing characteristics suggest how the content of the story is understood, what the story means, and what message the family is trying to communicate. Using practicing characteristics like a coordinated perspective (Bohanek, Marin, Fivush, & Duke, 2006) and coregulation of affect, as well as representing characteristics like shared meaning making (Hill, Fonagy, Safier, & Sargent, 2003), families join their voices together to coconstruct a story. These elements of family storytelling require a degree of interdependence and are necessary to move from an experience where each family member recites their independent story to the creation of a shared story.

Coordinated Perspective

The task of constructing a family story is complex, involving the input of multiple members. A coordinated perspective involves the family's use of a collaborative style in which each member contributes to the story. A coordinated perspective involves determining what is relevant for inclusion in the family story, appreciating multiple points of view, and managing the storytelling process so that all voices are heard. The results are a final version of the story that incorporates the perspectives of the whole family rather than one or two individual members.

For this process to be successful, first, family members must understand that within a story attention is focused on only a part of lived experience. This means that each story told is an interpretation of an event. As orator, each family member must decide what part of his or her experience is relevant and necessary to the family storyline. This ability emerges from a relational context. Consider the four fundamental components of joint attention and their significance for storytelling: one, interacting with a social partner; two, to share an experience; three, through coordinated attention to an object (or event); and four, with mutual affect (Carpenter, Nagell, Tomasello, Butterworth, & Moore, 1998; Liszkowski, Carpenter, Henning, Striano, & Tomasello, 2004). The development of joint attention skills within family relationships provides a foundation for learning that some experiences are to be ignored while others are worth noticing and reporting in the story. Families must work together taking into account the emerging capacities of each of their members to tell about experiences of central importance to the collective. It is in this way that family members decide what fraction of their lives becomes part of their story, part of how they define their family. Further, family members must make explicit how the main characters, context, and sequence of events belong to a typical family story and are pertinent to their family story (Dimaggio & Semerari, 2001).

Second, having determined the central storyline, reaching a coordinated perspective requires family members to demonstrate their skills at synoptic and credulous listening and also reflectivity. The ability to listen for different perspectives, or *synoptic listening*, allows family members to appreciate multiple points of view and accept that everyone in the family perceives events differently, even an event experienced by the whole family at the same time (Nwoye, 2006). The ability to hear the story without criticizing, judging, or correcting, or *credulous listening*, involves both letting the orator tell his or her story without interruption and with the knowledge that the audience will believe or accept the story as a valid representation of the orator's perspective. In a collective process like family storytelling, reflectivity incorporates not only taking into account how each individual felt themselves, why they felt or acted the way they did, but also considering how other members of the family might have felt (Singer & Rexhaj, 2006). "Importantly, this also relates to [family members'] abilities to form ideas about others' internal states; for example, to be able to consider what might have been going on in the mother's or father's minds - feelings, intentions, needs and explanations which may have guided their actions" (Dallos, 2004, p. 48).

Third, a coconstructed story that belongs to the whole family requires use of a set of collaborative problem-solving skills, including balancing power, influence, control and negotiation. Families have to understand that, quite naturally, the voice of some members carries more meaning-making authority than others (Besley, 2002). Families using a collaborative style do not let this voice be the only one heard and heeded. Their understanding of this dynamic allows them to structure the family interaction during storytelling so that all members express a point of view and then negotiate a shared perspective. Parents/caregivers help younger family members by soliciting their

contributions and by integrating all viewpoints into a shared, consistent frame of reference (Bohanek et al., 2006). When families use a coordinated interaction style,

several perspectives are taken, and most important, parents structure and integrate these different perspectives for a more complex understanding of one's own perspective, the perspective of others, and the integration of the self with others. Families using a coordinated narrative interaction style teach their children that they are part of a unified, cohesive family whose members understand and work through positive and negative experiences together (Bohanek et al., 2006, p. 48).

Co-Regulation of Affect

A good story, along with relaying the “what” happened, reveals the feelings that accompanied the experience. Joyful stories can have families laughing uncontrollably while sad stories are often told with tears running down family members' faces. The process of telling family stories enables each family member to deal with potentially intense emotions within the context of a story and within the safety of the family unit. The act of family storytelling provides collective experiences of affective coregulation much like the responsive, repetitive dyadic interactions used to encourage internalization of emotional regulation within the infant—caregiver relationship (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). The family's facility with sharing and regulating intense emotion during storytelling is consistent with findings of attenuated physiological responsivity within the social context of the family (Seeman & McEwen, 1996). The process of organizing emotionally complex events into coherent form, a component of family storytelling, has also been found to influence a child's emotional and behavioral regulation (Oppenheim, Nir, Warren, & Emde, 1997).

The nature of storytelling allows family members to relate feelings congruent with the content and to express feelings at an intensity consistent with the social rules of storytelling and familial/cultural norms. For this to happen, family members must be able to recognize and respond congruently to the affect expressed. Such *empathic listening* gives the storyteller permission to add affect to the storyline, demonstrates attunement, and supports emotional coregulation. Empathic listening facilitates the family's ability to express emotionally charged materials while they share stories about difficult topics.

Shared Meaning

The family's skills at using a coordinated perspective and co-regulating emotions provide the foundation for their coconstruction of meaning: “Meaning is not a stable entity but an outcome of relational negotiations in a particular context” (Penn, 2001, p. 44). Family stories act both to convey meaning as well as to guide families toward reaching a consensus among all members regarding that meaning.

Stories that become incorporated in the family history and communicate important information about the family involve a *shared frame*. This shared frame provides a platform for families to understand each other's actions and emotions, jointly appraise situations and place events within the family's past, current, and future. Joint frames are similar to internalized working models or schemas and help families make meaning of their experiences. They involve “the interpretations and views that have been collectively constructed by family members as they interact with each other; as they share time, space, and life experience, and as they talk about these experiences” (Patterson, 2002, p. 355). The shared frame does not belong to any one family member, rather it is jointly held by all and “is a characteristic of the ‘system’ that has established them” (Hill et al., 2003, p. 210). Arriving at this shared frame is not an easy process. It is a skill that families practice through the act of storytelling as they build and communicate their shared worldview.

Families use this shared frame to coconstruct coherent stories. Such stories involve a goal structure that relates how the story fits with the family's purpose and aspirations. Family stories recall events that to explain how specific episodes are significant to the family or to a future goal of the family (Dimaggio & Semerari, 2001; Habermas and Bluck, 2000). A coherent family story has explanatory significance in that it contains information about why events happened to the family, or how an event is similar/dissimilar to other experiences in the family's history, and how the storied event links with other events along the family timeline. For example, families tell stories that portray family members as *heroes* or *villains* as a way to interpret the historical behavior of their relatives. By making these connections, the family ties together discrete scenes across the family cycle to explain who they are (Dimaggio & Semerari, 2001). A coherent family story is also thematically consistent. 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. Thematic coherency in family stories allows storytellers to consider the past in light of current events and to look toward the future guided by the shared family identity (Haberman & Bluck, 2000).

Often the family's shared frame dictates the meaning that families make from their experiences. Thus, an important skill set in family storytelling is agility. Agility allows family members to hear or imagine the untold stories, the different possible versions of the stories being told, the options that are not included as the story unfolds, or the alternative endings (Hester, 2004). Agility makes explicit the fact that we can story only a small bit of experience, and in the act of storying that small bit, we imbue it with significance and meaning. 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.

Trauma and Family Stories

Everybody, including children, has a story to tell that can break your heart. People record their life experiences, both pleasant and painful, in story form. People's stories are not neutral but partial, told from the angle of vision of the owner of the story (Nwoye, 2006, p. 19).

Storytelling provides us with a means for chronicling, sharing, and making meaning of experience. What happens, though, when family members experience overwhelming, overstimulating, painful, and terrifying events? Traumatic experience, described by Shengold (1989) as “too much too much-ness” (pp. 1) can derail family storytelling. How does a family know how to incorporate the “unspeakable” in their story? This is especially challenging for families who face repeated, chronic, multigenerational patterns of exposure to violence, traumatic loss, and looming danger.

Trauma impacts family storytelling processes and the stories families tell. It impacts both practicing and representing characteristics of family storytelling. Traumatic experiences can make it difficult for families to use a collaborative style and reach a coordinated perspective by, among other things, negatively affecting each family member's storytelling abilities and the ability of caregivers to facilitate family storytelling. Traumatic experiences can also impact the family's ability to use their storytelling skills to make meaning of such events and incorporate them into the family story.

For individual family members, exposure to trauma can lead to impairment in a number of domains that, in turn, can affect their ability to participate effectively in family storytelling. Traumatic experiences, especially those involving interpersonal violence, adversely impact (a) attachment schema and relationships; (b) affect/emotional regulation; (c) cognition (e.g.,

attention and concentration); (d) language and communication; and (e) self-concept (Cole et al., 2005; Cook, Blaustein, Spinazzola, & van der Kolk, 2003; Pearlman & Courtois, 2005), which, among other things, leads to cascading impairments in self-regulation, ability to self-reflect, joint attention, empathy and expectations about the world (Cook et al., 2003; Ford, 2009). Thus, the *empathic listening* and *synoptic listening* skills of individual family members, crucial to the co-construction of family stories but requiring attunement, empathy, and perspective taking, can be disrupted.

Chronic traumatic circumstances keep family members constantly on edge, hyper-reactive to potential threats and create difficulty regulating emotions and behaviors, making it difficult to incorporate affect into family stories without emotional expression being either overly constricted or so intense that it is overwhelming. Additionally, uncontrollable, potentially dangerous conditions engender intense feelings that can exceed each family member's emotional regulation capabilities. The inability to tolerate intense emotions, a trauma-related symptom, may bring about reactions, such as rage, avoidance, and dissociation, and in this way constrict each family member's ability to participate in any coregulated process, especially one involving memories of a stressful event (Briere, 2002).

At a dyadic level, trauma can erode parent–child processes that support family storytelling. We know that when parents are able to be attuned and regulated while they talk to their children, they can successfully scaffold their child's discourse. In a study looking at mothers' conversations with their 8–12-year-old children about acute and chronic stressful events, Sales and Fivush (2005) found that mothers who utilized explanatory language and language that referred to emotions had children who did so as well. However, traumatic stress can impede a parent's ability to respond effectively to discussions about negative emotions or events and can interfere with parent–child conversations about the past, which are critical to construction of stories and autobiographical memories (Green et al., 1991; Haden, 1998; Laible & Thompson, 2000; Valiente, Fabes, Eisenberg, & Spinrad, 2004). Further, when parents or primary caregivers have their own history of trauma, the attunement skills needed for storytelling can be negatively impacted (Cook et al., 2005). One study's results suggest that the level of trauma experienced by maternal caregivers adversely affects children's performance on a storytelling task (Schechter et al., 2007).

Parents/caregivers with their own unaddressed histories of trauma may have difficulties accessing an internal, reflective sense of self (Briere & Scott, 2006). This can limit caregivers' self-reflection during the storytelling process, as well as impede caregivers' efforts to scaffold their children's self-reflective skills. Without such reflectivity during family storytelling, it is difficult for families to reach a coordinated perspective. Finally, trauma can also limit parents functioning as coregulators of the family given that they have difficulty regulating their own affect around stressful topics or around their children's intense affect (Kinniburgh, Blaustein, Spinazzola & van der Kolk, 2005).

Family meaning making processes are also impacted by trauma. When a family has dealt with significant trauma(s), these experiences can create a family identity that becomes a nucleus around which family stories develop. Pathologizing stories of what happened, fed by the family's underlying beliefs, may end up dictating how family members see themselves, each other, and their future. These stories may end up restricting family members' view of the possibilities of how they can behave or take action in their lives (Dallos, 2004). Trauma becomes the dominant narrative, the glue that binds the family together and that determines whether future experiences stick to the family's unfolding narrative or fall away from the family's conscious perception. In a family affected by trauma, “the dominance of a (post) traumatic identity can then be consolidated at personal and social levels, as it functions as an interpretive framework for integrating subsequent life

experiences and relating and enacting them with others” (Neimeyer, Herrero, & Botella, 2006, p. 132).

Finally, trauma interrupts families' ideas of past, present, and future. If an event is so overwhelming that family members become too upset to tell the story of what happened and to transform the event into a *neutral narrative* (van der Kolk, Brown, & van der Hart, 1989; van der Kolk & van der Hart, 1989), the trauma cannot be synthesized into the family's history or placed in context alongside other life experience. Particularly in cases of severe and/or chronic trauma, a family's past life has likely been so dominated by trauma that living outside the past is challenging and imagining the future is out of the question. These factors can adversely affect a family's ability to reminisce as well as construct coherent family's stories.

Family Trauma Narrative: A Therapeutic Approach

In terms of faith, what brings meaning and integration to one's experience, the facts are quite secondary. It's the story (and not the facts) that grips the imagination, impregnates the heart, and animates the spirit within ... (Diarmuid O'Murchu, *Quantum Theology*, as cited in Diane Schoemperlen, *Our Lady of the Lost and Found*, p. 304).

Narrative therapy is an accepted component of empirically supported treatment for individuals with traumatic stress disorders (Silverman et al., 2008; Wethington et al., 2008). Application of this therapeutic strategy with families holds promise as well. A family trauma narrative process brings members of a family together to share their trauma story. As a family weaves their trauma story, they find ways to work through the trauma, develop a shared sense of meaning, and use problem solving techniques for minimizing additional stresses. Therapists working with families affected by trauma can scaffold and bolster the family's natural abilities in storytelling to support coconstruction of a family trauma narrative. It is our hope, through this discussion, to give recognition to the complexity of this work and to provide some guideposts for those working with families who must attempt to bring each family member's experience of the trauma into alignment with the shared family story.

Many Roles of the Therapist

The therapist providing trauma intervention at the family level must attend to developmental or experiential differences between variously aged individuals in the family system and scaffold narrative skills from an individual toward a family trauma narrative. The therapist must also monitor any dissynchrony of family members' reactions or course of recovery (Pynoos, Steinberg, & Piacentini, 1999) and focus on emotional regulation, family communication, and meaning making.

The therapist draws on theory as well as professional experience when working with those who are creating a narrative about traumatic events. Even within the ranks of those practiced with narrative interventions, there is some disagreement regarding methods. For example, reasonable minds differ about whether or not to encourage clients to relive, through retelling, their overwhelming moments. Because perspective taking and coregulation of affect (practicing characteristics) are affected by trauma as much as meaning making (representing characteristics), helping families strengthen their storytelling skills and process may, in and of itself, be therapeutic. Rather than directly discussing traumatic events, assisting families with adjusting or building the skills to adaptively create family stories may serve them well in coping with future stressors (Bohanek et al., 2006). However, if the family wants to talk about their trauma directly, as they talk about what happened, their

shared story helps improve memory for the event by reinstating experience, filling in missing pieces and correcting misinformation; clarifying interpretations and attributions; and developing empathy for the pain the story reveals.

It is the therapist's role to carefully guide the family in a shared decision-making process about how to proceed with the trauma narrative. We recommend that the therapist, in concert with the family as expert and full participant (Hester, 2004), begin by identifying objectives and defining boundaries of the family trauma narrative process. Identifying an overarching objective, such as "Develop a shared story that lets us understand each family member's perspective and points us toward a hopeful future," reassures each family member of the value of the effort involved. Then, the therapist facilitates a discussion about the boundaries of the narrative process, working with the family, to decide: which traumatic event(s) to incorporate in the narrative; whether to detail specific trauma(s); whether all family members are aware of the details of the event(s); whether to limit the discussion of certain specifics; and whether each family member present has the requisite skills and readiness to participate in constructing the narrative. Once these decisions are made, the therapist can proceed with a clearer appreciation about when to inquire about details and when not to, when to promote simultaneous individual work and when to keep the work within the family system, and when to focus on *how* the family is storying instead of *what* they are storying.

When beginning the family narrative portion of the trauma intervention, a review of stress inoculation techniques (either recently learned or recently reviewed by the family) serves as an important precursor or reminder of the shared responsibility (caregiver(s)/therapist) for titrating experiences so that they are not overwhelming. Both externalizing and internalizing behaviors are commonly seen during episodes of emotional dysregulation. As part of the work, the therapist must continually monitor and assist with coregulation of family members, utilizing either down-regulating (i.e., calming, soothing) or up-regulating (i.e., activating, energizing) techniques. Ensuring that family members have reached a state of affective and behavioral regulation is a key strategy when ending each narrative session: family members must be prepared to reengage with life outside the therapy space.

Monitoring communication, both explicit and unstated, is a key aspect of the therapist's role in family trauma narrative interventions. Adults in the family are typically focused on the messages communicated through words while children, particularly early elementary and preschool aged children, often communicate through play or nonverbal behavior. During one particularly poignant therapeutic conversation, a grandparent suggested that a child did not care about what had happened "since he never cried or showed any kind of sadness." The therapist then pointed out that while the grandparent had been talking, the child had been quietly playing with puzzle pieces and had constructed a number of figures, all of whom had sad or crying faces. It was only after that therapist's intervention that the grandparent and young child were able to understand the sadness they jointly held. It almost goes without saying that clinicians attend to the listening skills (e.g., synoptic, credulous, and empathic) used by the family as they tell their story.

One of the goals of family narrative is that family members will realize that there may be multiple realities, multiple truths, about what happened. Even when all members of a family are present during the traumatic event, their individual experiences will be idiosyncratic: "Our lives are multistoried. There are many stories occurring at the same time and different stories can be told about the same events. No single story can be free of ambiguity or contradiction and no single story can encapsulate or handle all the contingencies of life" (Morgan, 2000, accessed online). The therapist helps to elicit pieces of the story from each family member and then helps to integrate the pieces into a cohesive whole that includes

perspectives from each family member. For example, one child in the family may have been in the home during the start of a house fire while a second child was not. The first child needs others to hear and understand the details of the scene so that the others may be able to support him. This is the case even months later when no one has yet been told exactly what he heard and saw. However, the second child may be overwhelmed by hearing the details. Yet, the second child, who has also experienced the traumatic loss, can provide a perspective that will likely be helpful to the healing process. The therapist encourages the family to appreciate that each member of the family is a partial knower, and in the giving-and-taking turns between telling the story and listening to the other's story, family members grow in appreciation for their multiple viewpoints. The understanding of this concept can help weave the family together, improving cohesion while at the same time allowing space for individual growth and development.

Narratives also allow family members' verbal mastery over the event as well as the ability to externalize the problems, challenges, or traumas they face (Besley, 2002). The therapist works with the family to place the situation outside the individual or family, as if in a story, allowing family members to observe the challenges from several different angles. The therapist helps the family conceptualize any problem as outside the individual family members, so blame or defensiveness may be averted. The therapist asks each member to notice the transactions and the patterns that create either constraint or freedom (Minuchin, 1998). Because of the story, family members can think about the problem or the trauma; they can mentally walk all around it and construct linguistically new ways of thinking about it.

In addition, some trauma theorists assert that an active therapeutic ingredient of constructing a trauma narrative is reworking the trauma: "Telling the story of the trauma pain allows the other family members to help you continue the story while changing the story line in a way that results in a better ending" (Lantz & Raiz, 2003, p. 169). Through telling the story of the trauma(s), an individual (or family) impacted by trauma can gain a sense of mastery over the traumatic event by talking or playing out alternate endings, what they wished had happened or what they would have liked to have done differently. Pynoos, Steinberg, and Aronson (1997) describe these as "intervention fantasies" that "represent mental efforts to contend with or counter traumatic helplessness and injurious outcome" (p. 279). In an attempt to help one family deal with each member's sense of guilt surrounding the death of a family member during a domestic dispute, the therapist encouraged them to construct multiple endings to their story. The victim's mother fantasized aloud that had she known about the domestic violence she would have convinced her daughter to leave the relationship. The victim's sister altered the story's tragic ending by imagining that she had decided to come to sister's home to visit that evening preventing the argument from getting out of hand. Finally, one of the victim's children wondered whether his sister could have saved their mother by calling 911 when she called for help. Hearing the alternative endings allowed the children to share details about their last night together as a family, details that had not been disclosed previously, and to talk about how scared and helpless they had felt during their parents' fights. Bringing these details to light also helped all family members realize how much they wished they could have done something to prevent the victim's death and to support each other in laying down this burden.

Within the context of narrative therapy, the process of forming the trauma narrative is used as a way to reconstruct the story so that subordinate story lines are drawn out. Narrative therapists seek to draw out alternative stories that will help people to disentangle themselves from the influence of the traumatic event(s) and its effects (Morgan, 2000), including stories that bring to light acts of redress, and which unearth how traumatized individuals and families survived and endured in the face of adversity (White, 2005). Further, through

reconstructing the stories, narrative therapists seek to bring into focus what is most meaningful to family members, including values, aspirations, hopes, and dreams (Morgan, 2000).

Part of the work of interventions with families who have experienced trauma is problem-solving and implementing new coping strategies (Lantz & Gyamerah, 2002; Salmon & Bryant, 2002). Narrative components of trauma treatment are particularly helpful here: “Story alterations offer potential therapeutic changes because shifts in the story alter the teller's experience of the world. Changes in the story provide access to new solutions” (Angell, Dennis, & Dumain, 1998, p. 623). Often, the therapist who is monitoring for unexplored areas or *open spaces* in the narrative can offer questions designed to help the family reflect on the meanings and beliefs inherent in the story (Freedman & Combs, 1996; Levy, 2006). Dialoguing with the family about their goals and intentions, heroes who have influenced the family, turning-points, or cherished recollections may, in turn, point toward unforeseen possibilities (Sween, 1998).

Summary

We are social beings. In trying to make sense of the good and the bad things that happen to us, we naturally share those experiences with those closest to us often through storytelling. Families who have been impacted by trauma can use their storytelling abilities to aid healing. Moving toward a coherent narrative, honoring the perspective of each person, can change the way family members relate to one another. In those families affected by traumatic events, each is able to witness the resistance of the others to being consumed by the overwhelming event. They witness that each member of the family has refused to allow the trauma to take away the sense of self and of family. They are witnesses of their own resilience. They begin the process of solidifying their refined identity both as individuals and as a family. To the extent that the family's narrative makes this explicit, in very clear language, the family benefits in moving toward their objective of a hopeful future. The language of family storytelling can become the language of family hope.

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