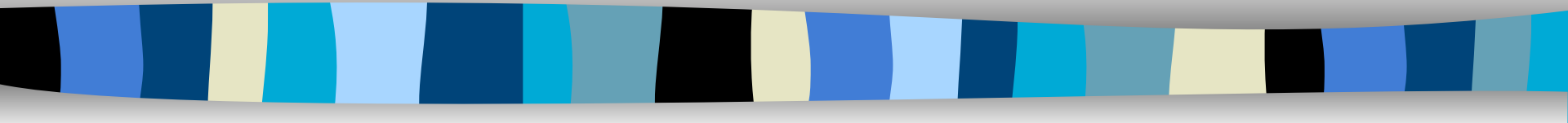


Enriching narrative therapy with neurosciences: Spotlight on possibilities



**Marie-Nathalie Beaudoin, Ph.D.
Skills for Kids, Parents and Schools (SKIPS)
www.Skillsforkids-SKIPS.com
www.mnbeaudoin.com**



Outline

- ◆ 1. Theoretically, can neurosciences contribute to narrative ??
- ◆ 2. Relevant brain concepts
- ◆ 3. A few neurobiology related factors affecting the encoding of narratives
- ◆ 4. Implications

1. Narrative & neurosciences ??



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Modernist vs postmodernist view

Modernist

- Fixed view
 - Context disregarded
 - Relationships limited effect
 - Reductionist
 - Internalizing
 - Single self
 - Problem
- Neuroplasticity
 - Context matters
 - Relationship are shaping
 - Broader
 - Biolog-izing
 - Variety states
 - Possibilities

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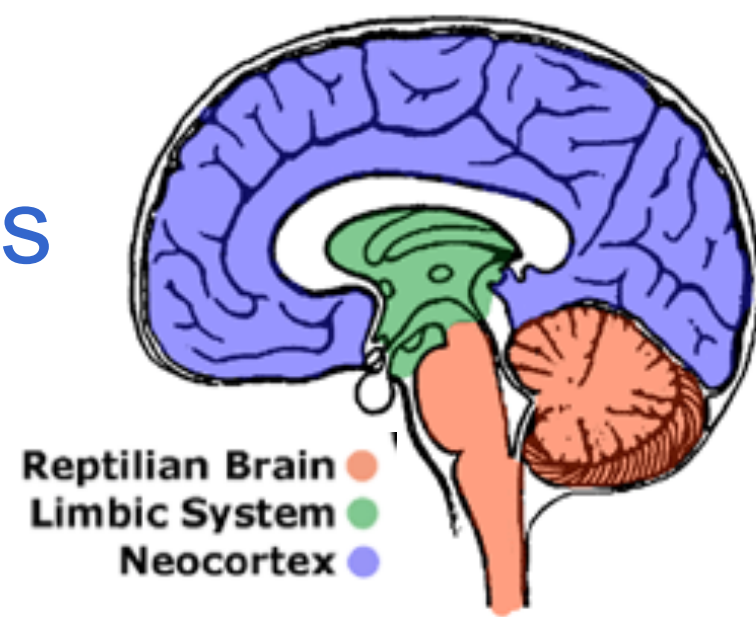
Postmodernism

- Fluid view
- Context powerful
- Relationships crucial
- Expansive view
- Externalizing
- Multiple selves
- Preferred focus

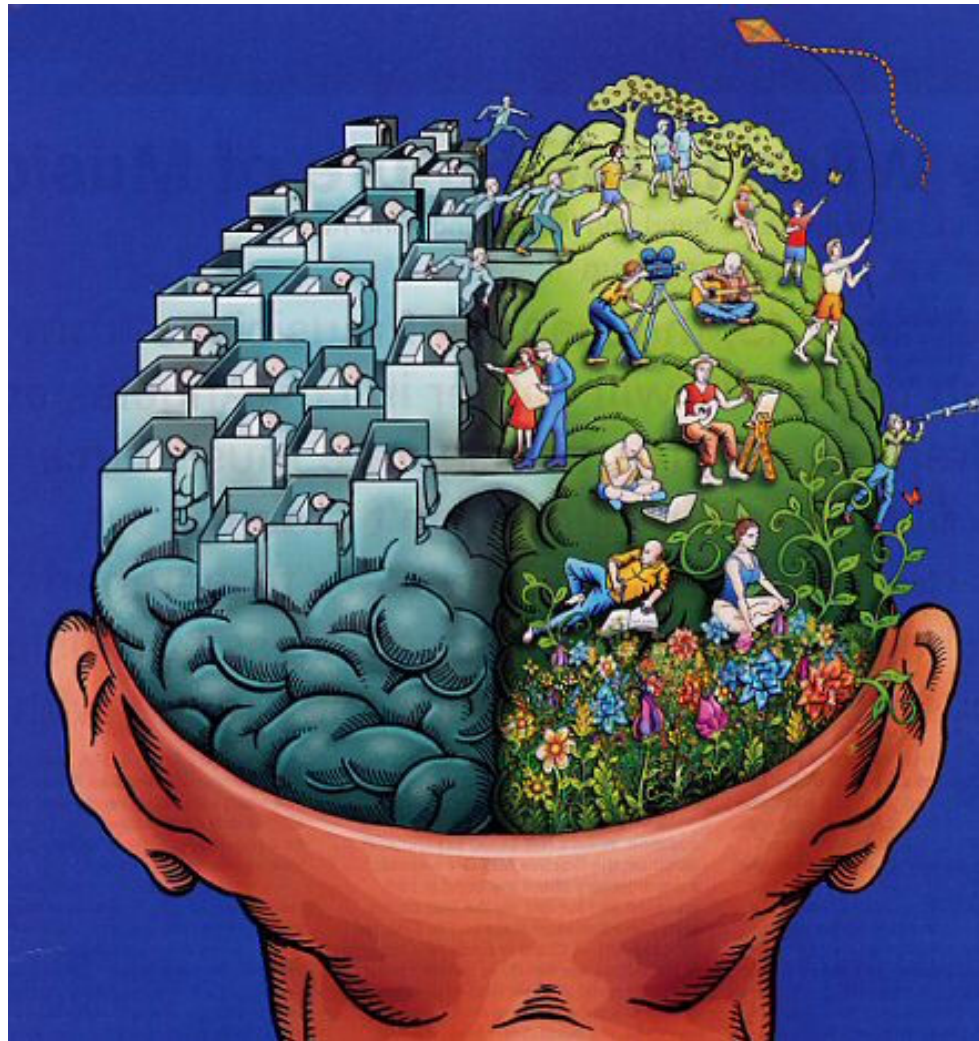
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2. Relevant concepts

a. structural level



- Brainstem & cerebellum (reptilian brain)
- Limbic system (emotional brain)
- Neocortical brain (includes frontal lobes)



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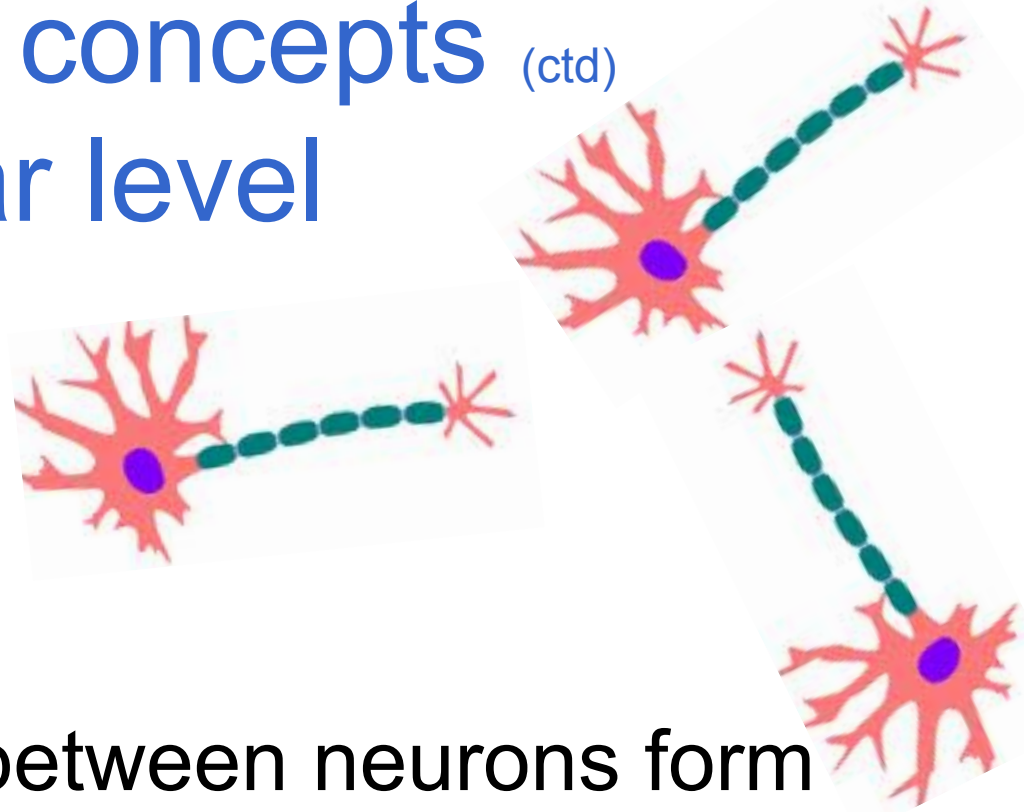
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2. Relevant concepts (ctd)

b. Cellular level

- Neurons

- Connections between neurons form complex neural networks (“Neurons that fire together, wire together”, Hebb, 1943)

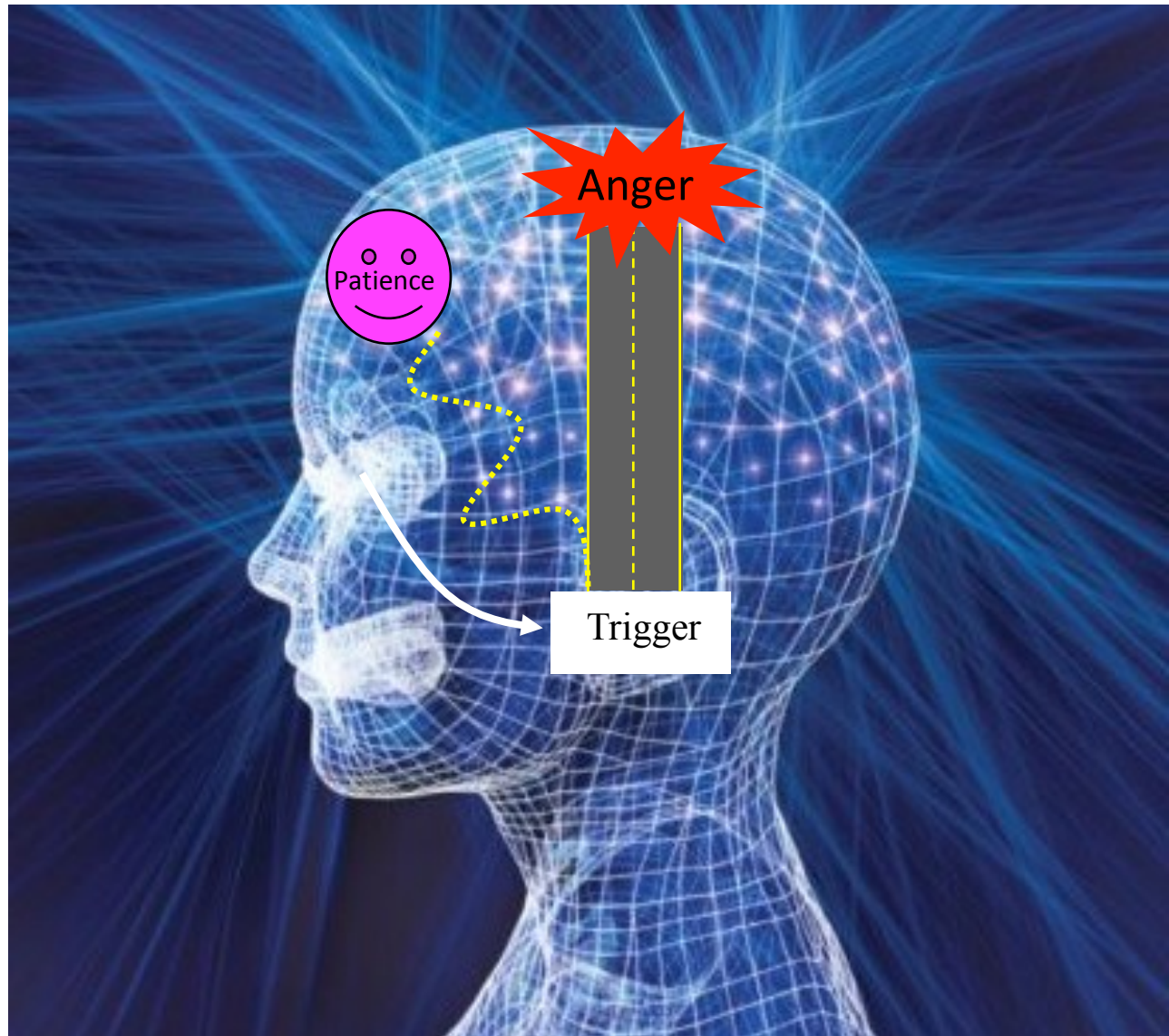


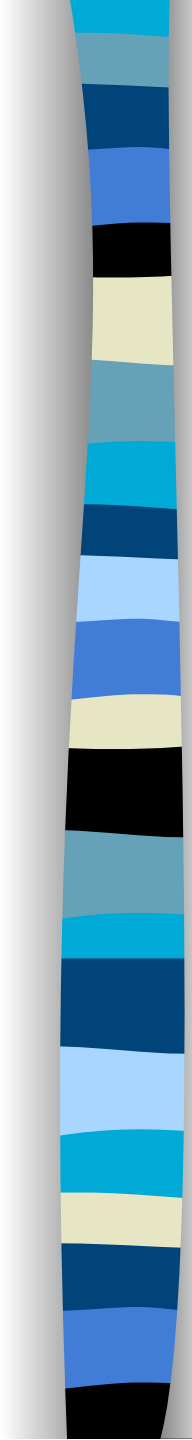


Neurobiology & Narrative Therapy (2013)

www.emicrotraining.com

Metaphor





3. A few neurobiology related factors affecting the encoding of narratives

a. Affect & Emotions



Flow of activation



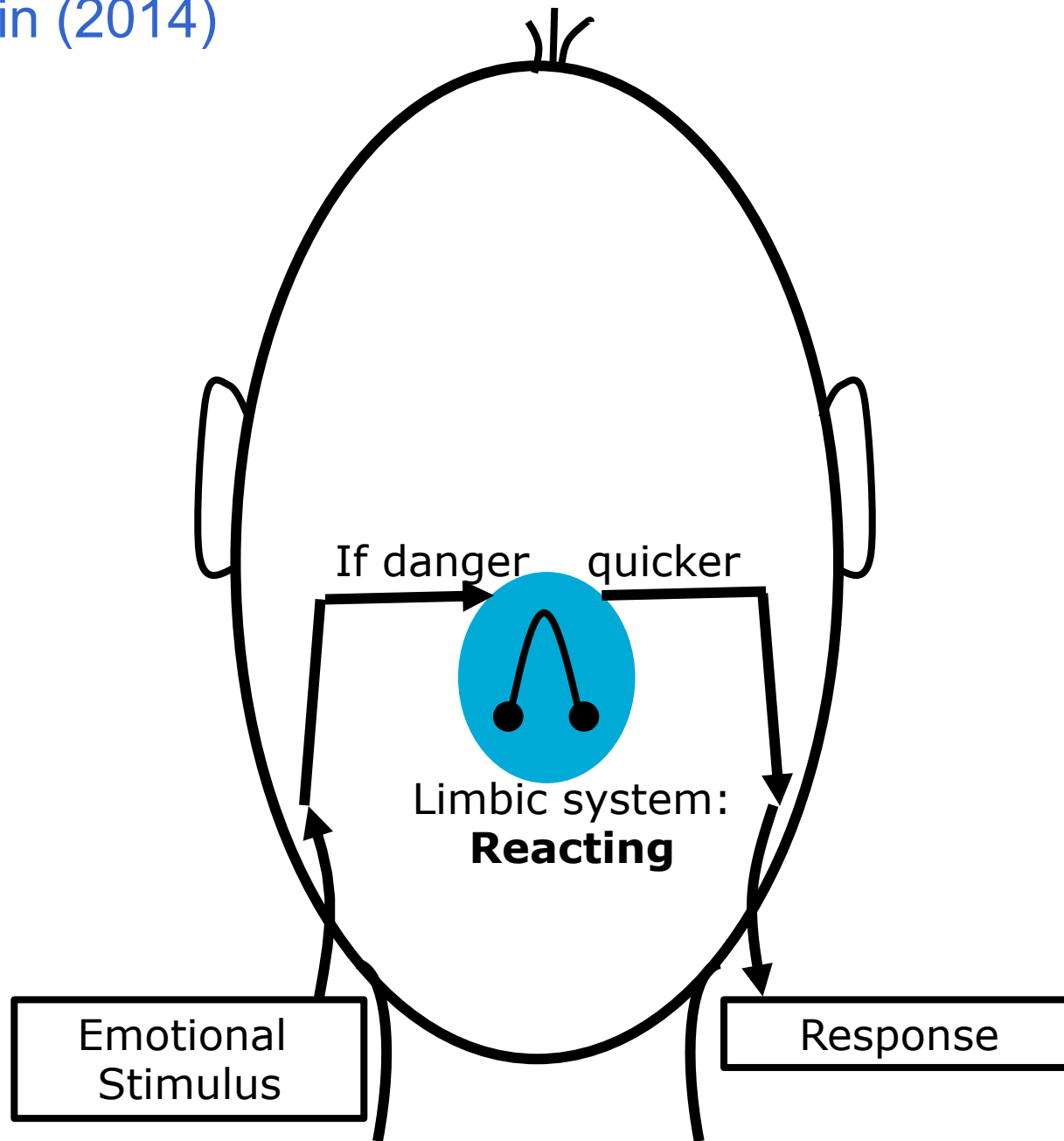
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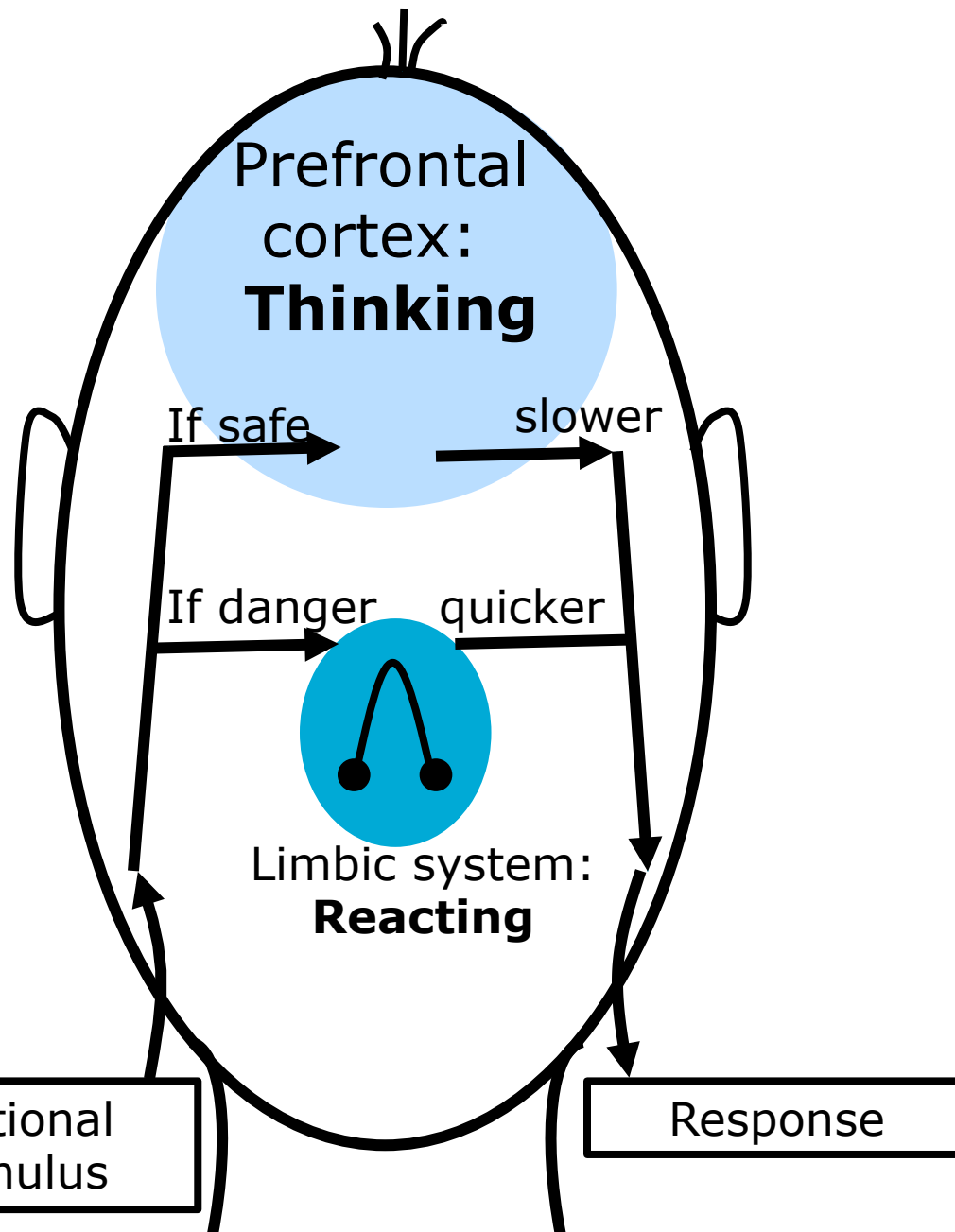
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Intense negative emotions



- Reduce blood flow to the frontal lobe
- Narrow attention on arousing detail
- Reduce memory of peripheral info
- Increase cortisol production
- Diminish ability to connect
- Engage fight/flight/freeze system
- Trigger a different response circuit







This is why...

Cognitive knowledge that there is no
need to react usually does

not

eliminate the limbic system induced
negative affect

Positive emotions increases



- Critical thinking
- Mental clarity
- Accuracy of representations of the world
- Openness to trying new things
- Ability to pay attention
- Repertoire of considered actions
- Tranquility & Optimism 😊

Spotlight on clinical possibilities

- How can negative emotional experiences be processed without strengthening their encoding in clients' brains?
- How can cognitively dominant client be engaged in an affective and visceral way?
- How can positive emotions be incorporated to enhance the well-being of our clients?



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Ex.: What more can we explore?

Kristin felt she could function again. N. therapy helped her externalize “Depression” and see its effects. She was clear “Depression” was a distorting dark lens and was increasingly able to completely avoid episodes of being bed ridden by despair. She found a “Determination” to live again, was back to work, hiking, and seeing friends. She re-connected with her own story of “Determination” in the past and saw its future. Her brother and mother attended the last session as an audience to her preferred self and shared unique outcomes they witnessed.

Ex. of a new territory of Inquiry

(Beaudoin, 2015)

*“If this “Determination” was
connected with a positive emotion,
what would it be?”*



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Practice: Flourishing beyond the preferred self (Beaudoin, 2015)

Adding positive affect/emotions offers:

- 1. Additional problem counter-state
- 2. Emotional intensity
- 2. New set of memories





In terms of brain functioning

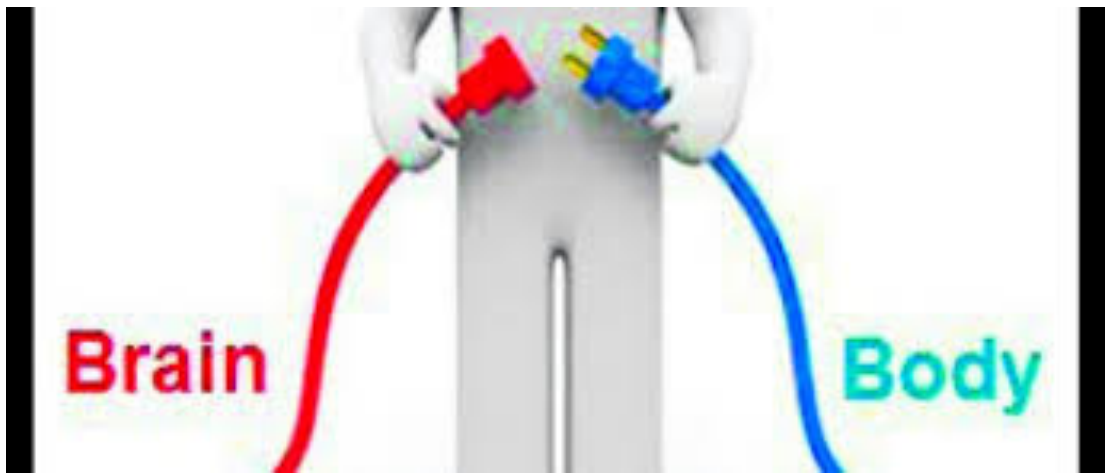
*One of the most powerful
anti-problem strategy,
is access to another highly developed,
visceral, preferred, affective brain
state with enough intensity and
awareness to override the problem
experience at will*



*If intense negative emotions are
part of the problem,
Intense preferred emotions have
to be part of the solution*

b. Embodiment: Brain-Body Connection





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Botulinum Toxin



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We knew being happy made us smile,....



Fig. 1. Examples of photographs shown to participants in the neutral group (left), standard-smile group (middle), and Duchenne-smile group (right) to help them form the appropriate expressions.

Replicated



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Performing arts



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Spotlight on clinical possibilities

(Beaudoin, 2016)

-How are you using people's embodied experiences in your therapeutic conversations?





Sample of embodiment possibilities

- Shifting the embodied experience to one that is more helpful to the client
- Create an embodied experience during the therapeutic conversation
- Extract sensations from an existing experience and/or unique outcome



Ex.: Cathy's resistance to panic attacks related to dating

(Beaudoin, 2017)

- “When my date spoke to the waiter, I thought to myself: *Wow, this is going so well! I’m relaxed, talking naturally and even joking!*” And then, out of the blue I felt a huge wave of anxiety and nausea, like I was going to be sick right there and then, it horrified me.”



Ex.: What can we ask?

MN: So you were noticing that you were relaxed and suddenly the anxiety infiltrated that observation process? (Yeah!)

-What did your attention focus on more specifically?

-What happened to your body in that split second of observing?

-Where in your body did the anxiety grab you the most?



*Engaging in clinical work without
including the body...*

*Is like working with a B & White photo
of an experience*

Instead of its rich color version

If an image is worth a 1,000 words,
An experience is worth 1,000 sessionsTM



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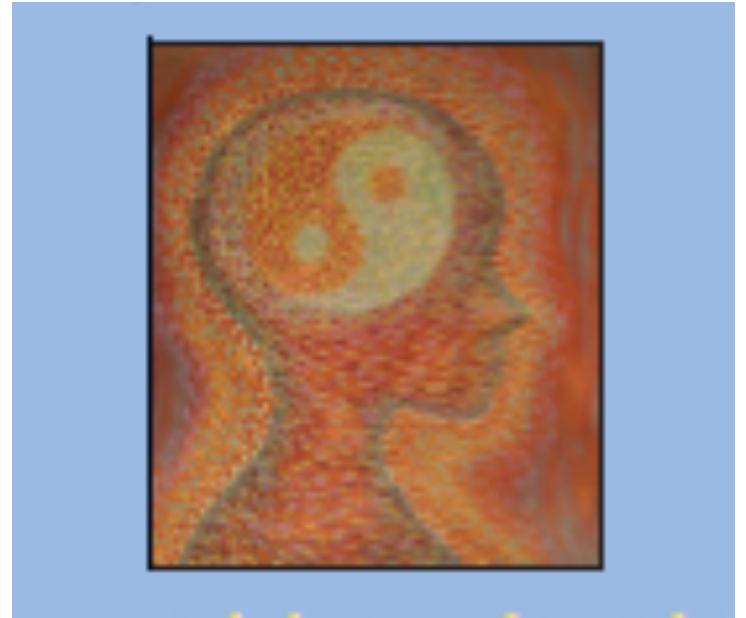
Ex.: Cathy (ctd)

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“Noticing Allows Repeating”

(Beaudoin, 2013)



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“People become who they practice to be”

(Beaudoin, 2013)



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Narrative & Neurosciences ??



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4. Narrative Therapy enriched with Neuroscience: Implications

Benefits

If understood well:

- Richer understandings
- Refined practices
- Expansion into new dimensions of experience
- Greater effectiveness with some clients
- Retention heightened
- Scientific support

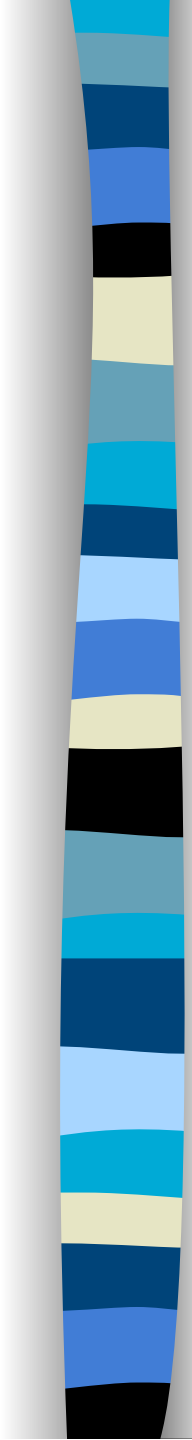
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Risks

If not understood well:

- Misuse of certain concepts
- Inconsistencies in the practice
- Increased complexity

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Linking narrative therapeutic conversations with neurobiology

- Deconstructing & externalizing= changing the affective and meaning components of the problem network with novel perspectives (L-R/B-U L)
- Re-authoring = finding pre-existing neural networks/states and rendering them more readily accessible with attention, emotions, intensity, meaning, embodied experiences (L-R/B-U-H)

In sum: NT + neuro



Weaken problem story

- Diminish negative *affect and emotions*
- Notice embodied connections
- Monitor *attention* to avoid further encoding the pb
- Avoid *strengthening* memories of the same disempowering story

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Re-author preferred story

- Increase preferred and positive *affect/ emotions*
- Add detailed awareness of embodied practices
- Increase *attention to helpful experiences*
- Organize, expand sense of self, autobiographical mem. of agency

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