Intensifying the preferred self:

Neurobiology, mindfulness and embodiment practices that make a difference

by Marie-Nathalie Beaudoin

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Abstract

Neurobiology and mindfulness offer fascinating ideas for therapeutic conversations informed by narrative therapy. This article introduces two re-authoring practices that intensify the preferred self and enhance clients' abilities to live according to their values in spite of traumatic experiences. The application of these ideas is described with the story of a young mother who, for over a year, fought for the survival of her newborn baby crippled by a life-threatening disease and who, when the infant recovered, fell into the grips of a debilitating depression ('Critical Voice'). This depressive state lasted two years before narrative therapy was initiated. Given the neuroplasticity of our brains, how can we increase the likelihood that re-authoring conversations will be intense enough to neutralise the influence of fight or flight brain states, and gripping depressive neural networks, which have been strengthened for years? This article describes two neurobiology inspired ways to help our clients intensify the preferred self typically explored in narrative therapy: embodiment and positive affect development. Enriching narrative work with these practices increases the likelihood that we will succeed in a timely and enduring manner, in assisting people who have been suffering from long lasting, intense, viscerally embodied emotional problems and traumas.

Key words: neurobiology; embodiment; positive psychology; trauma; emotions; narrative therapy; critical voices; depression; motherhood

Kristin's story

The agonising journey had all started when Kristin, still exhausted from giving birth, was told by the attending doctor that her newborn baby had a brain tumour. She and her husband were in shock, astounded and horrified by the news. With little time to spare and grieve, they were mobilised to fight for their daughter's life. For a year, Kristin battled the disease, watching her baby undergo brain surgeries, driving her to chemotherapy, juggling work and nurturing, being up 18 hours a day. She was living full-time in 'fight mode', an intense state of limbic system activation. After one year, the good news was announced: her baby was recovering, against all odds, and was going to live!! There was a period of delight, elation and, in-describable joy … and then the crash. Doctors at first called it a burn out, then depression. Kristin's dedication to her child, which had allowed her to be a supermom during the crisis, was turned against her by a cruel Critical Voice: 'What kind of mother doesn't have the energy to play with her precious baby?'; 'What kind of mother rests instead of interacting with her babbling daughter?' Over time, Kristin started feeling profoundly worthless, and like a complete failure, as a parent. The constant nagging Critical Voice commented on everything she 'should' be doing if she were a 'good mother', and made her feel disgusted with herself. She was aware the Critical Voice was like a relentless dictator that expected inhuman standards, but she couldn't silence it. She could only escape the torture and anguish by distracting herself and numbing her mind with YouTube videos and movies. The inner nagging was cruel, especially when Kristin allowed her baby to look at the videos too. 'Your daughter would be better off without you', progressively became the daily rhetoric in her mind. The only solution, according to the Critical Voice, was to remove herself as much as possible from her precious child's life, and let her husband be the primary caregiver. As painful as it was to stay away from her child and only see her for short moments (for example, on the drives to childcare or briefly before bed), she listened to the voice. But removing herself didn't attenuate the inner torture she was subjected to. It was a lose–lose situation: if she spent time with her child, she was constantly and ferociously criticised for every small thing she did and said; if she stayed away from her daughter, she was tormented by her lack of participation in her daughter's life and how much she burdened her husband. This situation was daunting for her husband who, although loving and supportive, struggled to sustain a full-time job and do all the care giving when he came home in the evening. After trialling various therapies, exercise groups, community activities, parenting classes, and several antidepressant drugs, her husband finally found something for her that had not been tried before: Narrative therapy.

When Kristin first called, she wanted to know why one could 'try so hard to *not* be a certain way, and still be stuck in it'. She knew all too well that her state was 'unproductive and even irrational', but she just couldn't escape it. Her experience of herself was dominated by intense affective states such as despair, anguish, self-loathing and self-disgust, which felt completely out of her control. She felt she was 'only an insignificant drop in an ocean of people on Earth', and her only value as a human being was having a job that supported her family financially. That is what kept her going. Most of the time, when she was not at the office, she was in bed, resting. She allowed herself only very short moments with her daughter.

Narrative conversations quickly helped Kristin externalise the 'Critical Voice' and understand it as a harsh mental and emotional habit. She became clear that the Critical Voice was a distorting dark lens that was sapping much of her energy and robbing her daughter of a mother. She could see that the more it criticised her, the more anguished she became, and the less energy she had for her daughter (now a toddler). In fact, the Critical Voice turned her fierce dedication to her child against her, and while removing herself from parenting may have been an act of dedication, it accommodated the distortions of the Critical Voice rather than her daughter's needs. Talking back to the Critical Voice was impossible, as its associated affective intensity was overwhelming. Much of this intensity came from a combination of:

- repetitive and frequent neural activation of problematic affect making it more readily available as a default state
- powerful patriarchal discourses, which had circled her upbringing as a young woman and left her with an intense wish to be the 'perfect mother'.

Since Kristin perceived herself as having succeeded in meeting these mothering standards during her baby's recovery, the subsequent downfall was experienced as a loss of this 'successful selfless' identity. Deconstruction work helped Kristin realise that the 'selfless mother' standards, and most of the 'shoulds', originated from narrow cultural specifications that were unrealistic in the long run, had numerous negative effects in day-to-day life, and did not ultimately come from her own best judgment.

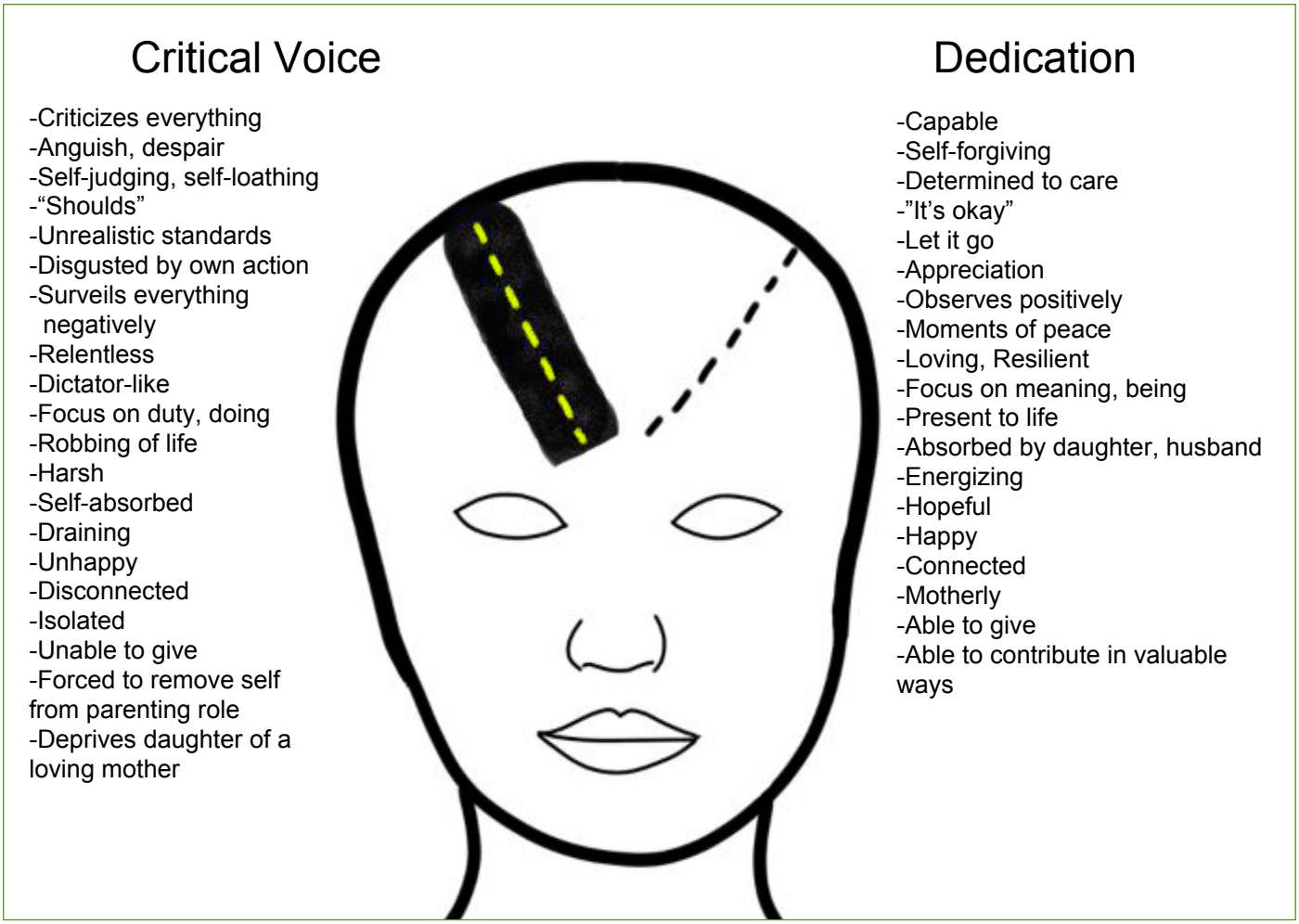

Figure 1. Opposing brain programs (computer graphics by Emilie B.R.)

Externalisation and deconstruction were enhanced in our first session by summarising her words in an illustration of two opposing 'brain programs' (Figure 1). This really resonated with Kristin, given her background as an engineer. The problem and preferred stories described in this figure were discussed as 'programs', 'neural highways', 'brain states', or 'mental/emotional habits', and this language provided alternative metaphors that were evocative for Kristin. She was also informed that if there can be neuroplasticity in one direction (the dysregulation of the limbic system associated with an intense and lengthy exposure to a life-and-death situation), her brain could also be neuroplastic in the other direction (reclaiming her life, and living her intentions, values and preferences more readily). She asked to take a photo of this figure with her IPhone, as this representation was a turning point in her understanding of herself. She finally comprehended why she had been stuck, despite numerous attempts at 'not being this way'. While this type of drawing (Beaudoin, 2012) may not be as helpful in other communities, its language and metaphor have been evocative for the majority of people our agency serves, whose lives are immersed in the computer industry, and surrounded by daily news featuring brain research. This language resonates with people as it makes visible their sense of 'Me' separate from the clutter of the problem, and reflects the felt 'structure of their inner life' (White, 2011, p. 134). At the onset of therapy, the problem neural network typically feels like a fast emotional highway with frequent powerful activation, and the preferred self network appears to be fainter; it is activated infrequently and is less connected with emotions, memories and actions. Discussing clients' experiences as habits, neural pathways, brain states or programs provides opportunities to represent problems and preferred stories as separate from identities – these networks are discussed as the embodied effects of life experiences and enculturation, and can consequently be altered.

As Kristin's awareness of the Critical Voice increased, she realised that 'balancing self-care and child care' was a more viable lifestyle, and that such balance might look different at different moments in time. After these first few sessions, Kristin attempted to reduce the volume of the nagging thoughts, and chose to 'not go there'. Through regular re-authoring conversations,

she became increasingly able to avoid episodes of Critical Voice-induced anguish. She started having small moments of presence with her daughter. We discussed how she was a better parent when she did things out of care for her child, rather than in response to the Critical Voice's obligations. Progressively, Kristin attempted to insert herself more in her daughter's life. These attempts were sometimes successful, and sometimes not. She struggled with the fact that her child refused to be fed by her. The Critical Voice, always surveilling her every action, often made her feel clumsy and impatient with her daughter's refusal at meals, in spite of her better judgment. We agreed to put that activity on the backburner and to focus on first re-developing her relationship with her child. One day, it occurred to Kristin that buying complex new games provided a structured context where the novelty of teaching and playing kept her mind busy enough to keep the Critical Voice at bay. Within a few weeks, she found a 'Determination' to live again, and a desire to be with her child more often. She even started re-engaging with life by seeing friends she had been ignoring for a long time. Past experiences of 'Determination' and 'Dedication' were brought to the forefront of experience. The histories of Determination and Dedication were connected over time through multiple events. These events included supporting her brother when they were growing up, having a child in spite of her back problems, overcoming sickness during her pregnancy, and the determination and dedication she used to help her baby recover. This preferred story reminded Kristin of meaningful values of caring for others and contributing to a family, and how her parents had instilled these values in her. When Kristin blocked the Critical Voice, she could hear her own desire to spend time with her daughter, and notice that her daughter did enjoy her company.

Our therapeutic work became increasingly focused on scaffolding conversations that thickened Kristin's experience of her preferred story. This important concept has been extensively discussed by Michael White and David Epston, since the early years of narrative therapy (Epston & White, 1992; White, 1989, 1994, 1995, 2004, 2007, 2011) and further developed by many others (Denborough, 2014; Freedman & Combs, 1996; Friedman, 1995).

Kristin's husband was invited to attend as an audience to her preferred self, and to share unique outcomes he had witnessed. He recounted his surprise that the previous weekend, Kristin had chosen to go on a bike ride with him and their daughter, something they hadn't done together in years! Kristin had always been serious, he said, but the depression had stolen much of their ability to talk lightly about events and be together as a family. He was pleased to see her smile again, and that some of the heaviness was fading away.

After several meetings highlighting unique outcomes and their meanings, and connecting to values and preferences, Kristin reclaimed more of her life and general ability to be with her daughter, who was increasingly accepting her mother's care. But could therapy really end and assume the preferred self would be intense enough to hold in a lasting way? Could several weeks of meaningful conversations overpower the affective trace that the debilitating anguish and Critical Voice had left in Kristin's neuroplastic brain? Was this renewed connection to experiences of Determination and Dedication *intense enough* to sustain Kristin through the usual parenting challenges to come, especially considering her devotion to her child?

From a physiological standpoint, a moderate future parenting mistake, as most mothers encounter in their journey, might re-activate the powerful neural network for anguish, depression, and the Critical Voice, which were strengthened for months. Intense emotions are among the most powerful encoders in the brain, ensuring lasting active memories of certain experiences (Damasio, 2000; Siegel, 2010). If the neural networks for 'despair' and 'anguish' were re-triggered, and competed with Kristin's preferred states of Determination and Dedication, the biological pull could be the strongest with the old intense problem networks.

Narrative therapy usually addresses this concern by thickening preferred stories of identity with documents (Epston & White, 1992), websites (Dickerson, 1998), reflecting teams (Friedman, 1995), outsider witness groups (White, 1995), re-membering work (White, 2007), sports team metaphors (Denborough, 2014), and letters (Newman, 2008; White & Epston, 1990). Are there other ways to thicken preferred-self experiences, and in particular, ways to *intensify* their affective manifestations so that they are more likely to become a match for problems embedded in acute visceral reactions? In other words, how can we increase the neural likelihood that preferred experiences will be viscerally intense enough to override reactivated experiences of problems? This consideration becomes significant when working with issues of trauma.

Embodiment

Emotional and affective experiences exist in the body, and manifest themselves as biochemical and physiological reactions (Ekman, 2005). Every single emotion has a biological connection. Can you imagine being in love, or experiencing anger, without any manifestation in the body? Embodied sensations are a major component of our experiences of ourselves, and our lives. The body is the medium through which we experience everything. Therefore, engaging in therapeutic conversations without examining the links between experience and the body ignores a great deal of information: it would be like working with a black-and-white photo of experience, rather than its coloured version (Beaudoin, 2005, 2018). This becomes particularly important when re-authoring. Clients are typically articulate in their descriptions of embodied problem experiences, but are rarely able to provide as much detail about their preferred selves. Kristin, for example, could describe at length the heaviness in her limbs, the burning, sinking heart and the shallow breathing she experienced with anguish. When asked to describe her embodied experience in a preferred state she was, at first, completely blank. The following conversation was scaffolded to access this unnoticed aspect of her experience.

Marie-Nathalie: Can you give me an example of a moment when you might have felt Dedication this week?

Kristin: Yes, I've been in an 'on' mode this week! Ever since I realised that *I matter,* even if I'm not perfect, that I'm relevant to my daughter's life and can contribute to my family, I've had a lot of energy.

Marie-Nathalie: How does that energy affect you?

Kristin: I've been doing more around the house – I've even cleaned the fridge! And I've been playing more with my daughter.

Marie-Nathalie: Playing more with your daughter?

Kristin: Yes, I took her to the park and actually played instead of hiding behind my phone. I had the energy to do it and it felt good. I was really dedicated to being with her in that way.

Marie-Nathalie: So feeling like you matter and can contribute, gives you some energy, which allows you to go to the park and play more with your daughter. When did you feel most connected to the experience of Dedication and Determination?

Kristin: Hum … the whole time!

Marie-Nathalie: The whole time! If there was a moment when that was particularly intense inside of you or in your body, when might that have been?

Kristin: Maybe when I saw my daughter going down the slide and giggling. I loved catching her at the bottom. I felt so much love and dedication towards her.

Marie-Nathalie: What was it like to feel that Love and Dedication inside you when you were watching her and catching her at the bottom of the slide?

Kristin: It felt really good to be that way!

Marie-Nathalie: So it felt really good to be that way! If I had been sitting on a bench and watching you, what would I have noticed about you this week that would be different than how you might have looked a few weeks ago?

Kristin: Just that I was happier …

Marie-Nathalie: Would your body have looked slightly different?

Kristin: Well, I would definitely be smiling more, laughing … hum … being more present to my daughter, fully dedicated to my time with her, determined to not waste a minute of this time.

Marie-Nathalie: So smiling more, laughing, being present, dedicated and determined to not waste a minute of this time. How would you describe how it felt to have a dedicated and determined human body when you were at the park?

Kristin: [thinking] I don't know … It was really just like having more energy, like I said earlier.

Marie-Nathalie: It was like having more energy. Where in your body might this energy be coming from?

Kristin: Hum, let me think … from my chest!

Marie-Nathalie: From your chest? Tell me more.

Kristin: Yes, it felt like a … how can I describe this … a rush of life in my chest.

Marie-Nathalie: A rush of life in your chest. Would your chest be like a headquarters for Dedication?

Kristin: Yeah, I like that! It's like a headquarters. It's vibrating with activity in there.

Marie-Nathalie: So Dedication's headquarters is in your chest and is vibrating with activity, giving you energy. Is this energy or activity radiating somewhere?

Kristin: Hum … maybe it's radiating towards my arms and my throat.

Marie-Nathalie: Radiating towards your arms and throat. Which metaphor or image would illustrate that sensation?

Kristin: It's kind of like a … hum … maybe like a fire … a fire that's spreading … and tingling … a gentle but powerful fire.

Marie-Nathalie: A gentle, tingling, powerful fire. How might you walk differently when that fire is activated?

Kristin: I'm not sure.

Marie-Nathalie: If you close your eyes and see yourself in the park, playing with your daughter in a dedicated way, how are you moving around and walking?

Kristin: I think I stand taller. There might be more strength or confidence to my step. Maybe I'm moving faster too.

Marie-Nathalie: So taller, faster, more strength, more confidence. Might you breathe a little differently?

Kristin: I do! That I had actually noticed. I seem to breathe more evenly and fully now, as if there's more space inside of me, now that the Critical Voice is not suffocating me.

Marie-Nathalie: So you breathe more evenly and fully without the Critical Voice suffocating you. How might you talk differently while playing with your daughter with Dedication as opposed to the Critical Voice?

Kristin: Well, I talk a lot more. I'm more playful, and I guess – I guess, I might make more eye contact with her! I just realised that! I actually look at her because I feel less ashamed and embarrassed by the Critical Voice.

Marie-Nathalie: What might she see in your face and eyes?

Kristin: Oh! I know she sees the love and dedication! She probably sees a more peaceful and joyful face.

Marie-Nathalie: So when you are connected to Dedication and Determination, you have an increased level of energy and playfulness. You smile and laugh more often. You feel taller, stronger, more confident. Your face is more peaceful, joyful. Your eyes express love, and you breathe fully and evenly. Dedication and Determination seem to have a headquarters in your chest, from which energy and vibrations radiate to your arms and throat like a gentle, tingly and powerful fire. Are you feeling these experiences right now?

Kristin: Yeah! Just talking about them seems to have brought them back!

Marie-Nathalie: Yes, if you remember how your body feels, it will make it easier to enter the experience of Dedication and Determination.

This conversation allowed Kristin to increase her embodied awareness of her preferred self. Articulating this crucial dimension added a wealth of detail, depth, complexity and fullness to Kristin's account, which significantly substantiated her preferred self. Many of the above questions were inspired by mindfulness meditation (Kabat-Zinn, 2003), which offers a powerful medium to increase clients' awareness of their embodied sensations, and opens the door to richer possibilities of description. The use of mindfulness practices to heighten awareness of embodiment is supported by research in neurobiology (Siegel, 2010) and writings in narrative therapy (Percy, 2008). Helping clients notice the physiological aspects of their preferred selves increases their likelihood of being able to enter those states at will, and affords them another way to activate those experiences (Beaudoin & Duvall, 2017; Beaudoin & Zimmerman, 2011; Zimmerman & Beaudoin, 2015). In other words, experience contains sensory features, which are felt as internal but are ascribed meaning externally through discursive and relational processes.

It is this meaning that then shapes the performance of certain dominant scripts and problem stories. Helping clients sort through their sensations, and inviting them to ponder upon 'how they feel inside', scaffolds the observation process using culturally available language. Furthermore, combining the brain's left hemisphere activity of languaging experience with the right hemisphere activity of feeling (left-to-right process), and helping clients make meaning of embodied sensations (top-down process) leads to a better integration of the story. This process then allows therapeutic conversations to include broader aspects of experiences in the deconstruction, meaning-making and re-authoring process.

Mobilising positive affect

Another way to increase the affective intensity of preferred experiences is to connect the preferred state to a 'positive emotion' (Beaudoin, 2015). Research shows that positive affect is associated with: a broader repertoire of considered actions, enhanced perspective, increased motivation, higher likelihood of finding meaning, and a greater ability to control unwanted embodied impulses. I have cringed at labelling and totalising an emotion as positive or negative as all aspects of experiences can be valuable in some contexts, and it's their effects that are helpful or non-helpful. I am now resigned however to using this terminology given the extensive research on the very distinct patterns of activation different affective states trigger in the brain (Fredrickson & Losada, 2005; LeDoux, 1996).

In therapeutic conversations, connecting to positive emotions and affective states involves asking clients to expand their preferred selves into unexamined territories. For example, I asked Kristen, 'If Determination and Dedication to care for your daughter were to be connected to a particularly intense positive emotion, which one might it be?' Kristen spontaneously answered 'Love' and 'Joy', and then she added 'Delight' and 'Elation'. Enriching re-authoring with positive emotions offers several advantages, which are only briefly summarised here (see Beaudoin, 2015; Beaudoin & Duvall 2017). First, positive emotion development opens the door to a whole new collection of memories, people and stories that may not have been included in the earlier re-authoring conversations (thickening effect). Second, it provides one or many other affective, preferred counter-states to the problem experience, which alone or in combination can become more intense, physiologically, than the first readily described (affectively intensifying effect). Third, a positive emotion may provide a different entry into the experience of the preferred self than the one previously described (accessing effect).

For example, people who seek assistance with anxiety may develop a preferred self around being calm; others who consult because of anger issues may develop preferred selves around tolerance, patience or compassion; those who seek help with shyness may leave feeling more confident, connected to their values, and able to live in ways congruent with their intentions. Although this is not always the case, in all of these examples, people articulate preferred states that are in congruence with their values but in opposition to the presenting problems. This first level of re-authoring provides an important opportunity to neutralise the problem and reconnect with important values. Connecting with positive emotions and experiences can offer, with some clients, a second level of re-authoring that not only increases the intensity of the preferred self, as mentioned earlier, but also facilitates the client's ability to *thrive* with enhanced levels of wellbeing. It allows the client to move beyond their initial preferred self into a space of expansion, flourishing and blossoming.

After these positive emotions were named, we explored the history of Kristin's experiences of love, joy, delight and elation: how much she loved her brother, and how as a child she had enjoyed facilitating fun and playful magic shows for younger children at her elementary school. As a young adult, she had been delighted to organise surprise birthday parties for her husband whom she loved dearly. She shared the elation of successfully catching him off guard when he was in another state on a business trip and she secretly flew there! Our re-authoring work embarked on a whole new line of memories and events that had not come up before and could be connected to the earlier preferred story of Determination and Dedication. Through combining these different affective experiences of herself, if Kristin felt threatened by the Critical Voice, she could connect with her Determination and Dedication, and also her inner experiences of Love, Joy, Delight and Elation (brain states). She could position her body in accordance with previously articulated embodied observations of these states, and increase the intensity of her preferred selves more easily and at will. The Critical Voice and anguish became outmatched in physiological intensity. For Kristin, remembering to feel and express love in her eyes, and to re-activate the elation she felt when discovering her baby would live, gave much more power

to her preferred self. She started more consistently feeling like a mother who was not only dedicated but also loving, joyful and 'good enough'. Considering the love now readily expressed on most days, we concluded that for her daughter, she was not 'just a drop' but rather 'an ocean' on this Earth.

Once Kristin had elaborated and intensified her connection with an affective preferred self, and embodied her ability to deeply embrace Dedication, Love, Elation, Delight and Joy, I felt more confident in the option of ending our therapeutic journey. We re-created our drawing from the first session (Figure 1), this time with a strong program for her preferred selves, and a weaker dotted line for the Critical Voice. Once again, Kristin asked to take a photo, but this time with joy in her eyes. Although we cannot fully armour our clients in the face of life's ups and downs, we can at the very least provide the richest ways possible to equip their preferred selves with intense and powerful ammunition such as embodied experiences and positive emotions.

Conclusion

This article describes two neurobiology-inspired ways to help our clients intensify the preferred self typically explored in narrative therapy: embodiment and positive affect development. These practices add to established ways of thickening the preferred self, such as documents (White & Epston, 1990), internet journals (Dickerson, 1998), reflecting teams (Friedman, 1995), outsider witness groups (White, 2007), and re-membering metaphors (Denborough, 2014).

Drawing ideas from other fields can enrich our work with new territories of inquiry and provide a broader therapeutic repertoire (Epston, 2016). Tapping into different traditions also provides additional linguistic concepts that may better fit with particular clients, such as Kristin, for whom the 'brain program' metaphor was resonant. Talking about a neuroplastic brain with various programs, and mindfully exploring sensations, adds an embodied dimension to our work and further enhances the externalising process, which is hope-promoting to many people. Narrative therapy has historically moved away from modernist disciplines and held different theoretical premises that honour a multiplicity of perspectives, identities and possibilities. Recent developments in neurobiology, neuroplasticity and mindfulness, which recognise that the brain is physiologically modified by experiences of relationships and contexts, open the door to a certain amount of collaboration between the two fields (Walker, 2016). Although much in these modernist fields remain based in expert knowledge, and is disconnected from personal experiences, an openness to a select few findings can allow us to better help people who entrust us with their stories of anguish and dedication.

References

Beaudoin, M.-N. (2005). Agency and choice in the face of trauma: A narrative therapy map. *Journal of Systemic Therapies, 24*(4), 32–50.

Beaudoin, M.-N. (2012). *The SKiLL-ionaire in every child: Boosting children's socio-emotional skills using the latest in brain research*. California, SF: Goshawk.

Beaudoin, M.-N. (2015). Flourishing with positive emotions: Increasing clients' repertoire of problem counter-state. *Journal of Systemic Therapies. 34*(3), 1–13.

Beaudoin, M.-N. (2018, June). Enriching narrative therapy with neurosciences: Spotlight on possibilities. Paper presented at Institut für Systemische Therapie, Vienna, Austria.

Beaudoin, M.-N., & Duvall, J. (Eds.). (2017). *Collaborative therapy and neurobiology: Evolving practices in action*. New York, NY: Routledge.

Beaudoin, M.-N., & Zimmerman, J. (2011). Narrative therapy and interpersonal neurobiology: Revisiting classic practices, developing new emphases. *Journal of Systemic Therapies, 30*(1), 1–13.

Damasio, A. (2000). *The feeling of what happens: Body and emotions in the making of consciousness*. New York, NY: Mariner.

Denborough, D. (2014). *Retelling the stories of our lives*. New York, NY: Norton.

Dickerson, V. (1998). Silencing critical voices: An interview with Marie-Nathalie Beaudoin. *Gecko: A journal of deconstruction and narrative ideas in therapeutic practice*, *2*, 29–45.

Ekman, P. (2005). *Emotions revealed*. New York, NY: Holt.

Epston, D. (2016). Re-imagining narrative therapy: A history for the future. *Journal of Systemic Therapies, 35*(1), 79–87.

Epston, D., & White, M. (1992). Consulting your consultants: The documentation of alternative knowledges. In D. Epston & M. White (Eds.), *Experience, contradiction, narrative and imagination* (pp. 11–26). Adelaide, Australia: Dulwich Centre Publications.

Fredrickson, B. L., & Losada, M. L. (2005). Positive affect and the complex dynamics of human flourishing. *American Psychologist, 60*, 678–686.

Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities*. New York, NY: Norton.

Friedman, S. (1995). *The reflecting team in action: Collaborative practice in family therapy*. New York, NY: Guilford.

Kabat-Zinn, J. (2003). *Coming to our senses: Healing ourselves and the world through mindfulness*. New York, NY: Norton.

LeDoux, J. (1996). *The emotional brain: The mysterious underpinnings of emotional life*. New York, NY: Simon and Schuster.

Newman, D. (2008). 'Rescuing the said from the saying of it': Living documentation in narrative therapy. *International Journal of Narrative Therapy and Community Work,* (3), 24–34.

Percy, I. (2008). Awareness and authoring: The idea of self in mindfulness and narrative therapy. *European Journal of Psychotherapy and Counseling*, *10*(4), 355–367.

Siegel, D. (2010). *The mindful therapist: A clinical guide to mindsight and neural integration.* New York, NY: Norton.

Walker, M. (2016). *The social construction of mental illness and its implications for neuroplasticity*. Lanham, MD: Lexington.

White, M. (1989). *Selected papers*. Adelaide, Australia: Dulwich Centre Publications.

White, M. (1994, March). *Therapeutic conversations as collaborative inquiry*. Workshop presented to Bay Area Family Therapy and Training Associates, San Francisco, CA.

White, M. (1995). *Re-authoring lives: Interviews and essays*. Adelaide, Australia: Dulwich Centre Publications.

White, M. (2004). Memory systems and the consequences of trauma. *International Journal of Narrative Therapy and Community Work*, (1), 67–76.

White, M. (2007). *Maps of narrative practice*. Ney York, NY: Norton.

White, M. (2011). *Narrative practice: Continuing the conversations*. New York, NY: Norton.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: Norton.

Zimmerman, J., & Beaudoin, M.-N. (2015). Neurobiology for your narrative: How brain science can influence narrative work. *Journal of Systemic Therapies, 34*(2), 56–71.

Dear Reader