



Travelling down the neuro-pathway:

Narrative practice, neuroscience, bodies, emotions and the affective turn

by David Denborough



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Abstract

In recent times, a complex interplay of factors has led to the social sciences grappling with neuroscience, affect/emotion and embodied experience in new ways. This paper engages with the following four questions: How does narrative therapy fit with neuroscience? How does narrative practice engage with emotion? How does narrative practice relate to the affective turn? How does narrative therapy engage with the body/somatic experience/embodied experience? Throughout this paper examples from Michael White's therapy practice and contemporary examples of collective narrative practice are discussed.

Key words: neuroscience; affect; affective turn; affective practice; emotion; bodies; embodied practice; narrative therapy; collective narrative practice

This paper started with a concern, about how neuroscience ideas are being engaged with in the field of narrative practice, and then became a bit of an adventure. It was as if I started travelling down a neuro-pathway and unexpectedly found myself detoured into writings by feminist theorists (such as Ann Cvetkovich, Clare Hemmings, Ruth Leys, Margaret Wetherell and Deborah Gould) and diving into early writings and videos of Michael White that relate to how narrative therapy engages with bodies and emotions. I've really enjoyed the adventure, and I have the narrative practitioners who are engaging with neuroscience to thank for this. I hope I can convey some of my enjoyment and intellectual delight in the following pages.

A personal connection to science

My father, Michael Denborough, was a medical researcher and doctor. I'll always be able to evoke the sensation of his stethoscope on my back. His kind bedside manner was significant, but it was his intellect and rigour that made you feel safe. You knew your health and your life was in good hands. My father and the team with which he worked at the John Curtin School of Medical Research rigorously sought and found answers to a mystery relating to previously unexplained deaths under anaesthesia. To do so they convened a 'breakthrough committee' which met regularly. Every day, through these years, Dad would come home and ask his children, 'were there any breakthroughs today at school?' I tell you, life becomes a lot more interesting when you're constantly seeking breakthroughs. The breakthroughs he and his team made in the laboratory, which came about as a result of years of rigorous, methodical, dedicated research, continue to influence practice in every operating theatre in the world, and have literally saved thousands of lives. That's quite something, isn't it?

I mention this at the outset of this paper to make it very clear that I have profound respect for science and medical researchers. In fact, I would not be alive without the researchers who contributed to ways of treating childhood asthma. In this paper, I ask questions about how ideas related to neuroscience are influencing the field of narrative therapy and community work. It is the not the 'science' that I am questioning in the following pages, for I am not a neuroscientist, but rather the ways the 'science' is being mediated, interpreted and put into action far from the laboratory.

Why this paper?

In recent times, a complex interplay of factors has led to the social sciences grappling with neuroscience, affect/emotion and embodied experience in new ways. Influences as diverse as neurobiology and Deleuzian philosophy have been catalysts for a changed intellectual landscape, and tussles over history and politics (Leys, 2011).

In this wider context, students of narrative therapy and community work have occasionally asked me and other members of Dulwich Centre faculty the following sorts of questions:

- How does narrative therapy fit with neuroscience?
- How does narrative practice engage with emotion?
- How does narrative practice relate to the affective turn?
- How does narrative therapy engage with the body/somatic experience/embodied experience?

The more I explore these questions, the more I realise they are interrelated. So I've chosen to respond to all four questions by writing this paper in four parts:

- **Part 1:** 'Narrative practice meets neuroscience', in which I try to convey some of the potentials, complexities, ironies and hazards associated with linking narrative practice with neuroscience
- **Part 2:** 'Getting emotional: Narrative therapy and emotion/meaning/action', in which I try to describe how narrative therapy engages with emotions by not separating emotion from action or from meaning
- **Part 3:** 'Engaging with the affective turn', in which I explore what narrative practice has to gain from engaging with the affective turn in the social sciences, and how it's possible to understand narrative practice as a form of 'affective practice'
- **Part 4:** 'Narrative therapy and the body', in which I examine how narrative therapy engages with the body in ways that seek to escape a mind/body split.

Throughout this paper I include examples from Michael White's therapy practice (from his writings and video archive) along with contemporary examples of collective narrative practice. Because broader philosophical and social science debates are shaping these considerations in our field, I also draw on the writings of various social theorists.

Trying to respond to four different but related questions in one paper means that this has become a long piece! Perhaps it should come with an advisory notice: 'In order to take care of your body, mind, brain and emotions, please get physically comfortable and make a cup of tea or coffee before you begin ...'

Part 1: Narrative practice meets neuroscience

Michael White and David Epston (1990) developed narrative practice as a way to assist individuals, couples, families and communities to resist the specifications of modern power, to sponsor diversity and to foster the insurrection of alternative knowledges. For Michael White, narrative therapy was a form of politics¹ that was aligned with the political project of Michel Foucault:

He [Michel Foucault] says that it's in the periphery, at the extremities, that these techniques of power become most available for our inspection ... we can see these techniques operating in relationships between husbands and wives, in schools and clinics, and so on ... it's very important that we challenge the techniques of power on the local level ... [this] idea of a political program is ... to be involved in the local level helping people challenge the techniques of power and the subjugation to those techniques. And instead of the insurrection of persons, this is the insurrection of the subjugated knowledges, this is an insurrection of alternative knowledges. (M. White, 1989)

It is now 35 years since the death of Michel Foucault, and 11 years since Michael White's death. During the last decade, the operations and specifications of modern power, which both these writers were seeking to describe, have continued to change. Strategies of modern power do not stand still, especially within the disciplines of psychiatry, psychology, social work and so on, which are at the forefront of our contemporary disciplinary society. Technology, science and their accompanying discourses are constantly changing, bringing new possibilities for the subjugation of selves. Fortunately, tactics of resistance are also constantly changing.

Locating contemporary ideas in history and culture

In this paper, I wish to explore a couple of contemporary realms of intellectual interest – neuroscience and the affective turn. But first, I want to share Michael White's humorous ways of historicising contemporary taken-for-granted notions. The following extract is even funnier if you watch the video², in which you can see Michael's facial expressions, see him raising his hand and hear the engaged laughter of the workshop participants.

How many of you have psychological needs? Just raise your hand if you have psychological needs. I'm not asking you to confess these, okay. Although that could be very interesting [laughter]. But I just would like to know whether you have them or not. I can see many people agreeing. I'm not surprised because, in Western culture, people have had psychological needs since 1929. They've been around since 1929. And they're increasingly popular; today more and more people have psychological needs. So, this was a new understanding. Action as a surface manifestation of a psychological need is a relatively new idea. In the history of the world's culture it's a novel idea.

How many of you have relationship dynamics? Raise your hand if you have relationship dynamics? [laughter] I'm not surprised at that either, because these have been around since the 1960s. And a lot of people have relationship dynamics these days. In fact, they're becoming increasingly popular ... Relationship dynamics have been very successful ... I'm not saying that before the onset of relationship dynamics ... people were happier in their relationships with others. At times they were still miserable and in conflict [but] it wasn't constructed in terms of dynamics, is that clear? That's a new construction.

Earlier on we talked about personal properties like strengths ... How many of you have resources, personal resources? These have been around for longer than psychological needs; they've been around for a couple of hundred years or so. It's been a growing development ... The whole idea that we have these personal properties is associated with the development of modern liberal theory. Liberal theory provides the basis of the Western democratic state ... One of the cornerstones of liberal theory was ... the recognition and preservation of the individual's right to own property, to possess property. It also preserved the individual's right to capitalise on their property ... by mining it, and to bring to the surface these resources, or by cultivating their property to improve its assets. Now around the same time, there was this new idea that maybe ... we have a self that's like personal property that we can own in the same way that we can own actual property: land. And so we can actually mine the self to discover the resources and to bring those

¹ For more information about the politics of narrative practice see Denborough (2019).

² Michael White's 'Funny Moments' video can be viewed at: www.vimeo.com/260519508.

resources to the surface, and to put them into circulation. So how many internal miners are there in this group? How many of you have found yourself in situations where you had to dig deep, to get in touch with your resources and to put them into circulation? Internal miners in the group? [laughter] ...

These are relatively new understandings ... this is all part of a tradition that ... is often referred to as structuralist. Action in life as a surface manifestation of some element or essence that comes from the centre of who we are. And these ideas are now taken for granted. It's just naturally assumed that action is the surface manifestation of strengths, resources, psychological needs, relationship dynamics and so on ... That is almost never questioned.

Now, I'm not saying that they're bad ideas, is that clear? I think some of those ideas are very beautiful ideas. But I think it's important to understand that these ideas have been developed and constructed in history and in culture³. If we understand that, we're not chained to the ideas, we're not tied to them. We can think outside of them. (M. White, 2018)

This extract is from a video titled *Funny moments*, a compilation of both humorous and profound teachings by Michael White, which was created at the suggestion of his daughter, Penny White. There is a long history within narrative practice of seeking to use humour to draw distinctions between different traditions of thought. I have started this paper with this extract because I think it clearly demonstrates how narrative practice was developed to question contemporary taken-for-granted psychological/cultural notions, so much so that some have described it as 'post-psychological' (McLeod, 2005, 2007).

These days, within psychological fields, in addition to talk of psychological needs, relationship dynamics, and personal properties there are new concepts in town. These days it is quite common to hear that we have a 'reptilian' part of our brain, that our cerebral hemispheres may be functioning at a diminished level of integration, and/or that our neural pathways may be in need of increased connectivity or rewiring. In addition to these concepts, with which I am sure you are familiar, I have recently heard people offering their services to assist others to maximise/optimise/capitalise on their 'brain real estate' and even to work on their 'relationship plasticity'⁴.

How are we as narrative practitioners to engage with these concepts?

One possible approach is to try to understand the histories of these developments. If this interests you, then I would highly recommend the writings of Fernando Vidal (Vidal, 2009; Vidal & Ortega, 2017) as he traces histories of the 'cerebral subject', 'brainhood' and 'neurocultures'. Rather than these evolving due to neuroscientific discoveries, Vidal argues it is the other way around:

A good number of 20th- and 21st-century neuroscientists seem to think that their convictions about the self are based on neuroscientific data. In fact, things happened the other way around: brainhood predicated reliable neuroscientific discoveries, and constituted a motivating factor of the research that, in turn, legitimized it. Thus, even though the rise of the cerebral subject is irreducible to the history of the brain sciences, any attempt to understand how it became a central figure of modernity must give this history a central role. (Vidal, 2009, p. 14)

Interestingly, Fernando Vidal describes brainhood and the development of the cerebral subject as ideologies that sustain and reproduce individualism:

³ Just as contemporary understandings of identity are influenced by history and culture, so too our understandings of our brains. Cornelius Borck (2012) has described how technological inventions - such as the camera, the phonograph, the tape recorder, telephone exchange, and the computer – have all functioned as analogies within brain research.

⁴ Rose & Abi-Rached (2013) describe how the 'neurobiologization of the self' is leading to new ways to manage/optimise our selves through our brains. In contemporary Western culture, there is an increasing imperative to care for the self through care for the brain:

The wish to fashion the self is not a recent phenomenon, nor is the belief that the continuous work of improving the self is a virtuous exercise of freedom. In the liberal societies of the West, from around the 1960s, at least for some of the middle classes and for many young people, such self-fashioning became no longer the privilege of the elite, the philosopher, the dandy, or the aesthete. The radical democratization of self-fashioning over the closing decades of the twentieth century has been taken into new territory with the spectacular diversification of authorities of the self in the age of the Internet. What is novel, then, is not the aspiration to shape, improve, fashion oneself, but the source of authority that underpins it, the technologies that it deploys, and the target or substance upon which it operates – the brain itself. (Rose & Abi-Rached, 2013, p. 224)

The individualism characteristic of western and westernized societies, the supreme value given to the individual as autonomous agent of choice and initiative, and the corresponding emphasis on interiority at the expense of social bonds and contexts, are sustained by the brainhood ideology and reproduced by neurocultural discourses. (Vidal, 2009, p.7)

According to Vidal, this is a process linked to contemporary colonisation:

Brainhood seems to be an exclusively western phenomenon, albeit now universally exported through the globalization of originally European forms of science and medicine. As far as I can tell, no other culture has proposed the reducibility of self to an organ of the body. But 'western culture' is a dynamic process that includes the very notion of self, and the emergence of brainhood is part and parcel of the history of views about selfhood. (Vidal, 2009, p. 11)

Narrative therapy meets neuroscience

Within this broader historical context, a wide range of narrative therapists (particularly in North America) have become enthused about the possibilities of bringing understandings from neuroscience to their therapeutic practice. This interest is perhaps best exemplified in the recent publication of two books. *Collaborative therapy and interpersonal neurobiology: Emerging practices* (2017) is a collection of chapters by different authors⁵, edited by Marie-Nathalie Beaudoin and Jim Duvall. *Neuro-narrative therapy: New possibilities for emotion-filled conversations* (2018) was written by one author⁶, Jeff Zimmerman. Both these books seek to extend and enhance the field of narrative practice and collaborative therapies by engaging with neuroscience⁷.

I have great respect for the practitioners who are linked to these two books. In fact, it is because of the high regard in which I hold them, and the considerable influence that they have within the field, that I have written this paper. I respect these authors' intentions to continue to expand the field of narrative practice and to ensure its relevance and resonance in contemporary culture. And I appreciate the ways in which some of these authors acknowledge that their proposals about bringing narrative practice and neuroscience together are speculative:

Although the consilience of psychotherapy and neurobiology offer much hope and possibility, our proposals are speculative and embedded in an evolving social and scientific context. (Duvall & MacLennan, 2017, p. 18)

While there is a great diversity of ways in which narrative practitioners are engaging with neuroscience, it will become clear that I have some broad concerns about the ways in which narrative practice and neuroscience are meeting. In this paper, I speak more about these concerns⁸ than I do about what may be gained through engagements with neuroscience. The reason for this is quite simple. There are many articles and book chapters in which narrative practitioners describe the possibilities they see in engaging with neuroscience – including within this journal issue (see Beaudoin, 2019) – while this paper, to my knowledge, is one of very few pieces within the field of narrative practice that raises concerns⁸. It's my hope that this paper can foster discernments and discussions. In fact, these have begun. Prior to the publication of this piece, I really appreciated feedback from, and dialogue with, Marie-Nathalie Beaudoin. I look forward to continuing conversations about these realms with anyone who is interested.

⁵ These authors include Marie-Nathalie Beaudoin, Pam Dunne, Jim Duvall, Robert MacLennan, Maggie Carey, Jan Ewing, Ron Estes, Brandon Like, Sara Marlowe, Karen Young, Jim Hibel, Jaime Tartar, Mercedes Fernandez. Gene Combs wrote the foreword. Tom Strong (2017) contributed a social constructionist discourse analysis entitled 'Neuroscience discourse and the collaborative therapies?'

⁶ Karl Tomm wrote the foreword to this book and Chené Swart, Stephen Madigan, David Nylund and Bill Madsen offer endorsements on the back cover.

⁷ These books build on earlier writings by Beaudoin & Zimmerman (2011), Zimmerman & Beaudoin (2015), and Zimmerman (2017).

⁸ There are, to my knowledge, three other pieces that raise concerns:

David Marsten, David Epston and Laurie Markham (2016) have raised significant questions about whether neuroscience is serving to exacerbate existing discourses of mother-blame.

Tom Strong's (2017) social constructionist discourse analysis poses questions in relation to the broader field of collaborative therapies. And David Marsten and Laurie Markham (2017) share concerns about how neuro-scientific influences within psychotherapy can promote privatising tendencies:

'On the road to becoming the 'sciences' they aspire to be, dominant strains of psychology and psychiatry appear to have fallen in step with privatizing projects as an outgrowth of the political climate of the past 40 years ... Instead of perceiving our woes within broad fields of power, we are objectified and left to consider the consequences of our own faulty thinking, genetic predispositions, and flawed neural circuitry.' (p. 2)

Breakthrough (for me at least!) #1: Science is being mediated through psychology

It was a breakthrough, for me at least, to realise that the ‘neuroscientific’ ideas that certain narrative practitioners are drawing on are often cited through the writings of developmental psychologists/psychoanalysts (including Daniel Stern, 2004); cybernetic writers (including personality theorist Silvan Tomkins, 1991); and psychiatrists trained in attachment and systems theories (including Dan Siegel, 2007, 2010). Therefore, the neuroscience ideas that narrative practitioners are engaging with are often mediated through developmental psychology, cybernetics, attachment theories and psychodynamic theories (Papoulias & Callard, 2010, p. 33). This has led to the return of metaphors that were questioned some years ago in the narrative practice field for their cultural specificity. These include:

- Integration metaphors: these invite us to ‘integrate’ hemispheres of the brain and/or to ‘integrate’ relationships, for example ‘young people are understood as ‘needing’ to separate as individuals while also maintaining a connection with their parents’ (Siegel in Beaudoin & Duvall, 2017, p. 7; see also Zimmerman, 2018, p. 15)
- Regulation metaphors: where once the dominant idea in the psychologies was to ‘express’ our feelings, now we are invited to ‘regulate’ them or ‘tame’ them: ‘By naming our emotions we can tame⁹ their potential effect on us’ (Marlowe, 2017, p. 54).

Understanding parts of ourselves as reptilian, capitalising on ‘brain real estate’, working on ‘relationship plasticity’, ‘integrating hemispheres of the brain’, or even ‘regulating emotions’ are all concepts that have been developed and constructed in history and culture. The ways any ‘scientific knowledge’ is taken up and utilised in practice are mediated through culture.

When one neuro-narrative practitioner (drawing on Jungian analyst Margaret Wilkinson), claims that:

when affect is brought forth and regulated in a secure relationship, a new coherent narrative emerges that is tied more to the present than to the past (Zimmerman, 2018, p. 20),

is this ‘science’ speaking or dominant Western cultural imperatives speaking through ‘science’? Valorising ‘regulation’, ‘coherence’ and ‘separating from the past’ is only one way of conceptualising our emotional lives and identities. To imply it is the only way, and that findings from neuroscience ‘validate’ it, risks obscuring a great deal.

David Marsten, David Epston and Laurie Markham (2016) have also described how new understandings/technologies from neuroscience and epigenetics are being used to perpetuate old mother-blaming discourses¹⁰:

Of late, genetics would appear to be raising the banner of mother-blame, pointing to ‘the fundamental way in which gene expression is determined by [early] experience’ (Siegel, 2012, p. 112) ... Neuroscience may serve to further heighten tensions, pointing to the cost of ‘failed mothering’ in how ‘[t]he caregiving adult’s mind and patterns of communication directly shape the organization of the developing child’s brain’ (Siegel, 2012, p. 103). Have we entered a new frontier, moving beyond mere theories about mothers as ruinous causal agents and into an evidential field—a scientific supreme court of sorts—in which every mother is a potential perpetrator who may be brought up on charges of genetic obstruction, brain injury, and even neuronal murder (Siegel, 2012)? Or might it be that these disciplines are using new technologies to perpetuate old biases, at least where mother-blame is concerned, and holding mothers’ already scorched feet to the flames (Marsten, Epston, & Markham, 2016, pp. 198–99).

As Nikolas Rose and Joelle Abi-Rached (2013) describe:

neurobiological ways of thinking [have come] to infuse the analyses of problems of individual and collective human conduct in the many sites and practices that were colonized by the *psy*-disciplines across the twentieth century. (Rose & Abi-Rached, 2013, p. 226)

⁹ Of course, how we approach naming emotions and how they are named has many more effects than only ‘taming’ them. As Glenda Fredman points out, ‘naming a feeling can move people towards new positions, different roles and alternative ways of experiencing ... [It also shapes] people’s relationships with themselves’ (Fredman, 2004, p. 41).

¹⁰ Cordelia Fine, cognitive neuroscientist and science journalist, has written eloquently about neurosexism (Fine, 2016).

If narrative therapy is to retain its commitment to contributing to decolonising areas of life from Western psychological understandings (see Drahm-Butler, 2015), then what sorts of cautions may be required if we choose to travel down a neuroscience pathway? Would it be possible to draw on learnings from neuroscience without these being mediated through Western psychology?

Let's consider in more detail how some narrative practitioners are engaging with neuroscience.

Narrative practice, neuroscience and avoiding neuro-conceal

There are two different ways that narrative practitioners are drawing on ideas from neuroscience. One is to explain and explore effects of existing narrative practices; the other to make changes to narrative practice informed by neuroscience. In both areas the intentions are noble. Let's consider them in a little more detail.

1. Explain narrative therapy premises and/or measure effects of narrative practice through neuroscience

Some narrative practitioners (e.g. Duvall & MacLennan, 2017) are using neuroscientific findings to explain the experience of naming problems using externalising conversations (M. White, 2007):

Naming stimulates the release of soothing neurotransmitters that calm the limbic amygdala, modulating the fight, flight, or freeze response (Creswell, Way, Eisenberger, & Lieberman, 2007; Siegel, 2014). The resulting positive emotions and sense of relief can enlist the right hemisphere's disposition toward novelty and insight, opening space for a pivotal experience (Beaudoin, 2015; Kounios & Beeman, 2009; Subramaniam, Kounios, Parrish, & Jung-Beeman, 2008). (Duvall & MacLennan, 2017, p. 21¹¹)

Other narrative practitioners are engaging in research to measure changes in brain function after narrative therapy sessions. This includes skilled narrative practitioner Karen Young and her colleagues (Young, Hibel, Tartar, & Fernandez, 2017). Their paper, 'Single Session Therapy and Neuroscience', describes how they are: 'interested in research that might demonstrate that conversations that included elements of scaffolding conversations have observable and measurable neurophysiological effects.' (Young et al., 2017, p. 109)

This same paper includes two thoughtful examples of narrative practice in relation to problems of Anorexia/'the self criticism' and 'refugee isolation and despair', but it's the authors' interest in biologically measuring the effects of narrative therapy scaffolding conversations that I wish to focus on here:

We expected that these single sessions, which were designed to invoke novelty, naming, enthusiasm, social engagement, and optimal arousal, would result in observable differences in cortisol, alpha-amylase and EEG readings ... we have analysed results from a cohort of 20 participants, 10 in the neutral situation and 10 in the narrative situation. Our results show statistically different patterns on both biomarkers ... despite a very small sample, we saw biological effects on markers of social engagement over the narrative conversations ... It appears that it is possible to demonstrate that scaffolding-based brief narrative conversations have neurophysiological effects, consistent with ideas proposed from the perspective of interpersonal neurobiology. (Young et al., 2017, p. 111)

While I am also interested in the effects of externalising conversations and scaffolding conversations within narrative practice, these explanations and explorations pose some significant questions. Is enabling people to name their experience in their own precise words and terms (within externalising conversations) significant because it releases soothing neurotransmitters? Or because it enables action in local culture? Or because we have a political/ethical commitment to people being able to name their own experiences?

Of course, there does not have to be only one explanation, but I am wary of explaining the significance of 'naming' in ways that are divorced from politics. From a neurobiological point of view, there may be little difference between a problem being named 'anxiety disorder' or it being named 'the voice of abuse'. But in narrative practice (and feminist politics) there is a world of difference.

¹¹ A number of other authors have also tried to make this link, for instance:

Naming an experience is associated with a reduction of amygdala activity and the brain's increased ability to regulate ...
(Young et al., 2017, p. 108)

And if we wish to ‘measure’ change, on what sort of changes do we wish to focus our attention? Do we choose to measure changes in brain function or changes in relationships outside the therapy room? Do we want to measure the extent to which therapy has resulted in re-enforcing dominant discourse or opened space for alternatives (see White, 2011a, pp. 41-43)? My guess is that narrative practitioners engaging with neuroscience would be interested in all of these sorts of changes.

My concern is that if we choose to focus on changes in people’s brains after therapeutic conversations, there is a risk that such studies could inadvertently conceal more than they reveal. By focusing on changes in the brain, one of the first things that could become concealed are considerations of politics (whether this relates to gender, race, class, poverty, sexuality or other relations of power). I don’t mean that anyone would deliberately seek to conceal considerations of politics, especially narrative practitioners, just that a focus on neuro-scientific understandings promotes a limited field of vision which I sometimes refer to as ‘neuro-conceal’.

Let me pose a couple of questions about the use of neuroscience to explain and/or measure the effects of narrative practice: Are there ways of doing so that won’t contribute to neuro-conceal? Are there ways of drawing on neuroscience that won’t privilege the micro-internal world (brain) over the effects of our practice on relationships, relations of power, privilege and normativity? I know that some narrative practitioners who are interested in neuroscience are trying to hold both frames in critical tension¹². So perhaps these are areas for future conversation and consideration.

2. Trying to enhance narrative practice’s clinical effectiveness through neuroscientific understandings

The second way in which some practitioners are engaging with interpersonal neurobiology is by using its understandings to try to enhance narrative practice by encouraging practitioners to:

- expand, uplift, encode and strengthen positive affect during, right after and between therapeutic conversations¹³ (Beaudoin, 2017)
- ask more about embodied experience (Beaudoin, 2017; Zimmerman, 2018).

The interest of narrative practitioners in these two realms – emotion and bodies – has sparked my own. I will now turn to these themes of affect/emotion and the body/embodied experience in narrative therapy in some detail. First of all, let’s get emotional ...

Key points from Part 1: Narrative practice meets neuroscience

- Narrative practice has always questioned contemporary taken-for-granted psychological/cultural notions.
- The ways in which neuroscientific understandings are being taken up in popular culture are leading to new ways to manage/optimise our selves through our brains.
- Various narrative practitioners are drawing on neuroscience ideas – often through the writings of developmental psychologists/psychoanalysts; cybernetic writers; and psychiatrists trained in attachment and systems theories.
- Neuro-scientific understandings are being used to either explain narrative therapy premises; measure effects of narrative practice through neuroscience; or try to enhance narrative practice’s clinical effectiveness.
- One of the hazards of this is ‘neuro-conceal’. By focusing on changes in the brain, one of the first things that can become concealed is consideration of politics (whether this relates to gender, race, class, poverty, sexuality or other relations of power).

¹² For instance, Marie-Nathalie Beaudoin (2019) and Jan Ewing, Ron Estes and Brandon Like (2017) seek to connect sociocultural discourses with physiology.

¹³ Jeff Zimmerman (2018) also encourages practitioners to invite clients to re-experience negative affect – more on this later.

Part 2: Getting emotional: Narrative therapy and emotion/meaning/action

One of the things that mesmerised me when I first witnessed narrative therapy interviews, was how moving I found them to be. Shivers running up and down my spine and tears on my cheeks were regular companions. It was often seemingly small turning points that were the most moving, when suddenly but gently, new meaning had been made. The act of having a cup of coffee was no longer ordinary, but a profound achievement in the face of anorexia. An act of care towards another survivor of abuse, which could have been overlooked, was now honoured as a continuation of a legacy of kindness that had been passed on from a neighbour many years prior. Or the realisation dawning on the face of a young man, that the outsider witnesses hadn't seen him as weird, but as someone holding onto dignity and resisting racism. It was those moments that heralded a change of meaning, a change in storyline, that time and again moved me, as a witness, to tears¹⁴.

And yet, despite this, sometimes it is misread, and I hear someone saying or writing, 'Narrative therapy doesn't deal with emotion'. Actually, narrative therapy deals with emotion in a particular way. It couples emotion and meaning, and refuses to separate them. It also refuses to separate emotion and meaning from action. In this way, emotion is also never separated from culture, politics and ethics¹⁵.

Here are two quotes from Michael White about this:

It's really to do with ... not thinking about the role of emotions but thinking of how all expressions are expressions of experience, units of feeling, units of meaning, units of action, not divided up into one or the other. So there's a refusal to get into this dualism around feeling versus meanings, or feelings versus action. (M. White, 2002)

I've always avoided talking about feelings in the literature because it gets taken up into that time honoured dualism ... if someone is expressing powerful emotion I'm interested in that expression but I'm also interested in where that expression is taking them to that they might not have otherwise gotten to, if they hadn't been expressing that. And I think that's a lot more honouring of what we call 'emotional expression' because it's not just discharging something, it's also an action that's taking someone to a certain place. There's also a meaning and a sentiment expressed in it. You know, that person is opening their life to me, and taking a step in their relationship with me as well. (M. White, 2002)

Significantly, narrative practice is also interested in the real effects of how 'emotions' are understood and practiced in particular times, places and cultures. In the 1970s and 1980s, as narrative therapy developed, there were at least two dominant ideas about emotions in therapy (based on humanistic/structuralist psychodynamic/psychoanalytic understandings):

- that psychological problems were due to 'repression' of emotion that therefore needed to be 'expressed' or 'discharged'
- that the therapist should not show any emotion themselves¹⁶.

The repression/expression discourse was one of the key reasons why Michael White didn't use the conventional language of the time in relation to 'expressing emotion'. It was true then, and is still true now, that talking about emotions within therapeutic realms requires care not to slip into a valorising of 'emotional expression' or 'discharge': to avoid separating emotional expression (performance) from the meanings given to or associated with that expression/performance.

One hazard of therapy based on repression/expression discourse is the possibility of exacerbating problems of memory for those who are invited to revisit the site of trauma without first establishing a safe territory to stand in, and without any

¹⁴ I am referring here to witnessing the therapy sessions of Michael White.

¹⁵ As I was writing this section I recalled the time I sought therapy when I was 19 years old. Early on I realised that the male therapist wanted to elicit in me a particular emotion – anger – and wanted me to express it in a particular direction: towards my mother. I didn't need to be particularly perceptive to work this out as he kept inviting me to take a pillow and to remonstrate with it or hit it to 'express' the anger I must have towards my mum. I also realised that he must do this with every person who came to see him, as I hadn't mentioned my mother (or any other member of my family for that matter). When I simply said, 'you have obviously never met my mother', cut the session short, and said I wouldn't be returning, it wasn't me who was angry. Everything about that interaction was about emotion. Everything was also about politics, culture and ethics.

¹⁶ John Winslade points out that 'This was particularly influential within psychoanalytic thinking – the 'blank screen' of the therapist was seen as the best way to receive client projections of emotion on to the therapist.' (J. Winslade, personal communication, January 21 2019)

revision of meaning¹⁷. A second hazard of any approach that splits emotion from meaning involves increasing the likelihood of engaging in psychological colonisation without realising it, thinking that we can interpret someone's emotions in ways that are removed from our cultural biases. Another way of saying emotion is inseparable from meaning is to say it is mediated by culture¹⁸.

Emotions/meaning/action in narrative practice

What does keeping emotion/meaning/action together look like in practice? Let's take an example. If someone sheds tears in narrative therapy:

- the therapist may explore what value is being expressed through those tears (linked to the concept of the absent but implicit, see M. White, 2000a)
- the therapist may honour the possible significance of the person taking the step of sharing those tears and sorrows with the therapist
- the therapist may ask variations of the question¹⁹ 'if those tears could speak, what might they say?'

In the following short story, Michael White offers a number of such variations.

As Ashley began to describe these episodes of tearfulness, she began to cry. In response to this development, she said, 'See, there I go again, I'm just hopeless'. Instead of turning away from these tears, I asked Ashley if it would be okay for us to have a conversation that might contribute to a wider understanding of them. She gave her assent, and I began to ask some gentle questions about them:

'If we were to think of these tears as little capsules that were thought-filled, what thoughts are you aware of at this time that might not be available to you at other times?';

'If these tears contained other pictures or perspectives on your life, on what your life might be about, are you experiencing anything that might provide us with a clue to these?';

'If this flow of tears is reflective of a different attitude towards your own life and to yourself, not one that is so rejecting, what sense do you have of what this attitude might be?';

'If these tears are in part a reaching out to the world, and an opening of your world to others, what's your guess about the nature of the connections they might build?';

'If we were to think of these tears as potentially transporting of you to another place in life, somewhere away from that familiar desperation, where might this place be?' (M. White, 2003, p. 42)

Of course, I have lifted those questions from a longer story of practice, and any such explorations will vary profoundly depending on the context, but I think they offer a glimpse of how Michael White in practice, far from avoiding emotion, turned towards expressions of emotion (such as episodes of tearfulness) in ways that did not separate emotion from meaning or action.

¹⁷ This is a theme I return to later in this paper.

¹⁸ Glenda Fredman, in her thoughtful book, *Transforming Emotions*, provides a helpful distinction between 'autonomous' and 'relational' emotion discourses:

an autonomous discourse locates emotions within the individual and therefore views emotion as innate, universal, subjective, personal and essentially bodily. Autonomous emotion practices would therefore most likely focus on the sensation and distinction of the emotion like the naming, interpreting and encouraging expression of emotion ... A relational discourse on the other hand approaches emotion as created between people and therefore communal and connected with cultural logic. Relational emotion practices would therefore focus on co-ordinating with others and on how emotion stories are created in the contexts of relationships and cultures. (2004, pp. 2–3)

Glenda also provides a very helpful table outlining the differences between relational and autonomous emotion discourses (see Fredman, 2004, p. 14)

¹⁹ Others variations include:

- Could you speak a little to those tears that you are experiencing? (White, 1997, p. 165)
- Would you mind saying a little about those tears? (White, 2001, p. 63)
- Would you say something about those tears? Would you help me understand what they are about? (White, 2001, p. 81).

There are two other aspects of narrative practice I want to mention in relation to emotion.

Within externalising conversations, when exploring the real effects of problems, narrative therapists seek to richly acknowledge the emotional effects of whatever hardships are being experienced. These effects are traced, named and acknowledged through many domains – emotional, physical, spiritual. Externalising conversations also include exploration of how the problem is affecting the person's view of themselves and thoughts about themselves. This includes effects on the actions people are taking or not taking. This also includes effects on relationships and on the lives of others. The ways in which narrative therapists honour the effects of problems don't separate emotional effects from effects on meanings, actions or relationships. These are interwoven²⁰.

Additionally, outsider witness practice (M. White, 1999) involves a form of e-motion. When outsider witnesses respond to a person's or family's testimony, they will describe how they have been 'moved' by this session. In narrative practice, such 'movement' relates to katharsis with a K²¹, rather than catharsis with a c, in that it doesn't elevate a discharging of emotion, but instead honours how the witnesses have been moved, changed or transported. This may include being moved to new understandings (meanings) and/or different actions into the future. Perhaps this would be clearer if it were referred to as e-motion. This, again, is a form of emotion that does not separate feeling from meaning or action.

Above, I speculated about what a therapist might do if someone were to shed tears in a narrative therapy²² session. I want to offer one other example.

The following transcript is from a re-membering conversation (M. White, 2007) that I mentioned above, between Chris, Jussey Verco and Michael White (M. White, 2000b). In this conversation, Michael has asked Chris about the histories of the comforting skills (which she has named 'gossamer threads') that she had been offering to other women who were also a part of the Silent Too Long group for women survivors of childhood sexual abuse (Silent Too Long, 1998, 2000, 2001). In the course of the conversation, Chris traced the history to her childhood neighbours, one of whom she had given the name Auntie Mary. In the following extract, Jussey, who is the facilitator of Silent Too Long and also a friend of Chris's, acts as an outsider witness.

Michael: So, Auntie Mary – if Auntie Mary could be here and listening to this conversation, and she was just hearing a little bit about some of these links and about how Chris has sort of stepped into this and is, you know, taking up some of these skills in her comforting and healing others, and there's a link between that and what Auntie Mary stood for. How do you reckon Auntie Mary would be feeling if she was here? What would she be thinking about, her life, and

Jussey: Her life, oh, I think she would be deeply touched at maybe the loving and the tenderness that she had shown that little girl who we could predict was probably quite terrified, you know, and that she offered that loving to her and welcome to her, and that to see that little child now as an adult woman doing the same for other very hurt and wounded women. I think that Auntie Mary would be deeply touched by that, mmm.

²⁰ As well as exploring and acknowledging diverse effects of problems, narrative practitioners seek to make visible the ways in which people respond to problems (Wade, 1997; White, 2004c; Yuen, 2009; 2019). This is also territory that involves emotions/meaning/action together.

²¹ It was Penny White who introduced Michael White to this classical version of catharsis (see White, 1999).

²² I chose to focus on the expression of tears because tears are readily assumed to be an appropriate emotional expression within therapy. I could have, alternatively, offered an example of laughter in narrative therapy, but expressions of mirth or joy are not as privileged within a therapeutic milieu. Of course, sometimes tears and laughter go together, as the Aboriginal people of Port Augusta convey in their message 'Responding to so many losses: The special skills of the Port Augusta Aboriginal community':

Tears and Laughter – For us, tears and laughter go together. As well as sharing sorrow together, we also re-tell the funny stories from a person's life. It's important we don't forget these funny stories. We talk about the good times, we laugh, this makes us feel sad, and then we laugh again. Sometimes looking at a particular photograph might bring tears, another time a burst of laughter! For us, tears and laughter go together. There are many very funny stories. For instance ... when we asked one of our young ones if he could remember his grandfather's voice and what he used to say, this young one said: 'Yes, sure, I remember him.'

I remember him saying ... Can you shut up you bastard! It was very funny! Another time, we were coming back from a funeral on a bus and there was a lot of laughter as we hurried along. As the bus was going a little too fast one young guy yelled out: 'I don't think grandpa wants to see us again quite so soon ... we only just said goodbye to him!' There are many ways in which we grieve with tears and laughter. (Port Augusta Aboriginal Community, quoted in Denborough et al., 2006, p. 24)

Michael: Do you reckon she'd think that her life was for something?

Jussey: Oh, absolutely, yes.

Michael: Yeah, even though she got cut off from Chris?

Jussey: Even though the fence got built, yeah.

Michael: Yeah.

Chris: This is, oh dear, it's beautiful (teary).

Michael: What's beautiful Chris?

Chris: Oh, to think that I could do something to honour her.

Michael: Yeah.

Jussey: Mmm, mmm.

Chris: Oh wow!

Michael: Your sense is that she'd be, what, how would she be feeling towards Chris over the steps that Chris has taken?

Jussey: Um, well, probably quite tender I think, Michael.

Michael: Tender towards her?

Jussey: Yeah, delighted, overwhelmed, probably, know what I mean. Like, because like to see what Chris does with the women, and that these are all women who've been subject to horrific events, and to see the healing that Chris brings into their lives, and so I think Auntie Mary would be blown away by it all! [laughter]

Chris: I just never thought that I was even on the same planet as everyone – I didn't think I could do anything to say thank you [teary].

[Jussey passes Chris a tissue and also takes one for herself as they are both teary]

Michael: Yeah, yeah.

Jussey: What greater thing could you do for them?

Chris: Mmm. Yep.

Jussey: Do you want a tissue too, Michael? (laugh)

Michael: I wouldn't mind one actually. [Jussey passes Michael a tissue as he too is teary]. Mmm. I was thinking a lot about their sadness over the loss of their connection with Chris and what it would mean to them to know that that wasn't really lost, and that it was some of those gifts that were also now being expressed to other women in Chris's special way of doing that. So, that's what I was thinking about, yeah.

Chris: So that's where the gossamer threads [comforting skills] come from? Wow, I never knew.

...

Michael: Their images [the neighbours] will stay with me as well. I just have this image of their sadness of losing their connection with you and this image of, you know, their comforting skills and my sense of what you brought to their life, and what Jussey helped draw out. This will stay with me, it's very beautiful.

Chris: Mmm. (M. White, 2000b)

I include this example because here is an extract from a powerfully ‘emotional’ narrative therapy conversation in which all three participants (including professionals) are in tears and sharing tissues²³. This ‘emotional expression’ relates to an alternative storyline, a history that became visible in this conversation, a history that created a more ‘usable past’ (Wertsch, 2002, p. 45). Great care is taken about the real effects of the expression of emotion, what meaning is being made in relation to this expression, and what this action of expression and meaning-making makes possible.

As I mentioned earlier, far from ‘not dealing with emotion’, narrative therapy has rigorously challenged two pervasive ideas about emotion in therapy:

- that psychological problems are due to ‘repression’ of emotion(s) that therefore need to be ‘expressed’ or ‘discharged’
- that the therapist should not show any emotion themselves.

And narrative therapy has gone further in refusing to separate emotion from meaning or action, or from culture. Crucially, narrative practice also acknowledges that the way in which any therapy conceptualises emotion also shapes the relationships formed in the therapy room and beyond. As Michael White described:

an emotional expression is also a self-in-relationship forming activity as well ... so if we just focus on emotion we obscure the fact that this expression is shaping of something. (M. White, 2002)

If a therapy encourages or implores clients to express or discharge their emotions while the therapist is not to show any of theirs, this forms particular sorts of relationships (for more about the position of the therapist in narrative therapy see M. White, 1997)

Far from not dealing with emotion, every aspect of narrative practice is about emotion/meaning/action.

Hazards of ‘privileging’ emotion and a return to catharsis

The underlying thread of Neuro-Narrative work is emotion, a critical distinction from Narrative work, which has traditionally used Poststructuralist ideas as a foundational structure. *Emotion, emotion, emotion* has become my mantra; not surprisingly, emotion is considered to be the focal organizer of brain functions. (Zimmerman, 2018, p. xiv)²⁴

‘emotions should be privileged in this work’ (Zimmerman, 2018, p. 37)

As discussed above, there were many reasons why narrative therapy departed from the commonly held perspective of separating emotion from meaning. One of these was that in numerous therapies, the ‘re-experiencing’ and ‘expressing’ of emotions was seen as a necessary part of ‘healing’. This ties into a notion of catharsis that can (and does) contribute to retraumatisation.

Jeff Zimmerman, however, argues for a ‘privileging’ of emotion – implicitly and explicitly separating such emotion and/or affect from meaning – and speaks of the importance of inviting clients to ‘re-experience’ emotions associated with problems:

the client is asked to pick a time when the Problem has had the effect they were concerned about, and go through this experience in detail, reexperiencing the MOMENT all the way. (Zimmerman, 2018, p. 46)

²³ I have chosen to include this particular example because we are still in touch with both Chris and Jussey who have spoken about the long-term significance of this consultation.

²⁴ This quote is interesting because it echoes wider discussions in the social sciences.

Clare Hemmings (2005) described the ways in which social theorists Massumi and Sedgwick in heralding the ‘affective turn’ construct a critical history at the same time as they dismiss it. Positing affect as a ‘way out’ requires that poststructuralist epistemology have ignored embodiment, investment and emotion, and that the academic reader recognize their own prior complicity and current boredom with Theory’s straight-jacketing of thought As neither theorist can afford to acknowledge, there is a vast range of epistemological work that attends to emotional investments, political connectivity and the possibility of change. (Hemmings, 2005, p. 557)

There is a quality of reverie when clients are back in the MOMENT²⁵ – you can feel it happening in the room. (Zimmerman, 2018, p. 52)

once he was able to reexperience the affect associated with her death (Zimmerman, 2018, p. 23)

important distinction between reporting and reexperiencing (Zimmerman, 2018, p. 48)

This ‘privileging’ of emotion is influenced by Dan Siegel’s (2011) emphasis on the value of ‘emotional arousal’ in therapeutic engagements, with which a number of other narrative writers concur²⁶ (see Dunne, 2017).

Much of my work is with groups and communities who have experienced profound hardships, including abuse, war, imprisonment and torture (See Denborough, 2008, 2018). I know that narrative practitioners interested in neuroscience would share my concerns about retraumatising people (see Beaudoin & Zimmerman, 2011, p. 6; Zimmerman, 2018, p. 61); however, I believe that ‘privileging’ emotion and/or ‘emotional arousal’, separating emotion/affect from meaning, and inviting people to ‘re-experience’ problematic emotions or situations in the therapy room run a profound risk of returning people to the ‘site of trauma’, a risk that Michael White spoke about vividly and clearly:

First things first. There is no excuse for people to experience retraumatisation within the context of therapy. Distress yes, re-traumatisation no. I believe that the notion of healing practices based on the imperative of returning to the site of the abuse in order to re-experience this is a highly questionable notion, and, as well, dangerous. This notion is often justified by the theory of catharsis, and this is a theory that obscures the critical dimension of meaning. To simply encourage people to return to the site of trauma can reinforce for them the dominant meanings that inform the self-destructive expression of the experience of abuse. And, this can contribute to renewed trauma and it can incite renewed actions of self-abuse.

Of course, there are many other reasons to question this idea about the importance of returning to the site of trauma. At the time that these people were subject to abuse, they had no power, they had no choice – they were trapped. In response to such impossible and agonising circumstances, many developed rather fantastic mechanisms that enabled them to escape the abusive context – not materially, but to spirit themselves away in mind. Others used what little manoeuvring space that was available to them to create experiences of self-sustenance – and, in circumstances such as these, this is simply an extraordinary achievement. Now let me pose a question. In requiring people to return to the site of trauma, are we not reproducing conditions that are entrapping, that are dispossessing people of choice? And there are other questions that we could ask about this. In requiring people to return to the site of trauma, are we not also unwittingly reproducing our culture’s phobia about flight? Are we not being just too complicit with this culture’s imperative of ‘facing up’? And in this, complicity, are we not closing down the possibilities that might be available to people for the honouring of the special skills and the personal qualities that made it possible for them to navigate through the dark hours of their lives and into the present? (M. White, 1995a, p. 85)

Interestingly, in one of the first papers exploring the implications of neurobiology and narrative practice, Marie-Nathalie Beaudoin and Jeff Zimmerman (2011) concurred about the hazards of inviting people to re-experience traumatic memory, and drew on their readings of neuroscience as they did so:

Our brain’s memory is altered by each revisiting of an experience (Sousa, 2006). The memory of an event, for example, becomes infused with the various meanings, and moods, of each revisiting event (more intense moods having a greater effect than neutral ones). This implies that once the memory of an experience is retrieved in therapy, and discussed in meaningful ways, it automatically goes back into storage in an altered way (LeDoux, 2002), either stronger or weaker. *Stronger if the discussion reinforced the problematic experience and enriched it with unhelpful details, such as the process of reviewing a trauma, a practice strongly discouraged in narrative therapy* [emphasis

²⁵ John Winslade draws attention to how some ways of conceptualising ‘the present’ or ‘the moment’ privilege a particular view of time: ‘one in which the present is regarded as more real than the past or the future. I think this is questionable. I think narrative practice is actually in line with what Deleuze refers to as a reading of time as aion, not the more common chronos. In aion the past is still alive. It flows into and through the present.’ (J. Winslade, personal communication, January 21 2018)

To read more about this see Hedtke & Winslade, (2016).

²⁶ Pam Dunne (2017) is focusing on ‘emotional arousal’ in relation to ‘positive’ emotions. I return to this theme a little later.

added] (Beaudoin, 2005; Duvall & Béres, 2007; White, 1995a, 2007). Weaker if the re-authoring conversation allowed the client to examine the ‘problem highway’ in a way that linked alternative experiences with affective responses, and brought forth skills that were initially invisible in the original story. (Beaudoin & Zimmerman, 2011 p. 6)

Far from inviting people to ‘privilege’ emotion, separate emotion from meaning and ‘re-experience’ problematic emotions or situations, I am interested in diverse forms of narrative practice that create a sense of honouring, acknowledgment and/or communitas in relation to the real emotional, spiritual, physical, mental, intellectual and relational effects of the horrors people have endured; practices that honour people’s responses to hardship, that do not always require people to speak in the first person about such hardships (let alone re-experience them), and that elicit and richly describe local, personal, collective and cultural healing ways²⁷.

Affect-infused unique outcomes

Before going further, I want to express my interest in the writings by Marie-Nathalie Beaudoin and Jeff Zimmerman (2011) about what they call ‘affect-infused’ unique outcomes (p. 9) and the ways in which Marie-Nathalie Beaudoin (2017) is seeking to expand, uplift, encode and strengthen positive affect during, right after and between therapeutic conversations. These efforts to develop richer sensory experiences of unique outcomes and to ‘intensify the preferred self’ (Beaudoin, 2019) avoid the hazards of inviting people to re-experience problems and provide additional options for practitioners.

Escaping basic emotions theory

While considering emotion, narrative practice and neuroscience, there are two further themes to discuss. The first relates to what’s known as basic emotions theory. Social psychologist Margaret Wetherell (2012) has outlined a series of what she describes as ‘wrong turns’ within neuroscience-informed research on affect. One of these ‘wrong turns’ relates to the continuing influence of ‘basic emotions’ theory, which underpins the work of some neuroscientists (whose work is, in turn, being drawn on by narrative therapists):

Throughout the 1980s and 1990s, anthropologists and social psychologists, particularly social constructionist researchers, were finding in study after study huge variability and contingency in emotional lives, and in how people across the globe narrated and interpreted their physiological states. Psychologists and neuroscientists, on the other hand, typically dealt with only a small set of what were seen as universal and genetically determined ‘psychological primitives’. The basic emotions paradigm that dominated psychobiology of affect was a deep investment in the idea that emotion routines are programmed, that affect templates are innate residues of archaic parts, and that the ‘colour wheel of affect’ falls into relatively discrete patterns. (Wetherell, 2012, pp. 17–18)

Margaret Wetherell describes how ‘basic emotions’ thinking … still percolates throughout celebrated popular science accounts of emotion …’ (Wetherell, 2012, p. 17; see also Leys, 2011, p. 439). As a result, basic emotions thinking also percolates through the writings of some narrative practitioners who are engaging with neuroscience:

Panksepp’s model suggests the brain is guided by seven emotional systems: SEEKING, FEAR, RAGE, PANIC/GRIEF, LUST, CARE, and PLAY (Zimmerman, 2018, p. 39)

If narrative practice is to engage with neuroscience, how can we ensure we escape ‘basic emotions’ thinking?²⁹ Perhaps one way is to avoid separating emotion from story.

²⁷ For examples see Denborough (2008, 2018).

²⁸ There are many alternatives to basic emotions theory that fit well with narrative practice. Margaret Wetherell (2012) draws upon the work of Burkitt:

Following Gregory Bateson, Burkitt emphasises that an emotion, like anger or fear, is not an object inside the self, as basic emotions research assumes, but is a relation to others, a response to a situation and to the world. An emotion is above all a relational pattern and as such, I would say, is automatically distributed and located across the psychosocial field. (Wetherell, 2012, p. 24)

Weaving stories of emotion

Glenda Fredman, in her book *Transforming emotion* (2004) describes an approach of ‘weaving stories of emotion’ which:

involves inviting people to situate their feeling in a sequence of action (How did the feeling come about? When did it begin? How did it develop?) and in the context of interactions (Who else was involved? How did they respond? If I, or anyone else, was with you, what would you want us to notice about this feeling? What would you like us to do with this feeling?) (Fredman, 2004, p. 112)

Glenda Fredman’s approach also involves weaving threads of (bodily) experience, action and judgement to generate a richer, more textured ‘emotion story’:

Questions like, ‘How do you know you are feeling what you describe?’, ‘Who else would give it this name?’, ‘Where do you get your ideas about this emotion from?’, ‘How were you taught these ideas?’ and ‘Who shares your views?’, can bring forth layers of contexts like relationship, culture, family or gender, through which we can weave different threads of the emotion story. (Fredman, 2004, p. 114)

To me, this is entirely congruent with the longstanding narrative therapy tradition of not separating emotion from meaning or action. I believe this tradition means that narrative practitioners are in a unique position from which to engage with the affective turn.

Key points from Part 2: Getting emotional: Narrative therapy and emotion/meaning/action

- Narrative therapy is emotional!
- Narrative practice couples emotion with meaning, and refuses to separate them. It also refuses to separate emotion and meaning from action. In this way, emotion is also not separated from culture, politics and ethics.
- Narrative practice is also interested in the real effects of how ‘emotions’ are understood and practiced in particular times, places and cultures.
- Within narrative practice great care is taken about the real effects of the expression of emotion, what meaning is being made in relation to this expression, and what this action of expression and meaning-making makes possible.
- ‘Privileging’ emotion and/or ‘emotional arousal’, separating emotion/affect from meaning, and routinely inviting people to ‘re-experience’ problematic emotions or situations in the therapy room run the risk of returning people to the ‘site of trauma’ and consequent re-traumatisation.
- Rich possibilities for practice are found when we avoid separating emotion from story.

Breakthrough (for me at least!) #2: Coming across fantastic feminist writings about the affective turn *including Ruth Leys, Ann Cvetkovich, Margaret Wetherell, Clare Hemmings and Deborah Gould . . .*

Part 3: Engaging with the affective turn

I agree wholeheartedly with Jeff Zimmerman (2018, p. 182) that Michael White was particularly skilled in being attuned to affect in the therapy room. In this section, I wish to explore opportunities for the field of narrative practice that are associated with what's become known as the 'affective turn' – let me explain.

Over the last 20 years, a number of authors in the social sciences and humanities have begun to explore non-conscious affect and its relationship with conscious emotion. This movement, which also places an emphasis on bodily or embodied experience, is referred to as the affective turn³⁰.

As part of the affective turn, writers across various disciplines have become very interested in making distinctions between affect and emotion. Here is Deborah Gould's explanation:

I use the term *affect* to indicate nonconscious and unnamed, but nevertheless registered, experiences of bodily energy and intensity that arise in response to stimuli impinging on the body. *Registered* in that the organism senses the impingement and the bodily effects, but nonconscious in that this sensing is outside the individual's conscious awareness and is of intensities that are inchoate and as yet inarticulatable ... Where affect is unfixed, unstructured, and nonlinguistic, an emotion is one's personal expression of what one is feeling in a given moment. An expression that is structured by social convention, by culture. (Gould, 2010, pp. 26–27)

Why is this relevant to narrative practice? Well, I believe that narrative therapy can be understood as a form of 'affective practice' (Wetherell, 2012, p. 22) – a way of traversing affect to emotion in particular, careful ways. Here is Deborah Gould (2010) again:

The distinction here between *affect*, as bodily sensation that exceeds what is actualized through language or gesture, and an *emotion* or *emotions*, that which is actualized, can be illustrated through a discussion of one way we get from the one to the other. Affect is to the side of conscious thought rather than within it, but, as sensory intensity, it can stir an inchoate sense that we are experiencing something, a vague stirring that, if forceful enough, can induce efforts – more or less conscious – to figure out what we are feeling and how to express it. In that figuring, we necessarily draw from culturally available labels and meanings and from our habits and experiences, through which a gesture or linguistic naming that 'expresses' what we are feeling emerges. This 'expression' is never complete, never an exact representation of our affective experience ... it is better thought of as an approximation.

In this process of naming or approximately expressing what we are feeling, a transformation occurs, a reduction of an unstructured and unrepresentable affective state with all of its potential into an emotion or emotions whose qualities are conventionally known and fixed ... An emotion, in other words, squeezes a vague bodily intensity or sensation into the realm of cultural meanings and normativity, systems of signification that structure our very feelings. (Gould, 2010, p. 27)

There is a reason why I am drawing so extensively on the work of Deborah Gould. Her work engages with the politics of emotion (Staiger, Cvetkovich, & Reynolds, 2010) more than any other writer I have found who is engaging with affect. This is because Deborah Gould has a long history of engagement in ACT UP and Queer to the Left and is a founding member of the art/activist/research collaborative group Feel Tank Chicago. She is interested in how considerations of affect can assist in understanding social movements. Here, she writes about the consciousness-raising groups of women's liberation:

consider the 'emotion work' that occurred in women's consciousness-raising groups in the late 1960s and early 1970s. Feminists challenged individualized understandings of what many women were experiencing as an inchoate sense of things simply not being right – what many called depression – and pointed to the social origins of that feeling state, renaming it anger. That interpretive emotion work encouraged women to understand themselves and their situations

³⁰ Ann Cvetkovich explains it this way:

the affective turn has been signifying a body of scholarship inspired by Deleuzian theories of affect as force, intensity, or the capacity to move and be moved. Crucial to such inquiry is the distinction between affect and emotion, where the former signals precognitive sensory experience and relations to surroundings, and the latter cultural constructs and conscious processes that emerge from them, such as anger, fear, or joy. (Cvetkovich, 2012, p. 4)

in new ways and indeed to *feel* differently, to feel angry rather than depressed and self-questioning. The sentiments that many women had been feeling might best be understood as affective states that arose from the conditions of life in a male supremacist order, were attuned to the contradictions within that order, if only inchoately, and had the potential to reinscribe that order or inspire challenges to it. The context of the women's liberation movement helped direct that potential by naming a complex affective state as anger ... Movement contexts are important sites where amorphous affective states get translated into named emotions. (Gould, 2010, p. 34)

To my mind, therapy is another key site in which 'amorphous affective sites get translated into named emotions' (Gould, 2010, p. 34). One way of conceptualising narrative therapy is to see it as involving a weaving between acknowledging affect and drawing it into emotion/meaning. As I mentioned earlier, I agree with Jeff Zimmerman (2018, p. 182) that Michael White was attuned to affect and took great care in how this became named in language (transformed to emotion).

While some ways in which people are describing affect seem antithetical to narrative practice (and more in sync with psychodynamic notions of the unconscious³¹), others that emphasise affect as not unconscious³² but rather nonconscious, not irrational but non-rational, provide encouragement to narrative practitioners to take extra care in negotiating meaning and naming experience. Encouragements that I draw from the affective turn include:

- to never rest with only one 'emotion' named, but instead to richly explore multiple (possibly contradictory) effects of any particular experience
- to be aware of how any naming of emotion is perhaps also a closing down of other possible namings that might have value at other times

³¹ If you want to read more about the different ways in which particular social theorists are conceptualising affect, I highly recommend the paper by Ruth Leys (2011). Leys locates the ways in which some affect theorists are seeking to separate affects from cognition or meaning in a historical context in ways that I find most helpful:

Here a historical perspective is useful. The anti-intentionalism so pervasive today in affect theory has a genealogy that for our purposes can be traced back to developments in the psychological sciences beginning in the early 1960s. At that time two very different scientific approaches to the emotions were simultaneously proposed. One approach, associated with a famous (if problematic) experiment by Stanley Schachter and J. Singer, published in 1962, claimed to demonstrate that affect and cognition are indissociable. A rival approach, also first published in 1962, was associated with the work of Tomkins, who argued that the affects and cognition constituted two entirely separate systems and that accordingly the emotions should be theorized in anti-intentionalist terms. At first Schachter-Singer's "cognitive" model prevailed. But, for various reasons that have yet to be adequately evaluated, over time Tomkins's approach displaced the cognitive model with the result that by the 1990s his had become the main-stream position. What we are witnessing today is the embrace by the new affect theorists in the humanities and social sciences of the same anti-intentionalism that for more than twenty years now has been entrenched in the sciences of affect. (Leys, 2011, p. 469)

To my mind, narrative practitioners have always been aligned with the intentionalist paradigm re emotions that does not make the error of separating affect from meaning.

The present situation therefore offers to the historian and critic the engrossing phenomenon of an ongoing clash between competing ways of thinking about the emotions. What is especially striking is that scientific researchers who have been formed by and trained in Ekman's presuppositions and research methods are expressing doubts about the anti-intentionalist paradigm. But as powerful and even intellectually decisive as these scientists' objections may be, it will not be simple or easy for them to overthrow the anti-intentionalist paradigm. The latter's solidarity with evolutionary theories of the mind; the agreement between its assumptions about the independence of the affect system and cognition and contemporary presuppositions about the modularity and encapsulation of brain functions; the congruence between its image-based approach to the emotions and neuroimaging techniques; the convenience of Ekman's methods, based on the use of standardized posed photographs of expression as test stimuli, in facilitating research – all these and other factors help explain why the Tomkins-Ekman approach remains firmly entrenched in contemporary neuroscientific work on the emotions. How long this strange state of affairs will prevail is an open question. (Leys, 2011, p.471)

³² John Winslade drew my attention to the ways in which the work of Deleuze and Guattari is sometimes misread:

'Deleuze and Guattari heavily critiqued psychoanalysis for its pathologising aspects, targeting its emphasis on emotions as 'lack' (in Deleuze & Guattari, 2004). They argued for desire as foundational, disconnected it from an exclusive emphasis on sexuality on the one hand and from lack on the other, saying that desire was the impetus of life to continually produce difference and to do so rhizomatically. Such difference was always political. All of which goes to suggest that there is at times a profound misreading of Deleuze. He argued that affect was something all ontological beings experienced (including rocks) which makes it quite different from the notion of the unconscious within psychoanalytic tradition. (Winslade, personal communication, 21 January 2018)

And most significantly,

- to ensure we are making room for experiences to be named in ways that are outside normative culture, so that our affective practice is actually expanding culture rather than requiring acquiescence to it. This, of course, is part of the narrative practice tradition of never relying on existing terminology but instead ‘exoticising the domestic’³³ (M. White, 2004a, pp. vi–vii) so that people can name their experiences in their own words and terms.

A vivid example of such careful, non-normative affective practice is illustrated in David Newman’s collaborations with young people in Uspace, an inpatient youth mental health service in Sydney³⁴ (Newman, 2008, 2015, 2016a, 2016b). If ever there is a context in which the naming of experience requires exquisite care to avoid replicating normativity, inpatient mental health services are probably it.

David Newman and the young people are in a continual collaborative process of creating a living ‘dictionary of obscure experiences’ (Newman, 2019). Its introduction reads:

Sometimes we have experiences that are hard to find words for, that are unique, complex or obscure. Below we have started a dictionary for such experiences. This dictionary is a way to bring forward these experiences, and even find unique words for them. There might be many reasons for why this is important to do and the following comments offer some:

‘When I go to a really professional doctor and they can’t find anything wrong I’d feel really yucky, like what I’m feeling doesn’t exist. If I could label this experience, then it gives me permission to feel what I’m feeling when it happens again. It will still be there and it will still feel like crap. However, it makes it easier to go back to my life’.

‘I can feel silly or crazy for having these experiences. It’s good to hear other people experience something similar. I can then see it as normal and that I’m not a weird alien.’

Here I will include the four entries in this ever expanding dictionary (as at the time of writing this article) that start with the letter D:



Dali's death sentence:

Loss or distortion of time due to depression.

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Density: When anxiety shrinks your world to the point where even the most mundane things are terrifying.

Diagnestiny (Ref: ‘diagnosis destiny’): Those moments when diagnosis becomes destiny.

Drooping: A heaviness in your head when nothing’s happened. It often begins in the morning so you don’t even have the option of starting your day on a good note.

³³ Michael White (2004a, pp. vi–vii) drew on this concept of Pierre Bourdieu’s.

³⁴ For more information about David Newman’s work see: www.sydneyNarrativeTherapy.com.au

Initiatives like David Newman's dictionary of obscure experiences are a continuation of a narrative practice tradition of traversing affect to emotion in particular, careful, non-linear ways³⁵ that:

- sponsor diversity not conformity
- do not seek to fix affect into singular emotion
- do not rely on existing global terminology for emotional experiences.

In this way, I think narrative therapy can be understood as a form of 'affective practice'³⁶ seeking to traverse 'the body, the discursive, social contexts, histories, personal stories and affect's movement' (Wetherell, 2012, p. 26).

It's my hope that such a conceptualisation can provide a way for narrative practice to engage with non-conscious affect while still prioritising 'conscious purpose and intention, considered choice, cherished beliefs, personal values, nourished wishes, and preferred hopes' (White, 2000c, pp. 14–15).

Politicising emotion

There is another possibility that opens for the field of narrative practice when we acknowledge the ways that narrative therapy has always engaged with emotion (not separating emotion from meaning and from action). This relates to the possibility of joining with political emotion³⁷ projects!

Breakthrough (for me at least!) #3: I feel really good about public feelings projects!

Here are possible new friends for us as narrative practitioners to play with ...

³⁵ The ways in which Michael White worked with children can be read as assisting them to bring into language the ways they were struggling with unnamed affective experience. For instance, when Richard, a boy of seven years of age, came with his mother, Jane, to consult with Michael, he was generally fearful, quite frail, considered to be 'school phobic', and was suffering from a condition that was believed to be 'psychosomatic'. He was also experiencing persistent insomnia. It was only after Michael invited Richard to paint 'the fears' that were taking away his sleep, and then engaged in externalising conversations about them, that Richard devised a plan to 'educate them' (which involved the creative use of a box) and went on to become the President of the 'Fear Busters and Monster Tamers Society of Australia and New Zealand' (see White, 2006). To my mind, this is an example of skilled affective narrative practice.

³⁶ I have drawn the term 'affective practice' from Margaret Wetherell, who in turn borrows from Valerie Walkerdine's work on 'affective communities' (Wetherell, 2012, p. 23) Interestingly, conceptualising narrative practice as an 'affective practice' is perhaps in accord with what Marie-Nathalie Beaudoin and Jeff Zimmerman (2011) described in a paper they wrote together some years ago:

'We have begun to consider the usefulness of thinking about the process of deconstruction as the linking up of implicit affect (affect as it has been absorbed from our experiences without us necessarily having had conscious awareness that we are doing so), to the explicit or factual, personal or cultural knowledges we might have about our lives.' (Beaudoin & Zimmerman, 2011, p. 5)

³⁷ In refusing to separate emotion from politics, narrative practice has a long history of drawing on feminist considerations (see C. White, 2016). This, for instance, is what shapes Michael White's (2001) questions in relation to Larry's 'anger':

Imelda and Eric decided to seek further consultation following a recent crisis. In a 'fit of anger' Larry [their 13 year old son] had held a knife to his mother's throat. This was the 'last straw' for Imelda. In response, she packed her bags and left the family home, vowing never to go back. She stayed with a cousin for a couple of days, and then returned, stating that she would give things one last try. Consulting me was part of the terms of this one last try. In the early part of my consultation with this family I heard about how angry Larry gets towards his mother, and I learn that it is not at all unusual for him to threaten her at these times. In response to this I seek information about the specificity of his actions when angry:

M: Okay, so I am hearing about how angry you get towards your mother. I'm curious.
Do you ever get this angry towards your father?

Larry: Yeah.

M: Would you say more angry, less angry, or about the same?

Larry: Same.

M: So, have you ever held a knife to your father's throat?

Eric: [shakes his head]

Larry: No.

M: Would you ever consider it?

Larry: No

Eric: [shakes his head]

Refusing to separate emotion from meaning and action can enable exciting collaborations between narrative practitioners and those who are seeking to politicise emotion, such as queer activists and others involved in ‘public feelings’ projects. Among other activities, public feelings projects like Feel Tank are organising around the concept of ‘political depression’:

The concept of political depression is not, it should be emphasized, meant to be wholly depressing; indeed, Feel Tank has operated with the camp humor one might expect from a group of seasoned queer activists, organizing an International Day of the Politically Depressed in which participants were invited to show up in their bathrobes to indicate their fatigue with traditional forms of protest and distributing T-shirts and refrigerator magnets carrying the slogan ‘Depressed? It Might Be Political!’ The goal is to depathologize negative feelings so that they can be seen as a possible resource for political action rather than as its antithesis. (Cvetkovich, 2012, p. 2)

These public feelings projects are a site of resistance to the current happiness/positivity trend in Western psychology in that they depathologise negative feelings such as shame, failure, melancholy, and depression and rethink categories such as utopia, hope, and happiness as ‘entwined with and even enhanced by forms of negative feeling’ (Cvetkovich, 2012, p. 5).

In doing so, options for different action then become possible, as First Nations poet Billy-Ray Belcourt describes in their book of poetry, *This wound is a world*:

In *The Alphabet of Feeling Bad*, Cvetkovich and Karin Michalski ask: ‘Is it possible to share the feeling of being lonely or alone as a way to make new forms of collectivity?’ This *Wound is a World* insists that it is. It insists that loneliness is endemic to the affective life of settler colonialism, but that it is also an affective commons of sorts that demonstrates that there is something about this world that isn’t quite right, that loneliness in fact evinces a new world on the horizon. (Belcourt, 2018, p. 59)

I think it’s worth considering how Ann Cvetkovich (2012) and others are seeking to politicise depression:

Public Feelings takes up depression as a keyword in order to describe … *how capitalism feels* … [in order to understand] culture as a ‘way of life’ and ‘a structure of feeling’ … The richer accounts of the ordinary sought by the Public Feelings projects are also new ways of providing the more systemic accounts of power that have been central to cultural studies. Depression, or alternative accounts of what gets called depression, is thus a way to describe neoliberalism and globalization, or the current state of political economy, in affective terms. (Cvetkovich, 2012. p. 11)

One of the aims of the public feelings projects is to try to make connections between personal and collective despair:

The obscurity of the connections between our own despair and the collective despair that is present in the places where we live adds to our confusion and (political) depression. (Cvetkovich, 2012, p. 81)

And so Ann Cvetkovich and others are seeking particular forms of testimony:

I’ve been looking for forms of testimony that can mediate between the personal and the social, that can explain why we live in a culture whose violence takes the form of systematically making us feel bad. Ideally, I’d like those forms of testimony to offer some clues about how to survive those conditions and even to change them, but I’d also settle for a compelling description, one that doesn’t reduce lived experience to a list of symptoms and one that provides a forum for feelings that, despite a widespread therapeutic culture, still haven’t gone public enough. (Cvetkovich, 2012, p. 15)

To my mind, narrative therapy and collective narrative practice are perfectly located to respond to these calls from public feelings projects. We can use narrative therapy and collective narrative practices to create and engage in an affective commons to sustain lives and counter-cultural action.

Testimonies that mediate between the personal and the social

To illustrate this, I wish to include a recent example of a collective narrative practice document that acts as a form ‘of testimony that can mediate between the personal and the social’ (Cvetkovich, 2012, p. 15). It is a collective testimony from people who have come to Australia as refugees about the ways they are ‘surviving the ocean of depression’.

It was developed as an initiative of Abdul Ghaffar Stanikzai, a doctor and human rights activist from Afghanistan who now lives in Adelaide (as he and his family were granted refugee status here). While working as an interpreter, Abdul Ghaffar Stanikzai met refugees who were residing in psychiatric wards after attempting to end their lives. After escaping violence in their homelands, and then enduring the violence and degradation of the Australian immigration detention regime, these men and women were now residing in the Australian community but their will to live was tenuous.

In the hope of offering something to those in despair, Dr Stanikzai proceeded to interview other asylum seekers and refugees who had also had to endure the ocean of depression and had taken steps to make new lives in this land. Together, he and I then created a collective testimony that is now available as an audio resource in Arabic, Dari, Farsi, Nepali and Pashto (See: dulwichcentre.com.au/surviving-the-ocean-of-depression/)

The testimony includes a number of themes, each illustrated with stories. I will include an extract here:

Surviving the ocean of depression

Country means to us like mother. If you leave your country, it is like leaving your mother, so there is always a vital reason behind that. We left our country based on a life-threatening situation. We were searching and asking for protection. We were chasing peace.

... Some of us came as refugees by plane. Some of us came as asylum seekers by boat. Some of us lived despairing in detention for years before we had a chance to start to make a life in the community ...

All of us wish to be active members of the Australian society in every aspect from work, social life and in making peace. But we have known times of great sorrow, worry, sadness ...

We have had times when we have lost hope – times when it has seemed too difficult to go on with life. Some of us have nearly drowned in the ocean of depression. Some of us have nearly been overcome by thoughts of ending our lives ... We want to share with you some of the ways we have survived despair, or depression, or worry ... If you are drowning, we hope our words reach out to you ...

Life studies

I thought that when I was in Australia, I would learn to speak English in six months and then finally start university. But life is not so simple. When I got here I learnt I would have to go back to high school and that this would take three more years. It was like going back to zero ... Negative things like this can get you down. They can steal your confidence. They can bring disappointment and make you think of yesterday. It is easy to become withdrawn. And so hard to leave the house. Then I realised that at high school I would not only be doing secondary studies (which I had completed in Iran), I would also be doing life studies. I would be learning about life and perhaps what I learnt could also help others. This has now come true.

The most important thing I have learnt through these life studies is patience. There is a saying in our culture, 'you cannot travel 1000 miles in a single night'. This is a helpful phrase.

I have also learnt the importance of having more than one goal. As well as having your main hope, have another one, a smaller one, at the same time. This will mean that after every failure there remains a hope of success. Not everyone can be a doctor, dentist or engineer. Doctors and dentists need patients, and sometimes the patients' jobs are just as important or even more important. Every engineer needs labourers to make the buildings. Society needs all of us together.

These two learnings from my life studies, about patience and about always having more than one goal, are ways of surviving when you are making a new life.

Tears and screaming

For me, tears are the only solution. Peace visits only after tears. For some of us mothers, screaming brings relief. When times are hard in my family, I start talking very quickly and loudly and then I scream in front of my husband, I tell him I won't listen to him. And then before too long I am laughing. Screaming and then laughing makes a difference, although my daughter finds this very strange ...

There are other things that help too ...

[Other themes not included here involve 'Bringing a smile to the face of others', 'Water can bring you fresh ideas', 'Taking refuge in the past', 'My friend's smile', 'Remembering and learning from my ancestors', 'Eating' and 'After each darkness there is light']

These are some of the ideas and skills that are helping us to survive the ocean of depression. We left our countries based on a life-threatening situation. We were searching and asking for protection. We were chasing peace.

We know about the ocean of depression and the ocean of worry. We know of great sadness.

After each darkness there is light.

After each night there is day.

If you are drowning, we hope our stories reach out to you.

We are waiting to meet you. (Stanikzai, Denborough, & Byrne, 2018)

The creation of this collective testimony and its circulation has been a particular form of public feelings project. It has sought to create a bridge between the intense personal and isolating experience of asylum seekers/refugees in psychiatric settings and others who have also experienced such an 'ocean of depression'. It seeks to honour and share not only despair but also insider knowledge and diverse skills and traditions of endurance and survival. In doing so, it seeks to use story to assist the listener to reconnect with their own survival skills.

At the same time, by circulating this testimony to a wider audience (including to you, the reader), we seek to make public the multi-textured hopes, commitments, sorrows and contributions of those who are 'chasing peace'. Hopefully, this provides a counter-story to the dishonouring accounts of the lives of asylum seekers that are routinely broadcast in Australia at this time in service of border imperialism (Walia, 2013).

I have included this testimony here because far from narrative therapy not engaging with emotion, narrative therapy is always engaging, and has always engaged, with emotions/meaning/action. In fact, at this time of the affective turn, I believe the field of narrative practice, as a form of poststructuralist practice, is a perfect site to bring together poststructuralist and discursive considerations and realms of affect and emotion. David Newman's dictionary of obscure experiences and the collective testimonies that can accompany public feelings projects to politicise emotions are just two examples of diverse forms of affective narrative practice.

Key points from Part 3: Engaging with the affective turn

- Over the last 20 years, a number of authors in the social sciences and humanities have begun to explore non-conscious affect and its relationship with conscious emotion. This movement, which also places an emphasis on bodily or embodied experience, has been called the affective turn.
- Narrative practice can be understood as an affective practice – a process by which non-conscious affect is drawn into emotion through careful naming and meaning-making.
- This way of understanding narrative practice provides encouragement for practitioners to never rest with only one ‘emotion’ named, but instead to richly explore multiple (possibly contradictory) effects of any particular experience; to be aware of how any naming of emotion is perhaps also a closing down of other possible namings that might have value at other times; and to ensure we are making room for experiences to be named in ways that are outside normative culture.
- This way of understanding enables narrative practitioners to consider and engage with non-conscious affect while still prioritising conscious purpose and intention.
- By refusing to separate emotion/meaning/action narrative practitioners are aligned with the work of feminist social theorists who see emotional/affective states like ‘depression’ as both personal and social/political.
- Recognising this can enable narrative practitioners, like those involved in Public Feelings projects, to seek ways of mediating between the personal and the social/political.
- Narrative methods such as the dictionary of obscure experiences and multi-storied collective testimonies can be understood as two forms of affective narrative practice.

There is one further question I now wish to respond to: how does narrative therapy engage with the body, somatic experience and embodied experience?

Breakthrough (for me at least!) #4: There's a long (untold) history of embodied narrative practice!

Part 4: Narrative therapy and the body

One of the reasons that some narrative practitioners are drawn to neuroscience relates to an interest in embodiment:

For my part, I am fascinated by embodiment, and think it's extraordinary to have a sense of what happens in the brain and body under externalizing language (Marie-Nathalie Beaudoin, personal communication, 7th June, 2019).

I share Marie-Nathalie's interest in these realms. In this section, in the hope of contributing to discussions about narrative practice and embodiment, I take a look at the long history of narrative therapy engagements with the body. Interestingly, one of the primary contexts in which narrative therapy initially developed was with children and young people who were struggling with bedwetting, encopresis, what's known as 'conversion disorder' (in which children were displaying blindness, paralysis or other physical symptoms that could not be explained medically), anorexia and life-threatening, chronic and often disabling asthma (Epston, 1999).

There are a multitude of ways in which narrative therapy engages with embodied experience. I have already mentioned how narrative practitioners respond to the physical expression of tears – by not separating emotion, meaning and action³⁹. Just as narrative therapy refuses to split emotion from meaning and action, narrative practices engage with the body in numerous ways that do not further a mind/body split⁴⁰.

To demonstrate this, I have turned back to the writings of Michael White to explore the multiple ways in which his work engaged with the body. I have included below six different ways in which narrative therapy engages with bodily experience, and have included direct quotations of questions to illustrate these. I am sure there are many others and I would welcome hearing from you if you have additional ideas.

1. Externalising conversations include considerations of the ways the problem is affecting how people are treating and relating to their bodies

In relation to self-hate:

What is this self-hate talking you into about yourself?

What seeds is it planting in your mind about who you are? How does it have you treating your own body?

Does it invite you to nurture your body, or does it require you to reject your body?

Does it have you treating your body with compassion, or does it encourage you to take a hierarchical and disciplinary approach to your body? (M. White, 2004b, p. 125).

³⁹ The sorts of questions Michael was asking are similar to those posed by Ogden (quoted in Zimmerman, 2018)

'what does that feeling in your body want you to do? What conclusions is it encouraging? If the tension could talk, what might it be telling you? Why don't you ask your body how the tension wants you to move, pull in, push out, or push away? What image comes up when you picture this?' (Zimmerman, 2018, p. 92)

⁴⁰ For those interested in theory, it's worth considering how the idea that poststructuralist narrative practice does not engage with the body echoes a much wider discussion across disciplines in which certain cultural theorists have made a case that poststructuralist and discourse thinkers have ignored the body. Ruth Leys (2011) points out an irony in this situation in that the very cultural theorists who are currently privileging the body over the mind are doing so in ways that sometimes promote a continuation of a mind/body split:

[Massumi] comes across as a materialist who invariably privileges the 'body' and its affects over the 'mind' in straightforwardly dualist terms, forgetting that . . . the 'body' is not a pure state of being but rather a pragmatic classification of the operations of 'pure experience.' Just as the 'mind' is. (Leys, 2011, p. 468)

There are, however, other ways of understanding embodied experience that do not further the mind/body split. For instance, William James's notion:

in practical life no urgent need has yet arisen for deciding whether to treat them [affectional experiences] as rigorously mental or as rigorously physical facts. So they remain equivocal; and, as the world goes, their equivocality is one of their great conveniences. (Cited in Leys, 2011, p. 468, note 61)

I believe that narrative therapy works with this equivocality in ways that don't separate bodily experience from meaning.

When we were talking about how the self-hate had your treating your own body, you said that it required you to cut. I wanted to know what this was about, and you said that it was partly about disciplining your body. So my question is, what's this like for you? (M. White, 2007, p. 47)

2. Exploring how unique outcomes have influenced relationships to one's body

The following questions are drawn from the long history of narrative therapy in relation to anorexia:

How has this step in the reclaiming of yourself changed your attitude to your body?

Do you think this has undermined the claims on your body that others have made in the past? (M. White & Epston, 1990, p. 158)

Significantly, this second question also places the relationship with the body in the context of power relations.

3. Exploring how specifications of gender recruit people to act in relation to their bodies

The following questions relate to the influence of particular dominant conceptions of masculinity:

What sort of operations on your life, on your body, and on your soul does/did this way of thinking and this way of living require you to engage in? How do/did these ways of thinking and living have you relating to yourself? How do /did they shape your life? (M. White, 1992, p. 50)

4. As part of generating an experience-near characterisation of the problem, sometimes this is associated with a particular part of the body

The following extract is from a chapter entitled 'Externalizing and responsibility' (M. White, 2011b). It describes an externalising conversation with a young man who has been violent to his younger siblings, who was assaulting his mother and had attempted to assault his father. The acts of violence have been named as 'the hurting'. In assisting the young man to take a position in relation to 'the hurting', Michael includes considerations of the body. The young man's mother was also present.

At another point in the conversation, I ask him a little bit about how this 'hurting' affects how he feels, because I can see his mother's crying. So I ask, 'Well, how does it have you feeling? Does it make you sad?' He's not sure. We talk a bit more, and he says that it does make him sad. I ask, 'Well, does this show itself like it shows itself in your mother? Like with tears, or in a different way?' He says, 'Different way.' And I ask, 'Well, I can see where it is in her body; where is it in your body? Is it here, or there, or there? Where is it?' He chooses the heart out of a range of choices. Then I ask, 'What's it like when you're feeling that sadness in your heart?' and he says, 'I feel all alone at this time.' Now, he's never given voice to these understandings about life; this is entirely new. So, once again, this is an achievement: he's linking these acts of violence to 'hurting,' to sadness, to where that touches him in his body, to being all alone in life—and these are all new developments. (M. White, 2011b, p. 120)

5. Attending to embodied expressions in the therapy room

Sometimes, noticing and attending to embodied expressions in the therapy room is significant. In this story of practice, Michael first of all engages with a young man's shrugs and nods (bodily expressions) when no spoken word expressions were being offered, and then acknowledges the significance of a solitary tear.

This opened the door for our work together to become more collaborative. 'Daniel, what is it like for you to be talked into such negative things about yourself?' This time Daniel was shrugless in his response. He glanced at his parents, and, taking this as a cue, I asked them: 'What do you think it is like for Daniel to be talked into such negative ideas about who he is?' In response, Tom said, 'I guess that it makes him lonely – and miserable too'. 'I reckon that he is secretly sad about this', said Lucy, 'because I am sure that the wet patches that I sometimes see on his pillow in the mornings are from tears'. I looked at Daniel, wondering whether or not he would confirm this. Suddenly I saw a tear surfacing in the corner of his eye. We all saw it. Daniel turned his head aside, his tear evaporators working overtime. When he looked back the tear had vanished. But things were never the same after this tear. There was a way forward. The existence of this tear was a signal that Daniel had taken a position on the trouble that everyone

else had taken a position on. Now, for what seemed like the first time, there was an opportunity for the members of this family to be joined together, with me, in their efforts to break their lives from what had become such a terrible predicament. (M. White, 2004b, p. 123)

6. Assisting people to bypass mind/body impasses

In their early work with children, Michael White and David Epston described numerous ways of bypassing the mind/body impasse (See M. White & Epston, 1997). Sometimes this involved moving between embodied experience to meaning in ways that honoured what people (including their bodies) gave value to:

Martin, age 8, and his parents consulted me about his fearfulness. This fearfulness had been a feature of Martin's life since he was 4, and it was becoming increasingly pervasive in its effects. It was associated with negative physical phenomena, including headaches and stomachaches, with profound insecurity in social contexts, with insomnia, and with a range of highly preoccupying worries. Martin's parents hadn't left a stone unturned in their effort to get to the bottom of this. However, all of their investigations had been to no avail, and they now risked concluding that he was simply a fearful boy.

We were quickly underway with an externalizing conversation, and for the first time Martin openly characterized his worries. I encouraged him to name each of these worries and to clearly distinguish them from one another, to graphically describe them, to develop an expose of their activities and operations, to provide an account of the consequences of those activities and operations, and to reach some conclusions about what this all said about what these worries had planned for his life. In this way the externalizing conversations rendered the intangible tangible; boundaries or borders were assigned to a problem that had previously had an all-encompassing presence in Martin's life. As we were all becoming more familiar with the nature of these worries, I found the opportunity to inquire about the forces that might be supportive of these worries. As the worries were now richly characterized, Martin had little difficulty in relating them to the context of his life. I learned from him that these worries were powerfully supported by global events, including the 2004 tsunami, the AIDS epidemic in Africa, the war in Iraq and Afghanistan, and suicide bombings in the Middle East. How had he come to be so well informed about these events? Unbeknownst to his parents, he regularly watched news of world events on television.

Martin now found himself in a conversation with his parents that validated his worries. These worries were no longer considered irrational. Not only did Martin now feel joined in his worries, but he also experienced an honoring of what he attributed value to in life, and felt his parents' pride in him over this. He was now not simply a fearful boy in their eyes, and their joining with him in conversations about these concerns and in making plans for addressing them was deeply relieving to Martin. The negative physical consequences of these worries quickly resolved, as did his insomnia and much of his insecurity, and although he remained highly concerned about world events, this concern was no longer in the category of preoccupation that made it impossible for him to proceed with his life. If, in the context of therapy, these worries had been construed in totally negative terms, Martin and his family might never have addressed his concerns in this way. (M. White, 2007, pp. 36–38)

This story of practice seems really significant to me. Through an honouring of embodied experience and an exploration of its meaning, what was previously being understood as irrational was not irrational. The mind/body impasse was bypassed.

Linking emotional postures, physical postures and story

Many others have written about narrative practice and embodied experience in ways that avoid a mind/body split. For instance, James Griffith and Melissa Elliot Griffith in relation to therapeutic dialogues for mind-body problems (1994); Yael Gershoni, Saviona Cramer and Tali Gogol-Ostrowsky (2008) in relation to sex therapy; Laurel Phillips (2017) in relation to chronic pain; Sue Mann (2004) in relation to sexual abuse; Carla Rice and colleagues (2005) in relation to diverse bodies and disability; Kaethe Weingarten (2001) in relation to illness narratives and Eleni Karageorgiou (2016) in relation to incorporating the body into narrative practice. The work of bigender, non-binary and transgender authors (Benestad, 2016; Sawyer, 2013) has also been influential⁴¹.

⁴¹ See the section 'Transgender experience and possibilities for practice' featuring articles by Jodi Aman, Julie Tilsen, David Nylund, Lorraine Grieves, Aya Okumura and Esben Esther Pirelli Benestad in the *International Journal of Narrative Therapy and Community Work* 2007 #3. Also significant to me is the writing of Joan Nestle (2003) in which she describes the ways in which as a lesbian pre-Stonewall, she realised that 'my body needed its own history' (p.64) and so she went about creating one.

In addition, I've particularly appreciated reading the work of Glenda Fredman (2004). Drawing on James Griffith and Melissa Elliott Griffith's (1994) notion of 'emotional postures' that involve our body's readiness to respond and focus our attention towards others and ourselves in different ways (Fredman, 2004, p. 77). Glenda Fredman explores ways of linking emotional postures, physical postures and story. For example, when Gavin associated his experience of depression with a particular physical posture, Glenda asked him the following question:

When have you felt this way before in your body? If you turn through the pages of your life, as if it were a book of your life story, what parts of your life are most connected with this body posture? (Fredman, 2004, p. 73)

Through re-authoring conversations, an alternative preferred posture was also identified, which came to be named 'Holding your head up':

Glenda: Holding your head up, mmm, so if we start leafing through your life story again. When did you have this feeling, how you are feeling in your body now, of holding your head up? (Fredman, 2004, p. 75)

This, it seems to me, is another way of working that refuses to separate bodies from meaning and from action⁴².

There is indeed much to be fascinated about in relation to embodiment and narrative practice. Before discussing some further examples of embodied narrative practice, there are a few things to consider when paying attention to the body.

A few things to be mindful of

In this particular cultural moment, the turn to neuroscience and the affective turn are also intertwined with an interest in mindfulness. Some narrative practitioners are now not only incorporating mindfulness within their practice (Marlowe, 2017) but, due to their own profoundly positive personal experience with meditation/mindfulness, believe it is unethical not to recommend it to their clients (Zimmerman, 2018, p. 25).

While I am extremely interested in diverse meditative practices⁴³ (more on this later), this raises a number of questions for me. First, mindfulness is linked to Buddhist traditions of mind training (see Percy, 2008). If practitioners have a very positive personal experience of a particular version of Christian meditative tradition or Islamic meditative tradition or Jewish meditative tradition or Hindu meditative tradition (such as yoga) or Indigenous meditative tradition or secular meditative tradition⁴⁴, would they feel similarly compelled in this cultural moment to recommend it to every person who consults them? Second, my childhood experiences of life-threatening asthma, in which there was enough focus on my breath for this lifetime, mean that I do not relate at all well to the predominant forms of mindfulness currently circulating as part of Western therapeutic culture⁴⁵. In no way do I wish to diminish the significance that mindfulness, meditation or focus on the breath may have for others. In fact, that is precisely my point, what is life-diminishing for me might just be life-saving for someone else. But isn't this the very reason that narrative practice seeks to stand apart from professionals recommending healing ways to others?

⁴² Glenda Fredman describes this in a slightly different way:

Since certain bodily experiences prime us for particular actions, our bodily sensations are inevitably connected with our display, how we do or show the feeling. Our judgements are also inextricably woven with the ways we 'do' emotion since our judgements inform how we show our feelings and the meanings and values we give to those actions. (Fredman, 2004, p. 76)

⁴³ I'd like to acknowledge the conversations I have shared with Graham Williams, Founder and Director of Lifeflow Meditation Centre, about diverse meditative practices and the complexities of transferring practices across cultures and contexts.

⁴⁴ John Winslade drew my attention to forms of meditation that Michel Foucault explored and documented, which instead of seeking to empty the mind sought to fill it with particular thoughts. For instance, meditations on death intended to sharpen the experience of life:

'In his 1981–1982 course at the College de France, Foucault devoted detailed descriptions to those ancient 'exercises of thought' known as *praemeditatio malorum*, meditation on future evils, and *melete thanatou*, meditation on or exercise for death. He interpreted the latter as 'a way of rendering death present in life,' an exercise by which the sage effects spiritual transformation' (Davidson, 2005, p.140)

⁴⁵ Of course, there are diverse meditation/mindfulness options, it's just that breath-focused options are overwhelmingly predominant at this time.

I certainly think there are congruent ways of bringing together meditative practices and narrative practice. For instance, it's possible to explore any moments in a person's life in which they have experienced a sense of freedom from the effects of particular thoughts, and we can use narrative practice to unpack and richly describe such moments or sensory experiences, what makes them possible and ways of fostering further such experiences. It's also possible to learn about, and richly explore, any meditative practices and/or traditions that the person is connected to. There are diverse meditative practices associated with all spiritual and religious traditions, as well as within the arts, with sports and physical quests, with engagements in nature and so on. Embodied experiences in any of these meditative realms can be honoured, drawn on and richly described through engagement with narrative practices.

There is also much to learn from narrative practitioners who are embedded in various meditative traditions. In his paper 'Awareness and authoring: The idea of self in mindfulness and narrative therapy' (2008) Ian Percy, who has studied and practiced both narrative therapy and Buddhist-informed mindfulness for some decades, speaks in interesting ways about a possible 'interplay and complementarity' in what he refers to as mindful attention to somatic experience, including gestures, within therapeutic conversations, to attend to non-discursive and discursive ways of knowing (Percy, 2008, p. 364; see also Percy, 2016, 2017).

What is interesting to me in Ian Percy's work is his acknowledgment of the social locations, histories and traditions of thought that inform both traditions, and his rigorous engagement with both similarities *and* differences between Buddhist teachings and narrative practice alongside what they may have to offer one another:

in Buddhist teachings it seems that there is a lack of understanding about the constitutive power of narrative and how it strongly shapes people's lives and relationships, including the pursuit of meditation. What's missing, in my view, is an appreciation of the inescapable multistoried lives we all lead and the potential for narrative to enhance meditation practice through the creation of supportive storylines including those that can connect people to ethical ways of being in the world. On the other hand, mindfulness challenges the privilege given to the linguistic relational domain in therapy. Incorporating mindfulness provides a different and direct way of relating to bodily sensations and the immediacy of emotional and mental states. (Percy, 2008, p. 363)

I also appreciate Ian's emphasis on how narrative therapy:

aspire to discern adverse community practices that contribute to the problems people face such as those that might occur around gender, sexuality, disability and ethnicity ... [and take] ... seriously the relations of power that are always at work when it comes to what stories can be spoken, who is authorised to speak them and how they are told ... (Percy, 2008, pp. 363–364)

as this sort of awareness can reduce the possibility of what I term 'somatic-conceal' – turning to the body at the expense of focusing on wider social forces⁴⁶.

Just as there is much to learn from a narrative practitioner like Ian Percy, who is embedded within a Buddhist-informed meditative tradition (mindfulness), I am also looking forward to learning from those from Islamic, Christian, Hindu, Indigenous, Jewish and secular meditative traditions about how these might shape diverse forms of narrative practice and ways of engaging with somatic experience.

Embodied narrative practice

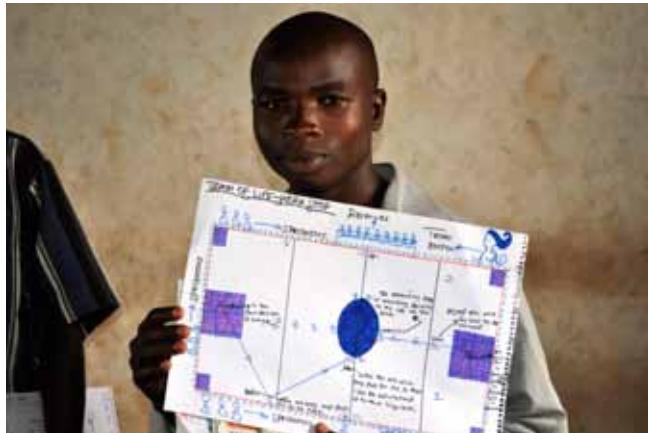
There is a further realm of narrative practice and the body that I wish to discuss. Anyone who has read the story of Michael White falling off his chair as nine-year-old Richard comes to rescue him by taking the wriggling box of fears out of his hands (M. White, 2006) would know that there is a long history of what could be called 'embodied narrative practice' – ways of not only talking about preferred identities, but taking physical action in ways that perform preferred identities.

⁴⁶ Feminist queer disability activists, like Alison Kafer (2013) are offering ways of examining embodied experience that make visible relations of power rather than obscuring them.

Merle Conyer has also drawn my attention to the writings of Rae Johnson (2017) who is the author of *Embodied Social Justice* and is interested in body-centered approaches that do not conceal broader relations of power.

Let me briefly mention a more recent form of embodied narrative practice. I'm particularly interested in forms of practice outside the therapy room in which different embodiment is sometimes possible. For instance, one of my favourite parts of the Team of Life narrative approach (Denborough, 2008), which was initially inspired by young people in a refugee camp in northern Uganda who loved football (soccer), is when we physically re-enact a 'goal' that each young person's 'team of life' has already scored.

Prior to this, each young person has created a 'team sheet' that depicts their life and identity as if it is a team and has also drawn a 'goal map':



A young person and their Team sheet – depicting their 'Team of Life'



A 'goal map' illustrating a goal this 'team' has already scored and different people's contributions to this goal

Goals that have been named by other young people have included 'staying together through hard times', 'staying in school', 'friendships', 'academic achievements' and so on.

Through the following extract (from Denborough, 2012), I will try to convey a little of the experience of a particular embodied celebration that took place on a camp here in Adelaide with young men who had arrived in Australia as 'unaccompanied minors' (refugees):

For this part of the Team of Life process we moved into a shed which was also a basketball court. There were initial scenes of organised chaos as a highly energetic basketball game and vibrant soccer game somehow managed to co-exist on the same field! When time-out was called, we gathered together and I asked the young men to tell me their favourite ways of celebrating goals. They came up with quite a list: clapping, shouting, cheering, drums, hugging, crying, back-flip, take the shirt off, climbing on each other, sliding on the ground, high five, patting on the back, fly kissing, thumbs up.

... Then came my favourite part. It was time to celebrate each of these team's goals. Each young man took a football, or basketball, and acted out the goal map! People stood in for the different contributors, we passed the ball between us, and then the young man kicked the ball out through the door of the shed to symbolise GOOOALLLLLLL! We had asked each young man to tell us which form of celebration he wanted us to perform at this precise moment and so, as the ball passed through door (goals), we would burst into applause and cheering, or start running around, or blow kisses, or pretend to take our shirts off, or slide on the ground, or put our thumbs up, and so on. By now, the young men were very willing to take their turns in these performances of celebration. These are mini definitional ceremonies (Myerhoff, 1982). They are ceremonies of celebration that re-define the identities of these young men as members of teams that have achieved a great deal in the face of significant hardship. (Denborough, 2012, pp. 47–48)

The reason I include this description here is as an example of contemporary embodied narrative practice – a physical performance and witnessing of preferred storylines in which there was no separation between story, mind and body⁴⁷.

Cultural and collective considerations

In considering how narrative practice engages with the body, cultural and collective considerations come into play. To illustrate this, let's turn to the work of Rwandan narrative practitioners.

There is quite a history of Rwandan practitioners stretching the field of narrative practice⁴⁸. Last year, in a training that took place on the shores of Lake Kivu, Beata Mukarusanga spoke of how Rwandans, if they seek counselling, often speak about a physical pain or ache that they are enduring. Beata described how this is routinely the starting point for counselling conversations.

Rwandan narrative practitioners therefore have a particular interest in how to use narrative practices when the problem is expressed as a physical ailment: when it is embodied. The following questions have been developed in relation to the Rwandan context. I include them here for two reasons. First, to bring attention to considerations of cultural diversity – how we can relate to our embodied experience varies enormously. You may notice questions in the following list that would not be relevant in your cultural context. For instance, ‘If this pain/ache was a song what song would it be?’ or ‘If you were to speak or sing back to this pain/ache what would you like to say or sing? What song would you sing to it?’ are very differently resonant in Rwanda where song is part of everyday life in quite a different way than in Australia. And second, I include the questions to bring attention to considerations of individual and collective experience. Quite often, conversations about bodily experience seem to focus narrowly on the individual’s experience of their individual body. And yet, in Rwanda (and everywhere else) there are opportunities to explore how one’s embodied experience might in some way relate to, or possibly contribute to, the experiences of others.

Here are the questions (those marked with an asterix were proposed by Sister Seraphine Kaitesirwa):

- How long has this pain/ache been with you?
- How did it first come into your life?
- What was happening in your life/family/community/Rwanda at that time?
- What name would you give to this pain/ache? (From then on use the name the person gives)
- Where does it visit? Which part/s of your body?
- If you were to locate where the pain is by drawing a picture, what would it look like?*
- Do you know why it makes a home for itself in those places?
- What does it look like? Could you describe it to me? Does it have a shape? A colour? A sound?
- How does this pain/ache operate in your life?
- What strategies or tricks does it use?
- How does it affect you? Does it also affect others?
- Are these effects positive, negative or a bit of both? Why?
- If this pain/ache could speak, what do you think it would say to you or to us?
- What sorts of things do you hear the ache/pain say?*
- In what tone does it speak?
- Does this pain say different things at different times?*
- If this pain/ache were a song what song would it be?
- If you were to speak or sing back to this pain/ache what would you like to say or sing? What song would you sing to it?
- Do know anyone else whom this pain/ache also visits?
- Who is most likely to be visited by this sort of pain/ache?

⁴⁷ I am also really interested in forms of narrative theatre and narrative song – these too are examples of differently embodied narrative practice.

⁴⁸ See Denborough, Freedman, & C. White (2008) and Denborough (2010).

- Do you think it is fair that this pain/ache affects your life and perhaps also the lives of others?
- Is there anything you would like to say to others who are also living with this pain/ache?
- Is there anything you have learned that you would like to share with others who are also suffering?
- When is this pain/ache strongest?
- What is happening at those times? Where are you?
- Does it have any friends/allies that make it stronger (poverty, sadness, others being cruel)?
- Who/what is on the ‘team’ of this ache/pain?
- When is this pain/ache weakest?
- What is happening at those times? Where are you? What are you/others doing?
- Who/what is on your ‘team’ to diminish the ache/pain? (prayer, talking, singing as well as people)
- Are there any rituals, places, foods, songs, memories that bring comfort to your body?
- Who introduced you to these? Do you share any of these with other people?
- Could we do any of these together?

Embodying our speech

To conclude this paper, there is one further theme that seems significant to mention. Narrative practice is a form of politics, and one element of this politics is a challenge to the disembodied speech acts and claims of universal expert knowledge that make up a considerable portion of professional cultures. Michael White described the effects of these ‘expert’, ‘disembodied’ ways of speaking in one of my favourite interviews, which was conducted by Ken Stewart on the topic of ‘Psychotic experience and discourse’ (White, 1995b). I have included below an extended excerpt of this interview:

Michael: The devices that are associated with these ‘expert’ ways of speaking include those that (a) obscure the motives or purposes that are associated with one’s speech acts, (b) delete all reference to the personal experiences through which one’s knowledge claims are generated, (c) exclude information about the personal and interpersonal struggles and dilemmas that are associated with the construction of one’s preferred realities (this includes the erasure of the personal experiences of contestation and argumentation through which one’s knowledge claims are established), (d) divert attention from the personal investments that are informed by one’s location in the social worlds of gender, race, culture, class, work, sexual preference, and so on, and (e) delete all reference to the history of controversy and dissent that surrounds all ‘global’ knowledge claims.

Ken: And what are the implications of this in this work?

Michael: Well, disembodied speech acts can be very disempowering of those who are subject to them. They are quite capturing. They severely limit and constrict possible responses. However, the persuasiveness and impressiveness of such speech acts can be undermined by the principle of embodiment; that is, by situating these speech acts within the context of the speaker’s (a) motives and purposes, (b) personal experiences, including those that relate to dilemmas and other struggles that the speaker has experienced in the process of attributing meaning to their experiences of life, (c) investments that are informed by their location in the social worlds of gender, culture, race, class, sexual preference, and so on, and also by bringing forth the history of controversy that surrounds the speaker’s objective knowledge claims . . .

To encourage speakers to situate their opinions in the context of their purposes, we could ask questions like: *So you have a strong opinion about what I should do. Tell me, in voicing your opinion in this way, what effect do you hope this might have on what I do?* Or maybe we could ask: *If you were to succeed in influencing what I do on this occasion, how would this fit with your overall goals for my life?* Or perhaps: *I think that I have some understanding of how you would like your opinion to shape what I do right now. How does this fit with your general purposes for my life? How does this fit with your plans for my life?*

To encourage speakers to situate their opinions in the context of their lived experience, we could try something like: *Could you tell me about some of your personal experiences of life that have played a*

central role in the formation of this opinion? This would be helpful to me, as I would then know more about how to take your opinion, and I might be able to identify those parts of your views that could fit for me. Perhaps I could then talk of some of my own experiences of life, and share with you some of the conclusions that I have reached from all of this.

To encourage speakers to situate their opinions within the context of their location in the social world, we might try something like: *In which circles are these sort of opinions most strongly held? Do all of the people in these circles agree with this opinion? If some of these people were here with us, how would they go about supporting your opinion? What do you think would happen if, in their presence, you were to dissent? What sort of pressure do you think you would experience to conform, to recant? What consequences do you think you would be facing if you didn't agree to do so?*

But this is just a small sample of the possibilities for ways of responding that are deconstructing of the 'truths' that are championed in disembodied speech acts. And I want to emphasise that these questions do not require an answer in order to be effective. In asking such questions, those who are subject to disembodied speech acts become less captive, and are confronted with new possibilities for action. (M. White, 1995b, pp. 128–130)

There are two reasons why I include this extended extract. First, to convey that the politics of narrative practice is based on embodiment. And second, because various disembodied global knowledge claims made in the name of neuroscience are now influencing the psychotherapy and narrative therapy field (see Lainson, 2019; Zimmerman, 2018). These include claims that those influenced by 'post-traumatic stress disorder' have 'very little direct access to right-brain information'; or that 'shyness is seen as excessive reactivity of the right brain and is likely genetic'; or that 'oxytocin, usually more abundant in female brains, leads females to tend and befriend, to be calm and connect'; or that anorexia may be the result of 'aberrant reward processing'.

One thing that characterises the narrative practice that I know and love is a vigilance in relation to questioning global knowledge claims. If there are claims I have made in this paper that seem over-blown, or for that matter illogical, or if they evoke strong emotions in you, dear reader, I look forward to your feedback, critique and conversation.

Of course, narrative practice is also about acknowledging diversity. Practitioners are engaging with neuroscientific ideas in diverse ways. I hope the ideas I have discussed here about 'Narrative therapy and the body' can generate conversations across differences about the fascinating topic of narrative practice and embodiment.

Key points from Part 4: Narrative therapy and the body

- There's a long (untold) history of embodied narrative practice!
- Just as narrative therapy refuses to split emotion from meaning and action, narrative practices engage with the body in ways that do not further a mind/body split and that seek to avoid 'somatic-conceal' – turning to the body at the expense of focusing on wider social forces.
- Some forms of embodied narrative practice involve not only talking about preferred identities, but taking physical action in ways that perform preferred identities.
- How we relate to our embodied experience varies enormously across cultures.
- Quite often, conversations about bodily experience seem to focus narrowly on the individual's experience of their individual body. And yet, there are opportunities to explore how one's embodied experience might in some way relate to, or possibly contribute to, the experiences of others.
- Narrative practice challenges the disembodied speech acts and claims of universal expert knowledge that make up a considerable portion of professional cultures. This includes disembodied claims made in the name of neuroscience.

Science and action

I began this paper by mentioning my father's work as a medical researcher and how it imbued in me a lifelong respect for scientific research. There was another equally significant aspect of my father's work, how his scientific research led to his anti-nuclear activism.

In 1970, the year I was born, my father came to learn from a colleague, Roger Melick, that every time an atmospheric nuclear test was conducted by the French government in the Pacific, the levels of radioactive iodine in the thyroid glands of Australian sheep would rise alarmingly. Across this country, we were all being irradiated by these tests. Michael Denborough and Roger Melick penned a letter to all national newspapers notifying the general public, and so began scientific protests and political protests that successfully forced such tests underground.

Then in 1983, Michael Denborough was offered the position of acting director of the Centre for Research and Environmental Studies (CRES). He wasn't going to accept this position until Erica (my mum) said to him, why not accept it on the condition that you can use this position to do something that you really want to do. So he did. As acting director of CRES he convened a symposium: 'Australia and Nuclear War'. My father decided to invite to this symposium leading figures who were protesting the nuclear madness from America, the Soviet Union and elsewhere. Patrick White and other distinguished speakers accepted his invitation, and all was coming together well, except for one significant problem: in 1983 it was profoundly difficult for someone from the Soviet Union to enter Australia.

Not to be deterred, my father headed to the Soviet embassy to request that an esteemed Soviet doctor attend the symposium. Little did he know what was to follow. In those days, directly across the road from the Soviet embassy, there was an ASIO (Australian Security Intelligence Organisation) surveillance office above a funeral parlour. And later that day an ASIO officer, Reilly, visited my dad in his office. 'Reilly', said Michael Denborough, 'you must be the ace of spies'. Reilly wasn't that impressed, and quickly got down to business. 'Michael, we would like you to collect information and spy on the Russians.' 'Look, I am trying to prevent nuclear war, why on Earth would I become a spy for ASIO?' The next day, Michael received a phone call. It was the KGB. 'We noticed that you were approached by ASIO. We would like you to accept their offer to spy on us but instead become a double agent.' My father's exasperated response: 'I am trying to prevent nuclear war, why on Earth would I become a spy for the KGB?' And yet, this wasn't the end. Both sides continued to approach him until one day Reilly was in Michael's office when the phone rang. It was the KGB. Without missing a beat, Michael handed the phone to Reilly, stating loudly, 'If you could both just start talking with each other, this world might become a safer place'. Neither side approached him again. And my dad continued to take action – in the laboratory and in the political sphere.

In 2003, at age 74, Michael Denborough – respected medical researcher – held a solo vigil for 52 days outside Parliament House to protest what so many of us knew then, and almost everybody admits now, was going to be an unjust invasion of Iraq. Hundreds of thousands of people were killed in that immoral war. Many of us knew it was going to happen. Michael set up a vigil and maintained it for 52 days. My dad, and the other most determined anti-nukes, didn't just campaign when there was a chance of winning. He would keep speaking out even though he knew there was no chance of preventing the madness and the massacre. What do you call that? I call it integrity.

Integrity through review and critique

The development of scientific understanding involves peer review and critique. In this paper, I have tried to offer transparent critique about some of the ways in which scientific language and concepts (mediated through psychology) are being brought to bear on narrative practice. Clearly, I have concerns about these developments. I wish to acknowledge again, however, the efforts that narrative practitioners who are interested in neuroscience are making to bring new knowledge to the field. I know that they are doing so with integrity and genuine hopes for the future of the field. Although our approaches and understandings may be different, I agree with them that we need to spend more energy describing how narrative therapy engages with affect, emotion and embodied experience.

Of course, review and critique is not a one-way process. Prior to the publication of this paper, three of the key authors whose work I refer to here, Jeff Zimmerman, Marie-Nathalie Beaudoin and Karen Young, were invited to read an earlier draft and offer their responses. Marie-Nathalie and Karen took up this invitation and their comments/critique on an earlier draft led to significant improvements.

If I were to critique this paper, I might draw attention to the way the author has evoked the presence of two senior men in their respective fields, Dr Michael Denborough and Michael White, and question whether this was done to bolster the article's credibility. I might also suggest that the author, in wishing to be respectful to colleagues, has not sufficiently named how explaining narrative practice through neuroscientific terms contributes to scientism and scientific reductionism⁴⁹. At the same time, I could also criticise this paper for not doing enough to consider possibilities that may come from engaging with neuroscience ideas (see 'Future possibilities?' on p. 46). While more could be said in both directions, this paper is quite long enough! I think it's time for me to stop.

My experience of writing this paper and acknowledgments

Writing this piece has been quite an emotional and embodied journey. Normally, I wouldn't mention this, but due to the topic it seems appropriate. Writing is an embodied experience. The sensation of thoughts being found through the act of fingers moving on keys is at times curiously meditative and satisfying. I know that when I am in the 'writing zone', my experience of time alters, and I alternatively run my fingers through my hair, close my eyes, stretch backwards and even place my palms together (as if in prayer!?) when trying to conjure the right words.

Writing is also a relational experience. I am grateful to those who offered company, encouragement and invaluable critique on earlier drafts of this paper.

Claire Nettle's editorial acumen was, as always, profoundly influential. Kristina Lainson, Gaye Stockell, Chris Dolman, Susanna Chamberlain, David Newman, Merle Conyer, David Marsten, Philippa Byers, Lou Harms. Jill Freedman, Gene Combs, Glenda Fredman, Jon Jureidini, Sarah Straiven, Tom Strong, Henrietta Byrne and Mark Hayward all offered rigorous, constructive feedback on initial drafts, which propelled me forward.

Along the way, conversations with Graham Williams about meditative practices and neuroscience professor John Willoughby about the possibilities and limitations of contemporary neuroscience were illuminating.

Kelsi (Sassy) Semeschuk's work as an archivist/researcher was influential in finding quotes from Michael's teaching tapes.

John Winslade was particularly significant in relation to this paper in three ways: in an initial conversation he introduced me to the work of Margaret Wetherell; he offered helpful comments on an earlier draft; and, as you will have noticed, he contributed a number of footnotes in relation to the work of Gilles Deleuze.

Throughout the process, Cheryl White's feminist thinking provided creative critique and reflection. Thanks Cheryl!

And I'd like to acknowledge Marie-Nathalie Beaudoin and Karen Young for their willingness to engage in honest, rigorous discussion across differences. I am sincerely grateful for this and look forward to continuing conversations.

Finally, dear reader, I'd like to thank you for making it all the way through to the end of this somewhat epic paper! I'll look forward to your feedback.

Breakthrough (for me at least) #5: This paper is finished!

⁴⁹ To read more about neuroscientific reductionism, see Rose (2012) and Kirmayer & Gold (2012).

Raymond Tallis (1999) describes the limitations of neurophilosophy and how neural theories of mind impoverish understandings of human consciousness and mental life. I'd recommend the episode of Madness Radio in which Will Hall interviews Raymond Tallis (Hall, 2012).

Future possibilities?

In considering possibilities for further collaborations between narrative practice and neuroscience, three possibilities come to my mind:

Firstly, I can imagine creative collaborations with those engaged with what's called 'critical neuroscience'. Suparna Choudhury and Jan Slaby, in the preface to their book, *Critical Neuroscience; A handbook of the social and cultural contexts of neuroscience*, describe how they and others are:

Taking seriously the relevance, but rejecting the primacy, of the brain in understanding behavior, we asked ourselves whether such analysis might contribute to more complex, theory-rich, nuanced explanations of behaviour. (2012, p. xiii)

This evolving field of critical neuroscience brings together 'young scholars with backgrounds in neuroscience, philosophy, history of science, anthropology, sociology, and psychology' (Choudhury & Slaby, 2012, p. xiii). Perhaps we can add narrative practice to that list?

Secondly, in talking with neuroscience professor John Willoughby, I was interested to learn that in neuroscience experiments there are invariably 'outlier' results that do not conform to the norm/average and so are generally disregarded. Joseph Dumit (2012) confirms this:

individual variability is often not represented at all in the resultant average brainset ... This is intentional. Individual differences are treated as noise in cognitive psychology, whose mission is to discover the baseline mental functions that are common to (most) normal people. (p. 208)

Because of this, brain research 'reveals only common features, and individual differences of great potential interest are obscured.' (Wise, Hadar, Howard, & Patterson, 1991 cited in Dumit, 2012, p. 208)

As a narrative practitioner, I wonder about these 'outliers'. Would collaborations with neuroscientists be possible that would seek to learn more about the outliers? These would be collaborations with the aim of richly describing neuro-diversity – rather than sponsoring neuro-conformity and neurotypicality. This would seem to be in accord with Erin Manning's (2016) call to 'better understand neurodiversity and to mobilize that understanding for research-creation and political activism' (Holland, 2017, p. S247).

Thirdly, as narrative practitioners, could we develop ways to assist people to negotiate neuro-discourses in ways that support their preferences and ways of living? This could be similar to the ways in which Michael White assisted people to discern their own position in relation to labels and medication. In the interview 'Psychotic experience and discourse' (1995b), Michael explained:

'I have witnessed drugs being used in ways that have a profound effect in opening up the horizons of people's lives, in ways that bring a range of new possibilities for action. And I have also witnessed drugs being used in ways that are primarily for the purposes of social control, in ways that subtract very significantly from people's possibilities for action, in ways that dispossess people of choice.' (p. 117).

He then went on to share a number of questions he used to assist people to discern their own position/experience in relation to medications. Perhaps these questions could serve as a starting point for us to develop ways to assist people to make discernments in relation to neuro-understandings.

In the extract below I have substituted the term neuro-understandings for where Michael referred to drugs or medications:

- *How might one go about assisting people to determine whether these neuro-understandings are contributing to their quality of life, or whether they are subtracting from this?*
- *How might one go about assisting people to determine which ways these neuro-understandings might be enabling, and in which ways they' might be disabling?*
- *How might one go about assisting people to evaluate the real effects of these neuro-understandings on their lives and in their relationships with others?*
- *How might one go about assisting people to establish what might be for them suitable criteria for such an evaluation?*
- *How might one go about assisting people to fully inform themselves about the various negative side-effects of these neuro-understandings?*
- *How might one go about assisting people to identify which people are most invested in compliance with regimes of neuro-understandings, which people are least invested in this, and the particular interests of these parties?*

(Adapted from Michael White, 1995b, p. 117)

References

- Beaudoin, M. (2017). Helping clients thrive with positive emotions: Expanding people's repertoire of problem counter-states. In M. Beaudoin & J. Duvall (Eds.), *Collaborative therapy and interpersonal neurobiology: Emerging practices* (pp. 28–39). New York, NY: Routledge.
- Beaudoin, M. (2019). Intensifying the preferred self: Neurobiology, mindfulness and embodiment practices that make a difference. *International Journal of Narrative Therapy and Community Work*, in this issue.
- Beaudoin, M., & Duvall, J. (2017) Introduction: Merging soft and hard sciences. In M. Beaudoin & J. Duvall (Eds.), *Collaborative therapy and interpersonal neurobiology: Emerging practices* (pp. 1–12). New York, NY: Routledge.
- Beaudoin, M., & Zimmerman, J. (2011). Narrative therapy and interpersonal neurobiology: Revisiting classic practices, developing new emphases. *Journal of Systemic Therapies*, 30, 1–13.
- Belcourt, B. (2018). *This wound is a world*. Calgary, Canada: Frontenac House.
- Benestad, E. E. P. (2016). Gender belonging: Children, adolescents, adults and the role of the therapist, Revised. *International Journal of Narrative Therapy and Community Work*, (4), 92–106.
- Borck, C. (2012). Toys are us: Models and metaphors in brain research. In S. Choudhury & J. Slaby (Eds.), *Critical neuroscience: A handbook of the social and cultural contexts of neuroscience* (pp. 113–133). Oxford, England: Wiley.
- Choudhury, S. & Slaby, J. (2012). Preface. In S. Choudhury & J. Slaby (Eds.), *Critical neuroscience: A handbook of the social and cultural contexts of neuroscience* (pp. xiii–xv). Oxford, England: Wiley.
- Cvetkovich, A. (2012). *Depression: A public feeling*. Durham, NC: Duke University Press.
- Davidson, A. (2005). Ethics as ascetics: Foucault, the history of ethics, and ancient thought. In G. Gutting (Ed.), *The Cambridge companion to Foucault* (pp. 123–148). New York, NY: Cambridge University Press.
- Deleuze, G., & Guattari, F. (2004). *Anti-Oedipus: Capitalism and schizophrenia*. London, England: Continuum. (Original work published 1984)
- Denborough, D. (2008). *Collective narrative practice: Responding to individuals, groups, and communities who have experienced trauma*. Adelaide, Australia: Dulwich Centre Publications.
- Denborough, D. (2010). *Working with memory in the shadow of genocide: The narrative practices of Ibuka trauma counsellors*. Adelaide, Australia: Dulwich Centre Foundation International.
- Denborough, D. (2012). The Team of Life with young men of refugee backgrounds. *International Journal of Narrative Therapy and Community Work*, (2), 44–53.
- Denborough, D. (2018). *Do you want to hear a story? Adventures in collective narrative practice*. Adelaide, Australia: Dulwich Centre Publications.
- Denborough, D. (2019). *A political dictionary for the field of narrative practice*. Adelaide, Australia: Dulwich Centre Publications.
- Denborough, D., Freedman, J., & White, C. (2008). *Strengthening resistance: The use of narrative practices in working with genocide survivors*. Adelaide: Dulwich Centre Foundation.
- Denborough, D., Koolmatrie, C., Mununggirritj, D., Marika, D., Dhurrkay, W., & Yunupingu, M. (2006). Linking stories and initiatives: A narrative approach to working with the skills and knowledge of communities. *International Journal of Narrative Therapy and Community Work*, (2), 19–51.
- Drahm-Butler, T. (2015). Decolonising identity stories: Narrative practice through Aboriginal eyes. In B. Wingard, C. Johnson, & T. Drahm-Butler (Eds.), *Aboriginal narrative practice: Storylines of pride, strength and creativity* (pp. 25–46). Adelaide, Australia: Dulwich Centre Publications.
- Dumit, J. (2012). Critically producing brain images of mind. In S. Choudhury & J. Slaby (Eds.), *Critical neuroscience: A handbook of the social and cultural contexts of neuroscience* (pp. 195–225). Oxford, England: Wiley.
- Dunne, P. (2017). Insights on positive change: An exploration of the link between drama therapy and neural networks. In M. Beaudoin & J. Duvall (Eds.), *Collaborative therapy and interpersonal neurobiology: Emerging practices* (pp. 62–74). New York, NY: Routledge.
- Duvall, J., & MacLennan, R. (2017). Pivotal moments, therapeutic conversations, and neurobiology: Landscapes of resonance, possibility, and purpose. In M. Beaudoin & J. Duvall (Eds.), *Collaborative therapy and interpersonal neurobiology: Emerging practices* (pp. 15–27). New York, NY: Routledge.
- Epston, D. (1999). Co-research: The making of an alternative knowledge. In *Narrative therapy and community work: A conference collection* (pp. 137–157). Adelaide, Australia: Dulwich Centre Publications.
- Ewing, J., Estes, R., & Like, B. (2017). Narrative neurotherapy (NNT): Scaffolding Identity States. In M. Beaudoin & J. Duvall (Eds.), *Collaborative therapy and interpersonal neurobiology: Emerging practices* (pp. 87–99). New York, NY: Routledge.
- Fine, C. (2010). *Delusions of gender: How our minds, society and neurosexism create difference*. New York, NY: Norton.
- Fredman, G. (2004). *Transforming emotion: Conversations in counselling and psychotherapy*. London, England: Whurr.
- Gershoni, Y., Cramer, S., & Gogol-Ostrowsky, T. (2008). Addressing sex in narrative therapy: Talking with heterosexual couples about sex, bodies, and relationships. *International Journal of Narrative Therapy and Community Work*, (3), 3–11.
- Gould, D. (2010) On affect and protest. In J. Staiger, A. Cvetkovich, & A. Reynolds (Eds.), *Political emotions* (pp. 18–44). New York, NY: Routledge.
- Griffith, J. L., & Elliott Griffith, M. (1994). *The body speaks: Therapeutic dialogues for mind-body problems*. New York, NY: Basic.
- Hall, W. (2012). Beyond biological reductionism: Raymond Tallis. Retrieved from www.madnessradio.net/madness-radio-beyond-biological-reductionism-raymond-tallis/

- Hedtke, L., & Winslade, J. (2016). Elastic time. In L. Hedtke & J. Winslade (Eds.), *The crafting of grief: Constructing aesthetic responses to loss* (pp. 147–168). New York, NY: Routledge.
- Hemmings, C. (2005). Invoking affect: Cultural theory and the ontological turn. *Cultural Studies*, 19(5), 548–567. doi: 10.1080/09502380500365473
- Holland, E. W. (2017). Review: The minor gesture. *A Contemporary Political Theory*, 17(Suppl. 4), S244–S247.
- Johnson, R. (2017). *Embodied social justice*. New York, NY: Routledge.
- Kafer, A. (2013). *Feminist, queer, crip*. Bloomington: Indiana University Press.
- Karageorgiou, E. (2016). Stories of the body: Incorporating the body into narrative practice. *International Journal of Narrative Therapy and Community Work*, (3), 1–7.
- Kirmayer, L., & Gold, I. (2012). Critical neuroscience and the limits of reductionism. In S. Choudhury & J. Slaby (Eds.), *Critical Neuroscience: A handbook of the social and cultural contexts of neuroscience* (pp. 307–330). Oxford, England: Wiley.
- Leys, R. (2011). The turn to affect: A critique. *Critical Inquiry*, 37, 434–472.
- Mann, S. (2004). The questions posed by our work with women who have experienced sexual abuse. *International Journal of Narrative Therapy and Community Work*, (4), 3–12.
- Manning, E. (2016). *The minor gesture*. Durham, England: Duke University Press.
- Marlowe, S. (2017). Supporting young children visited by big emotions: Mindfulness, emotion regulation, and neurobiology. In M. Beaudoin & J. Duvall (Eds.), *Collaborative therapy and interpersonal neurobiology: Emerging practices* (pp. 50–61). New York, NY: Routledge.
- Marsten D., & Markham L. (2017). Deconstruction in narrative couple and family therapy. In: Lebow J., Chambers A., Breunlin D. (Eds.) *Encyclopedia of couple and family therapy*. Cham, Switzerland: Springer.
- Marsten, D., Epston, D., & Markham, L. (2016). *Narrative therapy in wonderland: Connecting with children's imaginative know-how*. New York, NY: Norton.
- Marsten, D., & Markham, L. (2017). Deconstruction in narrative couple and family therapy. In J. L. Lebow, A. L. Chambers, & D. Breunlin (Eds.), *Encyclopedia of couple and family therapy*. New York, NY: Springer.
- McLeod, J. (2005). Counseling and psychotherapy as cultural work. In L. T. Hoshmand (Ed.), *Culture, psychotherapy and counseling: Critical and integrative perspectives* (pp. 47–63). Thousand Oaks, CA: Sage.
- McLeod, J. (2007). Narrative thinking and the emergence of postpsychological therapies. In M. G. W. Bamberg (Ed.), *Narrative – State of the art* (pp. 237–245). Amsterdam, Netherlands: Benjamins.
- Nestle, J. (2003). Responding with history and story: An interview. *International Journal of Narrative Therapy and Community Work*, (1), 61–65.
- 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.
- Newman, D. (2015). Honoring not categorizing of action and crafting collaboration: Some ways of working with young people. *Journal of Youth Research*, 3(3), 90–104.
- Newman, D. (2016a). Explorations with the written word in an inpatient mental health unit for young people. *International Journal of Narrative Therapy and Community Work*, (4), 45–57.
- Newman, D. (2016b). How we deal with 'way out thoughts': A living document: Ways of talking with young people about suicidal thoughts. *International Journal of Narrative Therapy and Community Work*, (4), 59–65.
- Newman, D. (2019). *Dictionary of obscure experiences* [Unpublished working document]. Sydney, Australia: Sydney Narrative Therapy.
- Papoulias, C., & Callard, F. (2010). Biology's gift: Interrogating the turn to affect. *Body and Society*, 16(1), 29–56. doi:10.1177/1357034X09355231
- Percy, I. (2008) Awareness and authoring: The idea of self in mindfulness and narrative therapy. *European Journal of Psychotherapy and Counselling*, 10(4), 355–367. doi:10.1080/13642530802577109
- Percy, I. (2016). *Mindfulness in counselling and psychotherapy: Narratives from practitioners in Bhutan and Australia* (PhD thesis). Retrieved from hdl.handle.net/20.500.11937/1346
- Percy, I. (2017, September 1). *Mindfulness and narrative therapy by Ian Percy* [Video file]. Retrieved from dulwichcentre.com.au/mindfulness-and-narrative-therapy-by-ian-percy/
- Phillips, L. (2017). A narrative therapy approach to dealing with chronic pain. *International Journal of Narrative Therapy and Community Work*, (1), 21–29.
- Rice, C., Zitzelsberger, H., Porch, W., Ignagni, E., & Erickson, L. (2005). Envisioning new meanings of difference. *International Journal of Narrative Therapy and Community Work*, (3 & 4), 119–130.
- Rose, N., & Abi-Rached, J. M. (2013). *Neuro: The new brain sciences and the management of the mind*. Princeton, New Jersey: Princeton University Press.
- Rose, S. (2012). The need for a critical neuroscience: From neuroideology to neurotechnology. In S. Choudhury & J. Slaby (Eds.), *Critical neuroscience: A handbook of the social and cultural contexts of neuroscience* (pp. 53–66). Oxford, England: Wiley.
- Sawyer, K. (2013). Explorations in trans* subjectivity. *International Journal of Narrative Therapy and Community Work*, (3), 33–38.
- Siegel, D. (2007). *The mindful brain*. New York, NY: Norton.
- Siegel, D. (2010). *The mindful therapist*. New York, NY: Norton.
- Siegel, D. (2011). *Mindsight*. New York, NY: Random House.

- Siegel, D. (2012). *The developing mind: How relationships and the brain interact to shape who we are* (2nd ed.). New York: Guilford.
- Silent Too Long. (1998). Your voices inspire mine. *Dulwich Centre Journal*, 4, 2–8.
- Silent Too Long. (2000). Embracing the old, nurturing the new. *Dulwich Centre Journal*, (1&2), 62–71. Reprinted in Dulwich Centre Publications (Ed.). (2003). *Responding to violence: A collection of papers relating to child sexual abuse and violence in intimate relationships* (pp. 71–91). Adelaide, Australia: Dulwich Centre Publications.
- Silent Too Long (2001). Trust. In Dulwich Centre Publications (Ed.), *Working with the stories of women's lives* (pp. 85–82). Adelaide, Australia: Dulwich Centre Publications.
- Staiger, J., Cvetkovich, A., & Reynolds, A. (Eds.) (2010). *Political emotions*. New York, NY: Routledge.
- Stanikzai, A. G., Denborough, D., & Byrne, H. (2018). *Surviving the ocean of depression*. Retrieved from dulwichcentre.com.au/surviving-the-ocean-of-depression/
- Stern, D. (2004). *The present moment in psychotherapy and everyday life*. New York, NY: Norton.
- Strong, T. (2017). Neuroscience Discourse and the Collaborative Therapies? In M. Beaujouin & J. Duvall (Eds.), *Collaborative therapy and interpersonal neurobiology: Emerging practices* (pp. 116–127). New York, NY: Routledge.
- Tallis, R. (1999). The poverty of neurophilosophy. In R. Tallis. *On the edge of certainty: Philosophical explorations* (pp. 127–154). Basingstoke, England: Palgrave Macmillan.
- Tomkins, S. S. (1991). *Affect imagery consciousness, Volume III. The negative affects: Anger and fear*. New York, NY: Springer.
- Vidal, F. (2009). Brainhood, anthropological figure of modernity. *History of the human sciences*, 22:1; 5–36. doi: 10.1177/0952695108099133
- Vidal, F., & Ortega, F. (2017). *Being brains: Making the cerebral subject* (forms of living). New York, NY: Fordham University Press.
- Walia, H. (2013). *Undoing border imperialism*. Oakland, CA: AK Press.
- Weingarten, K. (2001). Making sense of illness narratives: Braiding theory, practice and the embodied life. In Dulwich Centre Publications (Ed.), *Working with the stories of women's lives* (pp. 111–125). Adelaide, Australia: Dulwich Centre Publications.
- Wertsch, J. V. (2002). *Voices of collective remembering*. Cambridge, England: Cambridge University Press.
- Wetherell, M. (2012). *Affect and emotion: A new social science understanding*. London, England: Sage.
- White, C. (2016). Feminist challenge and Women's Liberation. In C. White (Ed.), *A memory book for the field of narrative practice* (pp. 47–65). Adelaide, Australia: Dulwich Centre Publications.
- White, M. (1989, November 5). 'On power and Foucault': Public workshop by Michael White [Video recording]. Michael White Video Archive (Tape 255). Dulwich Centre, Adelaide, Australia.
- White, M. (1992). Men's culture, the men's movement, and the constitution of men's lives. *Dulwich Centre Newsletter*, (3&4), 33–53.
- White, M. (1995a). Naming abuse and breaking from its effects (interviewer C. McLean). In M. White, *Re-authoring lives: Interviews and essays* (pp. 82–111). Adelaide, Australia: Dulwich Centre Publications.
- White, M. (1995b). Psychotic experience and discourse (interviewer K. Stewart). In M. White, *Re-authoring lives: Interviews and essays* (pp. 112–154). Adelaide, Australia: Dulwich Centre Publications.
- White, M. (1997). *Narratives of therapists' lives*. Adelaide, Australia: Dulwich Centre Publications.
- White, M. (1999). Reflecting-team work as definitional ceremony revisited. *Gecko: A Journal of Deconstruction and Narrative Ideas in Therapeutic Practice*, (2), 55–82. Reprinted in M. White (2000a), *Reflections on narrative practice: Essays and interviews* (pp. 59–85). Adelaide, Australia: Dulwich Centre Publications.
- White, M. (2000a). Re-engaging with history: The absent but implicit. In M. White, *Reflections on narrative practice: Essays and interviews* (pp. 35–58). Adelaide: Dulwich Centre Publications.
- White, M. (2000b, December) *Untitled* [Video recording]. Michael White Video Archive (Tape 193). Dulwich Centre, Adelaide, Australia.
- White, M. (2000c). Children, children's culture, and therapy. In M. White, *Reflections on narrative practice: Essays and interviews* (pp. 1–22). Adelaide: Dulwich Centre Publications.
- White, M. (2001). Folk psychology and narrative practice. *Dulwich Centre Journal*, (2), 1–37. Reprinted in M. White (2004). *Narrative practice and exotic lives: Resurrecting diversity in everyday life* (pp. 59–118). Adelaide, Australia: Dulwich Centre Publications.
- White, M. (2002, August 6). *Untitled* [Video recording]. Michael White Video Archive (Tape 192). Dulwich Centre, Adelaide, Australia.
- White, M. (2003). Narrative practice and community assignments. *International Journal of Narrative Therapy and Community Work*, (2), 17–55.
- White, M. (2004a). *Narrative practice and exotic lives: Resurrecting diversity in everyday life*. Adelaide, Australia: Dulwich Centre Publications.
- White, M. (2004b). Narrative practice and the unpacking of identity conclusions. In *Narrative practice and exotic lives: Resurrecting diversity in everyday life* (pp. 119–147). Adelaide, Australia: Dulwich Centre Publications.
- White, M. (2004c). Working with people who are suffering the consequences of multiple trauma: A narrative perspective. *International Journal of Narrative Therapy and Community Work*, (1), 45–76. Reprinted in D. Denborough, (Ed.). (2006). *Trauma: Narrative responses to traumatic experience* (pp. 25–85). Adelaide, Australia: Dulwich Centre Publications.
- White, M. (2006). Narrative practice with families with children: Externalising conversations Revisited. In M. White & A. Morgan (Eds.), *Narrative therapy with children and families* (pp. 1–56). Adelaide, Australia: Dulwich Centre Publications.
- White, M. (2007). *Maps of narrative practice*. New York, NY: Norton.
- White, M. (2011a). Turning points and the significance of personal and community ethics. In D. Denborough (Ed.), *Narrative practice: Continuing the conversations* (pp. 27–44). New York, NY: Norton.

- White, M. (2011b). Externalizing and responsibility. In D. Denborough (Ed.), *Narrative practice: Continuing the conversations* (pp. 118–122). New York, NY: Norton.
- White, M. (2018, June 25). *Michael White, narrative therapist: Funny moments* [video file]. Retrieved from vimeo.com/260519508
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: Norton.
- White, M., & Epston, D. (1997). The bypass operation: An approach to feeding problems in young children. In J. Freeman, D. Epston, & D. Lobovits (Eds.), *Playful approaches to serious problems: Narrative therapy with children and their families* (pp. 75–93). New York, NY: Norton.
- Young, K., Hibel, J., Tartar, J., & Fernandez, M. (2017). Single session therapy and neuroscience: Scaffolding and social engagement. In M. Beaudoin & J. Duvall (Eds.), *Collaborative therapy and interpersonal neurobiology: Emerging practices* (pp. 103–115). New York, NY: Routledge.
- Yuen, A. (2009). Less pain, more gain: Explorations of responses versus effects when working with the consequences of trauma. *Explorations: An E-Journal of Narrative Practice*, 1, 6–16. Retrieved from: www.dulwichcentre.com.au/explorations-2009-1-angel-yuen.pdf
- Yuen, A. (2019). *Pathways beyond despair: Re-authoring lives of young people through narrative therapy*. Adelaide, Australia: Dulwich Centre Publications.
- Zimmerman, J. (2017). Neuro-narrative therapy: Brain science, narrative therapy, poststructuralism, and preferred identities. *Journal of Systemic Therapies*, 36(2), 12–26. doi: 10.1521/jsy.2017.36212
- Zimmerman, J. (2018). *Neuro-narrative therapy: New possibilities for emotion-filled conversations*. New York, NY: Norton.
- Zimmerman, J., & Beaudoin, M. (2015). Neurobiology for your narrative: How brain science can influence narrative work. *Journal of Systemic Therapies*, 34(2), 59–74. doi: 10.1521/jsy.2015.34.2.59



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