

Palo Alto of the Pediatric Practice

Conceptual Paper

The narrative approach in pediatrics we are the only species of animal that tells stories for 200000 years, a species of “myth-making” [1]. Our main activity is psychic to give meaning to what happens to us. “The child is born in a narrative bath imaginary stories forged by parents, grandparents, siblings. Even his name is a negotiated history between his parents Pierre Blanc-Sahnoun [2].

Narrative Practice, developed as a therapy in the 80s by Mickael White [3] Australia and David Epston [4] in New Zealand, is to replace the expert’s advice given to a person by influential issues and focus on their abilities, hopes, its values, its intention, starting from the premise that the real expert of a situation is the person himself. Use narrative pediatric practice is taken into account that the child’s identity is made of multiple stories, influencing his life: he tells those and those others tell or told about him. It is based on the ability of each to make from his early childhood and permanently stories to make sense of everything that happens to him. The bricks of these stories are his family culture, social, education, experiences, beliefs, everything that was said about him. They can help prevent or achieve what is important to him. Some stories take up so much space that they become “absolute truths” that enclose life its owner. Still other stories are always possible [5].

Make a detour by Australia of 80 years; the original population, known for its artistic tradition, suffered for decades of a double genocide: nearly all of Aborigines was eliminated physically, and what remained of the communities, children were taken from their families and placed among the settlers to be “assimilated”. Since then, these communities have declined (alcohol and drugs, violence, schooling, etc.). Psychologists and therapists whites were asked to come to their aid. Among them, Michael White [3], formed in Brief Therapy Center in Palo Alto, has an original approach, reported by Dina Scherrer [6] explaining the Aborigines: “We were asked to help solve the problems we have created. Anything we can do to help you is to ask you to explain how you think the world and look into your culture and your traditions that 50,000 years ago the solutions that have been developed to solve your problems. This humble posture Mickaël White face of Aborigines is the foundation of Narratives practices developed in the Anglo-Saxon countries for over 30 years. They were introduced in France since 2004 when they begin to be taught at the University.

How is this idea that the other has in him the resources to develop “stories” that will make it harder is it relevant in pediatrics?

Take the case of Julie, a young mother undressing her baby, she laments: Yes, I know this is not very good, I have nursed a month. My husband said to me ‘stop it, you have no milk, as my friend said’ I have nursed mine 2 years, he has never been sick’

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The narrative approach is to ask questions so influential that it appropriates his own choice. One technique is to ask the person to respond not to his mother but instead of as if it were her best friend, Johanna here.

An example of questions

Johanna, what could you say how Julie takes care of her baby? How do you see she wants to do him good? If you were in his place, and knowing as you know, how about the decisions it takes for her baby? How these decisions are consistent with the fact that she wants to do him good? What do you think the baby would say if he could talk? Can you imagine what this baby became a father like decisions of his mother when he was a baby?

Each issue Julie responds by saying that she thinks her friend would have said. This conversation takes only a few minutes. Before the questions, she said “this is not good not to breastfeed her baby,” what could be meant by “I’m not a very good mother” and the discussion ends with “I love to see you smile, my son! “ In the case of this young mother, give an opinion more on breastfeeding might disturb a little more. Explain rationally, figures and statistics to support that artificial feeding brings it all to a baby leaves out what to feed her baby means to her and ignores all the cultural weight related to breastfeeding that soaks his thoughts. By asking questions on the expertise it because of its location, it is led to think by itself to meet. She reconnects then for him to do the best for her baby, which alleviates the disorder feel about his decision, and turns his skills it made in reusable knowledge to solve her mother’s problems. Encourage her to list her own ‘know-how’ ‘has a positive emotional impact. Neurosciences bring us information about how the emotions leave traces in the brain. These traces are realized by “lasting changes in synaptic connectivity”.

Why the narrative approach is useful to our pediatrician practice? Pay attention to what is said of a baby, a child, a young, and what they themselves say about them, leads to question these things, and possibly the “deconstruct”. Labels arise very early on children, and the pediatrician of the privilege is to identify and help erase them if they could hinder their future.

Even small happen often labeled in consultation

- a) It does not answer you, she is shy
- b) You will not consider it, he cries when he sees a doctor
- c) It is not capable of holding up three seconds, and hear nothing, he will not listen to you
- d) How to stick a label on a child? This is the most stupid world history

Lady "M" consults for his little Lea 3 months. As she undressed for weighing, she repeats her gently, "that you're stupid, you're that stupid". The obvious question is "Why?"

The answer was immediate.

M (Mrs. M) because he has always said to me.

P (pediatrician) who is "they"?

M: My mother and my whole family

P: Are you okay with your mother and your family told you?

M: Yes, I spent my hairdresser CAP 5 times, I always missed. I will present again the next month, but I do not have it, because I'm stupid, we have always said.

P: And do you think the fact that you have always said you helped?

M: Uh.

P: What do your family on your way to care for your baby?

M: They say I'll handle it right, and I see that she is well.

P: On a scale of 1 to 10, how much intelligence does it take your experience to learn to do with a baby?

M: I would say 7

P: Does anyone knows how to care for a baby?

M: No, not anyone, you have to like take care, take time to know

P: What name would you give to the capacity that is to have an intelligence 7 of 10 to learn to care for a baby, and that involves love take care and take time to know?

M: It's being able to be a mom.

P: I have a little voice that says when one is able to be a mom, it's not really stupid ...

M: Okay, I'm not always stupid.

P: What did you want to say to Leah?

Mrs. M. took her daughter in her arms, and said with emotion: "I love you, my daughter, I love you, my daughter".

The life of Madame M was influenced by "that you're stupid, my daughter" which could, in turn, if the label is not cleared, hinder the future of Leah another story opens new possibilities. This is the power of narrative ideas: offer another narrative that offers new possibilities. The narrative approach helps children find their skills. Each of us invaluable life skills, which is also the case

of children, including very young. This is the remarkable work of Marie-Nathalie Beaudoin⁷ describes in his book "The thousand and one skill every child"; it offers "Stimulating Conversations Skills" which helps the child to recognize the acquired knowledge and skills developed in daily life. He then built another story about him based on this recognition. This type of conversation allows it to resist the devaluation, and gain confidence in him.

Narrative practice helps to be listening instead of being answered. It takes into account the skills of children and their parents, it puts the spotlight hopes, intentions and dreams. Dual Watch allows you to hear what is not said in a consultation. The intention which gives meaning to action: it is the values, that everyone feels to be in depth. The absent but implicit which act, which is the accumulation of packages, but that is not the person, it's culture, education, beliefs.

Children and their parents act in an intention, in line with what they are all getting in compliance with their respective packages (all the influences received from birth). There may be conflict between the intention to be consistent with oneself and compliance with its packaging.

The narrative pediatric practice of consultation: The attitude "self-centered and patient-centered" allows the game specific questions to highlight the stories that give strength every day and connect children and their families at what is important in their life. These benevolent questions identify "positive exceptions" which go against a "dominant negative" story that takes all the space in the patient's life to identify with it, to believe "that is" the story or that problem. In the case of serious illness, or chronic, the person can be defined by the disease: "I am" diabetic, asthmatic, etc. Questions highlight non-obvious skills or not recognized spontaneously by the patient and can help find the strength to heal.

The narrative practice has its place in pediatrics, with children and their families, when the stories are woven, those that tell about a new human being or he tells about himself once he thinking ability that is in his first months of life. These stories will shape his life, making his reality. His identity will be built as a bunch of stories that will define it. The narrative practitioner is there to help to realize this construction, always negotiable, and as a lego game, always possible to deconstruct. This can avoid injuring it, damaging it, to interfere in its future, making him a pale copy of what it is, or sometimes reducing it to a disability, illness, a trait. The mission of the pediatrician is to protect the health and welfare of the child. The narrative approach is a powerful tool to accomplish its mission [7-8].

References

1. Nancy Huston, *The myth-making species*, Ed.
2. Pierre-SAHNOUN WHITE & Beatrice DAMERON (2009) *Understand and practice the narrative approach*, Inter Editions, Wiley.
3. Mickaël WHITE (2003) *Narrative means at the service of therapy* Editions Satas.
4. David Epston (2003) *Narrative means at the service of therapy* Editions Satas.

5. Alice MORGAN (2010) What is the narrative approach? Ed Hermann.
6. Dina Scherrer (2011) School failure, another story possible- L'Harmattan.
7. Marie-Nathalie BEAUDOIN (2016) The Arabian skills each child- L'Harmattan.
8. F. CECCATO (2016) 1-3 years, the great adventure of self - Edition Mango.