

**A response from Stephen Madigan  
(January 30,2012)**

Hello. My name is Stephen Madigan from Vancouver, Canada. I'm on the faculty at the Vancouver School for Narrative Therapy. I've known Margarita Tarragona since the early days of narrative therapy when she kindly attended and sometimes presented her work at our Therapeutic Conversations conferences. Margarita has also invited me to Mexico City to present narrative therapy workshops and overtime we have become good friends.

I wanted to make a quick and respectfully intended comment on Margarita's Positive Psychology presentation for Dulwich Centre's Friday afternoon talks. I have always felt (and I'm fairly certain Margarita knows this already) that the differences between narrative therapy with either collaborative therapy or positive psychology are not subtle. There are radically important distinctions to be made and discussed. These theoretical differences are quite profound - as are the differences in the practice implementation of the specific theoretical beliefs into a practice of therapy. In many ways it's like trying to compare apples and oranges and this practice of course comes with inherent dangers.

Let me just point out two quick distinctions that come to mind between the theory and practice of narrative therapy and the differences it has with both collaborative therapy and positive psychology.

First (briefly), from my admittedly limited understandings, I have always found both collaborative therapy and positive psychology apolitical in both their theoretical and practice orientations. And I would not say this about specific narrative orientations attributed to Michael White and other therapists I work closely alongside in Vancouver as well as the collective practice community work ideas developed through the Dulwich Centre.

Second (again briefly), key to moving David Epston and Michael White away from a structural to post-structural view of therapy was a commitment to 'retool' the central tenets of mental health language. Part of the ongoing challenge in moving from an individualist to a counter-individualist idea of the self is for narrative therapy to dispute the issue of the word 'I' in mental health language.

The conventions of English language usage locate experiences within people, e.g. 'I'm sad' 'I'm positive' etc. In this example the languaging practice ('I'm sad', 'I'm positive') acts to encourage the speaker and the listener to consider that sadness or positiveness exists within the body of 'I'. In other words, if we language the sad/positive and find it's place of origin inside the 'I'/self then the body of the person will be the point of origin the therapist sets out to 'fix' or 'find'. This 'static representation' of experience has severe consequences for those people engaging in mental health experiences and circumstance – as either client or therapist.

Conventional English language strategies used in and at the heart of positive psychology create the conditions where the 'I' is seen/experienced/known/captured as autonomous, self-directed, singular and independent. Whenever we use the English language conventionally in our therapy work, we unwittingly support conversational processes that persistently subject people (clients) to 'self' and 'other' evaluation, categorization and diagnosis. This is true whether 'the problem' or 'the positiveness' is located within the body of 'I'.

Thanks.

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