



*Anti-individualist narrative practice:*  
LISTENING TO THE ECHOES OF CULTURAL HISTORIES

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AUTHOR  
STEPHEN MADIGAN

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Stephen Madigan is a narrative therapist based in Vancouver, Canada. He was recently honored by the American Family Therapy Academy (AFTA) with their Distinguished Award for Innovative Practice in Couple and Family Therapy - Theory and Practice. Stephen's American Psychological Association (APA) book, entitled *Narrative Therapy Theory and Practice* came out in 2011. The book is accompanied by a set of six 'live session' DVD client interviews called *Narrative Therapy Through Time*. Stephen Madigan can be contacted c/o the Vancouver School for Narrative Therapy: [yft@telus.net](mailto:yft@telus.net). Or via: [www.therapeuticconversations.com](http://www.therapeuticconversations.com) or [www.stephenmadigan.ca](http://www.stephenmadigan.ca)

I wrote this keynote speech for Dulwich Centre's July 2011, International Narrative Therapy and Community Work Conference in Salvador, Brazil. The purpose of the talk was to convey a critique on individualism and its plague on therapeutic thinking and practice. As a response to individualism, I offered up the communalising relational practice of therapeutic letter writing campaigns. The talk was also a place where I sought to publicly appreciate my longstanding apprenticeship with David Epston and Michael White. I then tied these narrative ideas together with my early growing up experiences inside an immigrant Irish family who worked tirelessly with the poor and dispossessed and who never once found cause to pathologise anyone.

*Keywords: therapeutic letter writing campaigns, anti-individualism, narrative therapy, apprenticeship.*

Thank you for offering me this invitation to speak. It is a tremendous honour to be here with you in Salvador, Brazil, and – on behalf of my family and community in Vancouver, Canada, I bring you warm greetings. Yours is a Brazilian culture and community that I don't know very well and I look forward to knowing you more. I recently looked to one of your poets for local knowledge. Lavinia Saad ([brazilpoetry.blogspot.com](http://brazilpoetry.blogspot.com)) writes:

*From the mouths of babes  
Out of the mottled night sky  
Into the paper-grain  
Words want to be born.  
Over the steaming forest  
Tales demand their telling.  
Snippets of songs – and beats –  
Bubble up through the sea-foam: pop! pop!  
On the flat screen dots  
Dance impatiently their  
Pixillated minuets. All await.  
What do they say?  
Hear me out! Spill me forth.  
Words want to be born. And  
It's just impossible  
Not to write.*

*Bem das bocas dos bebês  
Fora do nouticéu matizado  
Dentro das fibras do papel  
Palavras pulsam no nascer.  
Além da nebulosa floresta  
Contos cobram as contas.  
Retalhos de cantos – e tons –  
Borbulham pela espuma-mar:  
pop! pop!  
Nessa lisavista os pontos  
Dançam nervosos seus  
celulados minuets. Tudo espera.  
O que dizem eles?  
Ouve-me ao fim! Verte-me afora.  
Palavras pulsam no nascer.*

My understanding of Lavinia Saad's poem is that the beauty and complexity of this world demands for us to find words to express it. Words want to be born for this beauty.

Well this evening I want to speak about how the beauty and complexity of people's lives demands forms of therapy that appreciate this beauty and complexity.

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## A THERAPY OF APPRECIATION

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One day in 1991, during my narrative therapy apprenticeship training with Michael White, I was sitting beside him in the cockpit of the plane he was piloting high up in the skies above Adelaide, Australia. After he'd successfully shown me his deft ability to fly like a bird – by using only the warm air updrafts to climb higher – he turned and said; 'You know Stephen, I've always found that the people we work with are far more interesting than they let on'.

I wondered if he was saying something about the need for therapists to view a person's lifestory as much more interesting than the story being told. And perhaps it was a concentrated practice of appreciation that might be our primary job as therapists: to help people re-remember, re-collect, re-claim and re-invent a richer, thicker and more meaningful alternative counterstory. And to achieve this appreciation one must necessarily develop the skills of double-listening.

In the aftermath of Michael's death, I remember him forever reminding me that narrative therapy was first and foremost a *therapy of appreciation*. A privileged conversational appreciation of a person's lived experience, know-how, skill, abilities, etc. I learned during my apprenticeship with both Michael White and David Epston, that their version of narrative therapy was nothing less than a complete celebration of the other. This is their practice legacy – developed with friends, therapists and the persons who visited them in therapy.

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## AN UNWAVERING COMMITMENT TO ANTI-INDIVIDUALISM

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During my apprenticeship, I also learned that David and Michael held an unwavering commitment to anti-individualism. For Michael and David, to address a person's struggles in therapy without a broader relational contextual understanding of their life was utterly and entirely absurd. For them, psychology's foundation within individualist ideas represents a disembodied and disconnected sense of "reality" – one that falls far short in explaining the wonder and splendour of human experience.

The practices of individualism within our culture of therapy – in all its various and wide-sweeping forms – appeared to truly sadden Michael. He recognised that individualism was not just a theoretical debate. He recognised that individualism spearheaded far-reaching negative real effects and therefore – problematic internalised responses.

At this time, in the culture in which I live, individualism is the dominant hegemonic philosophical position that influences how we come to know ourselves as persons. I have a sense that Michael felt the privileging of individualist ideas in therapy created long-lasting distress in our communities and in the lives and relationships of both therapists and clients.

Individualist assumptions rest at the very centre of psychology's project. And individualism's marriage with psychological culture and big pharmacology is viewed by some as one of the key powerful bastions of colonisation in the world today.

Despite the suffering created by therapeutic practices in the sway of individualism, it is rarely critiqued. And I might add that, at this time in our history, narrative therapy practitioners and theorists need to further contribute to a critique on the practices of individualism.

Narrative therapy, as I understand it, is the first and only post-psychological method of therapy. At the centre of this practice is how narrative therapy seeks to be anti-individualist.

By way of a quick example, an anti-individualist narrative therapy practice questions the legitimacy and ethic behind locating what is known as anorexia inside a young woman's individual body. From any theoretical perspective one can 'see' that the young person and their body is suffering and hurting and they are being severely threatened and harmed. However, if we fail to make the connection between these threats and harms on the one hand, and the surveillance practices and specifications of the body within post-capitalist culture on the other, then we will remain complicit in the crime and persuasion of individualising practice.

I invite you to think about the following questions:

- In what ways can we refuse to inscribe and privatise people's problems inside their bodies and return problems to the communal based contexts that create and sustain these problems?

- And how as therapists can we refuse to describe people's problems from words situated in an expert lexicon and instead invite persons to write their own insider words to describe their lives?

In my work, I sometimes have the opportunity to meet with practitioners in diverse contexts who are responding to people's suffering. For instance, I recently traveled to Palestine with Cheryl White and David Denborough from Dulwich Centre Foundation International. Our purpose was to train and work alongside local Palestinian therapists in four different cities (Ramallah, Nablus, Hebron and Jenin). These therapists work for the Treatment and Rehabilitation Centre for Victims of Torture. During our time there, we ventured into the various refugee camps and participated in therapeutic home visits with local families and their therapists. I suppose we could have used the term 'trauma' to describe the tremendous and ongoing suffering of the people with whom we met. We could have even marked their experience with the (relatively) newly branded scientific term 'PTSD'. But without fully recognizing how these person's lives are being lived under conditions of poverty, imprisonment, violence, surveillance and multi-generational loss, the term 'trauma' or 'PTSD' remains empty. Where I live in Vancouver, Canada, the First Nations people suffer inside conditions of poverty, unemployment, lack of housing, disease and much higher levels of incarceration, suicide, as a direct result of colonisation. Every context is different, and that is my point. My argument here is that psychological discourse on trauma remains empty to the point of being unethical, if it fails to convey the relational and political context of traumatic suffering. It also remains empty and unethical if it fails to convey local stories of endurance and survival.

Perhaps, as many of you might also conclude, the naming of the other in psychological terms does not do justice to structural inequalities or power relations. Nor does such psychological naming reflect the race politic, class politic, post-colonial politic, gender politic, or queer politic, implicit in so many people's experiences of distress.

I'm now at a place in my therapeutic journey where I don't think I really know what terms like 'depression' and 'anxiety' actually mean – in fact they don't hold much meaning at all. This is because the ideas themselves are formulated within a structuralist, functionalist and individualist ideology. I'm really only interested in how problems can be named in a relational context. How do we locate problems socially? For only when problems orientations are described communally – that is to say

relationally in language – can we make it possible for people to be freed up from individualised self-blame, guilt, negative imagination, etc.

I feel that one task of narrative therapy is to raise potent therapeutic questions and to push psychology towards a consideration of post-structuralism, anti-individualism, social justice, and critical ethnography. By doing so, narrative therapy will continue to shake the practices of psychology loose from preconceptions regarding 'normal' individualised ways of performing therapy, supervision and research.

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## STORIES OF ANTI-INDIVIDUALIST NARRATIVE THERAPY

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I would now like to briefly share two stories of narrative therapy that involve *therapeutic letter writing campaigns* (see Madigan, 2011). These stories involve Tom and Peter – two men who I saw at different times. With both of these men we held two family therapy sessions at my office before embarking on the creation of therapeutic letter writing campaigns involving their communities of concern.<sup>1</sup>

Therapeutic letter writing campaigns involve the enrolment of a person's community of concern to help re-remember and re-collect aspects of the person's life that the person has become restrained from knowing<sup>2</sup>. The idea here is that the community of concern holds onto a person's counterstories and possibilities until the person catches back up with them once free of the problem orientations restraint.

Here is how their stories played out.

The local psychiatric ward contacted me to see Tom and Peter at two different times. Both Tom and Peter were middle class, married, heterosexual men, who ended up on the back wards of the local psychiatric ward. Tom was 67 years old and Peter 36 years old.

Both men had found their way towards hopelessness and despair; both had ended up choosing death over life; and both men, miraculously, were pulled out from the toxic fumes of their cars with the motors running and – their lives were saved just in the nick of time.

As a result of them being saved they were mandated to the psychiatric ward. Their attempt at taking their own lives was viewed psychiatrically as a solitary act of which they were solely accountable.

In my initial conversations with Tom, I learnt that upon entering into retirement he had begun to feel that not only was he not doing retirement in the proper way, but negative imagination helped him believe that his life had not measured up to living a 'proper life'. In fact, it had recruited him into believing he had lived a failed life, even though this ran completely counter to other versions of his life that his community held.

Peter on the other had lost his three-year-old daughter, Mara, in a drowning tragedy when he was out of town. He too began to feel that he was not feeling what he thought a grieving father should feel and was not doing grief in the proper time allotted. In his own eyes, he had failed at grief and fathering.

Within the structures of the institution's pedagogy, the bodies of both men were viewed as passive tablets on which individualised disorders could be inscribed (or written onto). In other words, the hospital staff's expert knowledge was used to write pathologies directly onto and about Tom and Peter's bodies.

A lot was written about Tom and Peter's bodies. In fact, when I first met Tom he weighed in with a six pound hospital case file. Peter's file was lighter and came in at an even 3 lbs.

Within these files, both Tom and Peter had been described/inscribed with 'chronic major depressive disorders'. This suggested to me that the documented Tom and Peter (or the Tom and Peter of-the-file) were viewed by the staff within the confines of an essentialist, individualised interior (modern) self.

During his 12 months of ward time, Tom endured 48 ECT [Electro-convulsive therapy] 'treatments', seven regimes of medication, and a wealth of cognitive behaviour treatments. Distraught with these procedures and feeling as if they were making him feel worse, Tom tried to take his life two more times while on the ward.

Peter was given three different regimes of anti-psychotic and anti-depression medication, a daily dose of cognitive behavioural therapy, and was isolated in his room for long stretches of time for 'bad behaviour'. Peter also took another unsuccessful crack at ending life while he was on the ward.

The reason the institution contacted me was because the bodies of these men were inscribed upon, classified, and eventually reprimanded, as 'therapeutic failures'.

However, there seemed to me to be an obvious contradiction here. On one hand, the hospital had condemned both Tom and Peter to a life of 'identity death' (since they were named as 'chronic' and therefore unable to be helped). But, at the same time the hospital desired the men to 'recover' through the use of the same psychiatric technology that had condemned them. Hmmm.

In contrast to a psychiatric individualising approach to therapy, we instead embarked upon therapeutic letter writing campaigns involving Tom and Peter's communities of concern. My hope was the campaigns would provide a therapeutic means to counter-balance problem-saturated stories and restrained memories.

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## LETTER WRITING CAMPAIGNS

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The letter writing campaigns involved recruiting a community of loving others who held onto preferred stories of these men, while Tom and Peter were restrained by the problems' version of themselves. Together with Tom, Peter, and their families, I wrote a letter to selected members of their families/community (who Tom/Peter selected), and asked them to assist in a temporal re-remembering and offer a counter eyewitness account by writing back to us a letter outlining:

- their memories of their relationship with Tom/Peter,
- their current hopes for Tom/Peter, and
- how they anticipated their relationship growing with Tom/Peter in the future.

After two sessions, Peter, the team and I drafted a letter to his community of concern. He chose a dozen people to mail the letter out to. The letter read:

*Dear friends and family of Peter,*

*My name is Stephen Madigan and I am a Family Therapist working alongside Peter. Since Mara's tragic death, Peter has let me know that 'he hasn't known how to face the world'. Up until recently, a sense of 'hopelessness' has pretty much 'taken over his life' to the point that it almost killed him. Another debilitating aspect of this profound loss is that Peter can't 'remember much of his life' before Mara's death. Peter also feels 'oddly responsible for Mara's death', even though*

*he knows 'somewhere in his mind' that he 'was out of town the day of the accident'. Peter believes that there is a 'strong message out there' that he 'should just get on with his life'. Peter says he finds this attitude 'troubling' because each 'person is different' and he believes that he 'might never get over it but eventually learn to live alongside it'.*

*We are writing to ask you to write a letter in support of Peter explaining:*

- a) memories of your life with Peter,*
- b) what you shared,*
- c) who Mara was to you,*
- d) how you plan to support Peter while he grieves,*
- e) what Peter has given to you in your life, and*
- f) what you think your lives will be like together once he leaves the hospital.*

*Thank you for your help,  
Peter, Stephen and the team*

The 'general' structure for the eyewitness letters was as follows:

- All campaign writers were invited to the next session (if this was geographically possible). At this next session a 'response team' of therapists was also present to act as further witnesses.
- Each writer then read their letter aloud to Tom and Peter, and Tom and Peter were then asked to read the letter back to the writer. In this way, both the writer of the letter and Tom and Peter could attend to what was being said/written from the different positions of speaking and listening.
- After each letter was read by the writer and discussed with the Tom/Peter, the community of others in the session (who were sitting and listening) offered a brief reflection of what the letter evoked in their own personal lives.
- This process continued until all letters were read, re-read, responded to, and reflected upon.
- Each member of the therapist 'response team' then wrote and read aloud a short letter to Peter/Tom and his community. In this letter they reflected on the counter-view of the person offered up by the person and their community, and aspects of the letters that moved them personally.

- Copies of each letter were then made and given to everyone who attended.
- To follow up the session, I then wrote a further therapeutic letter addressed to everyone who attended the session including Tom/Peter, their community of concern, and the reflecting team.

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### UPSHOT OF THESE CAMPAIGNS

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In my experience, therapeutic letter writing campaigns enable a communal response as a means to counter psychology's individualising practices. The process subverts the power of the expert and knowledge power of the hospital and instead acts to privilege, re-tell, and perform, alternative counter-viewing knowledges of insiders – Tom and Peter's communities of concern.

Throughout the letter writing campaigns, our individual therapeutic conversations also continued. During these sessions we raised suspicions and counter-viewed various discourses that were negatively affecting Tom and Peter's lives. These included dominant discourses surrounding 'retirement', 'shock treatment', 'men's identities', 'psychiatry', 'suicide', 'fatherhood', 'grief', and 'relationships'. This process of deconstruction made it increasingly possible for Tom and Peter to separate themselves from dominant understandings of these concepts and to find a way to escape from their specifications. In particular, Tom became free of the specifications of what constitutes the 'proper' and 'appropriate' personhood of a man who retires; while Peter gave up on the idea of 'getting over' his daughter's death and instead found ways to 'live alongside it'. Both men began to re-orientate their identities away from professional psychological definitions and towards local, historical, cultural, and social knowledges. They re-connected with an identity that had become lost to them within the problem's orientation and the individualised orientation of the professional discourse.

As a result, Tom permanently left the psychiatric hospital two months after narrative therapy began. Shortly after this he began the process of coming off all psycho-pharmaceutical medications. Peter left the hospital six weeks after therapy began and he too left medications behind. When they left the hospital, both took with them the remembering letters of love and support.

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### OUR OWN ANTI-INDIVIDUALIST HISTORIES AND FUTURES

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I suppose my anti-individualist position is somewhat under the sway of being born Canadian to a pair of thoroughly pro-Irish immigrant union organising working-class parents – who worked their entire lives with the poor and the dispossessed (for free I might add).

My parents and their community of Irish Diaspora collected and distributed food for the soup kitchens, set up homes for the homeless before they were so named, raised money and then constructed summer camps for the impoverished youth from the poor neighbourhoods of Toronto, and visited the same seniors' home every Monday evening for 35 years.

Myself and my two sisters were involved in each one of these activities. Personally, I quite enjoyed going to what were called the 'soup kitchens' because I got to watch my father interact with all the 'fellas' – who were poor, white, middle aged men struggling in relationship with alcohol, abuse, violence and underemployment.

I loved to listen to the many ingenious ways my father got the 'fellas' to tell their stories of crime, passion and wonder. After the group meal we would just sit together for hours as all the 'fellas' smoked and told their wild tales. My father (who has an amazing tenor voice) would sing songs and people cried and sometimes they laughed so much it was often hard to remember we were all sitting together in a soup kitchen. Looking back, my father Frankie was the best group therapist I have ever known.

Once, in the late 1960s when I was about nine years old, I went out on a 'visit' with my father to Mr and Mrs Green's house. I innocently asked him what the family had done wrong to no longer have the means to pay the rent or have any food. I guess I was innocently individualising poverty and linking the idea of poverty to being bad and doing something wrong. My father turned to me and responded emphatically in his thick Irish brogue 'Ah sure son being poor is not a crime – and it's no fault of their own and no lack of hard work or trying. They've just fallen on a little bit of bad luck – and did you know that your mother and I once heard Mr and Mrs Green sing a song together that was so lovely that everyone within earshot began to weep. And I think the birds and dogs listening on also had a little cry of their own. So today I think we should try our very best to get

Mr and Mrs Green singing again just so they remember what a gift they have'.

And sure enough, within ten minutes of being in the Green family home my father had them reeling with laughter (on account of telling them an off-colour joke about the two Irish fishermen off the coast of County Clare having to pee in the boat). Then I watched him so deftly slip them money to pay the rent and buy food and – suddenly there were the Greens smiling and singing in as beautiful a way as my father had earlier described. Mrs Green said that she hadn't felt that good in over six months.

It wasn't long afterwards that I found myself over to the Greens for an evening meal with my family to celebrate Mr Green's re-employment and Mrs Green's appointment as the new assistant school secretary. She cooked her favourite lemon meringue pie for my mother and father. And that night they all sang together until long after midnight.

My parents did not have the opportunity to complete their high school education, however they developed uniquely wonder-full ways of helping people remember the best aspects of who they were, who they had been, and who they might possibly become. And in all my years of watching my parents and their Irish friends interact within the community, I never once found them needing to sickly name or individualise anyone. I suppose theirs was an ideological practice stance of equality and community built on compassion, appreciation and understanding.

I've subsequently spent a lifetime puzzling over just how a person's identity story gets *manufactured*. What

were the institutional discursive influences on this story? What dominant stories/institutional taken-for-granted ideologies shaped this life? How did they resist, how did they respond, how did they survive?

We are continually living our lives within a community of language traditions. We cannot not. And we are at all times in a constant state of identity construction, distribution and negotiation. Therefore, no matter how hard the sciences, psychotherapies, religious orders and the judiciaries try to pin us down, we cannot ever be fixed or categorised in a moment of time.

We are all living out traditions that have been bequeathed to us by others and, although we may be taking up these traditions in different ways, they are still shaping who we are and how we live our lives. The echoes of our cultural histories are always present. We live in a world that recedes into the past and extends into the future. And how we story this future helps determine our present.

So, rather than pitting ourselves against history, we might need to remind ourselves and each other to remember, recollect, and recall it. Just as I recall the singing of Mr and Mrs Green; as well as the actions of my parents, and the words of Michael as he flew his plane.

And while we are remembering, we will also, I hope, be creating further forms of anti-individualist narrative therapy work. Ways of practicing therapy that do justice to the beauty and complexity of people's lives. I am hopeful the next chapters of narrative therapy may well be written here in Brazil.

Thank you.

*"We are all living out traditions that have been bequeathed to us by others and, although we may be taking up these traditions in different ways, they are still shaping who we are and how we live our lives..."*

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## NOTES

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1. This is a term that David Epston and I came up with (see Madigan & Epston, 1996).
2. Much of Michael's early ideas on externalising conversations were influenced by Gregory Bateson's idea concerning 'restraints'.

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