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Internalized Conversational Problem Habits.

My fascination with the specific workings of *internalized conversational problem habits* first began in 1993 when David Epston mentioned he'd been interviewing young women from around the world who were struggling with *disordered eating*. He observed that even though the women's "accents" (English, French, Spanish, Swedish etc.) were very different to one another (due to residing in different cities on different continents) the women's descriptions of the internalized habitual language¹ of anorexia and bulimia *was almost identical!* This brought me to the shores a frightening conclusion - the language, practice, rules and rituals of eating disorders were being exported world wide – and I was stunned.

From these realizations we began a more thorough investigation into Foucault's writings on Jeremy Bentham's design and creation of the panopticon, and Foucault's ideas on power/knowledge, subjectification and internalized cultural discourse. We began to investigate in therapy what the *discursive apparatus* was regarding how these internalized cultural dialogues work, where they came from, what supports their injurious linguistic life, the ways they perform our lives, and started a project to map out exactly what the internalized problem habits were saying and how we were responding etc.

In our close up study and documentation of the internalized discourse of problems, I began to realize that from the cradle we learn our culture codes through imitation – we'd copy what we watch and hear. It is *ritual observance*. We learn from those who learned before -- to walk, brush our teeth, ride bicycles, spell words, speak language, and adhere to ethics and good manners. We fashion our talk and ways we perform and see the world, through an internalized fragmented "Karaoke" form of the other—while they are doing the same. We sing their songs of right and wrong, and catalogue this in cultural verse. So in the best of our living world, narrative possibility was not restricted nor restrained to exclude the multiplicity and fusion of alternative rhymes and reason (Madigan, 2004).

¹ See Madigan's work on internalized *chitter-chatter*, 2004. A book entitled *Chitter-Chatter – The 8 conversational habits of highly effective problems*, is currently being written and developed for the public. The text is an anti-self help book written to promote ideas supporting post-structural mental health ideas for the masses.

Through a close reading of our session transcripts, it appeared to us that - as citizens - we partake in a practice of ongoing internalized conversations with ourselves (and imagined others) as a way of measuring ourselves against the external world; trying to determine if we fit in, if we are acceptable and wondering if we are “normal” (i.e., normal parent, employee, partner, etc.). These internalized conversations are a mediated discourse of what is currently considered ‘normal’ living/being through standards set by prevailing cultural ideas. As citizens we perform, reproduce and respond to these prevailing ideas and sculpt our lives – en masse - accordingly.

Through David Epston’s influence, I began spending more close up co-research time with insiders and their knowledge about problem conversations – particularly members of Vancouver’s Anti-anorexia League.

What was eventually co-researched and encountered were *eight primary injurious conversational habits*².

They were:

1. self-surveillance/audience, 2. illegitimacy , 3. fear , 4. negative imagination/invidious comparison , 5. internalized bickering, 6. guilt , 7. hopelessness, 8. perfection

Below is a quick review of what the therapeutic co-research into internalized conversational habits found³:

1. Self-surveillance/Audience - A quick review of our earlier discussion on Michel Foucault’s third mode of objectification analyzes the ways in which human beings turn themselves into subjects (Madigan, 1992b) which he identified as subjectification (Foucault, 1965, 1982). Subjectification involves those processes of self-formation in which the person is active. Foucault is primarily concerned with isolating those techniques through which people initiate their own active self-formation. Foucault contends that this self-formation has a long and complicated history as it takes place through a variety of operations on people's own bodies, thoughts and conduct (Foucault, 1980). These operations characteristically entail a process of self-understanding through internalized dialogue mediated through external cultural norms. Foucault (1973) suggests that people monitor and conduct themselves according to their interpretation of these *set cultural norms*. He views the process of internalized personal discourse – the conversations we internalize from

² I suppose one could make a very good argument to include anger, mistrust, blame, shame and countless hundred other internalized problem conversations – and they would be absolutely correct in their assessment.

³ What is often relationally externalized in narrative therapeutic conversations are the 8 internalized problem conversations – the cultural chitter-chatter conversations we inhabit.

culture to ourselves - as an action of *self control guided by set social standards*. This seems to be why inhabitants within each distinct culture appear to ‘know’ a specified moral code reflected within performed themes of living and located within their own present culture (Madigan, 1999, 2003, Nylund,, 2007c).

Within this recursive/discursive frame it is often only negative knowledge that supports the problems version of the person.⁴ Internalized self-surveillance and the thoughts of the negative perceiving audience is present in the struggles with any problem because without an internalized act of self-surveillance and a dialogic injurious audience of support, *a problem cannot survive*. Problems often become a problem when we encounter an *I think that you think that I think* (that I am a bad person, partner, son etc.) an so on – supporting of a negative imagination internalized conversation of the other looking on to our experience.

Counter-viewing questions to consider are:

1. What constitutes an audience/a spokesperson?
2. What does the chitter-chatter conversation say?
3. How does it work?
4. By what means is the surveillance audience supported?
5. Who is involved in this specific problem audience?
6. What/who constitutes the you-supporting alternative audience?
7. What are the major discursive influences affecting your internal self-surveillance system?
8. When is self-surveillance most self supporting?

Imagine the following scenario -- you are a professional hired to work in the field of ‘mental’ health. You have just suffered through a terrible divorce. The negative thrust and audience to this internalized story may involve many institutions and individuals. It involves negative conversations about the deficit you, across the temporal plain, with persons both dead and alive. To name but a few of the internalized negative observing self-surveillant/audience opinions the habit can draw from include the surmised negative view of you from—your children, the legal team, the judge, your ex-partner/wife/husband, your family, friends,

⁴ British psychiatrist R D Laing wrote about something similar in his fascinating book of inter-actional poetry entitled “Knots”, and I believe it was Harry Stack Sullivan who wrote about the issue of projective identification - their fascinating ideas however, neglected the post-structural community dialogic component of situating problem talk within dominant discourses.

colleagues, students, neighbours, your parents and relatives (both dead and alive), the professional community, a religious community, the banker, the accountant, new associates/colleagues, strangers, the grocer and dry cleaner, the children's teachers, God etc. etc.

What are they saying? What is our response of this saying? Does it influence the opinions you hold of yourself? Do these negative imagined accounts that you perceive others are holding about you provide an influence on how you perform your life, and how you relate to people?

Counter-viewing questions such as “Why would this injurious conversation want to separate you from your best knowledge of yourself and the persons that love you” or “Do you think the divorce has changed every aspect of who you are as a person, and has it somehow turned every single person who once love you - against you, including yourself?” Do you feel like the problem has supplied you with a negative paparazzi view of yourself? How has the problem created a horrible campaign of gossip about your life? What are your thoughts on gossip and gossipers? Are there any outstanding ideas that you have grown up with concerning marriage that are presently holding you back from a different and perhaps more philosophic/realistic view of your situation? Are there any particular popular knowledge's about marriage/divorce that seem to be supporting this negative view of yourself?

These debilitating negative self-surveillance/audience conversations are so often disconnecting of the person from their relationships. Implementing a rich process of reconnection towards belonging and re-rememberances regarding the more fulfilling stories persons in their lives have told about who they are is crucial for change to occur. Watching for, and speaking to signs of restored hope and charting hopes comeback (as it tries to push through the habit) is also liberating and helpful.

2. **Illegitimacy** - I was first introduced to the inner workings of this habit in 1997 through the therapeutic work my Vancouver School for Narrative Therapy teaching colleague Vikki Reynolds⁵ was doing with a Canadian based refugee population who had all been victims of torture in their home countries on account of their political beliefs. She introduced me to these men, I worked with them in therapy, and received a

⁵ Vikki Reynolds PhD is a faculty member with the Vancouver School for Narrative Therapy in Vancouver Canada. www.therapeuticconversations.com.

close up view of their experience of disconnection and illegitimacy. She also introduced me to the political activists idea of witnessing and legitimizing their experience through a process of therapy (Reynolds, 2010). I then began to extrapolate on these experiences to consider the experience of illegitimacy in the lives of other persons I was talking with in therapy.

This internalized conversational habit involves the question of *who has the rights to the person/problem story being told*. When problems question a person's legitimacy and human rights a certain experience of "less than worthiness" takes hold. Persons can come to experience themselves as *refugees* in their our own lives, with nowhere to belong or feel safe. Persons will often recall an experience of feeling fraudulent/deficit in their own lives/relationships. As a side note - many therapists I see in therapy and 'super'-vision experience this illegitimate experience.

I question the discourse of illegitimacy in the following counter-viewing ways:

1. Who holds the power to construct the story of legitimate personhood?
2. How are standards of legitimacy produced?
3. What place does a feeling of belonging hold in ones experience of legitimacy/ illegitimacy?
4. By what means are these stories negotiated and circulated?
5. What knowledge/power is involved in who is said to be normal and who is not?
6. How does one begin to experience themselves as a refugee in their own life?
7. What are the problem stories and modes of production that assist in this story of illegitimacy?
8. What are the alternative stories that assist in deconstructing this story of illegitimacy and re-remembering other preferred aspects of ourselves?

Consider the many persons who come to see you in therapy who experience themselves as less than worthy citizens, parents, children, therapists, workers, partners, etc. - who feel they are illegitimate, unworthy, and fraudulent. Whether it be the young person who has been violated sexually, or the employee who feels left out, or the gay man who is forced to hide his identity, or the new mother who sees herself as selfish, or the shy person who is afraid to speak, or the overweight individual who can not go out, or the person on social assistance who is ashamed to be seen by their family, or the person of colour who quite rightfully feels invisible, or the therapist who feels like they are useless and should quit their job before they do any 'more' harm..

The habit of illegitimacy speaks to a person's experience of feeling a lack of connection, visibility and belonging in their everyday life. The injurious speech act of the habit does not make available to that person the many reasons *why* they feel this sense of anomie, through the very fact of living within Western societies dominant norms. Instead, the habitual conversation is one of blame and condemns this person for being, as a client mentioned to me this week, a "loser in their own life."

If we consider a post-structural position in our questioning we can begin to hold their experience as one connected to a much larger set of punishing values, moral codes and expectations. Through this discovery we might begin to piece back together a plan to stand up to the oppressive dialogic regimes that holds the person exclusively accountable.

I question the discourse of illegitimacy in the following counter-viewing ways:

- 1) Do you have a sense of who is backing up this story that you do not belong?
- 2) Were there ever times that you questioned someone's illegitimate view of you as illegitimate?
- 3) Are there any views that society holds that makes feeling like you are a legitimate citizen difficult to achieve?
- 4) Have there been any particular stories told about you by powerful influences (bosses, books, TV, doctors, etc.) that have reinforced your experience of feeling powerless?
- 5) Do you ever find that the more you try and prove your legitimate worth to someone (or some group) the more you end up feeling illegitimate?

3. Fear - this discursive habit accesses our greatest fears regarding disconnection, loneliness and 'self' doubt. The problem creates a "horror film" of our worst nightmares (past, present and future), thereby paralyzing a person's fresh ideas and thwarting any and all attempts to move towards freedom.

I question the discourse of fear in the following counter-viewing ways:

1. What are the worst fears produced within ones culture? ie. being poor, being marginalized, being shunned, being single, being left out and not included.
2. What ideas might keep these fears alive within your experience of living?
3. How does fear manage to wreak havoc on your imagination?
4. By what means does the problem of fear create a frightened state and then blame a person for being a coward?
5. How does fear take away from a persons recognizing and honouring their heroic journey?

6. In what ways can fear be treated as the scared little problem it is?

7. In what ways can fear be turned on itself and become afraid of a persons moves towards standing up to it?

The habit of a dialogic negative fear is different to legitimate or reasonable fear. Children do need to fear walking into oncoming traffic, sexism/rascism/homophobia do exist, dogs do sometimes bite and planes do sometimes crash. Date rape does happen and drinking outdated milk could give you a stomach-ache. To acknowledge a reasonable fear is very often to construct a plan of safety.

The habit of fear is a different bird altogether. The habitual dialogue that fear promotes is ongoing, insidious, “irrational”, and, it is definitely not safe! The conversation creates debilitating scenarios of death, destruction, isolation and rejection. It has been described as “a pounding physical force that sits atop my chest and squeezes the life out of me.” Many dominant narratives play into fears ability to grow larger in a person’s life. Fear acts like the “little engine that could” behind the scenes (like the wizard behind the curtain), conducting a full accounting of all the many ways you *will* mess up your life. All the ways people *will* hurt you and reject you, and all the many reasons why you *should* just give up on life.

A tactic of fear (like many of the other habits) is to argue both sides of the “coin” (and damn you no matter what side you take!). What I mean by this is that the fear conversation will create a context of frightening scenarios and at the same time will blame the person for being fearful (and crazy) for dreaming up these scenarios. This is a second order fear—fear about fear. Interviewing the injurious speech acts of fear can often be initially a bit embarrassing for the person. But it is within this very experience of embarrassment that a counter-logic of their own abilities to create spaces of safety, acceptance, strength can be highlighted.

I continue to question the discourse of fear in the following counter-viewing ways:

- 1) Do you have a sense that fear has launched a terror campaign against your life?
- 2) Do the fears attempt to box you in and give you no way out that ultimately lead you to a dead ended you?
- 3) Does this fear ever draw on everyday events around the world and blow them out of proportion as a way of blowing your mind by telling you this could happen to you?
- 4) Do you ever catch fear exaggerating?

5) Are there ideas common to all of us that fear takes advantage of e.g. job loss, death, disease, loneliness?

6) Does fear ever make you feel like you are a passenger in your own life?

4. Negative Imagination/ Invidious Comparison - Negative imagination takes hold across the temporal plain by gathering only negative information from the past and present that fits within the problem frame (Bateson, 1979) and predicts “more of the same” negative results into the future. Negative imagination produces a shallow description of the fullness of lived personhood leaving out experiences of survival, love and connection. It produces a constant “worst case scenario” of events. Negative imagination – through invidious comparison - will always compare a person “down”. No matter what the circumstance or story, the person is left with the feeling that they do not quite “measure up” to specified standards. The tyranny of perfection, and its impossible quest, often helps this habit along.

I question the discourse of negative imagination and invidious comparison in the following counter-viewing ways:

1. How does negative imagination capture the complete story of personhood?
2. What tactics and allies does it use to create such a convincing story of negativity?
3. What common ideas about who you “should be” does it solicit to seal off any alternative lived experience from its description of its account of your life?
4. How does negative imagination gather “steam” within the problem story?
5. What helps to create a “leak” in the negative imagination framework?
6. How is it that persons in our community have been left with the experience that they do not, nor will they ever reach a culturally acceptable norm?
7. Which normalizing views are most effective in maintaining an invidious (unpleasant) negative comparative experience

One person described negative imagination being like a “train without breaks” – because once the negatively imagined dialogue gets on a roll it is very difficult to stop. A mole on your forearm transforms itself into wondering who will attend your funeral; a partner who is late for dinner is imagined in a motel room with the neighbor; a temper tantrum of a young child means they will never be attending college; and a particular glance from a colleague is interpreted to mean that you will not have your job at the end of the day.

A young woman described invidious comparison as “holding court against her in just about every encounter” she had -- from the women she saw walking down the street draped onto billboards, to inanimate speakers like animals to persons she did not know -- all compared her down—from what she was “supposed to be”. From within the habits grasp on her life she believed the model she saw in the magazine was thinking that her body was disgusting; the dog next door never wanted an owner like her; and every stranger she crossed paths with disliked her. To expose and discuss these negative conversations is to poke holes in their legitimacy and what seems to be their ironclad logic.

5. Internalized Bickering - problems conversations love to debate issues as a tactic of confusion— they don’t really care what side of the argument they take, and they will often argue both sides. The bickering is an exhausting process of self-doubt and often leaves us with no answers and feeling paralyzed. This process is sometimes referred to as the “paralysis of analysis”. The internalized argument is often fully capturing of our imagination and creativity.

I question the discourse of internalized bickering in the following counter-viewing ways:

1. Of what institutional standards does bickering thrive upon?
2. What are the agreed upon moral codes regarding specified ways of behaving that bickering draws upon?
3. In what ways does internalized bickering capture the “heart” of our conversations?
4. It is said that we speak internally at approx. 1,200 words a minute -- how much time does the average person spend -- on any given day -- getting caught up in the bickering?
5. In what ways can we celebrate and appreciate moments of freedom from this lived experience?
6. What would it mean to be free of problem centered bickering?

Think about the prospect of quitting your job, or reliving a difficult conversation with a loved one, or trying to decide on whether or not to quit smoking. The habit of internalized bickering can completely capture our entire conversational domain (with just one of these topics, never mind the hundreds of decisions we make on a daily basis).

The habits injurious speech acts to argue, counter argue, and argue some more from differing positions (and other persons positions) -- over and over again -- across the temporal plain. Co-researching and witnessing the members of the Vancouver Anti-anorexia/bulimia League experience with internalized bickering, they

commented on how it was such “exhausting work” in trying to keep up with the “right” thing to do. And even after a decision was made, a conversation could be had on whether it was the right decision to have made! Round and round and round they went. Add to this the other habits -- particularly the habit of the self-surveillance/audience -- and then you can see how a person can be trapped inside a hundred different positions the imagined others would take and not take, support and not support, on any given issue. Talk like this can take up so much of our lived experience that we end up experiencing very little else but indecisions.

In the horrid and often murderous conversational domain of disordered eating, internalized bickering takes on enormous proportions (see Grieves, 1998, Madigan and Epston, 1996). Internal debate regarding calorie counting, number crunching, exercising, body surveillance, do I do 1,000 or 1,5000 sit ups, and the should's and should nots about practically every subject are in constant discussion. The end result is that a person's close up attention to all the habits issues is distracting of their life moving forward as they are eternally calculated as either entirely wrong doing or not quite perfect enough. David Epston has called this phenomenon being “crucified to a dilemma” (David Epston, personal conversation, July, 2002, Vancouver, Canada).

The process of internalized bickering erodes confidence, support and trust in ones self. A person once came to see me because they could not decide whether their terminally sick non-speaking Mother should be cremated or buried in a casket. The family bickering about the issue had completely taken over their lives, and the all consuming effects of this ongoing debate had forced them to loose their relationships with each other during a time of immanent loss. This resulted in the family becoming very isolated and disconnected from one another.

A heterosexual couple came to see me regarding their ongoing relationship conflicts. We discovered that the ratio of how much they bickered “out loud” between each other was a startling “100 times less” than those discussions they had internally alone (about the issues). Meaning - they came to realize that the main conflict between them was being viciously played out within their individual personal discussions regarding – *do I stay or do I go* - they were having within themselves. They also discovered that they sometimes had a difficult time figuring out what had actually been said and done between them compared to what they had *imagined*. Once they found mutual ways to stop their internalized bickering within themselves (thereby

stopping the imagined internalized bickering with the other) the actual issues of conflict between them were easily sorted through and eventually ended.

Another person came to see me and despite the fact she had tested negative three times, she remained convinced she had been infected by the HIV virus. Once again the internalized bickering and its punishing effects had taken over her life and she had begun to give up and lose everything she once loved.

Not all internalized bickering has the dramatic and negative consequences of the prior examples, however, the habit does provide a foundation for temporary paralysis, bitterness, mistrust, compelling thoughts, thoughtlessness and as one client stated “a devotion to time not very well spent”. I would liken the habit to the mindless torture Sisyphus endured as he pushed that bolder up the hill that ran down the other side once he reached the top.

More Counter-viewing Questions: Do you have a take on who's arguing for and who is arguing against these many internal bickerings? Are there ever times that you can look back and address how much of your day was spent bickering with yourself? Have there been times when you have become fed up and exhausted with these “ongoing nowhere” conversations? Do you ever stop to notice the calm you experience when the internal bickering quiets down? Have you ever experienced yourself listening in on the bickering and finding it amusing? Have you ever been aware of what and who might sit behind this dialogue outside of yourself?

6. Hopelessness - this injurious conversational habit affords a cascading downward view that renders all help, community and connection as pointless. It is a surrender to the belief that all hopeful experience and stories living outside the problem frame are meaningless. It is a tactical strategy that affords the problem possibility for “giving up” on all things possible.

I question the discourse of hopelessness in the following counter-viewing ways:

1. What are the combined problem efforts that afford an experience of hopelessness?
2. How does your community view a person's sense of hopelessness?
3. What institutional discourse and practices support hopelessness?
4. What are the alternative practices that support hope?

5. What specific issue does hopelessness thrive on?
6. Is there any particular belief or anyone person that most assists a hopeless view of yourself?
7. Was there ever a time that you experienced a little bit of hope for yourself?

Hopelessness takes many forms and most steer us towards an experience of us giving up on ourselves. Persons describe the feeling as an experience of “no way out”, “being boxed in” and “life being futile.” Hopelessness inspires a sad paralysis of belief and performance. Hopelessness directs persons towards a “dead end” view of their lives. It encapsulates our lived experience into a small and limiting picture.

Remember Tom’s experience of going free of depression? Upon retirement from a long and successful career (as reported by his partner), Tom came to see me with very “little desire for living left”. Hopelessness had offered him an extremely shallow retrospective view of the life he had lived and predicted that it “would only get worse.” He had been pushed along in hopelessness—with the help of an eleven month stay on the psychiatric ward to the point where he decided that a choice of killing himself was a better one than a choice of life.

A 35 year old woman came to see me who described her life as mired in isolation and hopelessness. During our 3 months of therapy together she had begun to take steps towards a renewed hope in herself by taking University courses, reconnecting with friends, enrolling in recreational activities, and visits with family. To celebrate her new found hope she invited a friend to go on a one week kayaking trip as a way to celebrate her re-remembering back to all the qualities and gifts hopelessness had once taken from her. She had just arrived back from the trip a week earlier when she came to see me again. She described being in an “awful state” because upon her return to home, hopelessness took a gigantic and vicious step back into her life—so much so that had made a serious attempt to take her life. Fortunately the Emergency Service Team got to her “in the nick of time” to save her. We realized together that we had mistakenly under played the necessity to plan for a return of hopelessness upon her return from her trip. The anger she felt towards herself was suddenly turned against the hopelessness habit for attempting to “wash away my memories of my trip and the strides forward I made these past few months.” She stated that “swallowing the pills was not me and never again will the fake and made up story of hopelessness take over my life!” She is now able to maintain the hope in her life that she worked so hard to bring back and has not chosen a step towards death in several months.

A young person of fifteen years of age relayed a quiet and sad story of being bullied and rejected throughout the course of their school and neighborhood life. A daily conversation of hopelessness had entered his life and given him very little to aspire to. Hopelessness encouraged a view that his existence “would only get worse”. Hopelessness had blocked any other view of himself such as “excellent student, a community volunteer, humorous, a solid skate boarder, and a talent for helping friends get through “rough times” that he was eventually able to recall.

I question the discourse of hopelessness in the following counter-viewing ways:

- 1) Do you thinking a giving up on hope is the way in which hopelessness finds a way to help you believe that giving up is a good answer?
- 2) Are there places of hope that you can remember that are currently blocked out by hopelessness?
- 3) Is there any one person or any one idea that promotes hopelessness life within your day to day living?
- 4) If hope were to be re-discovered in your life what present qualities in you would give it staying power?
- 5) Is the love you hold for yourself in any way helpful to the restoration of hope in your life?

7. Perfection - Perfection masks itself in the world of acceptable forms of high achievement and attitudes of excellence. While there is obvious room to appreciate ones evolving achievements and try ones best in any endeavor - to work hard, to learn more, to excel at ones passion - negative discourse and the possibility of injurious perfection speech is ever present - given the discursive pressure towards perfection ideals within Western cultures.

We are trained up in ideas of perfection through most of our learning lives within the teachings and structures of religion, education, athletics, science, media, medicine, industry etc. Perfection standards (despite being entirely unachievable and mythical), are underwritten by humanist ideas of the “higher self”. This particular habit plays a dominant role in our experience of not measuring up to specified standards of living. Although perfection is not humanly possible the discourses that perfection is located within continues to hound us with the idea that we should continue to pursue it with ever greater zeal. Perfection training often dismisses our achievements and categorizes them as “not quite good enough.” We might have cause to wonder if we are inspired to train harder for ourselves or for perfection?

I question the discourse of negative imagination and invidious comparison in the following counter-viewing ways:

1. Can you recall the ways in which you have been trained and pressured into ideas of perfection even though perfection is not possible?
2. In what ways do perfection standards make you blind to your achievements as a person/parent/partner/employee etc.
3. If you were to reject your training in perfection ideals what aspects of yourself and the efforts you have made, be celebrated.
4. Has the idea of perfection in any way given you a less than worthy idea of yourself?
5. In what ways does perfection negate your ability to listen to another's praise of you?
6. Does perfection seem to measure the cup of achievement as being half empty?
7. Do you have a sense that you could ever satisfy the critical voice of perfection?
8. Are the pressures of perfection any different between men and women?

I have always intended to write a book entitled "*I'm not ok, you're not ok - and that's ok!*" as a way of undermining the curse of the idea of perfection. Through my work alongside my longtime colleague Lorraine Grieves (see Grieves , 1998) and the years of co-research conducted with the Vancouver Anti-anorexia/bulimia league, the struggle to undermine the pressures of perfection the membership experienced was paramount. We came to realize that the habit of perfection could never allow a person to experience a joy for living. Perfection, as one member stated, "set such high standards and once I got there it always moved the bar a little higher." For example, perfection helped set the preferred weight a woman should lose, and once attained there was no room for celebration as it would move the perfect weight "just a little lower." Perfection discourse demanded just a little more exercise, just a little less food, just a few more laxatives and so on. This vicious game of perfection would continue until the person could no longer function and often ended up hospitalized. And sadly there were times when the perfection game ended in death.

Perfection was once described to me as an "angry task master". Perfection is punishing, blaming, and persecuting. The tortured struggle to achieve perfection as a student, dancer, daughter, worker, parent, athlete, boss, partner etc., can act to ruin lives. Perfection discourse appears to have no boundaries as to whom it negatively effects.

A high ranking business executive recently came to see me through an Executive Health Network. He worked an average of 14 hours a day on his climb up the corporate ranks. He rarely took more than a day or two off a month for fear of “falling behind”. When he wasn’t working he was at the gym trying to sculpt the perfect corporate body⁶. He stated he often felt that despite all of his hard work he could not keep up with the pressures and stress of the corporate agenda that supported perfection. He stated that he was “miserable and never had time to dwell on his achievements.”

He was only thirty-eight years old when years of injurious perfection harassment had helped bring on the heart attack that almost killed him⁷. In the aftermath of his eight day hospital stay, he let me know that perfection told him he was “weak and feeling sorry for himself”, and, he needed to “keep working as hard as he had before”. He feared the heart attack “would lessen his value in the eyes of his peers.” Perfection had set up his dangerous health conditions and then blamed him for his current position of ill health. Perfection then demanded that he “get back up on the horse again and stop worrying - worry was for losers.”

Even when one experiences being sacrificed on the altar of perfection it can sometimes be very difficult for them to take a step back and look at the life perfection had driven them towards. It could be argued that perfection—working in tandem with all the other injurious conversational habits— provides the fuel for that hard driving machine known as Corporate America.

8. **Guilt** - a constant training in this conversational habit comes by way of our trainings in such institutional discourses as Religion, Science, Corporate and Academic institutions etc., coupled with dominant and specified ways of performing in gender, class, sexual preference, race etc. When guilt leaks its way into our imagination and understandings it can flow without restraint. Guilt will often set the stage for a wealth of other problem strategies and misunderstandings to emerge.

I question the discourse of guilt in the following counter-viewing ways:

1. When you look at history, what conversations of guilt have been used as instruments of social control?

⁶ Epston has called this experience one of “corporate anorexia”

⁷ Cocaine use is usually a primary cause of heart attacks with other clients I see under the age of forty. This was not the case for this client.

2. By what historical means has the conversation of guilt been used to sway the populous into specific ways of being?
3. Who are usually positioned to be the beneficiaries of guilt?
4. What are the combined effects of guilt on communities, families and persons?
5. Have there ever been times that guilt has persuaded you into doing things or saying things that left you feeling empty afterwards?
6. Are there experiences in your life that you have been wrongly guilted for?
7. Have you ever in your heart done what you considered to be the right thing but somehow guilt blamed you for doing the wrong thing? How do you explain this?
8. Do you think men and women are equally trained up in guilt?

A lawyer came to see me last week for “a talk.” He had been asked to come and see me by his Law Partners because he was viewed as “not being a team player.” The issue at hand was that he had refused to give the firm his telephone number while he was away on a one-week vacation. Although he fully justified his position to me, he also stated that he still “felt a bit guilty for not giving his number out”, since this was a common practice of all the lawyers in his firm.

A young man came to see me to discuss the guilt he experienced after coming forward to the authorities about being sexually abused by a clergy member during his youth. The clergy member in question was now being investigated (there had been a number of other complaints). The young man began to have “second thoughts” about his courage to come forward after many persons of the congregation, a family member, and an old friend had disagreed with his decision. He discussed that he felt himself “between a rock and a hard place,” because - he experienced guilt during the time he was silent about the abuse, and guilt after he had divulged the information. Conversations of guilt argued both sides.

A woman recently came to see me for counseling to discuss her wanting to leave her abusive husband. The woman was the mother of three teenage daughters aged 13, 15, and 18. She stated that her husband’s ongoing verbal and “occasional” physical abuse had begun during her first pregnancy. She had pondered the possibility of leaving him for many years but had stayed with him because she felt guilty “on account of the children”. She also described her experience of guilt for not leaving him - believing herself to be “too weak

to leave” - feeling that she was a “horrible role model for her daughters”. Guilt spoke to both sides of the leaving/staying equation and was supported by many ideological (and competing) discursive factions.

Naming and Writing Practices

Narrative therapy views the idea of change, what constitutes change, and what is considered change, under the direct influence of a therapy’s *conversational boundaries, linguistic territories, cultural structures and performance of theory* (Madigan, 2007). Therapeutic understanding, response, and action is shaped by and shaping of these discursive parameters, offering discursive ‘life’ to both hopeful and despairing ideas (sometimes simultaneously) concerning the possibility of change.

Narrative therapy attempts to render transparent the process of cultural production and reproduction in therapy, while also offering a possible alternative to current institutionalized naming and writing therapy practices. Narrative practices address the influence these processes have on the construction of hope and change. There are numerous narrative methods to address the possibility of hope and change through a variety of writing and naming practices⁸.

⁸. My particular version of narrative therapy is to include the use of Foucault and post-structural ideas, counter-viewing questions, therapeutic letter-writing campaigns, and the creation of communities of concern.