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*New Forms of Writing and Naming – Therapeutic Letter Writing Campaigns*

Therapeutic letter writing campaigns assist people to re-remember lost aspects of themselves. The campaigns assist persons to be re-membered (I. McCarthy, personal communication, Dublin Ireland, 1998, M. White, personal communication, 1994, Seattle, Washington) back towards membership systems of love and support from which the problem has dis-membered them from.

The logic behind the community letter-writing campaign is one response to the problem identity growing stronger within the structures of the institution (see Gremillion 2003; Madigan and Goldner 1998b) and within the many other systems that seem to help problems along. There is a correlation between the person being cut off from hope and forgotten experiences of themselves and relationships that lived outside of their 'sick' identity, and the rapidly growing professional file of hopelessness.

Creating letter writing campaigns through communities of concern was a therapeutic means to counter-balance the issue the problem saturated story and memory (Madigan, 1995). Campaigns recruited a community of re-remembering and loving others who held on to preferred stories of the client, while the client was restrained by the problem. Their lettered stories lived outside the professional and cultural inscription that defined the person suffering and were also stories that stood on the belief that change was possible.

Letter writing campaigns have been designed for persons as young as 6 and as old as 76. Community based campaigns have assisted persons struggling with a wide assortment of difficulties including anxiety, child loss, HIV/AIDS, bulimia, depression, perfection, fear and couple conflict. The campaigns create a context where it becomes possible for people struggling with problems to bring themselves back from the depths of the problem's grip, formidable isolation, 'self' harm and attempts that choose death over life (Madigan & Epston, 1995).

Persons receiving letters begin to rediscover a discourse of the 'self' that assists them to re-member back into situations from which the problem has most often dis-membered them from (Hedtke, L., Winslade, J.

2005, Sanders and Thompson, 1994, Sanders, 1997). These include claiming back former membership associations with intimate relationships, school, sports, careers, and family members, and reacquainting themselves with aspects of themselves once restrained by the problem identity.

Over the years, we have encouraged massive international writing campaigns that net literally hundreds of responses, and have had equally successful three-person problem blockades. Throughout this time, letters of support have arrived from some very curious authors. For example, letters of support and hope have been ‘written’ by family dogs, teddy bears, cars, dead grandparents, unborn siblings, and unknown movie stars (see campaign contributors below.)

### *Travels with Oscar*

A colleague referred 70 year old Oscar and his wife Maxine, to me. In our first session, Oscar informed me that he had been struck down by a truck at a crosswalk a year before. He was not supposed to live but he did; he was not supposed to come out of his three month long coma but he did; and it was predicted that he would never walk again - but he did, and so on. As you might imagine, it didn't take me long to realize I was sitting before quite a remarkable man. However, it seemed that Oscar had paid dearly for his come back because somewhere along the way he had lost all “confidence” in himself. He also told me he would panic if Maxine (his partner) was not by his side "24 hours a day."

Maxine had spent the year before organizing the complicated task of Oscar's medical care, and was, at the of our first visit, looking forward to getting back to her own business pursuits. Unfortunately, her interests were being pushed aside and taken over by what they both called “anxiety”.

The conversational experience of anxiety - that had been the “legacy” of Oscar's accident - had him believing that "I am only half a man," and further more "Maxine will leave me for another man - and I believe she is planning to put me in an old-age home." There was a seemingly odd twist in that anxiety had him believing that "I did not deserve a good life" and furthermore "I should kill myself." The relationship with anxiety was allowing him to *remember to forget* the life he had lived prior to the accident. Oscar also let me know that he was becoming more and more “isolated and depressed”.

Oscar and Maxine had let me know that they had moved from England to Canada 10 years earlier and that their life together had been “blissful” prior to the accident. In the first session we all agreed that the anxiety was gaining on Oscar and that the situation was – as Oscar stated – “desperate”. During the next session we

decided to design an international Anti-anxiety letter-writing campaign. Below is the letter we coauthored in five minutes near the end of the second session (it can be viewed as a 'standard' letter writing campaign letter). As Oscar was concerned that his friends might consider the letter "a crazy idea," he insisted that I include my credentials to give it "credence". Oscars words from our sessions are directly included in quotation marks.

Dear Friends of Oscar:

My name is Stephen Madigan and I have an MSW as well a MSc and PhD in family therapy. Your friends Oscar and Maxine have asked me to write to you so that we might solicit your support. As you are probably aware, Oscar suffered a terrible accident 14 months ago, and has instituted a remarkable come-back. What you may not know is that the after-effects of the accident have left Oscar a captive of anxiety, and anxiety is currently bossing him around. You may not believe this but one of the messages anxiety gives to Oscar is that "he is a good for nothing," that "he is a useless human being," and that "sooner than later all of his friends will come to know him the way anxiety knows him." Through anxiety's influence, Oscar is beginning to "give up on himself", and we ask your support in bringing Oscar back from anxiety's grip. We think you can help Oscar win back his life from this terrible anxiety. Could you please send Oscar a brief letter expressing 1) how you remember your history with him, 2) your thoughts and feelings about his physical comeback and his person in the present, and 3) how you believe you would like to see your relationship with Oscar (and Maxine) be in the future.

We hope that your letters of support are not too much to ask, and we want you to know that they will be greatly appreciated. Oscar would like all of you to know that he will respond to all of your replies.  
warm regards,

Stephen Madigan PhD, Oscar's anti-anxiety consultant

The structure of campaign letter's is usually the same. Together with the client I write a letter to selected members of the family/community (who the client and/or family member selects), and ask them to assist in a temporal re-remembering and witnessing process through lettered written accounts outlining their a) memories of their relationship with the client, b) their current hopes for the client, and c) how they anticipated their relationship growing with the client in the future.

These written accounts are directed squarely at countering the problems' strategies to re-write a person's past as only 'negative' and project a future filled only with the hopelessness of worst-case scenarios. The letters also begin to re-write any negative professionalized stories found to be unhelpful to the person and helpful to the problem. And letters are *always* diametrically different to what had been written previously in the client file. Campaign letters written by the person's community of concern re-present a *counter file*. Documenting alternative versions counteract the infirming effects of the professional and cultural problem story, and the pathologized names inscribed on to the person's body.

During the weeks that followed, Oscar would bring the campaign letters to my office, requesting that I read them out loud to him. I happily did so and my recitations were accompanied by Oscar's crying, laughing, and telling me "of his good fortune". The letters helped him begin to remember more alternative stories – he also made the decision to “get off” the medication his psychiatrist had prescribed him over a year before. We also invited a few of his friends and family to come to the sessions to read out loud the letters they had written to Oscar (see below campaign therapy session structure).

As the content of the letters documented, Oscar had affected the lives of many, many people. Not surprisingly his community of concern welcomed the opportunity to reciprocate by writing to him with their support and love. His anti-anxiety support team wrote from around the globe – including Europe, the United Kingdom, and North America.

A few months later, Oscar wrote to me from his long awaited 'anti-anxiety' trip to France with Maxine. He once stated that the trip to France would mark “my arrival back to health.” He told me through the postcard that he was sitting alone, drinking espresso, while Maxine had gone site-seeing for the day. He wrote, "I am thanking my lucky stars that I am no longer a prisoner of anxiety." His said the only problem now was “keeping up with all of his return correspondence!” He stated that the return correspondence was a problem he could manage and was willing to take full responsibility for.

Without the recruitment of a community of concern, Oscar might never have rebounded to re-remember all his personal abilities/qualities and the contributions he had made during his lifetime – that the problems were "insisting" be overlook and be dis-remembered from.

Letter-writing campaigns are viewed as attempts to counter the problem's cultural and professional dis-information and to inform both the client/family and their community regarding "stories" of the person that are at odds with the problem saturated story. Campaigns are viewed not only as ceremonies of re-definition (White, 1995) but as protest, and counter-struggles to undermine a problem-contextualized dominant story.

The logic behind the community letter-writing campaign was also an attempt at finding ways to respond to certain problem identities growing stronger within the structures of the institution. A tension exists between the person in hospital/institution/child care facility being cut off from hope and forgotten experiences of themselves, and relational identities that live outside of their 'sick' identity. This is a tension worthy of exploration. My practiced of narrative therapy, in part, hinges on creating a counter-balance within the tension by including a community of re-remembering and loving others who hold the stories of the client, while the client is temporarily restrained by the problem to remember these preferred and alternative memories. These desired stories live outside the professional and cultural inscription that defines the person suffering - and - stand on the belief that *change is always possible*.

#### *Letter-writing Campaign Structure*

Letter-writing efforts can take on a variety of shapes and forms, but the most standard campaigns involve the following (Madigan, 1999, 2004, 2008):

1. The campaign emerges from a narrative interview when alternative accounts of who the person might be are questioned, revived, and re-remembered. The person is asked to consider whether there are other people in his/her life who may regard the person differently from how the problem describes them. These different accounts are then spoken of. I might ask the following questions: "if I were to interview \_\_\_\_\_ about you, what do you think they might tell me about yourself that the problem would not dare to tell me?" Or "do you think your friend's telling of you to me about you would be an accurate telling, even if it contradicted the problem's tellings of you?" Or "whose description of you do you prefer, and why?"

2. Together, the client and myself (along with the client's family/partner, friend, therapist, insiders, etc., if any of these persons are in attendance) begin a conversation regarding all the possible other descriptions of the client as a persons that she/he might be, but has forgotten to remember because of the problem's hold over her/him (as I have outlined above in narrative ideas and therapeutic practice.) We dialogue on who the client might be, who the client would like to be, and who the client use to be well before the problem took

over her/his life. We recall their forgotten alternative lived experiences of herself/himself that the client may have forgotten through the problem's restraining context.

3. We then begin to make a list of all the persons in the client's life who would be in support of these alternate descriptions. Once the list is complete, we construct a letter of support and invitation.

4. If finances are a problem my Yaletown Family Therapy office supplies the envelopes and stamps for the ensuing campaign.

5. If privacy is an issue, we use Yaletown Family Therapy as the return address.

6. If the person come to the next session (with letters) alone, I will offer to read the letters back to them as a textual re-telling. The preference is for as many of the community of concern letter writers to attend the sessions.

7. The client is asked to go through the collection of letters as a way of conducting a "re-search" on herself/himself.

The 'general' structure for reading and witnessing the letters in therapy is as follows:

- 1) All campaign writers are invited to the session (if this is geographically possible) and in turn are asked to read aloud the letter they have penned about the person. In attendance is usually the client, myself, the other writers of their community and sometimes a therapy team that may include insiders.
- 2) After each writer reads aloud, the client is asked to read the letter back to the writer, so both writer and client can attend to what is being said/written from the different positions of speaking and listening.
- 3) After each letter is read by the writer and discussed with the client, the community of others in the session (who are sitting and listening) offer a brief reflection of what the letter evoked in their own personal lives.
- 4) This process continues until all letters are *read, reread, responded to and reflected upon*<sup>1</sup>.
- 5) Each reflecting team member<sup>2</sup> (Andersen, T., 1989) (usually but not always made up of

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<sup>1</sup> See Michael White's work on definitional ceremony, 1995.

<sup>2</sup> After playing at the World Ultimate Frisbee tournament with Canada in Oslo Norway in 1990, Norwegian psychiatrist Tom Andeson was gracious enough to take me along on a four day holiday with he and his family to his summer home in Christensen, Norway. I interviewed him day and night about his new reflecting team practice and his ideas on the art and importance of listening in therapy.

- professionals<sup>3</sup>) then writes and reads a short letter to the client and his community. They reflect on the counter-view of the client offered up by the person and their community, the hope that was shared and aspects of the letters that moved them personally.
- 6) Copies are made of each letter and given to every one in attendance.
  - 7) I then follow up the session with a therapeutic letter addressed to everyone who attended the session including the client, the community of concern and reflecting team.

### *Letter Campaign Contributors*

The repercussions of many problems can often push persons to dis-member themselves from the support systems that surround them, and coerce them toward isolation, detachment, and withdrawal. Similarly, problems and professional systems may compel support persons to move away from the persons struggling, by encouraging hopelessness, anger, and despair.

Our experience has shown that once support persons have received a letter inviting them to contribute to a campaign, they will often feel compelled to write more than once (three and four letters are not uncommon). Contributors often state that they have had the experience of feeling "left out" of the helping process. Contributors to the campaign have reported feeling "blamed" and "guilty" for the role they believe they have played in the problem's dominance over the person's life. They suggest that many of these awkward feelings about themselves have been helped along by various professional discourses and self-help literature.

Being left out can often leave them with the opinion that they are "impotent" and "useless." (2004).

Letter campaign authors explain that their contributions have helped them feel "useful" and "part of a team." In addition, the writing of a re-remembering text offers family members and other support persons an opportunity to break free of the problem's negative dominance in their own lives, and allows for an alternative and active means for renewal and hope.

As one older man who committed himself to an anti-depression campaign for his 22 year old nephew explained, "the letter campaign helped me to come off the bench and score big points against the problem so my nephew could pull off a win. In helping him I helped myself."

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<sup>3</sup> In some campaigns I have asked former client insiders on the problem or members of the Anti-anorexia/bulimia League to sit in on the session as 'insiders'..

Therapeutic letter-writing campaigns act to re-remember alternative accounts of a persons lived experience that a problem will often separate them from. The campaign encourages the person to become reacquainted with the membership groups that the problem has separated her/him from (eg. family, friends, school, sports, teams, music, painting etc.) Therapeutic letter-writing campaigns are designed as counter practices to the dis-membering effects of problem lifestyles and the isolating effects psychological discourses often creates in persons lives. The letters form a dialogic context of preferred re-remembering, rerecuperating and meaning. The following is an account of one such campaign.

### **TRAVELS WITH PETER**

The social work department of an in-patient adult psychiatric ward asked if I would 'see' Peter, a 38-year-old white, heterosexual, married, middle-class man who worked in the local film industry. This particular psychiatric ward had referred individuals and families to me in the past. The referring social worker also knew that I was the primary therapist responsible for the film and television industry personnel in Vancouver. So it seemed from the social worker's point of view that Peter and myself were potentially a good therapeutic match.

Peter was described to me by hospital professionals as 'chronically depressed' and was given very little hope for change. The pessimism was triggered as a result of recent attempts to kill himself while on the ward and having to be physically restrained for pushing a male orderly. The hospital's plan for health and change involved group and individual cognitive behavioral therapy together with numerous medications. Despite these attempts, the hospital described to me that 'nothing seemed to be working'. I was also informed that the staff was beginning to think that after six months ward time 'change was impossible'.

Peter had a total of eight visits with me over the course of four months. After the first five meetings he was able to return home from the hospital. All therapy sessions included a narrative reflecting team (Madigan 1991a). On five of the visits, volunteers of the letter-writing campaign (including family members, longtime friends and his former partner, Caitland, whom he had separated himself from) were invited into therapy to 'perform' their written work 'live' in front of Peter.

During the first interview, Peter explained that eleven months prior to our talk, his 3 year-old daughter (whose mother was his former partner Caitland) had died in a tragic drowning accident. He stated that

initially he had only felt 'bitter and angry', and "cut off" from the "real meaning to life" and he had "turned down support from anyone that mattered".

Peter stated that he responded by "barricading myself away from the world" – "I blamed myself" - and shortly thereafter separated from his marriage "to be alone". Peter had virtually removed himself from anyone who cared about him. He was eventually admitted to the ward after a neighbor found him "in the garage with the motor running".

The problem, which he referred to as "an inability to go on", had taken over his daily life. He let us know that he was "haunted day and night" and "couldn't remember much of his life" from before the day his daughter Mara died. He said that he "felt hopeless" and could not remember the "sound of Mara's voice".

Briefly, I have outlined below some therapeutic counter-viewing questions that Peter and I engaged in:

- 1) Do you think a 'giving up on hope' is the way in which your conversations with hopelessness find a way to help you believe that 'giving up' is a good answer – the only answer?
- 2) How do you think the community looks on a father who has lost his three year old daughter?
- 3) Do you feel it is fair that everyone keeps telling you that you'll 'get over it'?
- 4) Do you believe that these people believe that there is a proper time-line for a grieving father?
- 5) Are there places of past hope that you can remember that are currently blocked out by hopelessness and despair?
- 6) How is this hope possible?
- 7) Do you find any hope in the fact that Dave, your neighbour, pulled you out of the garage before death took you?
- 8) Do you feel that it is a fair accusation to blame yourself for Mara's death? What supports this accusation?
- 9) Was the hospital accurate in diagnosing you as depressed or do you think it might be about your experience of not knowing 'how to go on'?
- 10) Why do you think the hospital gave a grieving father so much medication?
- 11) Are there people in your life and community, including the hospital staff, that you believe blame you for Mara's death?
- 12) Has this deep sorrow you've explained to me been a sorrow that you could share with anyone else?

- 13) Is there any one person or any one idea that promotes a life of hopelessness within your day to day living?
- 14) Is there anyone in your life, looking in on your life, that you think holds out hope for you - by holding your hope for you - until you return to it?
- 15) If for a moment you could imagine that hope could be re-discovered in your life, what present qualities in you would give it staying power?
- 16) Was there ever a time that you disputed your internal conversations of blame and hopelessness?
- 17) Is the love you hold for Mara in any way helpful to the restoration of hope in your life?

After three sessions Peter, myself and the team 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' since before Mara's death. Peter also feels in an 'odd way 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*

Personally, I found the reflections and readings with Peter, and the eight members of his community of

concern who attended, extremely profound. Our letter writing campaign meetings sometimes lasted two and three hours (we schedule them at day's end). Suffice it to say that the texts written by the community of concern acted upon Peter's anticipation of hope, acceptance of who he was, and his willingness to further live his life.

Four weeks after Peter left the hospital - on a forward stepping path to be free of medication and concern. He and Mara's mother Caitland then entered into therapy with me to try and restore their marriage. They brought the letters. Together they anticipated the possibility that they could reconstruct their marriage. Hope is a wonderful potion.

There are many other wonderful narrative therapy practices that continue to come forward. There are many more practices that I wish I could have unpacked and attended to more in this chapter – however - space restraints will not allow this to happen.

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