Counterviewing injurious speech acts:
Destabilising eight conversational habits
of highly effective problems

by

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This paper discusses eight internalised injurious speech habits that contribute to the existence and maintenance of problems in people's lives. The speech habits discussed are self-surveillance/audience, illegitimacy, escalating fear, negative imagination/invidious comparison, internalised bickering, hopelessness, perfection and paralysing guilt. The paper also provides a full discussion on the practice of deconstructing and destabilising these discursive habits. This process includes exposing and locating dialogic habits, counterviewing longstanding problem descriptions, re-remembering aspects of clients' lives existing outside of the problem descriptions of them, and revitalising possibility and appreciation through therapeutic conversations.

Key words: *speech habits, internalised conversation, counterviewing, narrative therapy.*

Introduction

The injurious address may appear to fix or paralyze the one it hails, but it may also produce an unexpected and enabling response. When the address is injurious, it works its force upon the one it injures.
(Butler 1997, p.2)

Close your eyes for thirty seconds and allow an internalised conversation of guilt, perfection or escalating fear speak to you[2]. This may not be too difficult since such cantankerous dialogue is usually to be found, chatting away, somewhere or another.

When you reopen your eyes you might notice that the content of this internal talk was quite convincing, overpowering, and exaggerated. You may also recognise that the particulars of this talk have talked within you for a very long time – perhaps a lifetime.

Have you ever paused to think about where this terrible talk originates? Or what gives this injurious speech act so much influence? Have you ever tracked down the pattern of the dialogue or tried to locate it in a source other than yourself? Have you ever wondered why so many clients and friends experience similar negative internal conversations about certain specific problems? Have you stopped to consider how this internal talk may be a source of support to problem issues like depression, anorexia, violence, panic attacks, etc.?

I have had a decade-long fascination about these questions and how they relate to the construction of identity, problems, relationships and therapy. Theoretically, I find these questions situated within personal and practice experience, a poststructural[3] account of discourse and power[4], a textual description of persons, and last but not least, a close-up consideration of Foucault's three modes of objectification[5] (Madigan 1992).

For the purpose of this paper, I have chosen eight injurious speech habits for discussion. Please note that I am not treating the content of this injurious speech as an isolated strip related to just the individual speaker. No, I am locating and viewing this speech from within the cultural norms that support, maintain it, and allow it to happen. Injurious speech is never original or authentic text.

The eight habits[6] are self-surveillance/audience, illegitimacy, escalating fear, negative imagination/invidious comparison, internalised bickering, hopelessness, perfection

and paralysing guilt[7]. This paper illustrates the location, negotiation and performed effects of injurious speech acts. It shows how, and within what contexts, problem conversations are created, maintained and become habit forming.

This paper also provides a full discussion on the practice of deconstructing and destabilising discursive habits. This process includes exposing and locating dialogic habits, counterviewing[8] longstanding problem descriptions (as described by modern psychology), re-remembering[9] aspects of clients' lives existing outside of the problem descriptions of them, and revitalising possibility and appreciation through therapeutic conversations.

Ongoing internalised conversations[10]

From the cradle, we learn our culture codes through imitation – we 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 the way we perform and see the world through an internalised fragmented form of 'Karaoke' of the other – while they are doing the same. We sing their songs of right and wrong, and catalogue this in cultural verse[11] (Elliot & Madigan 1998).

Our observing practice includes partaking in a ritual of ongoing internalised conversations with ourselves (and imagined others) as a way of measuring ourselves against the external world, and trying to determine if we fit in, if we are acceptable, if we are 'normal' (i.e., normal parent, employee, partner, etc.). The production and reproduction of this dialogue produces a wide variety of both good and bad experience (Bahktin 1986; Foucault 1965). The verdict of this conversation is ever-changing, a work in progress.

It is 7:36 am. You examine your body and your bank account. You wonder if your point of view will be accepted at work and whether or not your boss would like the colour you painted the kitchen (even though she will never be invited to see it). You continue an ongoing dialogue with persons you do not know – a politician, a hockey coach, the head of the transit commission – and compare yourself to the made-up story you tell yourself about the stranger you sat next to in the restaurant. Is it snowing outside? You think about the enduring message of the documentary you recently watched. You experience guilt and anger as you walk by the homeless

person and contrive fantastic solutions to the problem. You re-remember last night's lovemaking and wonder what your partner is now reliving about you. You hope to arrive at tonight's party with uncommon humour, and feel terrible about what you said to your parents so long ago. It is now 7:47 am.

We entertain this maze of conversation while taking our morning shower.

Now let's replay just the first line of this internalised shower conversation again but this time we will add the nasty habit of paralysing guilt.

It is 7:36 am. You examine your body (*God I should be working out, why did I stop? Soon I will be so out of shape I will no longer fit into any clothes or be able to play with my children. I am the laziest person I know. I promised myself I would go to the gym and damn I never keep my promises – remember the $100 I still owe what's his name at work – I have that health membership I never use – I am a slug and everyone else seems to be able to do way more than I can in any given day. That must be why I did not get promoted.*) and bank account (*I am always wasting money on things like the gym. Why am I so selfish to spend money like this? My Father never did. Sooner or later I will be broke and then how will my family survive and what will the parents think of me being out of a job with nowhere to live?*).

This is a mild rendering of guilt, but I hope you get the point. Next, I invite you to imagine for a moment how we might have this same shower conversation with guilt, negative imagination, perfection, and escalating fear all working together.

Negotiating the traffic of our many discursive contexts can be difficult and unnerving[12]. Problems occur when any selection of the eight internalised habits begin a commentary on a particular situation. For example, we might be driving home reflecting on a puzzling situation at work when suddenly the conversation is hijacked by guilt, fear and/or perfection (I asked really lousy client questions today, and why do I bother acting like such a fraud, or, I am too scared to speak up at meetings, etc. etc.) This dialogue may evoke a difficult emotional experience and influence a reputation of ourselves as problematic in the workplace. In these situations, the ensuing internalised discourse often builds towards a wider and more totalised deficit view of ourselves through time (Foucault 1982, 1989; Parker 1998) (i.e. I am not and nor have I ever been a worthy employee and I will never measure up.) This fixed description may then be played out to include other evolving conversational contexts (i.e. I am an unworthy partner, parent, friend, etc.).

The dominant view of current psychological/religious/medical/judicial/educational, etc., ideology operates through a frustrating belief that glues the problem and person together as one. Fortunately this revered institutionalised and normative discourse of the self has been challenged by many academic quarters for some time (Hoagwood 1993; Parker 1998; White 1995) but its enduring message remains – to privatise problems inside and onto people's bodies/psyches. Talk such as: 'He is the depressed husband or teenager', or 'She is the anorexic girl' and 'They are the dysfunctional family', is accepted discourse – as common to kitchens as it is to psychotherapy waiting rooms. One might surmise how dominant privatising beliefs are very helpful to an injurious habit's ability to damage and totalise reputations. Unified as one and the same, the person and problem become discursively indistinguishable from each other – person is problem and problem is person.

Consequently, by the time the vast majority of people enter my therapy office, they are usually convinced (convicted?) by a range of other cultural sources (doctors, TV, peers, television, teachers, etc.) that the major source of 'their' problem has its origins in some biological and/or mystical defect within themselves (Caplan 1995; Madigan 1999).

Narrative therapy understandings

Of central importance to those who practice narrative therapy is the bringing forth of re-remembered 'alternative' selves (some might say forgotten or unrecognised selves) that are experienced outside the realm of a specified problem identity (Elliot & Madigan 1998; White & Epston 1990). As a narrative practitioner, my interviews take a therapeutic position to deconstruct, re-remember, and re-member these alternative selves (Madigan 1991a, 1995; McCarthy 1997; White 1996). In practice, a narrative interview can be shaped by the following:

- questioning how the 'known' and remembered problem identity of a person has been manufactured over time (Madigan 1992; Parker 1998);

- questioning what aspects of the social order have assisted in the ongoing maintenance of this remembered problem self (Tamasese & Waldegrave 1990);

- locating those cultural apparatuses that keep this remembered problem self-restrained from remembering alternative accounts and experiences of life (Waldegrave 1996, White 1988);

- locating sites of resistance through questioning and inviting the person to re-remember, recollect and resurrect alternative lived experience and imagined identities of themselves that exist outside the problem's version of them (Bruner 1990; Foucault 1973);

- creating space for the possibility of different discursive practices to emerge – discursive practices that are associated with resistance, appreciation and 'standing up for' the performance of this re-remembered and preferred self (Epston 1988);

- focusing on, linking together and elevating those characters in the person's life who can offer accounts of re-rememberance of preferred identity claims and provide the person safety in membership (Madigan & Epston 1995).

Let's now return to the arena of internal personal dialogue, and specifically the negative effects of internalised conversational habits.

Counterviewing highly effective conversational habits

My fascination with the specific workings of internalised conversational problem habits began in Auckland, New Zealand, in April 1991. While I was visiting on the 'Down Under Family Therapy Scholarship'[13], David Epston mentioned to me that he had been interviewing young women from around the world who were struggling with disordered eating. He observed that even though their 'accents' were very different to one another (due to residing on different continents), their descriptions of the habitual language contained within the problems of anorexia and bulimia were almost identical!

Inspired by years of pursuing this observation, I have put together some collected knowledge regarding the life, strategies (practices) and injurious conversational habits (customs) of problems. This knowledge comes by way of thousands of documented personal accounts from clients affected by a wide variety of problems, as well as hundreds of readings and conversations I have had within my community of like-minded friends, family and colleagues. Specific thanks must be given to the members of the Vancouver Anti-

anorexia/bulimia League for their help in co-researching this area of interest.

The eight injurious habits I have chosen for discussion are:

1. self-surveillance/audience

2. illegitimacy

3. escalating fear

4. negative imagination/invidious comparison

5. internalised bickering

6. hopelessness

7. perfection

8. paralysing guilt

Please note that this habit list is by no means complete. For example, the mighty habits of worry, blame, self-doubt, shame and many others are not addressed[14].

My therapeutic interviewing is also influenced by poststructural theory and the first rule of real estate – Location, Location, Location. Critical social theorist Calhoun (1995) rightly points out that 'the fundamental reference of identity is a discourse in social location'. Location guides the practice work in the beginning stage and helps to unravel the discursive grip the eight habits have on persons in the following way.

To begin the interview, I try to locate and name the habit within cultural ideas of right and wrong (e.g. who promotes the idea of perfection as a formal inscription of best possible personhood?). At the same time, I situate the habit in history and institutional ideas (e.g. what did religion or education, and their influence on gender relations, have to do with perfection training?).

Once the dialogic apparatus supporting the habit is named, located and historicised (e.g. where does perfection, fear, negative imagination, etc., come from and what is it supported by), we can then begin the 'counterview' of the problem. I propose a counterviewing position when interviewing persons about problem habits in order to bring forth a poststructural practice consideration of persons and problems. Specifically, the counterview offers a re-examination and a broader cultural location of problem conversations; the co-production of generative possibilities involving an overt appreciation of persons' abilities and qualities; and the stimulation of therapist imaginations brought forth by a full rejection of popular psychological training and ideas (Madigan 1998a; Waldegrave 1996).

The counterview acts with purpose and direction. It stands by a belief that an interviewing therapist cannot not take a position. A therapist's overt counterview position involves discussing, deconstructing, questioning, situating, illuminating, exposing, humouring, resisting and naming the consequences the eight habits have had on the life of persons and problems (White 1988). The counterview upholds a therapeutic understanding viewed as different to the problems' description of the person, and in stark contrast to the many professional discourses that have supported a pathologised, fossilised view of the person, that weds problem and person together.

Before we begin looking at the habits in detail, I think it is of primary importance as a therapist and author of this paper, that I acknowledge that I am *never* completely free of the negative injurious conversational habits described in this paper. As a therapist I experience and recognise the effects of these problem conversations, in my own way, in myself and my relationships, each and every day.

The habits

1. Self-surveillance/audience

Problem conversations incorporate and engage our internalised self-surveillance process (looking, monitoring and judging the self), and bind this together with a dialogic audience of support (the thoughts of the other looking, monitoring and judging us).[15] This habit connects and directs us towards what we think the other who we think is watching us thinks about us – within the problems' negative storied frame about us (I think that you think that I think that you think that I am a bad person, and so on). This habit provides an important discursive platform for on which the other seven habits to experiment, ferment and grow.

In order to build a prejudicial case against a person, self-surveillance and audience come together in a negative supporting way. Imagine the following scenario. You are a professional (in some field of endeavour). You have just suffered through a terrible relationship separation. Imagine a robust internalised discussion taking place about the severed relationship, aimed at indicting you for the habits' allegations against you. Guilt may produce a conversation indicting you as a lousy parent, a poor employee, a selfish partner, etc., whereas negative imagination may argue that things are only going to get worse and you will never have a successful relationship again, etc.

In such a scenario, the negative thrust and audience to this internalised story may involve many institutions and individuals. It may involve negative conversations about the deficit you, across the temporal plain (past/present/future), with persons both dead and alive. At a time of crisis, there is often a range of people who the problem can draw into becoming a negative self-surveillant audience – your children, the legal team, the judge, your ex-partner/wife/husband, your family, friends, 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. You bring their conversations forth under the problem's influential frame. Within the problem's influential frame, you bring forth these people's perspectives. Within this discursive context, injurious speech habits have an internalised story to tell, and under the right contextual problem influence, this story can be very convincing and assist in the build-up of the problem's rhetorical positions against you (Madigan 1995).

Now imagine this surveillance/audience scenario closer to an example in your own experience. As you do so, here are a small sample of questions to consider:

- What/who is constituting an audience to this particular problematised view of yourself?

- Who is the spokesperson? What are they saying?

- What is the effect of this saying? What supports the saying of this saying?

- Does their saying influence the opinions you hold of yourself?

- Do these negative imagined accounts that you perceive others hold, affect how you perform your life, and how you relate to people?

- By what means is the negative audience supported?

- What/who constitutes the you-supporting alternative audience?

- If your community of concern were given an opportunity to speak, what would they say about you? Why would they say this?

- How do you account for the difference between your supporter stories and problem stories in the stories they are broadcasting to be true accounts?

- What are the major discursive influences affecting your internal self-surveillance system?

- How did they become so powerfully persuasive and beguiling of you?
- When is self-surveillance most self-supporting?

The conversational habits of internalised self-surveillance/audience share a kind of deadly hypnotic trance quality about them. In a seemingly seamless ongoing conversation, the habit gives the imagined audience the capability to injuriously comment on all aspects of our lives. The habit acts to capture imaginations and hold persons liable for months and years at a time. A step towards undoing these debilitating internalised conversations is to begin noticing the talk, content, and effects of the dialogue.

Counterviewing questions that might be asked of people troubled by self-surveillance/audience include:

- Why would this injurious conversation want to separate you from your best knowledge of yourself and the persons who love you?

- Do you think the relationship break-up has changed every aspect of who you are as a person?

- Has the break-up somehow turned every single person who once loved you – against you, including yourself?

- Do you feel like the problem has supplied you with a negative paparazzi view of yourself?

- Has the problem created a 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 relationships that are presently holding you back from a different and perhaps more philosophical/ realistic view of your situation?

- Are there any particular popular psychology knowledges about relationships and gender that seem to be supporting this negative view of yourself?

- Are there any religious views about relationships that seem to be supporting this negative view of yourself?

- Have you ever committed a heinous crime against the state? Then why is the problem trying to hang you out to dry and hand you a lifelong prison sentence?

- If you were alone to speak up for yourself, what might you say on behalf of yourself?

In order for a problem to survive and be very successful it must recruit a dialogic audience of support. The habit of self-surveillance/audience make us believe that we are psychic – that we know another's negative thoughts about us (back to the 'I think that you think', etc.) without actually ever speaking to them. I will therefore ask:

- How is it that the habit has somehow made you believe you are psychic within a practice of negative prediction?

- Were you aware that you could read another's perceptions of you with 100% accuracy?

- How is it that you are never able to read a person's positive perceptions of you?

- Would you be successful if you founded the 1-800-negative-psychic hotline?

- Do you ever consider it odd that the problem tries to convince you that practically everyone is against your actions and point of view?

These questions begin a process of articulating the exaggerated negative arguments the problem is using against the person. Notating the problem's rhetoric, situating this rhetoric within dominant norms, and locating stories of failure within the institutional histories from which they originate, can all serve to disempower the problem. Therapists may also want to chart out the problem's unrealistic portrayal of the persons who love the client and whom the client loves.

Once the counterview interview proceeds with the problem's self-surveillance/audience deconstruction, and because debilitating negative self-surveillance/audience conversations are so often disconnecting, it becomes crucial for therapists to implement a rich process of reconnection. This moves the conversation towards more fulfilling and dynamic stories persons have about themselves and what others have told about them. To further expose the lies of the habits and to promote connection, I will often use the counter tactic of inviting the support persons into therapy for an up-close counterview[16]. This support person counterviewing interview allows for the forgotten/silenced, emerging, and re-remembered story to be told and expanded upon. Interviewing the person's community of concern (Madigan & Epston 1996) can be done alongside a reflecting team of supporters (professional and non-professional)[17].

Therapeutic letter-writing campaigns are also often very effective ways of growing person-supporting connections at this time[18]. All persons involved in the

sessions can begin to chart hope's comeback by watching for, highlighting, writing down, and speaking to signs of restored hope. These therapeutic conversations that take place alongside a community of concerned others are often experienced as liberating and helpful – for everyone involved!

2. Illegitimacy

I trace my fascination with the importance of understanding power/knowledge as it relates to therapy, and specifically, as it relates to the problem of illegitimacy, to my close-up reading of Michel Foucault (1965, 1973), and the 1991 video interview (on the subject of power) I did with Michael White during the Down Under Scholarship. In addition, I am also indebted to my colleague, Vikky Reynolds, and the therapeutic work she does with an all-male Canadian based refugee population (Reynolds 2002). The men she works with have all been victims of torture in their home countries on account of their political beliefs. During our work together, Vikky introduced me to the men's many different experiences of disconnection and illegitimacy – a direct result of their experience with acts of brutality, imprisonment, and relocation. Vikky also introduced me to their remarkable dialogues and stories of hope and possibility. Over time, and once she had assured the men I could be trusted, I began to work alongside a few of them in therapy[19].

Over time, I slowly began to extrapolate on her/their ideas and experience, to consider how these stories of illegitimacy could be located in a much broader experience of anomie and social isolation in the lives and relationships of other persons I was conversing with in therapy.

Another point of influence in studying the habit of illegitimacy is David Epston's idea that asks the question of 'who has the story telling rights to the person/problem story being told' (Epston 1991). When problems and professionals question a person's legitimacy and human rights, a certain experience of less-than-worthiness can take hold. Persons can come to experience themselves as refugees in their own lives, detached from love and connection, with nowhere to belong or feel safe. When this happens, persons often recall an experience of feeling fraudulent or deficit in their own lives and relationships.

Questions to consider regarding the context that surrounds the experience of illegitimacy might include:

- Who holds the power to construct the story of legitimate personhood?
- How are standards of legitimacy produced?
- What discursive practices and disciplines are involved?
- What knowledge/power is involved in who is said to be normal and who is not?
- What are the dominant stories of legitimacy that assist in this story of illegitimacy?
- By what means are these stories negotiated and circulated?
- What place does a feeling of belonging hold in one's experience of legitimacy/illegitimacy?
- How does one begin to experience themselves as a 'refugee' in their own life and community?
- 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, workers, partners, etc. Persons 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 cannot 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.

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 may feel this sense of anomie (commonly due to various practices associated with living life, or aspects of life, outside western culture's dominant norms). Instead, the habitual internalised problem conversation is one of blame, which condemns this person for being a 'loser in their own life'.

In considering a poststructural position, our questions may begin to question dominant taken-for-granted ideas of who is considered up/down, in/out, normal/abnormal, etc., and connect the illegitimacy experiences of individuals to much larger sets of cultural (often punitive) values. Through this discovery we might begin to piece back together a plan to

stand up to the oppressive dialogic regimes that hold individuals exclusively accountable for their sense of rejection and social isolation.

Counterviewing questions that might be asked of those troubled by illegitimacy include:

- Do you have a sense of who is backing up this story that you do not belong?
- Are there any views that society holds that make you feel like being considered a legitimate citizen would be difficult to achieve?
- Have there been any particular stories told about you by powerful influences (bosses, books, teachers, TV, doctors, etc.) that have reinforced your experience of feeling powerless?
- Were there ever times that you questioned someone's illegitimate view of you as illegitimate?
- If so, what made this possible? And what did it make possible?
- Have there been others in your life that have acknowledged your legitimacy? If so, who, and what do you remember them saying?
- How did they show you this and why do you think they believed in your legitimacy?
- 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?
- What does this experience tell you about this group?

3. Escalating Fear

This habit accesses our greatest fears regarding disconnection, loneliness and self-doubt. It creates a 'horror film' of our worst nightmares (past, present and future), thereby paralysing a person's fresh ideas and thwarting any and all attempts to move towards freedom. The habit of escalating fear is different to legitimate or reasonable fear. To acknowledge a reasonable fear is very often to construct a plan of safety. The habit of escalating fear is not safe and represents a different discursive bird altogether.

Escalating fear promotes a dialogue of insidious, irrational and often exaggerated thought, and this thought may produce a magnitude of negative internal and external effects. The internal fear conversation paints very real and

debilitating scenarios of death, destruction and rejection. One person described the experience of fear as 'a pounding physical force that sits atop my chest and squeezes the life out of me'.

Many dominant narratives play into fear's ability to escalate and grow larger in a person's life. Fear dialogues select out and exaggerate negative events from a person's life (Bateson 1979). Fear takes a full accounting of all the many ways a person has and will mess up in their life, all the ways people will hurt and reject them, and all the many reasons why they should just give up on life. Fear acts to scare away possibilities and covers over any appreciations of a person's life. Canadian research suggests that the number one reported most fearful adult activity is public speaking. Without a supporting dialogic of escalating fear (combined with self-surveillance/audience) this would never be the case. Historically, the production of fear has been utilised as the device most often used to promote propaganda of all sorts. War, politics, economic models, all use fear as a mode of persuasion. For example, within the arena of governance, many dominant ideas have kept their ideological position aloft through fear, examples include religious ideas that persecute women, ideas that privilege paying down the debt over helping out the poor, and racist ideas put forth to protect ourselves from different cultures for fear of a cultural takeover, etc.

Questions to consider about the context that surrounds the experience of fear might include:

- Are there ideas common to our community (or psychology, corporate life, religion, etc.) that you fear?
- Are there ideas about yourself that you feel are common to our community (or psychology, corporate life, religion, etc.) that you fear?
- Do these ideas hold you back from a full experience of your life?
- Does your location within the social hierarchy ever scare you away from following your heart and own ideas in any way?
- Does not being a person of the privileged class in any way make you fearful about who you are not?
- Have there been any specific ideas about who you are and how you should act that have scared you speechless?
- If you could find a way to push back the fear to speak to these ideas, what would you hear yourself saying?

A major internalised tactic of fear (like many of the other habits) is to argue both sides of the dialogic coin (and damn you no matter what side you take!) The escalating fear conversation will create a context of frightening scenarios and at the same time blame the person for being fearful (and perhaps crazy). For example, a person may be recruited into an escalating fear experience through this tactic in the following manner: I am fearful that my tests results are going to be bad, I am fearful that I am carrying too much fear about these results, I am fearful that I am becoming too fearful in my life, what if I am never able to get over this fear, etc. This tactic promotes a second order fear – a fear about fear – that enables fear to take possession of our landscape of safe and hopeful discourse.

Interviewing the injurious speech acts of escalating fear brings forth a counter logic promoting a person's own abilities to create safety, acceptance and strength. The anti-fear discussion may also highlight stories of formidable courage and bring forth additional narratives involving a historical countering of fear and a preferred version of themselves in the future.

Counterviewing questions that might be asked of those troubled by escalating fear include:

- Do you have a sense that fear has launched a terror campaign against your life?

- How does fear manage to wreak havoc on your imagination?

- Do the fears attempt to box you in and give you no way out? Do they ultimately lead you to a dead end?

- 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?

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

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

- Do you ever catch fear exaggerating?

- Are there any times when fear can be turned on itself, when it becomes afraid of you making moves to stand up to it?

- If you are fearful, does this mean that there is something in your life worth protecting?

- What is it in your life that you feel is worth protecting?

4. Negative imagination/invidious comparison

Negativity takes hold across the temporal plain by gathering only negative information from the past and present that fits within the problem frame (Bateson 1979). It then predicts and projects 'more of the same' negative results into the future. Negativity produces a shallow description of the fullness of lived personhood, leaving out experiences of survival, love and connection. Negative imagination produces a constant 'worst case scenario' of events.

Negativity affects invidious comparison as it will always compare a person 'down' and treat them as a second class citizen. 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.

A client once described negative imagination being like a 'train without brakes' – meaning once the dialogue gets on a roll it is very difficult to stop. For example, the thinking about the mole on my forearm transforms itself and suddenly I am wondering who will attend my funeral; a partner who is late for dinner is imagined in a motel room with the neighbour; 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 I will not have my job at the end of the day. Negative imagination rarely provides a middle ground. One client put it this way, 'It's zero to sixty on the worst case scenario scale in no time flat'.

A young woman struggling hard with anorexia described invidious comparison as 'holding court against her' in just about every encounter she had. In her experience, inanimate speakers (from lifestyle billboards to models in fitness magazines), neighbourhood pets, as well as persons she did not know (strangers walking by, patients on the hospital ward), all compared her negatively with what she was 'supposed to be' (which was some construction of perfect body/woman/citizen). Due to the habit's influence, she believed the model she saw in the magazine was thinking that her body was fat; the dog next door never wanted a lazy owner like her; and every stranger she crossed paths with disliked her.

Questions to consider about the context that surrounds the experience of negative imagination/invidious comparison might include:

- Do you have a sense that there are other forces at work that help make people feel negative about themselves?

- Are there any popular ideas that assist in persons feeling so bad about themselves as parents, employees, partners, children?
- What ideas assist us in always believing that we are never quite doing enough?
- What has taught us to believe that everyone else has a right to be treated properly except us?
- Do you ever wonder why it is that negativity never has one good thing to say about people in general, except when it wants to compare us down to that person?

To expose and discuss these negative conversations is to poke holes in their legitimacy and what seems to be their ironclad logic. Counterviewing questions that might be asked of those troubled by negative imagination and invidious comparison include:

- How does negative imagination capture your complete story of personhood?
- What means does it use to create such a convincing story of negativity?
- What common ideas about who you 'should be' does it solicit to seal off any alternative lived experience from its description and account of your life?
- How does negative imagination gather steam within the problem story?
- What helps to create a leak in the negative imagination framework?
- Are there times when you are free from comparison?
- What would you call these times?
- Are there any relationships you have that live outside of negative comparison?

5. Internalised bickering

The habit of internalised bickering involves speech acts of argument and counter-argument, which in time erode confidence, support and trust in one's self. Research by the Vancouver Anti-anorexia/bulimia League has described how, within the horrid conversational domain of disordered eating, internalised bickering takes on enormous proportions (see Grieves 1998, Madigan & Epston 1996, Madigan & Goldner 1998). For example, a daily dose of internal debate is common with persons negotiating the ferocious dialogic

attack of disordered eating. The bickering may be involved with calorie counting, number crunching, exercising, and body surveillance. Am I successful, lazy, guilty or good in doing my daily 1,000 sit-ups, or should I be doing 1,500 sit-ups? (Note the illusion of choice.)

The conversation surrounding the shoulds and should nots about practically every subject are in constant discussion and debate, leaving the mind little time for quiet. League members state that trying so hard to keep up with the 'right' thing to do can become 'exhausting work'. They explain that, even after a decision is made, a conversation begins on whether it is the right decision to have made! Round and round and round the injurious speech goes. Talk like this takes up so much lived experience that persons end up experiencing very little else.

There are other examples too. For instance, a heterosexual couple came to see me recently regarding their ongoing marital conflicts. We discovered that the ratio of how much time 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 realise that the main conflict between them was being viciously played out within the individual personal discussions they were having within themselves. They also discovered they sometimes had a difficult time figuring out what had actually been said and done between them, and what they had imagined in their private bickering conversations. Once they found mutual ways to stop their internalised bickering (thereby stopping the imagined internalised bickering with the other), the actual issues of conflict between them were easily sorted through and eventually ended.

The discourse of problem habits 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 can be an exhausting process, often leaving us with no answers and feeling paralysed – sometimes referred to as the 'paralysis of analysis'. The internalised argument is fully capturing of our negative imagination and paralysing of our creativity.

Counterviewing questions that might be asked of those troubled by internalised bickering include:

- Are there any moral codes or rules that you have internalised regarding specified ways of behaving that bickering draws upon?
- Are there any aspects of the society in which you live that support bickering and argument?

- Do you have a take on who's arguing for and who is arguing against these many internal bickerings?

- Have you ever been aware of what or who might sit behind this dialogue outside of yourself?

- I've heard that we speak internally at approximately 1,200 words a minute. 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?

- What is that calm like?

- When are you most likely to experience it?

- Is there any way of celebrating and appreciating these calm moments?

- What would it mean to be free of problem-centred bickering?

- Have you ever experienced yourself listening in on the bickering and finding it amusing?

6. Hopelessness

This injurious conversational habit affords a cascading downward view that renders all help, community and connection 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.

The injurious conversational habit of hopelessness takes many forms and most steer us towards an experience of 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. It directs persons towards a 'dead end' view of their lives and reduces their lived experience into a small and limiting picture.

There are many examples of how hopelessness finds its way into people's lives. Here are two examples from my practice. Upon retirement from a long and successful career (as reported by his partner), a man came to see me with very 'little desire for living left'. It seems that the man, having not spent time or preparation for what his retirement meant, had accepted society's view that retirement was a 'good thing'.

He described his experience with retirement as not fitting with our culture's description of it being a 'good thing'. This difference afforded hopelessness the space to step in and offer 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 a psychiatric ward (Madigan 1998a), to the point where he decided that a choice of killing himself was a better one than a choice of living. In counterviewing the message of retirement, providing space for the appreciation of the life he had lived (supported by an extensive therapeutic letter-writing campaign), he was able to regain and infuse a sense of hope back into his life and future. He now identifies himself as the resident gardening expert of his community, volunteers at a seniors residence and is becoming a 'wild' grandfather.

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 neighbourhood 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, quite humorous, a solid skate boarder, and a talent for helping friends get through rough times'. Overtime, he was able to recall and solidify these other, preferred views of himself.

Counterviewing questions that might be asked of those troubled by hopelessness include:

- What is the history of hopelessness in your life?

- Was there a time when it first entered your life?

- Is there any particular belief or any one person that most assists a hopeless view of yourself?

- What specific issue does hopelessness thrive on? Why does it choose this issue?

- Was there ever a time that you experienced a little bit of hope for yourself? When was this?

- Would anyone else know about this time? If so, who?

- Are there places of hope that you can remember that are currently blocked out by hopelessness?

- If hope were to be re-discovered in your life, what present qualities, skills and knowledges that you have would give it staying power?

- Is the love you hold for yourself in any way helpful to the restoration of hope in your life? If so, how?

7. Perfection

Perfection doesn't exist!! Let me say it again, *perfection does not exist*. 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 long-time colleague and friend, Lorraine Grieves (see Grieves 1998), with the Vancouver Anti-anorexia/bulimia league, the struggle to undermine the pressures of perfection that members were experiencing was paramount. The League came to realise 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 demanded just a little more exercise, just a little less food, just a few more laxatives, and so on. This vicious game would continue until the person could no longer function and often end up hospitalised.

However, it is not just young women who struggle with disordered eating that perfection touches. Narrative therapist Jill Freedman articulates this in her excellent online article entitled: 'The curse of perfect parenting' (2000). She outlines many of the struggles and pitfalls of parenthood while under the spell of perfection.

Perfection was once described to me by a high ranking business executive as an 'angry task master', one that can be 'punishing, blaming, and persecuting'. The tortured struggle to achieve perfection as a student, worker, parent, partner, athlete, boss, etc., can act to ruin lives. Perfection appears to have no boundaries for whom it negatively affects.

A Chief Executive Officer of a mid-sized company 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 for fear of 'falling behind' (David Epston has called this experience one of 'corporate anorexia'). When he wasn't working he was at the gym trying to sculpt the perfect corporate body. The man stated that he often felt that, in spite 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 forty-four years old when years of injurious perfection harassment had helped bring on the heart attack that almost killed him. In the aftermath of his two week hospital stay, perfection told him he was 'weak and feeling sorry for himself', and that he needed to 'keep working as hard as he had before'. He feared the heart attack 'would lesson his value in the eyes of his board'. 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 the weak and for the losers'.

Perfection masks itself in the world of acceptable forms of high achievement and attitudes of excellence. While there is obvious room to appreciate one's evolving achievements; to try one's best in any endeavour; to work hard; to learn more; to enjoy one's passion – being besieged under the torment of perfection represents an altogether different ethic. Perfection struggles involve ideals and measurement often unattainable, and harsh judgements when unattainable goals are not achieved. The negative effects and possibility of injurious perfection-infection speech is ever-present, given the discursive pressure towards perfection ideals within western cultures. My colleague, David Epston, rightly refers to the curse of perfection as being 'crucified to an idea'.

Counterviewing questions that might be asked of those troubled by the tyranny of perfection include:

- Can you recall the ways in which you have been trained and pressured into ideas of perfection even though perfection is not possible?
- Do you think it is a matter of perfection that is creating all this pressure and compelling thoughts?
- Do you think the compelling thoughts of perfection have anything to do with your doctor diagnosing you with Obsessive Compulsive Disorder?
- Do you feel that Obsessive Compulsive Disorder is merely a pushy matter of perfection?
- In what ways do perfection standards make you blind to your achievements as a person/parent/partner/employee, etc?
- Has the idea of perfection in any way given you a less than worthy idea of yourself?
- In what ways does perfection negate your ability to listen to another's praise of you?
- Does perfection seem to speak of the cup of achievement as being half empty?

- Do you have a sense that you could ever satisfy the critical voice of perfection?
- If you were to reject your training in perfectionist ideals, what aspects of yourself and the efforts you have made might you celebrate?
- Are the pressures of perfection any different between men and women?
- Are there other standards by which you could measure your life (standards of enjoyment, of learning, of pleasure, of love) other than a pursuit of perfection?

Perfection is not possible.

8. Paralysing guilt

The final habit I will focus on here is paralysing guilt. There are of course circumstances in which people seek therapy when feelings of guilt are an appropriate response to actions which they regret. There are also times, however, when people seeking therapy are afflicted by debilitating guilt in circumstances where it is not at all clear that a wrong has been done. In these circumstances, the origin of paralysing guilt may be training in institutional discourses or dominant ideas about ways of performing gender, work-personship, class, sexual preference, age and/or race relations. When guilt leaks its way into our imagination and understandings it can flow without restraint. Listed below are two recent examples from my practice.

Recently 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. 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. Guilt argued both sides relentlessly, leaving him very little time for anything else.

A woman recently came to see me for counselling to discuss her wanting to leave her abusive husband whom she had been with for twenty-one years. 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' and 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 (competing) ideological factions.

Counterviewing questions that might be asked of those troubled by guilt include:

- When you look at history, what conversations of guilt have been used as instruments of social control?
- How have conceptions of guilt been used to sway the populous into specific ways of being?
- Do you think men and women are equally trained up in guilt?
- Are there experiences in your life that you have been wrongly made to feel guilty about?
- Are there experiences in your life that you didn't feel guilty about at the time but that you now feel remorse over?
- Has guilt ever been helpful or important to you? If so, how? Why?
- Have there been times when guilt has stopped being useful and instead become problematic? If so, how? Why?
- What might your feelings of guilt represent? Do they mean that you stand for something?
- What is this that you stand for, that you believe in?
- Why is this important to you?
- What is the history of this importance?

PS: A brief story of long connection

Throughout my years of therapy practice, I have found that the number one reason why persons seek therapy is due to a lack of connection[20]. For me, the witnessing of experiential accounts of isolation is one of the more painful therapeutic dialogues to converse in. Discussions on the effects of isolation are often a dialogue about a life that is falling rapidly away from connection and sites of belonging. The interruption of problem habits always involves an inspired attempt towards generative reconnection.

A wonderful counter-practice to isolation – that of connection – was a constant in my youth. Every Monday night without fail, for thirty years, my father and a few of his friends would trek up to the local nursing home and visit with 'the old fellas'. At Christmas time my family would spend time wrapping individual presents of chocolate and tobacco for the residents. My father would sometimes take the men out for a walk and he always sang for them. He would attend their funerals. My father used to say, 'We are the only family they have. Can you imagine what it must be like for these old guys to be at the end of their lives with no-one to visit them? Everyone can use a good chat and a laugh from time to time.' I believe my father was right in assuming that all persons are in need of connection.

My father currently resides in a nursing home on account of his struggles with Alzheimers. The same friends he went to visit the 'old fellas' with on Monday evenings are now regular visitors who come to see him. As his son, it is a wonderful experience to witness him being supported within his community of longstanding friends. I imagine my father likes this too.

My father's story acts as a constant reminder that one of our primary tasks as therapists is to help people reconnect with those who are precious to them, and those who carry hopeful and loving stories about their lives. In deconstructing the injurious speech acts which seek to isolate and divide people from the preferred stories of their lives, and the preferred members of their community, we have a special role to play in reconfiguring this re-connection.

Conclusion

I have been pondering how I might conclude this paper, and an internal dialogue has ensued ... Should I finish the paper off with a bit more theory to back it up and make it sound a bit more snappy, academic and smart? Was it wrong of me to put most of my theoretical ideas in the footnote section? Maybe I should recap everything that was said just in case no-one understood what I have been trying to say? Perhaps I should go back and read how a 'proper' essay is to be concluded within the American Psychological Association standards?

I should have probably given clearer therapeutic examples and better ways to deconstruct and counterview the injurious speech habits. This way, I could have unravelled the

institutional biases of discourse inside the therapy room in a crisper and cleaner way. Damn, I do this everyday in therapy but I wonder if I have been able to write it here? I wonder if I was able to get my point across regarding the situating of internalised injurious conversational habits with institutions of our culture and how this may translate and guide a practice of therapy? I hope I haven't referenced myself too much? I'm a Canadian so I sure don't wish to be viewed as boastful.

Maybe the paper will be taken as autobiographical musings or too cluttered for practice consumption? Maybe as a result I will never be asked to teach workshops again? I wonder who will respond to the paper and in what ways? Oh God, I imagine the criticism from colleagues who are declared 'narrative theory hounds' (there wasn't enough theory) and also critique from those who claim to just like the practice of therapy (there were not enough clear examples).

Hell, I don't want the habits to get the better of me so ... I cordially invite all readers to forward their responses to me! Thanks.

Appendix

Last year, I joined a binge eating and obesity team as a narrative group therapist. Although I had spent many years running Anti-anorexia/bulimia groups in hospitals wards, Yaletown Family Therapy, and the community, I realised I knew nothing of this 'other' disordered eating group. As a way to educate myself on the issue, I set about soliciting the local knowledge from the persons attending the group. During the second group, I gave participants a brief public handout on the 'Eight conversational habits of highly effective problems' as a way to research and re-locate the problem discussion. The following questionnaire was drawn up after the third group session and includes their voice, experience, and telling of events connected to the problem.

The weight is over

- Do you ever wonder how it is that on certain days you are able to stand up for your health and against the 'damaging voices' that invite you into practices of poor health?

- How do you make sense of your abilities to do this?

- What aspects/qualities of you come forward to speak on your behalf when the stress of life offers up eating as the

solution to the problem? Does this solution ever become the problem?

- In what ways do you notice and appreciate all the ways in which you are able to stand up against the 'damaging conversations'?

- Are you in any way amazed at yourself for now being able to notice all the 'dirty little' habits and tactics the problem uses that con you into going against your best knowledge of yourself and your health/care needs?

- Can you identify the number one conversational tactic the problem uses to force its debilitating ways onto you?

- Do you believe that it uses a dialogue of hopelessness by telling you that judging by the research of others' failures, your efforts towards health are hopeless?

- How do you explain how the problem is able to dominate the fears of so many smart-minded people?

- Can you locate where the problem of 'emotional eating' originates?

- Are there aspects of our community that help this problem along? If so, would you be interested in naming them?

- Once you have identified the internalised conversation of guilt, are you able to recognise what you do that enables you to be free of its invitations?

- What assists you most in being able to thwart the idea that you are an illegitimate person because of your size?

- Are there persons and ideas in your life that are problem conversation helping?

- How do they help the damaging conversations along?

- Are there persons and ideas in your life that are problem-resisting?

- How do they stand alongside you and help you stand up for your health?

- If you could give one bit of advice to another person struggling, what would this advice be?

Acknowledgements

Notes

1. Stephen Madigan MSW, MS, PhD, is the Director of Narrative Therapy Training at his Yaletown Family Therapy offices in Vancouver and Toronto, Canada. Stephen is a founder and managing editor of the narrative therapy based website: planet-therapy.com He can be privately reached at the email yaletownft@aol.com or madigan@planet-therapy.com, or by phone at either (1-416) 465 0121 in Toronto or (1-604) 688 7860 in Vancouver.

2. If you are now or at any time internally refuting this idea of internalised conversations, I have just proven my point!

3. Poststructuralists argue for a post-humanist view of persons (Butler 1997; Hoagwood 1994). This position unsettles any essentialist psychological notions of the stable autonomous person, the original author (of problem conversations or otherwise), or a given reality of what constitutes the self.

4. Foucault espouses the position of the constitutive dimension of power and knowledge (Foucault 1980). This suggests that all discursive practices (all the ways a culture creates social and psychological realities) are interpretations imbedded in specific cultural discourse where the subject is considered created by, and creating of, the cultural discourse.

5. In brief, Foucault called the first mode of objectification of the subject a dividing practice (1965). These dividing practices are social and usually spatial: social in that people of a particular social grouping who exhibit difference could be subjected to certain means of objectification; and spatial, by being physically separated from the social group for exhibiting difference. The actions of dividing practices are tolerated and justified through the mediation of science (or pseudo-science) and the power the social group gives to scientific claims. In this process of social objectification and categorisation, human beings are given both a social and a personal identity.

   The second mode for turning human beings into objectified subjects Foucault refers to as scientific classification (1982). For Foucault, scientific classification is the practice of making the body a thing through, for example, the use of psychiatric diagnostic testing. This action emerges from discourse which is given the status of 'science' (1982). Foucault shows how, at different stages of history, certain scientific universals regarding human social life were held privileged. Through this privileged status, certain scientific classifications have acted to specify social norms. Foucault's third mode of objectification analyses the ways in which human beings turn themselves into subjects.

   Foucault calls this third mode – subjectification (1982). This process differs significantly from the other two modes of objectification in which the individual takes an essentially passive, constrained position. Foucault suggests that subjectification involves those processes of self-formation or identity in which the person is active. He 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 (1980). These operations characteristically entail a process of self-understanding through internalised dialogue mediated through external cultural norms (Foucault 1965, 1971, 1973, 1980, 1982).

6. Discursive habits, generally spoken privately, provide a problem-focused discursive scaffolding (Bruner 1990) that help keep 'problems' alive, while the speaker is at the same time in a constant state of known and unknown resistance to the habits.

7. In my therapeutic work, I perceive that the majority of pathologies and problem classifications described by psychology and the modern public are directly shaped, guided and influenced by the habits listed. The injurious speech habits mentioned in the paper do not work in isolation of each other, but do work in conjunction with one another as a dialogic team. The habits are supported through a wide net of institutional discursive structures and practices, and are propped up by, and take advantage of, specific interpretations of dominant cultural ideas.

8. I have worked very closely with David Epston's ingenious therapeutic interviewing style for many years, and because of this I am sometimes confused with who invented what wording – he or I. With counterviewing I called him to ask if he had invented this word. David wasn't sure, so I will give the credit to both of us and whoever else may have come up with this term.

9. Persons entering into these re-remembering conversations are offered opportunities for alternative and reclaimed remembrances of who they are, who they have been, who they would prefer to be, and who they might be in a possible future. The person who has been wrongly totalised, personified, and misrepresented within a problem's type, diagnosis, or pathology, enters into a substitute dialogic context (see Madigan 1995).

10. Internalised personal discourse is viewed by Foucault as an action of self-control guided by set social standards (Foucault 1973, 1982). He suggests that people monitor and conduct themselves according to their interpretation of set cultural norms.

11. In the best living world, narrative possibility is not restricted nor restrained to exclude the multiplicity and fusion of alternative rhymes and reason.

12. Both problem talk and action, as well as non-problem talk and action, are produced through similar discursive processes, however, for the purposes of this paper, I will concentrate on the production side of problem talk.

13. Sallyann Roth and I were the first recipients of the Down Under Family Therapy Scholarship in 1991.

14. Before beginning a detailed focus on each of the habits, it is important to note that I am speaking specifically from within the white, male, heterosexual, middle-class, Irish/Canadian culture

which I inhabit. I have chosen to highlight these particular habits, while others may choose a different emphasis or orientation.

15. See Foucault (1965, 1973), and see Madigan on Foucault (1991a, 1992, 1996, 1998, 1999).

16. See Madigan (1994, 1998), also see Madigan & Epston (1996).

17. See more on reflecting teams in Madigan (1991b).

18. See Madigan & Epston (1996) and Madigan (1999).

19. I am not linking illegitimacy with refugees to imply that other people's experiences of illegitimacy was somehow similar to their experience of torture/persecution/exile. However, I used the experience of illegitimacy as a powerful metaphor to outline other persons' experience of anomie, isolation and disconnection.

20. From what I experience, problems work best when a person is pushed towards an isolated existence. At the point of isolation, only one negative story is being told as the person is closed off from all alternative or competing stories of personhood. The practice of isolation assists the problem in securing a firm hold on a person.

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