

## 20

# THE PRACTICE OF THERAPEUTIC LETTER WRITING IN NARRATIVE THERAPY

ANJA BJORØY, STEPHEN MADIGAN AND DAVID NYLUND

The use of letter writing in psychotherapy has a long and varied history (Riordan and Soet, 2000). This chapter describes the application of therapeutic letters from a *narrative therapy* perspective. Therapeutic documents from a narrative therapy framework are informed by different theoretical traditions from those of counselling psychology, psychiatry, family therapy and social work – namely post-structuralism and anti-individualism.

After a brief overview of narrative therapy, the theoretical justification for narrative letters, guidelines for the practice, and various categories of narrative letters are discussed. Examples of our most prevalent and more recent types of narrative therapy letter are illustrated (with actual letters that were written to clients we work alongside). The categories of letters included in this chapter are: letters as narrative, letters of prediction, therapeutic letter writing campaigns, therapeutic letters as ‘case notes’ for institutions and group consultations, unique developments in couple relationship letters, relational letters written to the couple’s relationship, and counter-documents. Other types of letter – letters of invitation, brief letters, and counter-referral documents – are briefly described without examples. The reader is referred to White and Epston (1990) for more detailed illustrations of those kinds of written documents.

Narrative therapy is viewed as a collaborative and non-pathologising approach to counselling and community work that centres people as the expert of their own lives. Narrative therapy, developed by Michael White and David Epston (1990), is based on the premise that persons make meaning of their lives through stories. Stories from a narrative therapy perspective are viewed as a sequence of events, linked by a theme, occurring over time and according to particular plots. A story emerges as certain events are privileged and selected out over other events that become neglected and ‘un-storied’. The stories people live by are not a mirror of a person’s life but are actually shaping of people’s lived experiences. Narrative therapy suggests that stories and the lives of the persons we see in therapy do not exist in a vacuum; they are instead viewed as under the influence of a powerfully shaping broader context – particularly

in the various dimensions of class, race, gender, sexual orientation and ability. The discursive contexts of a person's life and relationships are viewed as primary to the shaping of lives and relationships. Placing a primary emphasis on person and problem making on the discursive contexts is one example of how narrative therapy is viewed as different from other forms of counselling in the authors' home countries of Canada, Norway and America.

By the time a person has decided to come to therapy they have often developed a dominant story about who they are as persons. The person's deficit story, as told to the therapist, has often recruited the person into a 'thin' identity conclusion of themselves – and one that is considered problem saturated. Such negative identity conclusions can invite a powerfully negative influence in the way people see their lives, values, skills, capabilities and futures. For example, a person may come to therapy and describe themselves as 'depressed', concluding that these descriptions are predetermined and biologically innate to who they are as persons (leading to a sense of hopelessness). These thinly described problem descriptions are informed within structuralist, scientific and individualist theoretical paradigms that suggest that identity is fixed, ahistorical, and de-contextualised.

Narrative therapy takes up an anti-individualist approach to therapy that is informed by the post-structuralist idea that identity is fluid, dynamic and contextual (Madigan, 1992, 2011; Madigan and Goldner, 1998). Hence, within a narrative perspective, people's lives, identities and relationships are viewed as multi-storied versus single-storied. By conceptualising a post-structuralist view of identity, narrative practices are able to linguistically separate persons from 'fixed' and deficit conclusions/descriptions about their identity. When this point of view is practised in therapy it is known as the process of externalising the problem (White and Epston, 1990). Externalising problems allows people to consider that the problem is not located and privatised solely inside their bodies. Problems are viewed as contextually influenced, situational, discursive and communally learned and agreed upon (Madigan, 2011). Hence the rather simple narrative practice motto is: 'The person is not the problem, the problem is the problem.' For example, when a person in therapy states that 'I am depressed', the narrative therapist might ask a question such as, 'when did you notice that depression first entered into your life?', or 'are there times when you feel depression gets the better of you as opposed to other times when you get the better of it?'

Separating the problem from the person allows the narrative therapist to listen for contradictions or exceptions to the discourse of the dominant problem story being told, otherwise known as 'unique outcomes'. These unique outcomes can serve as entry points into alternative stories that assist persons to redefine their relationship with the problem. From there, preferred stories that highlight a person's skills, abilities and competencies are drawn out and amplified. With curiosity and exploration through the careful crafting of questions, these preferred stories and accounts of people's lives can become 'thickened', richly described and eventually performed. Common lines of therapeutic inquiry include curiosities concerning the person's values, commitments, intentions, treasured memories, influential relationships and how these areas connect with each other and live outside and beyond the person's relationship with the problem.

There are many practices in narrative therapy that help enrich and expand the person's preferred stories. One key aspect of narrative practice is the use of therapeutic documents or letter writing. Using letters fits nicely with the text analogy (Madigan and Epston, 1995; Madigan and Goldner, 1998) and is a sensible extension of doing therapy from a narrative perspective. Stories take on an added meaning and permanence when they are written down. David Epston (1994: 31), who has been instrumental in the practice of narrative letter writing, writes:

Conversation is, by its very nature, ephemeral. After a particularly meaningful session, a client walks away aglow with provocative new thoughts, but a few blocks away, the exact words that had struck home as so profound may already be hard to recall. ... But the words in a letter don't fade and disappear the way conversation does; they endure through time and space, bearing witness to the work of therapy and immortalizing it.

Narrative therapy letters can provide a very powerful tool for consolidating the alternative story and for rendering it less likely to be taken over by the problem story. Below are detailed examples of various types of narrative therapy letter:

## LETTERS AS UNIQUE DEVELOPMENT NARRATIVES AND COUNTER-STORIES

Unique development narratives and counter-stories letters are the most commonly used in narrative practice. They are used to depict the linear nature of the client's story with a particular focus on documenting the new stories that are developing (Nylund, 2002). Letters as narrative typically record and summarise the session and are used for the following purposes:

1. To assure the client that the therapist has heard the client's story accurately. The letter positions the client as the final editor of their story.
2. To reflect and think about the meeting and the newly available and emerging counter-stories they have re-called and re-told outside the therapy session and thereby take up these ideas without waiting for the next session.
3. To provide an opportunity to document (counter-filing), support and re-tell their own emerging and preferred story to the client. Through the session's lettering of their experience the client is positioned to be a witness to their own life and forgotten abilities and values.
4. To extend the conversation between meetings so that this supports and maintains the relevance and, more particularly, the endurance of the ideas comprising the new story.
5. To enhance the therapist-client relationship, building trust and mutual respect in future sessions.

Freeman, Epston and Lobovits (1997) and Nylund and Thomas (1994) provide some useful tips for letter writing. Some of the things they suggest that could be included in the letter are:

1. An introductory paragraph reconnecting the client to the previous therapy session.
2. Verbatim quotes of the clients.
3. Statements describing the relative influence of the problem on the client. This section usually includes a variety of comments that reinforce the separation of the problem from the person and what the person has lost/suffered during their relationship with the problem.
4. Questions rather than direct statements regarding areas that were under-explored in the session.
5. Questions that punctuate unique outcomes and imply a grammar of agency.
6. The use of reflexive verbs and/or evaluative questions: For instance, 'John, does this mean that you have been more in charge of your anger rather than it being in charge of you?' versus 'John, you have been controlling your anger.'
7. The use of humour and puns.

Below is an example of a letter written to a client, Kyle, who has struggled with anxiety.

---

Dear Kyle,

This letter, as promised, summarizes our meeting the other day. You shared how Anxiety has influenced your life; it has a long history. Anxiety had many allies, kids who teased you a lot, and a culture that ostracizes difference. These allies recruited you into a negative story about yourself.

Yet in spite of the power of Anxiety and its friends, you never completely surrendered to it. In looking back, can you remember moments of you standing up for yourself? I asked you who most appreciated you as a young person. You movingly shared about your physics teacher. When I asked you what your teachers saw in you, you said, 'he believed in my ... he knew I was smart and a strong person.'

Kyle, What did your teacher see in you that the kids who teased you were blind to? What might happen if you kept your teacher's version of you close to you? How might it help to undermine the power of Anxiety?

Anxiety definitely took a back seat when you found the bravery to approach and meet your girlfriend, Susan, in San Francisco. I enjoyed hearing about the story of how you met Susan and what she values about you. When I asked you about what Susan appreciates about you, you shared how you haven't been asked that question before. Have you given that question any more thought? How might thinking more about this question help you to further embrace a 'modest bravery'? Perhaps you can share this with me next session. Yours against Anxiety,

David Nylund

---

Letters written to a young person often have a playful quality to them. Here is an example of a letter written to an 8-year-old boy, who was experiencing night fears, and his mother:

---

Dear John and Mom,

Thanks for our talk the other day. I got a sense that fear took a back seat to our conversation. Do you agree Mom? John, I really like how you, your mom, and I came up with the Rules of Fear:

1. Fear grows the more you don't confront it;
2. Fear can lurk around the corner;
3. It tricks kids into thinking they are not brave;
4. It grows smaller by taking small steps.

So, we were thinking about what can help you to find your bravery. Your mom brought up Popeye and how he got stronger after eating spinach. BTW, Mom have you shown John an episode of Popeye yet?

Yes, I know you don't like spinach. But you're in luck because your Mom is Greek! And she makes a great Spinach Pie (Spanakopita). And just your luck – you love Spinach Pie! So, Mom you agreed to make Spanakopita and John will eat a slice around bed time. Then his Popeye will come out to fight Fear!

I can't wait to find out how it went!!! Mom, could you bring me a piece of the Spinach Pie to our next meeting? I love it too; you see, my Dad grew up near Greektown Detroit and he introduced Spinach Pie to me when I was kid. I think if I eat some, the team of us three – the Spanakopita Fear Busting Trio – can tackle any Fear.

Yours against Fear,

David the Sailor Man.

---

## LETTERS OF INVITATION

Given that narrative therapy looks at the wider relational social context, it is advantageous to involve multiple members of a family and/or the other important members of the person's community. There are often times when a member of the family is not present at a therapy session although their presence can be useful. With the consent of the attending family member, these confidential letters are sent to both people. They recognise an understanding of the person not being ready to attend the counselling and/or encourage the person to attend a session by sharing some of the new narratives of the attending people with the absent person(s).

## LETTERS OF PREDICTION

In these letters the therapist writes a new narrative which encompasses the visions and hopes of the client. These documents have a future temporal dimension. The idea is that the client will consider the future story and the conviction in the new story will result in the forecast coming true. These letters of prediction provide an opportunity to envision a future where the problem story is in the background or the past. Here is an illustration of a prediction letter written to Steve, a 12-year-old who was caught up in conflict and bickering with his mother. The letter was written and given to Steve in January 2004 and sealed, stating 'Do not open till December 25'. The document predicts a future of Steve stepping more into responsibility, less conflict, and more appreciation of his mother. Of course, Steve could not wait till Christmas as he opened it up two days after he received the letter (February 2004)! And, to be sure, he followed through with most of the developments suggested in the letter.

---

### **Don't open till Dec 25, 2004!!!!!!!!!!**

Hi Steve,

Growing up has been hard, huh? You can't blame others (especially your mom) for your problems anymore. And there are more responsibilities which can kind of suck! So this has made your move towards growing up even that much more remarkable. I remember the turning point, though. Do you recall? Was it when your mom asked you to clean your room and you went ahead and did it without arguing or complaining? Or was it when you did your homework without your mom having to remind you?

Now that you are becoming a teenager, there are advantages however, eh? – more freedoms for sure. Do you like it so far? What's it like for your mom to stop commenting on your homework and other things and just turn it over to you trusting that you will complete it on your own (or you won't complete it)? That she has actually come to trust that you can make the right decision for yourself.

What's it like to no longer bicker with your mom? What's it like for you to be the supervisor of your own life rather than your mom supervising your life for you? Are you impressed more with yourself or more with your mom and the two of you breaking the 'never ending teenager/mom bickering pattern'? What is it about your recent mother-son relationship that has led it to be so bicker-free? Have you asked David how surprised he is? Is he proud of you? Why do you think I knew you could do this?

BTW, I was blown away when you actually complimented your mom on several occasions throughout early 2004, even asking her how her day was. And you definitely shocked your mom when you planned and threw your mom a mother appreciation party!!!

Yours sincerely,

David

---

## COUNTER-REFERRAL LETTERS

In these letters the new narrative is sent to the person who referred the client or family to the therapist, such as a child welfare worker, teacher or probation officer (Nylund, 2000). This letter is a means of spreading the new narrative and offering a follow-up with the referral source.

## BRIEF LETTERS

There is a vast array of content that might be included in brief letters, and there seems to be one consistent theme. The theme is to let the client know that the therapist is thinking about the conversation after the meeting. These letters offer a brief summary of the newly emerging preferred narratives of the previous session. Brief letters can also be sent to a former isolated client simply to let them know that you are thinking about them. The act of receiving mail can help the client to feel valuable, connected and less alone in the world.

## THERAPEUTIC LETTER WRITING CAMPAIGNS

The purpose of our designing therapeutic letter writing campaigns was a response to help people/clients re-remember preferred aspects of themselves that had been forgotten within the limitations and restraints of a dominant problem story. We initially developed the therapeutic letter writing campaign from within specific *contexts of fear*. More specifically, the relationship to fear that we experienced as therapists was a response to construct new methods of practice when problems posed a serious threat to the very lives of the people we were working with.

The therapeutic context(s) we found ourselves in involved consulting families whose loved ones had ended up staying for long periods of time on psychiatric wards, living terribly frightening and limited lives involved with massive regimes of psychiatric drugs, long durations of ECT, forced feeding tubes, isolation, etc. We were working alongside people who had given up on hope when confronted with retirement, the death of a young child, anorexia, bullying, despair, financial loss and an assortment of other contextualised tragedies that they themselves had not invented on their own but had somehow blamed themselves for. Many of the persons we were working with had been convinced by the problem that death was a far better option than living.

The initial letter campaigns were designed to assist persons to be re-remembered back towards membership systems of love and support from which the problem had dis-membered them. Creating letter writing campaigns through communities of concern was a therapeutic means to counter-balance the problem-saturated story and dominant memory of despair and failure (Madigan and Epston, 1995).

These therapeutic situations felt desperate and many (if not most) of our clients' bodies had been inscribed with a diagnosis of 'chronic', meaning that, according to the psychiatric

teams they were encountering, the problems our clients were experiencing were viewed as a life sentence. Our clients were viewed by the institution as persons who could not be helped.

Letter writing campaigns were invented as a response to these life-threatening problems and our disbelief in chronic identities. The campaigns recruited the client or the person's community of concern (Madigan and Epston, 1995) as re-membering, loving others who held onto different, competing and preferred stories of the client, while the client's idea of themselves remained restrained by the problem and expert discourse. The community of concern's written stories were solicited and offered quite a different version of the person (a counter-version). The community counter-stories, written and told, lived outside the professional and cultural inscriptions of failed personhood. The communities' letter campaign told stories of hope, revised histories and offered a preferred imagination and future possibilities. The client's community stood in support of the person and on the firm belief that change for their loved one was possible.

What stood out early on was the dramatic way problems, and the professional discourse supporting the problems, had convinced persons to remember to forget anything worthy, trustworthy or valued in themselves. We viewed the story clients told and the problem story they were living through as severely restrained by negative imagination and the public discourse of a less than worthy/not measured up lifestyle.

Over the last 18 years, the authors' therapeutic letter writing campaigns have been designed for persons as young as six and as old as 76. We found that persons receiving letters began to rediscover a discourse of the 'self' that assisted them to re-member back into healthy living situations from which the problem has most often dis-membered them (Madigan, 2008, 2011). These include claiming back former membership associations with intimate relationships, school, sports, careers, health and family members, and re-acquainting themselves with aspects of themselves once restrained by the problem identity.

## **LETTERS FOR COUPLE RELATIONSHIP FUTURES: RE-REMEMBERING HEALTH IN THE FACE OF ANXIETY, LOST HOPE AND DEPRESSION**

### **Travels with Oscar**

A psychiatrist colleague referred 70-year-old Oscar and his wife Maxine. In our first session, Oscar informed us 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 long to realise we were sitting before quite a remarkable man. However, it seemed that Oscar had paid dearly for his comeback because somewhere along the way he had lost all 'confidence' in himself. He also told us he would panic if Maxine (his partner) was not by his side '24 hours a day'. Maxine had spent the year before organising the



complicated task of Oscar's medical care, and stated at our first visit that she was 'absolutely exhausted', and '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 his relationship to anxiety, which 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 also 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 lovely sweet life' Maxine explained he had lived prior to the accident. Oscar also let us know that he was becoming more and more 'isolated and depressed'.

Oscar and Maxine had let us 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 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 co-authored 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 we include my professional credentials to give the letter 'credence'. Oscar's words from our sessions are directly included and written within quotation marks.

---

Dear Friends of Oscar and Maxine:

My name is Stephen Madigan and I have an MSW as well an 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 since then has instituted a remarkable comeback. What you may not know is the after-effects of the accident have left Oscar a captive of anxiety, and this anxiety is currently bossing him around. You may not believe this but some 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 grow into 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 also 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 the therapeutic letter writing campaign letters are usually the same. Together with the client(s), I write a letter to selected members of the family/community (whom 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 (a) their memories of their relationship with the client, (b) their current hopes for the client, and (c) how they anticipate their relationship growing with the client in the future.

The letters' written accounts are directed towards countering the problems' attempt to re-write a person's past as entirely 'negative' while predicting a future filled with the hopelessness of worst-case scenarios. The community letters also begin to re-write any negative professionalised stories found to be unhelpful to the person and helpful to the problem. Community letters are *always* diametrically different from what had been written previously in the client's professional mental health file. Campaign letters written by the person's community of concern re-present a *counter file*.

A few months later, Oscar wrote to me from his long-awaited 'anti-anxiety' trip to France with Maxine. He once stated his 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 sightseeing 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/values and the contributions he had made during his lifetime – the problem from which he had dis-remembered.

## 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, 2008, 2011; Madigan and Epston, 1995; Madigan and Goldner, 1998):

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 that you 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 telling 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. We dialogue on who the client might be, who the client would like to be, and who the client used 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 office supplies the envelopes and stamps for the ensuing campaign.
5. If privacy is an issue, we use the office as the return address.
6. If the person comes to the next session (with letters) alone, I will offer to read the letters back to them as a textual re-telling. However, my preference is to invite as many of the community of concern letter writers to attend the sessions. The therapist can never predict how many letter writers may come to the session, although planning the session at day's end and for more than one hour can easily accommodate the number of people attending. Three other letter writer support persons is generally the average, although upwards of seven to ten is not unheard of.
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*.
5. Each response team member (usually but not always made up of professionals<sup>1</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 everyone in attendance.
7. We 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.

<sup>1</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'.

## Letter writing campaign contributors

Our experience has shown that once community of concern 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 they have encountered as well as self-help literature. Being left out can often leave them with the opinion that they are 'impotent' and 'useless'. 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.'

## THERAPEUTIC LETTERS USED AS 'CASE NOTES' FOR INSTITUTIONS AND GROUP CONSULTATIONS

We have found that when used creatively and explained rationally, therapeutic letters can be used within even the most conservative and scientific psychology supporting institutions and hospitals. For example, the usual protocol for writing up notes on patients in hospitals is an individualised procedure. This means that each patient performance in the group is separately written up and shared with other members of the professional team. It is rare that the patient themselves receives a copy of these professional notes written about their lives and relationships. We find this practice of withholding information from the person about the person by the professional, keeping secrets in a landscape supporting of trust, holding private privileged/professional information/conversations away from clients, etc., is quite an odd 'therapeutic' practice.

I had the wonderful opportunity to consult two days a week in a psychiatric in-patient eating disorder ward in Vancouver, Canada, for a few years. My job was to run in-patient groups as well as facilitate multiple family groups. A narrative therapy-supporting psychiatrist, who gave me free rein to run my part of the group therapy program through a narrative therapy practice, ran the ward. This included the way the groups were structured, who would be involved and how, recruiting an ongoing response team from the other mental health departments of the hospital (representatives from social work, psychiatry, nursing, psychology, nutrition, etc. would sit in on all the groups and respond from a narrative practice point of view that I'd taught them), and the writing of patient files/charts/reports.

The practice of the psychiatric eating disorder wards of having separate discussions about person/patients when they were not physically present and writing private professional notes

about patients and not sharing these notes with them never fit well with me. As an alternative, the hospital allowed me to write one letter after each group to all parties involved. This meant I would write one therapeutic letter to the group after each group and this letter to the group members was shared with the entire professional staff. The therapeutic letter was the only professional correspondence/conversation I took part in. I was also afforded the grace to not be asked to consult on patients if they were not present. Below is an example of a therapeutic letter to the group that was shared within the institution and documented professionally as a 'case note/file'.

---

Dear Anti-anorexic group and response team members:

I want to write and thank you for quite an inspiring anti-anorexic filled two hours. As always, your conversations with one another inspired questions in me after you left. I thought I'd share a few of them with you for you.

Sheri, when you supported Gwen's story of standing up to anorexia's habit of predicting 'nothing but a negative future' you said – 'yes and if we all agree with anorexia's future for us as Gwen's says, then everybody here will all end up dead'. When you and Gwen tutored me on this anorexic tactic, Sheri, I wondered how it was that anorexia gets away with always predicting a negative future for women. How it was that anorexia tricked this group of women's minds into thinking the future was only futile? If all of you as a group stood against this anorexic tactic what kinds of futures do you predict for one another and for your selves?

The other comment that stood out was when Julie said to Akeiko that she 'totally recognised' her stepping up and 'defying anorexia by stepping backwards on the weigh scale' during her doctor's check-up (so as to not see the weight registered). I wondered what other group members felt about Akeiko's defiance and Julie's noticing of this defiance? Do you notice any other acts of anti-anorexia rebellion? Does it ever feel fun to rebel against anorexia's rules and regulations? As a group I wondered what anorexia would do if you all protested what Megan called anorexia's 'terrible lifestyle'? Do you believe there is strength in numbers and if so what effect do you think your group strength might have on anorexia?

Thanks again for tutoring me and including me in your insider's view of anorexia.

Yours anti-anorexically

Stephen Madigan

---

## RELATIONSHIP LETTERS TO COUPLES EXPERIENCING CONFLICT

The authors write many different kinds of letters to couples. We will outline the letters we tend to send most often. Anja and Stephen were seeing couples at her clinic in Oslo, Norway. Written below are two common forms of letter writing specific to couples in conflict.

## Letters outlining unique developments

Dear Pier and Anita,

We are writing as a follow up to our last session. Anita, in conversing together after you left, we were both struck with your comments regarding how you both had abilities in other relationships you have in your lives to be 'patient', 'service minded', 'to say nice things' and 'to understand' other people. We enjoyed how both you and Pier contemplated how you might bring these relationships skills you already have to your own relationship with one another. If you were to transport your skills of relationship to your own relationship what do you imagine the result would be? Do you feel your relationship abilities would flourish with these abilities? And if so, in what ways? What difference would your own relationship to one another notice? How would it feel?

And Pier when you said that you were beginning to notice how you wanted to choose your conversations with Anita 'at the right time and in the right place', we wondered how you managed to come up with this plan and what you thought Anita might experience if you were to do this? We were also quite touched with your 'hidden plan' to make Anita a CD of songs. We wondered if these songs had a particular meaning and history that were once meaningful at one time to you both.

We also wondered what it meant when Anja noticed you were both looking into each other's eyes during the session – something that we'd never witness you doing before. What were you seeing and how did this feel to look at each other?

And finally, when Pier mentioned that he wanted to 'hold you up high' above all other relationships, and Anita you laughed and stated to Pier 'I'd like this!' we were curious about what specifically you like about this elevated position in his life the most? And Pier what would it be like to raise Anita up and hold her up high? What would be most likely to happen to the relationship if you were to hold her in this position in your life?

Looking forward to discussing these new developments further,

Anja Bjørøy and Stephen Madigan

## Relational letters written to the couple's relationship

Another form of therapeutic letter writing is to write directly to the couple's relationship when we are working with couples experiencing conflict. From a post-structural perspective, we theoretically view couple relationships as relational. At times, dominant psychological and self-help ideas about couples, along with the neo-liberal individualising contexts influencing of couple relationships, can act to wrongly inform the couple relationship that it is an individualised relationship/enterprise. To counter these individualising ideas about couples and to assist in the acknowledgement that 'the whole of the relationship is greater than the sum of

the parts, we write to the relationship of the couple – ‘directly’. From this narrative therapy practice position we begin the letter with a simple ‘Dear X and Y’s relationship’. As part of the letter writing practice, we ask each member of the couple to write a letter back from the relationship to the couple – and *from the relationship’s point of view*. For example:

---

To Jon and Monica’s relationship; we are couple therapists working with Jon and Monica and we wondered if you might write a letter to them to express your relationship’s view of them as a couple. We were hoping you might write a few thoughts on: (a) how they first formed you as a relationship, (b) comment on what their growing love felt like, (c) what you believe currently gets in the way of them being able to continue to nourish and feed you, (d) what would it mean to you if the arguing and complaining stopped and trust was renewed, and (e) what hopes do you have for them being able to bring you back towards a renewed loving relationship like they once had with you.

Thanks a lot relationship!

Anja Bjorøy and Stephen Madigan

---

## COUNTER DOCUMENT LETTERS

These are awards or diplomas for the successful completion of a goal in therapy. They are a visual reminder of success. For example, a 12-year-old male, Sam, who had a history of bullying his peers in school and had earned a reputation as a ‘bully’, ‘trouble-maker’, and ‘defiant’ was awarded a certificate of accomplishment for ‘Reputation Re-Working’ due to his anti-bully behaviour, improved grades, and holding others responsible for harassing other students. The certificate read:

---

### Reputation Re-worker Certificate

This diploma recognizes Sam’s efforts to change his reputation from a ‘Trouble-maker’ and ‘Bully’ to ‘Kind’ and ‘Accountable’. Since earning a new reputation is no small task, it is important that we recognize this achievement. Congratulations Sam! You have helped change the school climate.

David, President of the Reputation Re-worker’s Club

---

At the present time, there is not much evidence for the effectiveness of therapeutic letters in narrative therapy. However, both David Epston and Michael White (Freeman, Epston and Lobovits, 1997) have conducted informal clinical research, asking clients questions such as these:

1. In your opinion, how many sessions do you consider a letter such as the ones that you have received is worth?
2. If you assigned 100 per cent to whatever positive outcomes resulted from our conversations together, what percentage of that would you contribute to the letters you have received?

The average response to Question 1 was that the letter had the equivalent value of 4.5 sessions. In response to Question 2, letters were rated in the range of 40% to 90% for total positive outcome of therapy.

Such findings were replicated in a small-scale study performed at a large medical facility in California. Nylund and Thomas (1994) reported that their respondents rated the average worth of a letter to be 3.2 face-to-face interviews (the range was 2.5–10) and 52.8% of positive outcome of therapy was attributed to the letters alone. As supported by this research, the amount of time it takes to write letters seems worth the effort.

## CONCLUSION

The narrative therapist's primary purpose within the written tasks in all the many forms of therapeutic letter writing is to work with and acknowledge the complexity of the person's story being told so that contradictions can be opened up and used to bring forth something different (by sustained reflection), moving towards a sparkling alternative undergrowth needing attention. It is through letter writing, that dominant problem stories missing relational context and contradictions are exposed, and this allows for the elaboration of alternative and competing perspectives as the person's story unravels. These different competing perspectives seem to lay side-by-side and fit together, but for the client there is now an undeniable proposed tension between them. Therapeutic letters help to try to make us see the world in different ways at one and the same time with the hope that preferred change occurs.

Visit the companion website for an interview about Narrative formulation WL1



## REFERENCES

- Epston, D. (1994) 'Extending the conversation'. *Family Therapy Networker*, 18(6), 31–37, 62–63.
- Freeman, J., Epston, D. and Lobovits, D. (1997) *Playful Approaches to Serious Problems: Narrative Therapy with Children and their Families*. New York: W.W. Norton.
- Madigan, S. (1992) 'The Application of Michel Foucault's Philosophy in the Problem Externalizing Discourse of Michael White. Additional Commentary by Deborah Anne Leupenitz, Re-joiner by S. Madigan'. *British Journal of Family Therapy*, Summer Edition.



- Madigan, S. (2008) 'Anticipating hope within conversational domains of despair', in I. McCarthy and J. Sheehan (eds), *Hope and Despair*. London: Bruner-Mazel.
- Madigan, S. (2011) *Narrative Therapy: Theory and Practice*. Chicago, IL: The American Psychological Association (211 pages).
- Madigan, S. and Epston, D. (1995) 'From "psychiatric gaze" to communities of concern: From professional monologue to dialogue', in S. Friedman (ed.), *The Reflecting Team in Action: Innovations in Clinical Practice*. New York and London: Guilford Press.
- Madigan, S. and Goldner, E. (1998) 'A narrative approach to anorexia: Reflexivity, discourse and questions', in M. Hoyt (ed.), *Constructive Therapies*. San Francisco, CA: Jossey-Bass.
- Nylund, D. (2000) *Treating Huckleberry Finn: A New Narrative Approach with Kids Diagnosed ADD/ADHD*. San Francisco, CA: Jossey-Bass.
- Nylund, D. (2002) 'Poetic means to anti-anorexic ends'. *Journal of Systemic Therapies*, 21(4): 18–34.
- Nylund, D. and Thomas, J. (1994) 'The economics of narrative'. *Family Therapy Networker*, 18(6): 38–39.
- Riordan, R.J. and Soet, J.E. (2000) 'Scriptotherapy: Therapeutic writing for couples and families', in R.E. Watts (ed.), *Techniques in Marriage and Family Counseling* (Vol. 1, pp. 103–110). Alexandria, VA: American Counseling Association.
- White, M. and Epston, D. (1990) *Narrative Means to Therapeutic Ends*. New York: W.W. Norton.