

Spreading the news: Therapeutic letters in the health care setting

A review of a special edition of the *Journal of Family Nursing*, 15(1)

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This special edition of the *Journal of Family Nursing* celebrates the use of therapeutic letter writing within health care settings. Most of the articles originate from one setting, associated with the University of Calgary, and are built around the work of Nancy Moules. They describe the care and research applied to exploring the use of therapeutic letter writing. However, articles by Neil Rogers from Australia and Christen Erlingsson from Sweden demonstrate that therapeutic letter writing in nursing is not confined to one institution and others have taken up the challenge of this useful form of communication (Erlingsson, 2009; Rogers, 2009). David Epston's introduction provides a strong link for these health-based therapeutic letters with the use of therapeutic letters within counselling, and in particular narrative therapy. It seems a logical and exciting extension of the practice of narrative letter writing as described by White & Epston (1990).

As a graduate of Waikato University in New Zealand, my narrative counselling training included the practice of narrative letter writing. I have used therapeutic letter writing in my counselling practice at various times over the years with positive responses from clients. I am also a qualified nurse and midwife and, because of this link between my counselling and nursing background, I was excited by the news of letter writing as a clinical nursing practice. I worked for many years as a nurse and midwife in various departments and in several countries, including areas of the third world, however, much of my nursing and counselling career has been in a Hospice setting. Because of this, I have had a long term interest in how people become positioned when confronted with ill health and life-limiting diagnosis. This concern led me to write my dissertation on how doctors break bad news to patients. Illness can call us into different positions – from a busy businessperson one day to a fearful patient the next. In the

process of this transition, we become dependent on the health system to communicate, inform, care, and treat us.

Having practised as a nurse and midwife, I wondered whether nurses could find time in a busy setting to write therapeutic letters. I also felt concern about the skill needed to write letters sensitively and safely. The writing of narrative letters demands considerable practice and at first such a letter might take several hours to compose and craft (McKenzie & Monk, 1997). On reading the articles I understood that many of the therapeutic nursing letters were written in settings where there is an ongoing relationship with a patient and family dealing with a particular condition or conditions. This involved the patient and/or family meeting regularly with the same team. It also included a team approach and careful supervision and teaching of those involved in the letter writing. I wonder then if the skill of letter writing is best developed in the context of long term health care and learning. The articles outlining research into the effects of letter writing on patients and families indicate mainly positive outcomes, but there must also be challenges that the writing of therapeutic letters call forth, such as how to write sensitively and skilfully.

The medical world still struggles to improve its communication with patients and families. So often time pressure, fear and lack of skills are factors that cause life-changing news to be delivered in a cold, unfeeling manner. Familiarity with illness can also reduce professional sensitivity to the person or family receiving such news for the first time. Nurses working within a strong medical discourse often communicate more frequently than doctors, and often most effectively, with patients and their families. They are often left to pick up the pieces when news is communicated badly. They form relationships with their patients and pick up news of importance that contributes to holistic care. Nurses are often the people who transform the medical gaze to include 'transformative' modes of seeing, such as empathically witnessing the suffering of patients and recognising the common bonds we share with them and restoring a humanising dimension to professional perception (Shapiro, 2002). The use of the therapeutic letter is an act of transformation that subverts the one-sided clinical gaze in favour of a therapeutic relationship that has 'the potential to heal, to invite reflection and change, and to make a difference to suffering' (Bell, Moules, & Wright, 2009, p. 27).

There were six articles in the special edition of the journal and each demonstrated a different aspect of what therapeutic letter writing offers, not only for patients and families but also for staff and students.

***Therapeutic letters and the Family Nursing Unit: A legacy of Advanced Nursing Practice
Janice M. Bell, Nancy J. Moules & Lorraine M. Wright***

This article is central to this special issue on therapeutic letters in the clinical setting as it focuses on the history of the use of the therapeutic letters in the clinical scholarship of the Family Nursing Unit (FNU) at the University of Calgary. The use of therapeutic letters is discussed and gives credence to their validity as a powerful therapeutic tool. Research has shown how letters augment the clinical session and Wright, who is interviewed in this article states that each therapeutic letter is equal to one therapeutic conversation so that it doubles the effect of each interview. The therapeutic letter also offers the possibility of offering some 'news of difference' (Bateson, 1979) so that a family can reflect lightly on what is offered. It suggests that ideas and suggestions should be offered 'tentatively and speculatively' (p. 14) to honour the idea of objectivity and the legitimacy of multiple realities.

I was interested in the easy democratic way the team made decisions relating to and respecting family need, and team member's intuition when choosing to write a therapeutic letter. I was also impressed by the FNU's awareness of the need to acknowledge suffering and hear the 'cries of the wounded' (James, cited in Amundson, 2001, p. 186).

Outcome studies at the FNU note that families report 'a valuing and appreciation of the letters and in many instances attribute the letter with substantial credit for therapeutic change and in some instances softening of illness suffering in the context of their clinical work' (p. 6).

I was impressed by the strong sense of ethics and care to do no harm and the strongly held principles associated with the FNU. They describe each letter as 'laden with ethics' (p. 16) and the balancing act between learning, teaching, commitment and integrity.

This article is an excellent introduction to the history, care, skill, and ethics of therapeutic letter writing, and I felt a hunger to learn more.

Therapeutic letters in nursing: Examining the character and influence of the written word in clinical work with families experiencing illness
Nancy J. Moules

The next article (Moules, 2009b) summarises the first research to be completed on the Family Systems Nursing intervention of therapeutic letters at the FNU at the University of Calgary. The research explored eleven therapeutic letters sent and received in the work with three families seen at the FNU. The findings suggest that letters have an influence related to the tone of the individuals and the relationship created; the balancing of questions, commendations, and artful writing; memory and remembrance; measures and markers of change; and the obligation of meeting people and experiencing illness at the point of suffering.

Of the many findings from this study, I will refer to the areas that clearly spoke to my viewpoint and where I found myself nodding in agreement. The need to directly address and acknowledge suffering as part of the letter is strongly suggested. It takes courage to stay alongside suffering, and writing letters that glide over this could result in distancing for the client. It is often the natural impulse for listeners to withdraw or downplay the sufferer's pain, but researchers conclude that the effect on the sufferers is unvarying. Sensing the listener's apprehension, the sufferer stops talking (Pennebaker, 1997). As nurses we may tend to stay with what we find comfortable. But, like Moules, I agree that if letters are to be sensitive, respectful and therapeutic for patients and families it is the obligation of nurses to see, hear, explore, and acknowledge suffering,

Another aspect of this article that mirrored my own thinking lay in the many questions posed by Moules on the unwritten possibilities in nursing and the implication for future research and education. She asked what other areas of nursing might benefit from the knowledge and practice of this intervention. What other styles of therapeutic letters might exist in practice, and what comparative influence might they have? How might the intervention of therapeutic letters be quantifiably measured with an eye to cost efficiency, especially for a nurse working in busy setting? The other question is how experienced nurse supervisors and faculty members might communicate, teach and impart the recognition that, 'writing is an art of tact' (p. 41).

There were many gems of wisdom in this article, too many to mention here, but I would like to include a few.

The letters with the greatest influence seem the ones that hold enough difference that the possibility of making a difference exists, but not so much that the difference cannot be heard (p. 38).

It would be easy to write letters in a way that creates distance with too many commendations, or lack of acknowledgement of suffering.

To write therapeutic letters that are heartfelt, loving, responsible, and open enough to allow for a meeting and legitimization of varying beliefs among family members and nurse clinicians (p. 32).

Again, learning to write letters that create relationship and diminish the discourses of power that too often dominate in the health care setting.

And here is one that I suggest we should all strive for in helping professions.

Family Systems Nursing is directed toward helping families diminish their suffering and find within illness another face of suffering: a face with aspects of opportunity, choice, wisdom, communication and comfort (p. 34).

How liberating it can be when we assist families in the art of discovery when faced with great suffering! Sometimes it can be as simple as assisting families to communicate more effectively in what has become unfamiliar territory. Therapeutic letters can assist this process by providing a space in which to set memories and ideas. They allow the recipient to take their time to absorb and reflect on what is written.

Therapeutic letters: A challenge to conventional notions of boundary **Neil Rogers**

Rogers, from the Australian National University, examines the impact of letter writing on therapeutic boundaries. He investigated the effects of letter writing on the client-therapist relationship through the use of interpretive phenomenological analysis (IPA) applied to the data obtained by interviewing five clients who volunteered for the purpose. He suggests that letter writing challenges two separate, though related, issues; the protection of professional privilege and the entrenchment of patriarchal values. I enjoyed Rogers' personal and honest account of himself as a therapist, and agreed with his views on the personal and professional role of the therapist. I related to his suggestion that the most common boundary violations are probably those of excessive distance, rather than of over-involvement (Lewin, 1994). This was my own experience with two supervisors who were very good therapists but of whom I knew very little after several years of relating. This created for me a power differential rather than a relational connection. I did not want to know their life stories, just little snippets that would have made the therapist more real somehow.

I liked Rogers' use of the term 'relational connectedness' to explain the therapist-client relationship as it can be. He writes of his experience that letter writing led to 'the replacement of rigid, impersonal, and therapist-centred boundaries that focussed on separation and entrenched the therapist-client power differential, with flexible, personal, and relationship-centred ones that focussed on connection' (p. 51).

While this was a small piece of research, the findings and wisdom within it are many, including the many comments from the five participating clients. These were revealing of the

power and support that letters can offer. One client commented that it felt like 'hosting you in my home' (p. 53). Another experienced the enduring connection through letter writing via email as an 'electronic umbilical cord' (p. 53). Clients also spoke of the letters sustaining them between sessions, and providing a sense of continuity, rather than just a weekly meeting.

Nylund & Thomas (1994) write that:

Therapeutic letters appear to break down the barrier between therapy in the office and therapy outside of the office. They provide the message that being in the world is more important than being in the therapy office. When therapeutic activity continues even after the therapy visit, clients are more likely to rely on their own knowledge and less on the expert knowledge of the therapist (p. 39).

Rogers comments extensively in this article on therapeutic boundaries. He challenges the construction and history of boundaries where, until recently, psychology, psychotherapy and counselling were dominated by men. He writes of the use of the infrequently used word 'intimacy' and suggests that therapeutic intimacy is built on the three cornerstones of availability, mutuality, and vulnerability. He argues that, through sharing some of ourselves with our clients and meeting them on more mutual grounds of intimate therapeutic relationship, we model how to trust and how to become sagely vulnerable.

Therapeutic letters as relationally responsive practice **Nathan R. Pyle**

Pyle presents selected findings from a larger study that examined both the letter writing practices of nine clinicians as well as the experiences of seven adult clients who received a therapeutic letter during the course of individual or family therapy. A novel aspect of the study was that data from clients was gathered in the form of letters. The purpose of the study is to explore the meaning and value of how therapeutic letters from clinicians influence clients' lives.

This article presents an objective and less enthusiastic, yet still positive, story of therapeutic letter writing. Pyle discusses the history of letter writing and comments that, while apparently a solitary activity, letter writing and reading takes on a relational tone as the voice of the other contributes, despite their apparent absence. It was surprising for me to read in this article that one of the first descriptions of writing a letter with therapeutic intentions was by Ellis (1965) who described writing 'diagnostic-therapeutic letters' when unable to speak due to a throat infection (p. 27).

Pyle distinguishes between administrative letters and therapeutic letters, stating that administrative letters relate more to the maintenance of engagement and communication with other professionals and agencies. He also describes a variety of intentions in writing therapeutic letters. These include: ensuring the clinician has heard the client's story accurately; providing time to ponder the clinical session out of the rapid-fire atmosphere of the therapeutic conversation; rendering a new story more 'newsworthy'; and expanding the clinician-client relationship.

The findings presented suggest that clinicians have two main intentions when writing letters. One is drawing focused attention and reflection to the client's story, and another is permitting the clinician to share his or her experience of the client's story. However, several clinicians note how much time letters take and some said they 'just don't have the time'. This

response confirmed my own concerns about how the time can be found in busy health settings to write therapeutic letters that do not end up being formulaic and distancing for the receiver.

The findings from the clients' letters suggested four themes a) curiosity and connection, b) solidification of relationship and session content, c) facilitating and hindering, and d) the lasting and tangible presence in perpetuity of therapeutic letters. An important aspect of this study was that, in addition to writing about positive experiences, some participants found the letter they received complicated or added confusion to the counselling. Most research indicates mainly positive responses to receiving therapeutic letters, so this finding surprised me. It highlights the need not to take for granted how therapeutic letters will be received, and illustrates how clients may take up therapeutic letters in different ways.

Undergraduate nursing students writing therapeutic letters to families: An educational strategy
Christen Erlingsson

Erlingsson discusses the use of therapeutic letters to families as an educational strategy encouraging nursing students to think reflectively when working with families. The results show that the opportunity to reflect on practice was positive and that therapeutic letter writing provided a forum for such reflection. However, students needed encouragement to focus on the family's strengths and resources instead of on their own feelings or on problems they perceived the family as having. The article also mentions that students needed support in relinquishing their hierarchical role of 'Expert Nurse'. The students often wrote in an hierarchical manner, using technical words and phrases that enhanced their relational stance as experts and created distance.

The findings identified three types of letters: distancing letters, pushing and pulling letters, and uplifting letters. In distancing letters, hierarchical expressions were very evident. They were off-putting letters that created a distance that pushed away and objectified families. Pulling and pushing letters most often focused on the family's problems, at times objectifying family members, and hierarchical and expert thinking was often evident. However, these letters also displayed a heartfelt willingness to help and demonstrated that the students had 'seen' the family. Uplifting letters offered commendations and encouragement before giving information. These letters centred on the family's strengths and resources, and affirmed and uplifted. They tended toward working with the family, rather than on them.

Overall, the use of letter writing as a tool for reflective practice was found to have an effect on student's personal knowledge and to facilitate integration of theory and practice (Flowers, St John, & Bell, 2008; Severinsson, 1998). However, it was evident too that the culture and power discourses operating within the hierarchical organisation of a hospital continues to influence notions of the expert and hierarchical stance, such as the distancing and pushing and pulling letters suggest. This article left me thinking of the many outcomes that therapeutic letters offer for students, such as the ability to reflect more fully on the world of the patient and family. There is also the possibility of creating what Rogers calls 'relational connectedness' and the dismantling of the patriarchal power differential so often found in hospital and health settings.

The past and the future of therapeutic letters: Family suffering and healing words **Nancy J. Moules**

Nancy Moules (2009a) traces the history and future of the written word and the effects that modern technology has had and is having on the art of letter writing. This article provides an informative summary of the historical tradition of the written word and of letter writing in particular. It was interesting to note that Moules' caution over the new technologies and their effect on letter writing has resonance with responses of ancient times when Plato and Socrates are described as standing between cultures that were changing from oral to the literary craft of reading and writing. Plato (trans. 1982) in *Phaedrus* relates the story of King Thamus who refused the gift of writing, concluding that people would be better off without writing as it implants forgetfulness and 'the conceit of wisdom' in their souls. Moules comments on the abandonment of the letter in exchange for speed, convenience and reduced effort that has introduced a strange shift in a very long legacy of the letter in human history.

Could the recent attachment to the swift and instant contribute to deteriorating communication between patients and health professionals, or could the new technology contribute to enhanced care and communication? Moules rightly questions the seductive ease of email and the spontaneous nature of writing and receiving email, which, while alluring, may not invite the very reflection that therapeutic letters require in both their creation and their reception. This seems a very valid point. However, I wonder about how the younger generation, who are more familiar with the new technology than the old art of letter writing, would respond. I recall, for instance, some therapeutic emails exchanged with a young boy who was grieving the loss of his mother. The emails brought him ease of access to me and enabled some wonderful writing on his part about his mother. Moules asks whether tone can be communicated in an email. I suggest it can and that we have to be very careful to monitor tone in emails. I wonder too if email is becoming one of the norms of communication to the extent that we should study and teach its specific use for therapeutic communication.

I enjoyed this historically informative and thought-provoking article about where the future of therapeutic letter writing may lie in the context of new technologies. It raises valid questions such as how well email can sustain and cultivate the complexity of the therapeutic relationship and what may be lost in the immediacy of the technological encounter, and maybe what might be gained also?

Conclusion

Therapeutic letters happen in reciprocity and relationship; they are written with care and received with heart. They have the potential to heal, to invite reflection and change, and to make a difference in suffering. This relationship of family and health care provider that is extended through the medium of the written word is a sacred relationship, and the words within it must be carefully chosen, delicately presented, and intentionally positioned. As an intervention, therapeutic letters evoke us subtly, boldly, and ethically to preserve the integrity of relationships in nursing through the enduring tradition of the written word. (Bell, Moules, & Wright 2009, p. 27)

While I had many positive responses to this body of writing, there were challenges also. I do wonder how these ideas might be introduced to hospital settings, particularly acute care and

busy departments where old cultural hegemonic patterns are still found in nursing and health environments. What of the possibility that the therapeutic letter becomes another chore that is churned out and becomes less therapeutic and more distancing and objectifying? There is a need for further and wider research into the effects and outcomes of sending therapeutic letters in order to convince the hierarchical and medical model world of their place in health care settings. I wonder whether evidence could be found that demonstrates a reduction in clinic time, for instance, or of families taking more responsibility for their own healing when family knowing is acknowledged and appreciated. I have concern too about the teaching of the skills involved and responsibility to do no harm. How do we ensure that care is taken and safety and respect of clients is maintained?

However, these articles do demonstrate that there are many positive healing outcomes from using letters to communicate with patients and families in health care settings. The articles raise hope for the possibilities that can exist where there is a willing heart and a commitment to transformative communication with patients and families.

This special edition of articles goes a long way in opening up possibilities for therapeutic letter writing to contribute positively in the health setting, particularly in nursing and nursing education. Wright, Bell, Moules and colleagues have paved the way for a new approach to communicating with patients and their families. And they have been doing this for a long time. There is room here too for more collaborative exchange between the world of counselling and health. How might we both teach and inspire the other in the care and healing of suffering? We have much to learn. I hope that these articles inspire others to take up the challenge, opportunity and hope that therapeutic letters can provide. I work alongside a nursing school in the north of New Zealand and I look forward to sharing this body of work with them. I feel excited about how therapeutic letters in health care might pave the way for a shift in the detached gaze of the expert to the witnessing gaze of being empathetically present with, rather than turning away from, the suffering of others.

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