Using therapeutic documents: a review

by
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The use of therapeutic documents is a key aspect of narrative practice. This paper describes four different categories of document – letters recording a session, documents of knowledge and affirmation, news documents, and documents to contribute to rites of passage. Examples of each of these documents are offered here and the author also shares some of his experiences, dilemmas and learnings in creating therapeutic documentation. This paper was originally created as a keynote at the inaugural Dulwich Centre Summer School of Narrative Practice which was held in Adelaide in November 2003.

Keywords: *therapeutic documents, therapeutic letters, narrative therapy*

This paper explores some of the purposes and intentions behind using therapeutic documents and letters and provides illustrations of their use. This review is not exhaustive, but I hope that it will provide a basis for guiding people in the creation of documents and give some sense of their scope and possibilities.

In articulating why we use documents in our work as narrative counsellors and therapists, the words of David Epston (1994) quoted in Freeman, Epston & Lobovits (1997) are a reference point:

> *Conversation is, by its very nature, ephemeral. After a particularly meaningful session, a client walks away aglow with provocative new thought, 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.* (p.112)

Although these remarks are made with specific reference to letters, they are of course true for all written documents. For me, one of the key purposes of written documents is to record knowledges and preferred stories in permanent form. It is a frequent experience for me to ask near the end of a session: 'What was this conversation like for you?' and to have the person I am talking with say something like: 'It was great, if only I would be able to remember it'. To which I reply: 'Well, what would you like to remember? Would it help if we wrote it down so that you can take it away with you?' As they invariably reply 'yes', we then negotiate what form the document should take: a letter (and if so from whom?), or some other form such as a declaration or a document of acknowledgement.

I have for a long time been aware that when I meet with people for subsequent sessions I often have a better recollection of the previous session than the people I am working with. This is not because I have such a wonderful memory – far from it, I've reached an age where almost

everything seems to leave my memory cells barely touched – but because before they come into the room I spend several minutes perusing the notes that I took during the previous session. I'm struck by what an unfair advantage I am granted by virtue of my ownership of these 'case notes'. And after all, who is it who most needs to know what it is that we have talked about? Clearly, it is not me! In contrast to case notes, therapeutic letters constitute a form of recording for the benefit of those who attend therapy.

As well as letters recording what has happened in a session, other important uses of documents include:

- to record particular knowledges that a person needs to have available to them at times of crisis, whether these knowledges are knowledges of particular skills or knowledges of preferred identities;
- to spread the news of preferred stories to others in the person's family or community;
- to contribute to the rite of passage accompanying the end of work together.

Later in this paper I will return to these four categories of document: letters recording a session; documents of knowledge and affirmation; news documents; and documents to contribute to rites of passage. First, let me refer to some of the evidence for the effectiveness of therapeutic documents in narrative work. To do so, I would like to quote Freeman, Epston & Lobovits (1997):

> *Both David Epston and Michael White 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 Kaiser Permanente HMO in Stockton, 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 percent of positive outcome of therapy was attributed to the letters alone.* (p.113)

As can be seen by this research, the *economy of effect* in spending time writing letters is hard to argue.

Letters recording a session

Freeman, Epston & Lobovits (1997) also distinguish what is special about narrative letters, and I find their description particularly helpful:

> *What distinguishes a narrative letter is that it is literary rather than diagnostic; it tells a story rather than being expository or explicatory. The letter engages the reader not so much by developing an argument to a logical conclusion as by inquiring what might happen next. Structured to tell the alternative story that is emerging along with the therapy, it documents history, current developments, and future prospects.* (p.112)

How then do we construct a narrative letter?

I am fortunate in my agency in that I am regarded as a specialist resource and am therefore somewhat sheltered from the pressures of waiting lists that others in the team face. For some of my colleagues there is enormous pressure to see and throughput 'cases'. One appointment follows on another and all sorts of tasks get left behind. Sometimes I find myself in this position too, although I work hard to avoid it. When it does, I wonder whether it would be good to give the people I work with less time in the main conversation so that I would have time to either write letters with them or to write letters after the session. This is something of a dilemma for me. It is often only after the person has walked out of the door that I find myself thinking, 'A letter based on this conversation might be really helpful'. Often I have been so enjoying the conversation and have been so carried away with its possibilities that I have carried on talking with the family right up to the end of the time available, and the next family is sitting in the waiting room ready to talk with me. And so I do not always find it easy to write all the letters that might be useful.

Michael White (1995) suggests that therapeutic letters can be written quite quickly and with economy of time. I think that this can be true, depending how long a letter we choose to write. When I only have a little time, I tell myself a short letter might be better than no letter, and I can write a short letter quite quickly! Here is an example of a short letter:

Dear Haley,

It was really good to meet with you this morning. I thought that I would write you a quick note about what you told me.

You told me about what a bad time the other children in school give you, and how embarrassed you had been when the teacher made you stand in front of the class and asked the others why they would not be friends with you. I heard that you have had your hair set on fire and that you have been bricked [hit on the head by a brick thrown at her].

All this trouble is making you think that there is something wrong with you.

But you also told me that you had enjoyed school when you went for three months to St Gabriel's. I heard that you were always keen to go when you were there. You thought that this meant that it is your present school that is the problem, not you. You said that it would be nice to think it was the school and not you. Haley, I really enjoyed meeting you and seeing how kind and caring you are with your little sister. I thought you were a really nice, friendly and able girl. If you were to remember that there is nothing wrong with you and that you are alright, I wonder what difference that would make to your life? What do you think?

Looking forward to seeing you next week.

Best wishes, Hugh.

When I next met with Haley she told me that this was the nicest letter she had ever received. I am glad to be able to report that things improved very significantly for Haley quite quickly.

In the same article, Michael White (1995) suggests that letters might be based upon statements of position, in that they can record the position that a person has taken in relation to an externalised problem, and the position they have taken in relation to a developing preferred story. A letter based on statement of position maps (see Carey & Russell 2002) might look something like this:

Dear Wendy and Sam,

It was good to meet with you today. As we agreed, I am writing to summarise what you told me about your lives. I will send a copy of this letter to Dr P as we discussed.

Wendy, you told me that Sam has been subject to stress and wind-up since she was eleven years old. Before that you described her as happy-go-lucky. You thought that the change might be linked to you having to move house a lot at that time. Sam, you said that your dad was always kicking off at your mum and that that was why you experienced so much stress.

The stress and wind-up had led to difficulties in school with temper. This had resulted in lots of trouble and recently, Sam, you have been temporarily excluded from school a number of times and then threatened with permanent exclusion. You said that you did not like the trouble and that you were strongly against being excluded from school. This was because you want a future for yourself and you like to be with your friends. Your mum said that you had been skipping school and mixing with a crowd she thought were bad for you. You would get involved in their arguments and this led to trouble.

Your mum said that when you went to live with your dad earlier this year he was always having a go at you and that this increased the amount of stress and wind-up you experienced. Wendy, you were concerned because Sam had learned that cutting herself could bring relief from these feelings. Although the cuts themselves were not that deep there could be a lot of blood. Both of you were clear that you wanted Sam to stop the cutting. Sam, you said that the cutting makes you feel that there is something wrong with you and that you have to hide what is happening. You said that you prefer to be able to be open. You also worried about doing yourself some harm and you didn't want to be left with scars on your arms.

Wendy, you told me that at present Sam has a low opinion of herself.

But as we talked another picture of Sam emerged. I heard that Sam is a young woman with hopes for a life with a good job. Her teachers say that she is really clever. You told me, Wendy, that she wanted to stay in school not just because her friends are there but because she wants to do exams and get qualifications. Sam, you thought that you might like to be a nursery nurse. I think that you would be excellent at this, Sam, having seen how you were with your younger brother, Shaun, at our meeting. And Wendy, you said that she had been really good with all your children.

Sam, you told us that you are now attending school more, and Wendy, you said that Sam has been bringing home good behaviour letters from the teacher who she usually does not get on with! I wonder, Sam, does this mean that you have been taking control of your life and refusing to let the stress and wind-up spoil things for you?

Also I heard that Sam had not been hanging with the same crowd, even though this had led to her experiencing

some bullying. This made me think that Sam must be very committed to sorting out the problems at school. What do you think about this?

These changes have been going on for four weeks now and Sam is not getting into trouble and Wendy, you think that she is a lot happier. I wonder what you think this means about what Sam wants for her life?

We also saw what a good relationship the two of you have with each other, and how easily you can communicate. Furthermore, Wendy, this allows you to impose rules on Sam which you do because of your care for her. You told us that Sam is not bad at home, and it sounded as though she acts in a very adult way in relation to you. Do you think, Sam, that maybe you are starting to use some of the adult ways to improve your life at school?

Wendy, you also told us how some of the difficulties in your life had at times meant that you lost all confidence. Most recently, when Social Services were involved because it came to light that your partner was a person who had abused, you thought that you had lost everything and you told me that you gave up.

However, you have worked hard since then and have become more confident and stronger. We did not have time to explore in detail what you know about recovering confidence and strength, and I am looking forward to hearing about this and the skills you have in relation to this at a future meeting. I am also wondering what it was that you were committed to in struggling on and recovering hope and confidence? What does it say about what was important to you?

Certainly, I heard that confidence was literally beaten out of you by the children's father. And although I heard about how he still tries to have a go at you, you told me that you don't let this bother you any more. You tell yourself, 'Let him say what he wants, I don't care'. What might you call this new attitude of yours I wonder?

Listening to what you told us it was clear that you have had some very hard times as a family. But nevertheless, it sounds as if the two of you know how to relate to each other in caring ways that enable you to communicate. Although Sam lost her happy-go-lucky ways in the face of stress and wind-up, it sounded like she has a real commitment to getting her life back and doing what she wants instead of what the stress and wind-up wants. In fact, Wendy, you said that she has a strong personality, and I wondered if she has started using this skill to recover her life from the stress and wind-up.

I'll look forward to seeing you again soon.

Until then, best wishes, Hugh.

This letter also illustrates a way to write letters to referrers in a manner that is consistent with narrative ethics. In my agency, after a first session with someone who has come to see us, we have to write a letter to the referrer and to the general practitioner (family doctor) in which we provide a formulation and a treatment plan. When I first joined this team, seven years ago, these letters were sent to the referrer unseen by the person about whose lives they were written. At first I started copying the letter to the referrer to the family. But after a while I realised that it would be better to do this the other way round, and now I write a letter to the family and copy it to the referrer. I don't know what referrers think of these letters, but I have had no complaints.

Freeman, Epston & Lobovits (1997) provide some useful tips for letter writing. Some of the things they suggest include:

- Quote verbatim.
- Use questions as this opens up the possibilities instead of closing them.
- Use reflexive verbs: For instance 'Sam, does this mean that you have been taking control of your life?' versus 'Sam, you have been staying calm'.
- Use Gerunds: These are verbs ending in 'ing' and used as nouns. For instance 'Sam, you said that the cutting makes you feel there is something wrong with you and that is horrible'.
- Use the subjunctive mood: might, may, etc. For example, 'Do you think Sam that maybe you are starting to use some of these adult ways to improve your life at school?' versus 'Sam, have you learned to use these adult ways to improve your life at school'.
- Use humour, puns, etc.

Finally, it can be vital to the success of a letter recording a session to negotiate beforehand how the document will be used (see White 1995)[2]. Where will the letter be kept? When will it be read? How often would it be good to read it? Who should read it? And so on. This avoids what has been called 'the hallstand drawer phenomenon': the circumstance when, despite your careful crafting of a really useful letter, it is read once, put in the drawer, and forgotten!

I had a recent extreme example of this when I was working with a boy of ten who I had been asked to see because he was not eating adequately. He was a very disconnected boy and it was hard to converse with him much. Well, at some point I thought that it would be good to send him a letter to thicken some of the good things that he had finally been encouraged to say in one of the sessions. His account of wishing to eat and grow was so minimally described that it seemed like this would be a good idea. Unfortunately I did not consult with him about this plan, and you can perhaps imagine my feelings when he came to the next session and I was told that far from having put my excellent letter in hallstand drawer, he had put it, unopened, in the bin!

Negotiating what happens to the letters we write can be pretty important. When I am writing an unexpected letter, I usually ask some questions about what effect has reading the letter had, and was this a good effect? And if so, would it be good to read the letter again, and if so how many times? By asking these sorts of questions I hope to encourage the recipient to make the best possible use of the letter.

Documents of knowledge

Documents of knowledge can be extremely helpful for people who are in danger of losing sight of their preferred identities. They are also very useful in situations where under stress people forget knowledges and skills that they most need at exactly those times of stress. I don't know whether it ever happens to you that you forget what you need to know when you most need to know it. It certainly happens to me. As a rock climber, training myself to be able to remember how to climb at moments of great terror has been the most challenging aspect of the sport. I remember early on in my climbing career being 'frozen' – so frightened that I could neither move forward nor backward. I had simply forgotten how to make the next, quite simple, step. Similarly, as a parent I remember being caught in conflict with my son, who was probably aged about fourteen at the time. I have no idea what the issue was – something I felt it was really important for him to do at once and he felt could be deferred would be my guess. I remember I was at the bottom of the stairs and he was at the top and I was getting overwhelmed by a feeling of impotence and inadequacy. From somewhere the idea that there was nothing I could do but lose my rag and shout at him came into my mind. Have any of you ever been in that place? It certainly wasn't my first time there. But then, suddenly, I remembered that actually doing that only made things worse and that the best thing to do was to stay calm and to talk reasonably. I can't remember exactly what happened, except that somehow we overcame the impasse without rage on my part or rage on his part and without things being said that would hurt. What I do remember is that I learned something about how to remember what I needed to remember when I needed to remember it.

In my work with others, I have come to witness how experiences of childhood abuse seem particularly effective at robbing people of the knowledges that they need at the times that they need them. I have also come to see how documents of knowledge can be extremely helpful to those in this situation.

Here is an example of such a document of knowledge that was written in a session. It's one that was developed in some work with a woman who had a diagnosis of schizophrenia – actually, she had several different diagnoses at different times. Anita was often overwhelmed by a sense of being a bad person and a bad parent. The words in this document are all the words that Anita used. I acted as an outsider witness, authenticating these knowledges both by hearing them, repeating them and by adding my signature to the document. This was one small step in helping to more richly describe Anita's knowledges and to ensure that these were witnessed and authenticated by others.

DOCUMENT OF AUTHORITY

This document certifies the following statements about Anita H as true:

1. Anita is ill on and off and has been for many years.
2. The illness is not Anita's fault.
3. Anita has always loved her children and has always done her best to bring them up lovingly.
4. Anita has always done her best to give her children discipline with love and not with any hostility or any wish to harm.
5. Anita is a good person and a good parent.
6. God loves Anita and Anita loves God.
7. Anita deserves to be cherished and loved.
8. If God were speaking to Anita he would tell her he loves her.

Certified this 15th day of September 2000
Signed: Hugh Fox & Anita H

As you can see, this document of knowledge is concerned primarily with identity, both individual and relational. In hindsight I can see how good it would have been to have assembled some of Anita's friends from her church and to have had them authenticate this document and also put their signatures to it.

As it was, I had this document shrunk to a small credit card size and laminated and Anita carried it with her in her bag wherever she went. It was then available for her to read whenever she felt she was going to be overwhelmed by negative knowledges about herself. She also read it regularly on a pre-emptive basis. She reported that this document helped her to resist the voices of criticism which plagued her very significantly.

Here is a second example of a document of knowledge. This one is more focused on knowledges and skills about performance than about identity. This woman, Marion, was troubled by feelings of guilt whenever she stood up to her teenage daughter. One of the effects of this guilt was that she could not get her daughter to eat adequately. Although she knew that it was not good to always give in to her daughter, guilt always robbed her of this knowledge at the time that she needed it. This document was constructed by Marion herself:

Knowledges for refusing guilt

Don't play her games

Don't discuss it with her

Remember it's better for her

I know what is right

This too was made into a card and laminated. Although we discussed together how Marion would use this document, when we next met she told me she had not read it once! At the end of this next session, we wrote a letter together both accounting for the session and also including the work we had done to recall what was in the forgotten document. In other words, the document was repeated in the letter. Following this, Marion started to use the card, and in subsequent sessions told us how her daughter was now eating more satisfactorily, and how Marion was beginning to find ways to stand her ground more generally in this relationship.

Documents of circulation

A third category of documentation involves recording preferred stories, or evidence that fits with preferred stories, and circulating these to friends, family members and supportive others in the person's world. These documents of circulation help to make others aware of these preferred stories and enables them to recognise these preferred stories instead of seeing only evidence that fits with problematic stories. In turn, this contributes to the development of communities of acknowledgement around the person, communities that can become actively engaged in thickening the preferred story. At the same time, this contributes to connecting people round shared intentions and values.

Here is an example of a document of circulation. It was written by Carol.

To: People who know Carol

On 11th of June, following a row with Mandy, a sense of despair led me to want to take an overdose. However, I just calmed myself down. I did this by counting to ten and smoking a lot of cigarettes. It took me about 15 minutes. This is the first time I have ever done this. I felt champion.

I hope to remember this skill and use it again whenever I get stressed out. This would mean that I would never have to take any overdoses again.

If you see me getting stressed out, please tell me and remind me to think 'You know how to calm down'.

Thank you.

We compiled a list of about a dozen people in Carol's life, some professionals, some friends and some family members, and agreed that Carol would give copies to each of them. As a woman who was seen as a 'hopeless case', this circulation of this ability on her part would hopefully contribute to a new identity being known, and to Carol receiving feedback (when people reminded her that she knows how to calm down) that this identity is visible. Moreover, this feedback might serve to remind Carol of what she knows about calming down at the times when she most needs to remember what she knows about calming down.

When I checked out with Carol how she had used this document and what effect it had had, she told me she had

given it to her community psychiatric nurse, her social worker, her ex-family support worker, her home-start volunteer, her foster parents, her husband and her children. She said that:

> *It was good ... I felt proud ... They respect me more ... They come to me for more things, especially the kids ... and John and I are talking better ... I see myself in a different light ... I'm a person who can get on … I can get on with being a mother … I'm a better mother. The kids and John remind me* [that I know how to calm myself down] ... *and Jill* [the community psychiatric nurse] *does too* ... [When they do this] *it's helpful.*

Documents of rite of passage

David Epston and Michael White (1992) have also proposed using documents at the end of therapy. They suggest that, instead of using the metaphor of loss for the end of therapy, the metaphor of rite of passage would be more helpful. They base their understanding of the rite of passage on the work of van Gennep (1960). They write (Epston & White 1992):

> *Van Gennep asserted that the rite of passage is a universal phenomenon for facilitating transitions, in social life, from one status and/or identity to another. He proposed a processual model of this rite, consisting of the stages of separation, liminality and reincorporation ...*
>
> *The third stage of reincorporation brings closure to the ritual passage and assists persons to relocate themselves in the social order of their familiar world, but at a different position. This different position is characteristically accompanied by new roles, responsibilities and freedoms. Traditionally the arrival at this point is augmented by claims and declarations that the person has successfully negotiated a transition, and this is legitimated by communal acknowledgement ...*
>
> *Our interpretation of this metaphor structures a therapy that encourages persons to negotiate a passage from novice to veteran, from client to consultant. Rather than instituting a dependency upon 'expert knowledges', this therapy enables persons to arrive at a point where they can take recourse to certain alternative and 'special' knowledges that they have resurrected and/or generated during the therapy ...*
>
> *It is through reincorporation that the alternative knowledges that have been resurrected and/or generated become authenticated. It is through reincorporation that the new possibilities can be realised.* (pp.12-13)

White and Epston suggest that the first two stages of the rite of passage as described by van Gennep take part during the main course of the therapy, but that the third stage will happen at the end of therapy and will include 'claims and declarations', and that these 'claims and declarations' will be legitimised by 'communal acknowledgement'.

These 'claims and declarations' can effectively be given authority and permanence in written form, i.e. as documents. What is more, these 'claims and declarations' can then receive 'communal acknowledgement' by making them public, often through carefully constructed ceremonies with invited guests.

I want to consider here two particular ways in which the rite of passage metaphor can be evoked at the end of therapy, both of which involve the use of documentation:

1. Celebrations, prize-givings and awards, attended by significant persons, including those who may not have attended therapy.
2. Consulting persons, in a formal sense, in relation to the solution knowledges of their lives, and in relation to the alternative and preferred knowledges about their lives and relationships (see White & Epston 1992).

1. Celebrations, prize-givings and awards

In the Day Unit in which I work, an effort is made to operate in accord with narrative ethics and principles. Each child has a book in which other members of the day unit community can record things that they enjoyed about the child. Children (and staff) are encouraged to record something in each book every day. At the end of the program, parents and family are invited in and there is an award-giving ceremony. Each child chooses three things from the book that they would like to have read out in front of the assembly, and certificates are awarded recording their achievements and knowledges. This can be a very moving event for us as workers. It can also be a moving event for the children as the following story illustrates.

Jodie, aged ten, was a child who was effectively paralysed by anxiety and worry. This worry not only stopped her from going to school and going out to play with peers, it

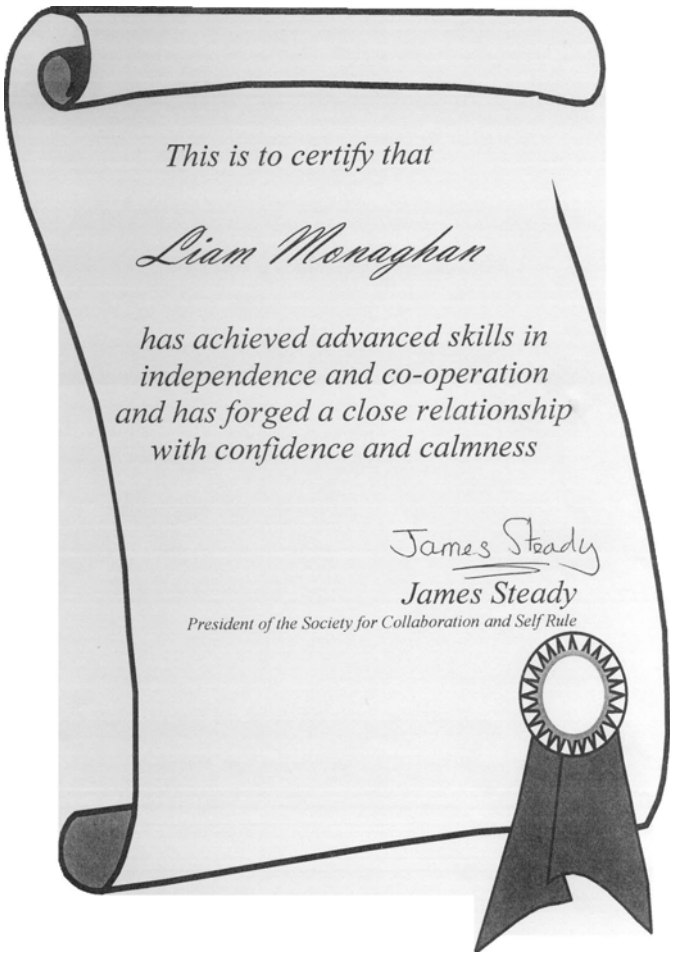
had also stolen her voice. In the three week period that she attended the Day Unit, the only time her voice was heard was when the children put on a puppet show. At the award ceremony she was given a certificate (handed out by the Day Unit Manager, Lisa) which recorded that she had taught the Day Unit staff that you can be a good friend without speaking.

The very next day Jodie went to Brownies – an organisation we have here for young girls. Jodie explained this to the 'outpatient worker' by saying that Lisa had written that 'I could go'.

In the Day Unit they also keep a book where, before they finish their stay, children record what they have learned during their time with us. This book is open to other children who come to the Day Unit to read, thus recruiting a 'future audience' to contribute to the legitimisation of these new knowledges.

I have included below a certificate that was recently awarded to a young person, Liam, with whom I was working. Liam, who was aged twelve, had been in the Day Unit but had had to be 'asked' to leave after he absented himself, taking another child with him. I had been asked by his outpatient worker to join her in the work at about that time. It had been a long and at times arduous journey. Liam would leave the consulting room and visit the rooms of other members of staff, or go round the outside of the building and bang on the window. On one occasion he took his mother's keys and held them outside the window of the room we were in that day which had a public thoroughfare beneath it, threatening to drop them if his mother didn't agree to take him to Macdonald's on the way home. Liam showed little inclination to take part in our sessions and usually after about a quarter of an hour he would decide it was time to go home. After that, it became increasingly difficult to have any kind of conversation, not only with him but with his mother. His mother told us that she could not control Liam, that he quarrelled incessantly with his elder brothers, that he stole her credit card and went out in the middle of the night to withdraw money, and that equally he would not let her out of his sight, making her life impossible. Oh, and of course he was not going to school.

Well, extraordinarily, bit by bit things improved. I won't tell the complicated story of that journey, suffice it to say that after about eighteen months we had got to the stage where it felt appropriate to present Liam with this certificate:



We held a small party. Liam did not want to invite his brothers, but he did invite his mother and a member of the Day Unit staff with whom he had stayed in touch. I was also there as was the outpatient worker. We had pop and cakes. I made a short speech touching on the times we had had together and Liam's amazing achievements, and presented him with the certificate. Although we hadn't planned it that way, when they came to the next session we all agreed that our work together had been completed. Liam had re-entered the Day Unit with some degree of commitment to using this as a way back into mainstream education. The Day Unit staff, who had been sceptical to say the least about having Liam back, found Liam to be a different lad, and they expressed their pleasure at his company. What's more, Liam presented me with a document of my own:



2. Consulting your consultants

As mentioned above, a further way of fulfilling a rite of passage at the completion of therapy is to formally 'consult your consultants'. David Epston and Michael White (1992) use this expression to refer to the process of consulting persons about their knowledges at the end of therapy:

> *When persons are established as consultants to themselves, to others, and to the therapist, they experience themselves as more of an authority on their own lives, their problems, and the solution to these problems. This authority takes the form of a kind of knowledge and expertise which is recorded in a popular medium so that it is accessible to the consultant, therapist and potential others.*
>
> *Throughout, the relative inequality of 'therapist as helper' and 'client as helped' is redressed. The gift of therapy is balanced by the gift of consultancy. We consider this reciprocity to be of vital importance in reducing the risk of indebtedness and replacing it by a sense of fair exchange.* (p.17)

Here is a document that Anita created when we finished work together. It records the knowledges that she had generated during our work together.

ANITA'S DOCUMENT OF KNOWLEDGE

In my fight with illness, I have learned various knowledges about how to preserve my life and prevent illness getting a foothold. This document records some of those knowledges.

1 DON'T PANIC. Panic gives the illness a foothold. The following all help to keep panic away:
   a) Thinking calmly, practically and realistically.
   b) Telling myself to think calmly.
   c) If I hear a voice telling myself it does not mean the illness is coming back.
   d) Telling myself not to be frightened.

2 Take one day at a time.
Take one hour at a time.
Take one minute at a time.
Do it step by step.

3 Don't be afraid to ask for help, from friends and from professionals.

4 Think positively.
   - Tell myself God loves me.
   - Tell myself the illness isn't my fault.
   - Tell myself I do love my children.

5 Listen to God's voice.

This document stands in distinction to the knowledge that Anita had when we first met, which was that the only way to deal with her difficulties was through better or more medication. In our final session together, when I asked her about what knowledges she had now about dealing with the difficulties that beset her, I was astonished by her fluency. She hardly paused for breath before listing the knowledges that informed the above document.

At the time this document of Anita's was created I had not instituted a book of knowledge for people to contribute to when finishing work. This book now exists and it contains stories, documents and letters that record the skills and knowledges of those who have consulted me over time. Asking people to contribute to this book has become a key rite of passage in the completion of a therapeutic relationship. It is a book that is available for others to read and consult.

Preparing this paper has brought me to realise that I shall soon contact Anita and see whether she would be happy for me to include these knowledges of hers in this book of knowledge. Whilst the writing of the document has in itself been helpful to Anita, and whilst this process enabled her knowledges to have been made available to me, I believe that the act of entering them into a book of knowledge which will be available to other people seeking consultation will be more thoroughly honouring of these knowledges. I believe this will contribute to Anita's knowledges becoming more richly described and legitimated, which van Gennep (1960) suggests is vital for the third stage, reincorporation, of a rite of passage.

In this paper thus far, I have described four different categories of document: letters recording a session; documents of knowledge and affirmation; news documents; and documents to contribute to rites of passage. This by no means covers all the possible uses of documents! In fact this is probably only limited by our imaginations.[3] Rather than explore these options further, however, I now wish to share some feedback on therapeutic documents from one particular person.

Carol's story

In order to convey the significant contributions that therapeutic documents can offer, it seems appropriate to share a little more of Carol's story. You will recall that the document of circulation that is included above was written by Carol. The following transcript is edited from an interview with Carol that took place about four weeks before this paper was written.

Hugh: What was it that brought you to see me Carol?

Carol: The children really... I couldn't cope with their behaviour. Mandy was giving me a lot of gyp [literally, pain] and were messing around at school and that ... I couldn't cope with what they were doing and saying, especially Claire, telling me that I should commit suicide. I have a history of attempts to kill myself. It was because of the abuse I had in my childhood. I thought that I wasn't a good enough mother. I was unloved as a child and I didn't know if I was giving my children the right amount of love. I wanted my kids to have a better life than me, but three of my kids got abused. It were under different circumstances than me, but I felt bad that they were getting abused while I got help. When I found out I phoned the police straight away and had him taken away because I wanted them to be safe.

Hugh: How did the idea that you were not a good enough mother affect your relationship with your children?

Carol: I wouldn't let them out to play, I keep them isolated. I'm always wanting to know where they were. My mother used to just kick us out and not give a monkey's where we were. That's one way that it affected our relationship. Also though, I used to think that I should kill myself so someone else could look after the kids, that they'd do it better than I could. I took millions of overdoses and I cut myself. I didn't care. The children tried to care for me and that's not what I wanted, I wanted to care for them properly.

Hugh: Have you found ways to get some sense of yourself as a good enough mother?

Carol: Yes, but only through the documents. They make me feel better. When I read the documents I feel better. I don't take overdoses and I act a better mother. I take the children where they want to go, I play games with them, we draw together and watch television together. I tell them I love them and I make sure that they tell me that they love me. It's brilliant. It's how it should be.

Hugh: How does that affect them?

Carol: Their behaviour is better. Claire doesn't tell me to take overdoses and she's more caring. Justin will come for a love and a kiss. Stephen is a bit old for that but if he wants he'll come for one. It makes it easier on their lives. What's more, John and I get on much better, there are no arguments and we're more loving towards each other. I can just get on with my life, cook and clean and do everything I'm supposed to do. But when it's the other way round I can't do nowt [nothing]. I can also get on better with a lot more people. I care for myself more. Instead of taking overdoses or cutting, I like to put myself

as a decent person, to put myself in respectable order. I show the kids I can be there for them and not cut or overdose. My mother never cared for herself but I like to make everything look clean and tidy. And I go out and enjoy myself.

Carol went on to tell me that this document was the most important one for her:

DOCUMENT OF MOTHERHOOD

I love the kids.
They know that I love them.
And they love me as a mother.
I want them to know that I'll always be there for them.
I have given them better than I had.
The kids don't want to go into care.
The kids need me. Think of them first.

This was the first document we created. Carol keeps it in her purse. When she's low she reads it and she reads it and she reads it - up to twenty times a day. It makes her think: 'There's no point in killing myself when I can be a pure mother'. Carol has told me that even when she's feeling good she reads this document two or three times a week just to keep it in her head. There are other documents that Carol also reads regularly, and sometimes she gets them all out and reads them together. Carol is quite clear that these documents have saved her life on occasions.

Carol has shared some of the documents with other people who she knows and they have confirmed that these documents are truthful. This has the effect of enhancing the power of the documents. It makes them stronger.

To close, I'd like to convey one final piece of feedback from Carol. I asked her the research questions on the effect of documents that were quoted earlier. She said that a document was worth ten sessions of therapy and that 70% of the progress she had made was due to the documents.

As a result of Carol's feedback, I'm planning to write even more documents in future!

Notes

1. Hugh can be contacted c/o Centre for Narrative Practice, 87 Denison Rd, Victoria Park, Manchester, M14 5RN, UK, Tel/fax: (44-161) 224 6282, email: Narrativefox@aol.com website: www.narrativepractice.com
2. This reference includes a fuller checklist that will assist therapists attend to the receiving context of therapeutic documents.
3. In White and Epston's book, *Narrative Means to Therapeutic Ends* (1990), many different classes of document are described and a wide range of examples are offered.

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