



Writing narrative therapeutic letters: Gathering, recording and performing lost stories

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Abstract

When I was in my twenties I was working in Adult Mental Health as a counsellor. I was lucky to be practising in Auckland which was alive with what has become known as Narrative Therapy (White & Epston, 1990). This gave me the opportunity to learn from David Epston (see Epston, 1994; 1998; 2016) and Johnella Bird (see Bird, 2000; 2004) from the outset of my career and exposed me to the power of David Epston's therapeutic letters from my first moments of being a counsellor.

I first met David in 1986 when he generously offered to supervise me concerning the therapeutic conversations I was having with "Chris" who had spent many months in an acute psychiatric ward. The devastating problem Chris was living with had the medical team stumped and they were reaching out for other possibilities. The psychiatrist on the ward asked if David would be willing to assist us. David kindly agreed and Chris welcomed the help. Initially, David, Chris and I would meet at regular intervals. Following each meeting David and I would write a therapeutic letter to Chris. However, thereafter, as I was a staff member on the ward, I met with Chris on my own and then would discuss our conversation with David. David would then write a letter to Chris about what he had learned from me. Against all predictions, and to the shock of many, the problem in Chris's life receded. It was my first introduction to Narrative Therapy (though it was not known as such at the time), and my first encounter with therapeutic letters.

In 1987, the law in New Zealand was amended allowing people who had received care from Mental Health Services to view their psychiatric files for the first time. I was working as a counsellor in an Adult Community Mental Health Service and was invited to be present while some of the people I was meeting with read the accounts in their files (Pilkington & Fraser, 1992). I will never forget how deeply distressing it was for those people to read the psychiatric file's version of their lives. That distress has shaped my passion for letter writing and the



philosophy behind how I document other people's information to this day. Consequently I resolved to write *for* the people I met rather than *about* them.

I developed a practice of consulting with people about what they would like written down in the notes I was taking. I then used those notes to write therapeutic letters (see Epston, 1995; 1998) and it was these that I placed in the file if, after consulting with the person, they gave their consent for me to do so. Together we would carefully consider both the contents of the letter and its potential audience. Unsurprisingly the people I met with were often enthusiastic about using therapeutic letters as a counter document to be placed on their file, as these letters contained stories of their lives that they wanted told.

As I have moved into different work contexts an ethic of writing *for* people has remained though the way I practice it has shifted and evolved. One of the most significant evolutions in my thinking about collaborative documents has been the realization that we are generating a storied representation of a person's life. This awareness of creating a new narrative through which people can glimpse themselves in a new way shapes how I go about writing and using letters therapeutically.

In this paper I am going to share with you:

1. How I go about taking notes with the people I meet with in my role as a counsellor.
2. How I structure many of the therapeutic letters I write.
3. How I perform a therapeutic letter.
4. How I approach speaking with someone about their experience of seeing themselves in the letter they have received to maximise its therapeutic benefit.
5. How I go about writing in the medical file.

The way I write letters and other therapeutic documents is one way a counsellor might approach collaborating with the people with whom they meet. It is not the only way and you will see many creative alternatives in this journal.

Narrative therapeutic letters

Therapeutic letters written by narrative therapists carry the essence of narrative philosophy and are integral to the counselling rather than standing outside of it (Epston, 1994; White & Epston, 1990). They utilize the power of the written word for therapeutic purposes (Crocket, 2010) transporting the counselling conversation beyond the therapy room (Epston, 1994, Stevens, 2010). Narrative letters can be used as potent records of therapeutic conversation to



underline and consolidate what has been discovered in therapy. They acknowledge and engage, building on the therapeutic relationship (Moules, 2003) and the impact of the therapeutic conversation (Nylund & Thomas, 1994).

Most letters are written to record the counselling conversation with the purpose of acknowledging the effect of the problem on a person's life and then to underline the rich alternative stories that emerge (White & Epston, 1990). Therapeutic letters add strength and longevity to new descriptions that come forth in the counselling conversation through giving them written form as well as by creating an audience in the person's community of support. In my current practice working as a counsellor for Hospice North Shore, I meet with families where one person is dying. Time is precious and yet there can be many matters the family wishes for us to talk about. One of my intentions in writing therapeutic letters to the people I meet with is to ensure every moment we have together counts. Writing a letter allows new discoveries and meanings to be remembered and potentiated through recipients reading and re-reading a letter. Narrative therapeutic letters have been found to be worth on average 3.2 therapy sessions (Nylund & Thomas, 1994) and are thus a key part of my practice when time is a major constraint.

I often write therapeutic letters to acknowledge and witness a person's experience of living with an illness especially when they are contending with significant challenges that they may not have been able to share with anyone. However, an account of the effects of the illness on a person's life will not be the well-worn medical story of the disease and their encounters with the health system. In such letters, not only will there be acknowledgement of the enormity and distinctions in their experience if that was an important part of the therapeutic conversation, but I will also often record lost stories of the person's *responses* to the difficulties (Wade, 2007) and how a person's responses reflect what they value in their life. In such conversations, I am listening for and recording accounts that position the person as a morally virtuous agent as this is often invisible in the dominant medical story of their experience.

I also write letters for future audiences. For example, I recently wrote a letter to a woman whose adult children lived overseas and who was in the last six weeks of her life. We decided while she was well enough to speak to record in it previously untold stories of how she loved and valued her children while she was still well enough to speak. Her intention was for her children to read the letter hopefully before she died but certainly after her death. Therefore the letter, while addressed to her, was written with another audience in mind.

These are just a few examples of my purposes and intentions in writing therapeutic letters but I hope they will invite you to consider possibilities for your practice.



Some possible purposes of therapeutic letters include:

- To invite the people I meet with to regard themselves with compassion.
- To potentiate the purpose of the therapeutic conversation by highlighting and strengthening the counter story (also known as the alternative story).
- To ensure key turning points, stories and discoveries are not forgotten but rather taken out of the therapy room and into the person's world.
- To underline questions from the therapeutic conversation especially when the problem has the person strongly in its grip and they feel stuck.
- To carry messages and stories of love forward in to the future.
- For the purposes of acknowledgement and witnessing when a person's story is unknown to others and been so far untold.
- To maximise the time I have with a person. I use letters to ensure every minute of our conversation counts in a way they would wish.
- To invite others into the conversation. For example I find family members who have previously been unwilling to meet with a counsellor decide to meet with me having read a letter I have written to another family member. The invitation may be to join the person as they tackle a problem. For example, Madigan (2008) has developed a practice he calls 'letter writing campaigns' as a means of generating a known community of support for a person.
- To record stories that highlight moral character and the meaning of a person's life. In my practice context I may write such a letter with the intention of supporting a person to die the way they wish to as well as a written legacy of their moral character for surviving family members to retain.

Collaborative notetaking

Collaborative notes provide the content of the therapeutic letters I write. When I speak of collaborative note taking, I am referring to the counsellor gathering and writing notes in the counselling session with the person they are meeting with in an interactive and consultative way with the intention of sharing those notes with the person in the form of a letter.

Taking collaborative notes is important in my letter writing practice because:

- Taking notes collaboratively is a respectful and transparent consultative process that allows me to collect conversation for the people I meet with rather than me trying to remember what was said afterwards.



- The process of collaboration allows me to more easily capture verbatim quotes of what the people I meet with say and record their language and phrases. These quotes and individual forms of expression strengthen their voice in the therapeutic letter I subsequently write to them. This is important because I want them to recognise themselves and their wisdom in the letter in order to more easily read a possible new narrative of their life that we are co-constructing.
- The process of collecting notes collaboratively allows me to capture key questions they may wish to ponder later. Given that narrative questions pursue lines of inquiry a person has often never considered before, this gives a person the opportunity to reflect further and often more deeply on particular ideas.
- Taking notes collaboratively creates a process whereby I can consult with people as to what is important to them that they would wish recorded. This contributes to a letter that has content that is more meaningful to them.
- Collaborative notes save me time. The lion's share of the letter lies in my notes ready to be brought to life in the writing of the letter.

Introducing collaborative notes in a session

As a way of introducing the idea of taking down notes in a collaborative way I might say to the person:

"I often take notes for people when I am meeting with them. I find most people can't usually remember all that is said in the hour or more we are together and find it useful to have a record. Would you like me to take down some notes for you? These would be notes *for you* rather than the medical file which I will type up and send to you in the form of a letter. Is this something that might interest you?"

I then consult with the person as to what they make of the idea of me taking down notes and writing them a letter. I always follow the person's preferences as to whether they want me to record notes or not. If they have any discomfort or questions, I will explore these, always prioritising what is important to them. There are occasions when I don't write notes: for example, when I am with a family and a person is dying or on occasions when my entire attention is required to follow what is going on in the room with a group of people. Likewise, you may have times when you also deem it inappropriate. However, in the vast majority of times I find it helpful as do the people I meet with that I take down a written record of the therapeutic conversation and subsequently send them a letter.



Once we have agreed it would be useful to have a written record of the conversation, I explain I will send our notes in the form of a letter and ask them how they would prefer me to do that. If a person/s prefers the letter to be sent by email I always take a hard copy of the letter to our next meeting not only to perform but to leave with them in case they haven't printed a copy of the letter and would like one. I might discuss privacy issues at this time or at the end of our meeting together.

There are some safety issues that are important to explore. These include confidentiality and any concerns should the letters be read by another person. I avoid including anything that could cause harm to the recipient of the letter if it was read by another, and I would never include anything that could cause harm to any other person.

I then invite the person/s to contribute to the notetaking. I do this by asking them: "Would you like me to write that down?" when they are sharing a story from their life and, "I'll just make a note of that" if they say something that seems significant to them; or "Would you like me to write that question down for you to think about more later?"

If I have gathered information that is beginning to construct a new and perhaps helpful representation of their life, I might highlight this by reading what I am writing aloud. This might occur several times during an hour-long meeting. As I read the emerging new story lines that the person has perhaps uttered for the first time in response to the questions I have posed, I am seeking to underline and add coherence to the new narrative we are beginning to co-construct. I may also do this with the intention of inviting the person to be a compassionate witness to themselves in a new narrative of their life and identity.

Once a person has received their first letter the process of taking notes together for a letter flows easily and people are far more engaged. I often have people interrupting me to check I have written something down that is important to them. I understand that the person's interest in the notes has to do with them being appreciative of notes that are written down *for them*.

What do I write down?

What I write down will mirror the therapeutic conversation— its spirit, intentions and practices. I want to capture the expressions and words of the person so the narrative I will share in the letter will be easily recognisable to them as concerning themselves and what we have spoken about.



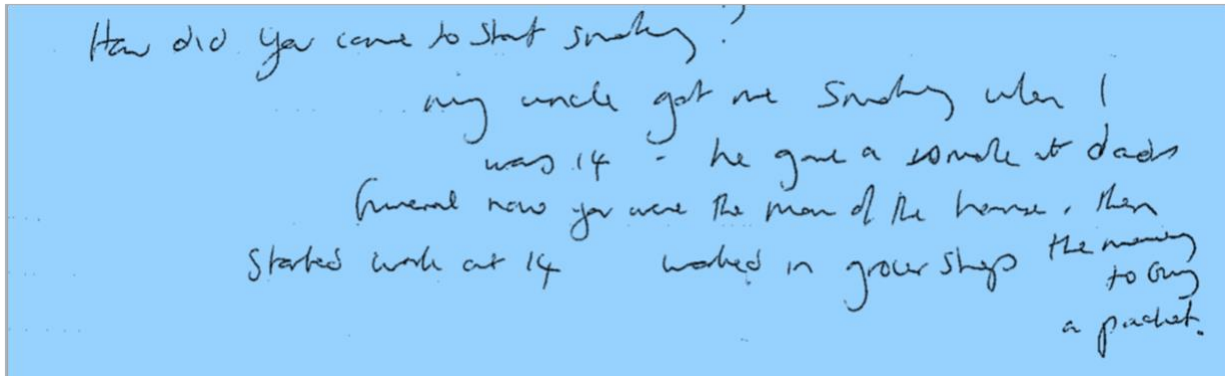
This reflection of our therapeutic conversation may include an acknowledgement of the difficulties people are experiencing in living their lives. I companion many people who are suffering extensively in my role as a counsellor working for Hospice North Shore (Pilkington, 2014; 2016; 2017). If the therapeutic conversation witnesses suffering and explores how a person lives with it and the meaning of their experience, so too will my notes and subsequent letter. Such acknowledgements contain the seeds of an alternative story.

The notes will record the questions I ask and the person's responses as we speak together. I don't record everything that is said. Rather, I will select those key questions and answers that are significant with reference to the purpose of the conversation. If I am unsure as to what is important I ask the person/ people concerned. For example "Is that something important to you? Would you like me to note that down?"

However, as I make notes I am mindful I am writing a narrative of a person's life that will be strengthened and made durable through being written down. Thus, what I write down will reflect what I am *listening for* in the therapeutic conversation and will be informed by the spirit of Narrative Therapy. Therefore, I will record above all else new emergent counter-stories. Likewise, stories of agency, virtue and love inevitably make their way into my notes. In my untidy scribbles, the new narrative we are co-constructing can be traced question by question, answer by answer.

The process of listening for counter stories such as the virtuous intentions informing a person's actions and then noting them down requires me to engage with whom I am speaking and to their experience with an empathy that situates me within the story being told (Frank, 2004). Such listening shapes the relationship and what might thereafter be shared.

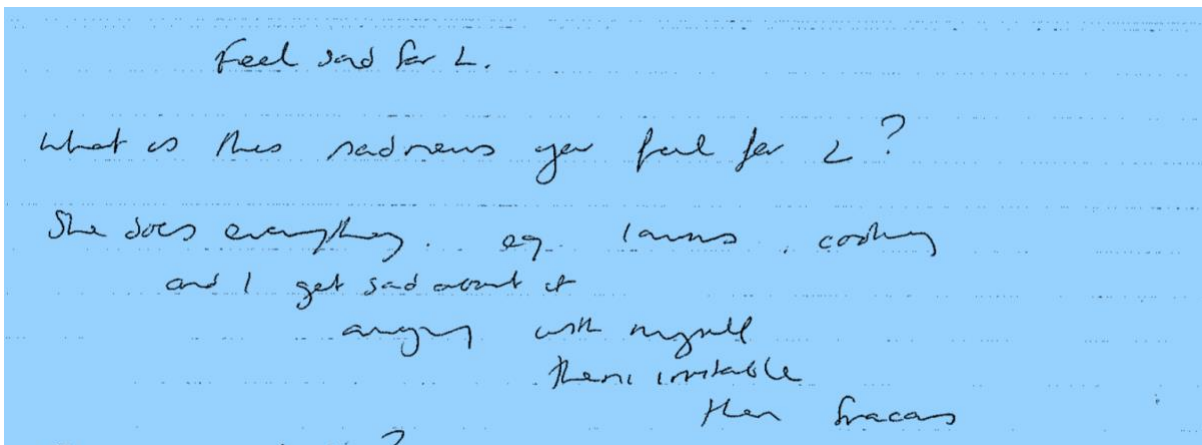
Sometimes people are surprised at how much I can write in a letter from the conversation. I manage to do this as I use my own brand of abbreviations and short hand. For example, I do not write people's full names, only a letter to distinguish them, and I do not include the polite entries into questions but rather only the question itself. In my notes, the word "what" may replace the introduction to the question "Could you help me understand..." and then I will re-expand it and reconstruct what I actually said in the letter. The following examples of my notes and letters illustrate this. You may have your own abbreviations and shorthand.

Notes to letters: Two examples

How did you come to start smoking?
My uncle got me smoking when I was 14 - he gave a smoke at Dad's funeral 'now you were the man of the house', then started work at 14 worked in grocer shop the money to buy a packet.

Abbreviated Notation: S: How did you come to start smoking? C: My uncle got me smoking when I was 14. He gave me a smoke at Dad's funeral 'now you were the man of the house', then money to buy a packet. Started work at 14. Worked in grocer shop.

Excerpt from letter: We talked about how people didn't know smoking was bad for their health back when you were young. When I asked you how you had come to start smoking you told me "My uncle got me smoking". You were 14 years old and your father had just died. You left school to get a job to help the family with money. At your father's funeral your uncle told you "You are the man of the house now" and he gave you a smoke. He also gave you the money to buy a packet of cigarettes. I wondered if smoking was seen as a manly thing to do and whether he was acknowledging your willingness to contribute to the household. What do you think he was recognising in you when he gave you that smoke?



Feel sad for L.
What is this sadness you feel for L?
She does everything... e.g. lawns, cooking
and I get sad about it
angry with myself
then irritable
then fracas

Abbreviated Notation: Feel sad for L. What is this sadness you feel for L? She does everything e.g. lawns, cooking and I get sad about it, angry with myself, then irritable, then fracas.



Excerpt from letter: You shared that you “feel sad for Linda”. “Can you help me understand a little of this sadness you feel for Linda?” I asked you. You explained to me all that Linda does around the house. You described her mowing the lawns and cooking and looking after you “and I get sad about it. Then I get angry with myself and a bit irritable with Linda and then there is the inevitable fracas”. You and Linda had a wee laugh then and Linda reassured you she understood. In spite of all you have been going through I noted you were more worried for Linda than yourself.

To Summarise:

- Collaborative notes reflect the spirit of Narrative Therapy. They are not a technique or practice that is separate from it.
- Once the person has received their first letter, they are invariably highly engaged in the process of my writing them.
- Collaborative notes do most of the work of writing the letter.
- Collaborative notes influence the style of the letter – they strengthen the voice of the person you are meeting, enhancing their sense of agency and the possibility of the person seeing themselves in a new light.

Writing a letter

I write letters as soon as possible after the counselling session. This means the conversation is fresh in my mind and consequently I write the letter more quickly.

When I am writing a therapeutic letter I have a structure I frequently use.

Disclaimers: I begin with a disclaimer. A disclaimer positions me as the author of the letter and as writing my version of the conversation. In doing so the disclaimer acknowledges there could be other versions of the conversation. It invites the person to uphold their knowledge of their life and their experience of the therapeutic conversation by stating they hold editorial rights (Rombach, 2003) and encouraging them to correct anything I may have got wrong. I find this important as I do get things wrong from time to time or the recipient of the letter might revise what they said at the time. I welcome any changes or comments they share with me. A disclaimer underlines that the letter contains information that is written *for* them rather than *about* them.



Examples of disclaimers

Here are the notes I said I would give you a copy of. They can't quite capture the rich descriptions you offered of your experience however I hope they will serve to remind you of our conversation and be of use in whatever way you would like them to be. If you want to change anything in any way or elaborate further I would welcome your comments and adjustments. It was lovely to meet you and share in a little of your experiences. This is the letter I said I would send you. This letter records my version of the conversation rather than yours, so I may not have gotten some things right or I may have missed some parts of the conversation that were important to you. With that in mind please feel free to change them or add to them in any way that improves their usefulness to you. You have full editorial rights!

It was lovely to meet you again. Yesterday's conversation brought forward stories of your courage, your wisdom and your ability to speak up and advocate for your life in circumstances that understandably silence most people. This is my summary of what we discussed. As I have said to you it is only my version of our conversation and as you are the most knowledgeable person concerning your own life, please feel free to change or discard anything that doesn't fit for you.

This is the letter I said I would send you recording some of what we spoke of. As it records my version of the conversation rather than yours I may have got some things wrong or said them in ways that don't fit for you, so please feel free to make any changes or add to them in any way that improves their usefulness for you. You have full editorial rights!

It was good to meet with you and hear something of how you are living with this illness and about the love you hold for your family. This is the letter I said I would write from some of the notes from our session. As it is my version of events and I may have got things wrong please don't hesitate to let me know if you would like to make any corrections or add to what I have written. I would welcome hearing more about your experience.

This is the letter I said I would write to you from the notes I took during our meeting together. As this letter is for you rather than the file please let me know if you would like to make any alterations or edit them in any way. I may not have got your words down as you would like or you may have had further thoughts since we last spoke. I would welcome any suggestions that improve their usefulness to you.



This is the letter I said I'd give you. As it contains my version of the conversation rather than yours, I may have got something wrong or not quite put it in the way that you would have. So please feel free to change them or come back to me with further thoughts. My hope in writing some of the conversation down is that it will give you the chance to think further about anything that was important to you. I'm aware I don't know the spelling of everyone's names so do let me know what they are when I see you next.

In many of these disclaimers you will notice that I am offering editorial rights to the recipient of the letter. I am indebted to Rombach (2003) for this practice.

I tend to repeat different versions of the same disclaimer to save time. You may have quite different disclaimers that suit your style and context for practice. However, you are welcome to use mine if you wish or change them in any way that suits you.

The main body of the letter

The style and length of the therapeutic letters I write reflect the age, health and preferences of the person I am writing too. While letters to an adult comfortable with the written word may be longer, letters to children may be short, imaginative and with illustrations. I may send shorter letters to people who are very unwell with little energy or to a person when there has been a brief interaction on the phone. Alternatively, there are times when I am meeting with a person and exploring possible meanings for their life and the letter I write may be very long. If a person is uncomfortable with written language or can't read, I may write a letter with content that is intended to be read aloud by another person. In short, I adapt the letter to best serve the person it is being written for.

Letters as stories

A good therapeutic letter situates a person's experience within a story. There are many possibilities of how the story of a person's experience may be written. For example, it may be a story that describes the unfolding of the therapeutic conversation or it may have nested stories from a person's life that fit within the story of the therapeutic conversation.

Sometimes the letters I write are representations of a life story. These letters stretch across the span of a person's entire life and are especially helpful with people who are struggling to make sense of their lives as they approach death. The letter to Craig and Linda that follows later in this paper is one of a series of letters which recount Craig's life story as he shared it within the



therapeutic conversation context. It was written with the purpose of underlining some of the new identity descriptions we had discovered for Craig that were more helpful for him as he lived with extreme disability from his illness as he approached his death.

While in life story letters I may paraphrase some of the stories, my usual style is to story a letter using my questions and the person's responses (See the letter to Claire at the end of this section). I either quote the person verbatim or use their language and expressions. I do this to centralise the person's voice in the letter so they can see their wisdom and more readily recognise themselves in the new narrative we are co-constructing.

Content and structure

The content of the letters I write are directly drawn from the notes I have written. While all my letters are different there are some patterns to the content. There is likely to be an acknowledgment of the challenges the person is facing early on and the effect of those difficulties on their life. I may record the deconstruction of unhelpful discourses that we have discussed and the person's responses to such difficulties. I include in the letter story lines and identity descriptions that challenge the problem's description of the person. I also highlight the person thinking or acting with virtue wherever possible.

Counselling conversations can move back and forth between themes as we venture into new terrains. In order to write a narrative in the letter that has fluency and is easier for the person to recognise I may re-order the notes by grouping together some conversation that have a similar theme.

Tone

I also reproduce the tone of the therapeutic conversation in my letters. This means that I not only record the content of the conversation but some of the flow and context. An example of this is in the "notes to letters" earlier in this paper when I included the laugh Craig and Linda had in the letter, "*You and Linda had a wee laugh then and Linda reassured you she understood*" to match the tone of the conversation.



Extending questions

I sometimes use extending questions in my therapeutic letters (Epston, 1994). An extending question is a question that wasn't asked in the counselling conversation but perhaps occurs to the counsellor after the therapeutic conversation has taken place and is then included in a therapeutic letter. Extending questions relate to the content of the counselling conversation but amplify it further in a therapeutic direction. Often the people I have met with reflect on extending questions and significantly develop the emerging counterstory between meetings. An extending question can add to the new narrative. However, while extending questions can be useful they can easily be overwhelming. The number of extending questions needs to be judiciously considered and care is required to ensure they relate to what was discussed. I do not use extending questions often as I include so many questions from the therapeutic conversation. However sometimes they can be useful. You may find an example of an extending question in the last question to Claire in the letter that follows.

I like to finish letters warmly and often express looking forward to meeting with the person again (White & Epston, 1990). I often repeat an invitation to discard anything that isn't relevant to the person (see Rombach, 2003) reflecting my stance that the person knows more about what is important to them than I do.

Example of a therapeutic letter: "Dear Claire"

The letter to Claire was written to a woman who had met many counsellors who drew on different ideas than those that inform Narrative Therapy. She had had extensive contact with Al-Anon¹. Claire believed that the way she had cared for people previously in her life was pathological and saw little value in herself. When I met Claire, she was caring for her close friend Ann who was terminally ill. After our first meeting I wrote her the following letter. One of the intentions I had in writing this letter was to create a document whereby Claire could easily see her own wisdom about her caring for others.

Dear Claire,

It was good to meet with you today. Given what the last year of caring for Ann has meant for you, we agreed that documenting your experience in a letter could give you a better chance to remember and reflect on our conversation. As I said to you today this is

¹ Al-Anon is a group set up to support partners of people who are addicted to alcohol. Al-Anon is part of the organisation Alcoholics Anonymous. The group follows a program called "The Twelve Steps".



for you, not the medical file, so please change it in any way that improves its usefulness for you. You may find I haven't got your words quite right or haven't described things quite as you would like them so please don't hesitate to make corrections. You have full editorial rights and please use them as you see fit!

When we met you explained to me that your friend Ann is dying and that you are caring for her. You said you were looking after Ann because her husband Daryl hadn't felt able to do so.

You explained to me that you had made the decision to come to counselling as you'd been having some strong feelings of "anger" that had caught you "unawares". You had recently gone for a walk and discovered you were feeling "very angry with Daryl" and the way he was "handling Ann's illness". You said it was important that you sort out your feelings before Ann died as you felt if you didn't, they could impact her death in a "bad way".

I asked you what had brought forward these angry feelings. In response you told me that you thought Daryl wasn't "supporting Ann properly". When Ann had confided in you that she felt "very alone" you in turn felt "really mad with him". You said you couldn't believe the way Daryl continued to work even though Ann was on her "death bed".

I asked you, "What ideas do you hold about how a person might support their partner when they are dying?"

You eloquently replied, "One should enter into their world with curiosity, concern and compassion. To be a companion".

You told me the reason you have been angry is because you are a "caretaker and co-dependant". You said you wondered if you were "projecting" your ideas onto Daryl but you remain convinced that "because death is something we have to do alone, companionship becomes more important".

"What beliefs does this recognition of the importance of companionship when someone is dying represent?" I asked you.

You told me that you believe "human suffering can be unfair" but that "suffering can be relieved by sharing love". You referred to your convictions that "giving and receiving love" is what makes your "life meaningful and joyful".



When I asked you how you had developed these ideas and how they had become important to you over the course of your life, you said you learned this the hard way through “my deprivation as a child”.

I then inquired, “How did that deprivation develop your appreciation of love?” You told me that you were so unhappy as a child that you went out searching for love. You went on to say that “my spirituality supports my appreciation of love”. “What do you call this appreciation of love?”, I enquired. “Connectedness” was your reply.

You spoke of gaining this knowledge through caring for your husband when he became very sick.

I responded, “How did you come to recognise that connectedness might be important to you as you care for Ann and her family?”

You spoke of how good it feels to be “connected” and how much it means to you “to be connected to something bigger than myself”. “I am part of something meaningful” you said.

“What do you think Ann notices about this connectedness that she might appreciate?”, I asked you. You had no trouble in replying to my query.

“It gives her the feeling she’s not doing it alone. Ann feels cared for”.

“What could be influencing the way Daryl connects with Ann at this time?” I wondered aloud. You explained to me you are trying to understand where Daryl is coming from. You’ve wracked your brains trying to understand.

“Is it possible he believes he is doing the best for his family by continuing to work?” I speculated.

You thought about this but said you just didn’t know. That made me curious and consequently I went on to ask,



“Do you have any ideas about what might possibly be influencing the way Daryl is responding to Ann dying?”

You readily explained to me that Daryl’s mother died in a horrific car crash a couple of years ago. You were of the opinion that Daryl had been deeply traumatised by this. He had been very close to his mother and she died at an already difficult time in his life. When you spoke of this I wondered how you thought the traumatic death of his mother and living with a loss of that magnitude might be influencing him now. You told me you were sure this was “colouring Daryl’s experience”.

You described how Daryl talks as if Ann is going to recover especially when he is speaking with her. However, he has revealed to you he might know she is dying by making a reference to her funeral yesterday.

“Could it be that Daryl does know that Ann is dying, but prefers not to talk about it?”, I asked.

You pondered this question and said you weren’t sure. Ann had confided in you telling you they had cried together recently, but then there were other times when he seemed completely disconnected. Daryl had shared with you he feels more able to cope when he is busy at work. It was your opinion that “this was just avoidance” which made you “furious with him”. However, you noticed that, in those moments when you and Daryl talk together about what is happening to Ann, his “authenticity dissolved” your anger.

“What do you think Daryl brings to this situation as a man that is different from you as a woman that might be influencing the ways he uses to cope?” I inquired.

You considered that Daryl might be worried about his finances once Ann dies. You were wondering if Daryl might be ensuring he had a job to return to. On the other hand you thought that caring might be something he wasn’t familiar with, especially the more intimate aspects of such a profound task.

By the end of our conversation you observed the anger you had been concerned about had disappeared. You expressed some gladness about that as you didn’t want it to get in the way of connectedness when you went around to visit Ann and Daryl.



I found myself considering your commitment to do the right thing for them. I wonder what they would think if they knew of the immeasurable care you give to your relationships with them both? As I mentioned to you at the beginning of this letter, this is my version of our conversation so please feel free to make any changes. I'll look forward to meeting with you again soon.

*All the very best for the next week,
Sasha Pilkington*

The value of performing new narratives

When I next meet with the recipient of a letter I always discuss it with them. This usually occurs early in the conversation once I have checked there isn't something we need to attend to urgently. I begin this process by seeking their permission for me to read the letter aloud. I then perform the letter. By performing the letter, I am referring to me reading the letter as I would a story or play in tones that honour and express the conversation it represents. For example, I ask the questions in the manner they were asked in the counselling conversation. I perform the entire letter without pause so as to generate for a person an uninterrupted experience of themselves in the new narrative. I then inquire if they see themselves in any way differently through the 'eyes' of the letter.

Performing a letter creates an *experience* for the person listening where they can imagine themselves in the new narrative of their life that the letter tells. The reading of the letter transports them into the new story and gives them a different view of themselves that may invite self-compassion or to see virtue or beauty in their life, sometimes for the first time. They can then take this experience outside the therapy room and consolidate it each time they re-read the therapeutic letter.

Prior to attending Tom Carlson and David Epston's workshop on "Insider witnessing practice" (see Carlson & Epston, 2017a; 2017b; 2017c) I would pause while performing therapeutic letters and ask the person additional questions. However, I revised this practice after hearing and reading their descriptions of "Insider witnessing practice" and the power of someone witnessing themselves in a new narrative.

The effects of performing letters and then interviewing people about seeing themselves in a new light has upheld my decision. People have described having a transformative experience of themselves through hearing the letter performed. I have also begun to ask more questions



about that experience. Some questions I have asked people about their experience of being an audience member to the performing of the letter include:

- When you glimpsed a little of yourself and your life in the letter, what did you see that may have been somewhat different from before?
- Was this for the very first time?
- What might you call this view of yourself?
- Was there anything about what you heard in the letter that gave you cause to pause and appreciate yourself differently in that moment?
- Did any of what we talked about strike you differently now that you've had time to reflect and you've heard me read the letter?

The following transcript is of a conversation in which I asked "Craig" and "Linda" about a letter I had just performed for them. Craig is an ex-truck driver who was unfamiliar with articulating in words how he feels. He is in the last three weeks of his life. In the previous counselling conversation he had described himself as "no good" and "useless". Before the following conversation, he had just listened to me performing a letter which contained many stories illustrating his loyalty, work ethic and dedication to his family.

Craig: I was quite chuffed² to get that letter and hear it now... some of the things that was said... they got to me. Things that happened... you know....it choked me up there a couple of times.

Sasha: In what way would you say it choked you up?

Craig: Yeah... yeah... kind of made me sad. No ... Not that (pondering). What would you call that? (calling out to Linda who is making tea)

Linda (calling from the kitchen): moved

Craig: Yeah... moved.

Sasha: May I ask, when you had this experience of being chuffed and moved and choked up, what it was in relation to?

Craig: What I said to you about me. And that you wrote it back to me.

Sasha: Were you moved by yourself when you saw yourself in the letter?

² Colloquial English meaning pleased, satisfied, quietly delighted



Craig: Yeah yeah... I was. (modestly)

Sasha: May I ask you Craig what was it like to be moved by yourself? Would that be a usual thing for you?

Craig: No no. Very seldom I would get moved by myself, aye love? (calling out to seeking the opinion of Linda whom he refers to as 'love' here)

Linda (coming back and joining us at the table): Not by himself but he's such a humble guy. It was to see his story written down like that and you reading it like that. It's the first time in his life that's happened. Maybe it just made it mean a lot.

Craig: Yeah yeah specially with me being at the stage I'm at now... like I feel I'm useless you know... and I got that letter and I think, "Well you weren't useless". You know what I'm saying?

Sasha: Was there anything in particular that caught your eye about yourself and helped you realise you aren't useless?

Craig: All that stuff I've done maybe. Saw myself different. In a different light ...

Sasha: May I ask how did you see yourself that was different?

Craig: Hard to explain... Can't explain things well... like quite a good guy, maybe (he says this like he can hardly believe it and is delighted). The reading of it and the people involved, made me think of people who are around to help.

Sasha: When you said you saw yourself as "quite a good guy" could you help me understand what sort of good guy you meant?

Craig: Like the kind of guy I would like to be friends with!

This conversation continued and along with the above exchange is recorded in the following letter to Craig and Linda. As you will see the fact that Craig recognised himself as "a good guy" allowed some previously untold stories of his life to become known.

Dear Craig & Linda,

It was good to see you both and talk more about your life Craig. This is the letter I said I would send you recording some of our conversation. Please feel free to change anything that I haven't got quite right. I would welcome any alterations that improve its usefulness to you. You were teaching me about a way of life that is unfamiliar to me



which may lead to some rather interesting spelling on my behalf. Please excuse any mistakes. I will be a willing learner as to the proper way when I next see you!

We began by talking about your experience of receiving the last letter I sent you. Craig you described how you had felt for the first time “chuffed” and “moved” by your own story. You said seeing your story written down made you see yourself “in a different light” and realise “I’m not useless” which the illness had previously had you thinking about yourself. You even joked with me that through the eyes of the letter you saw yourself as “quite a good guy” which Linda you emphasised was unusual given “Craig is such a humble guy”. I started to wonder what might happen if you were to continue seeing yourself in this “different light” and whether there might be any effects on how you live with the constraints of not being able to breathe easily.

As we began to talk further you mentioned you thought I might not want to talk about what you called “dark days” and times when you were “on the other side of the track”. However, I was keen to learn from you about the experiences you have had in your life.

You explained that by “the dark sides of the track” you meant experiences such as being in the orphanage and living in residential homes and on the streets. You said you “hung out with the wrong sort of people”. When I asked you what you meant by “the wrong sort of people”, you told me that “they weren’t the wrong sort of people to me” and that you were referring to “homies”, people who live on the streets and you said “I was like that”. I asked you what you meant when you said “like that” and requested you tell me a little of your life on the streets and the people whom you lived with.

You told me there were four of you who were friends and that you hung out together in Wellington. “We survived on pinching stuff”. When I asked you what sort of stuff you pinched, you said “Food; pies, sandwiches and cakes”. I inquired how many you took and you explained that you only took what you needed. I asked you “how come you didn’t take say 20 pies?” and you shared with me that you were making sure your supply wouldn’t dry up. There was thought and planning in how you ensured you had enough to eat; was there thought in other aspects of what you did to survive? You talked about also “stealing milk” and being “bought pies by girlfriends”. You were between 14 and 16 years old at the time. “At night we’d go to the movies and then for our bed we’d go down to the station and hop in the empty railway carriages. We used newspapers to wrap ourselves in. One morning we woke up and we were at the coast!”

“What sort of life would you say it was?” I asked. “Pretty good” you told me. “We were good mates.”



I was interested in learning more about this mate-ship and what it was like. You told me you all had the same tattoo which you'd given yourselves on the same day. You explained you were loyal to each other, prepared to fight for and look out for one another. If one of you were hurt or sick the others would take care of that person. You said; "There is no better friend than a boob friend". I didn't know what a "boob friend" was and what made them the best of friends. You taught me that a boob friend is someone who has been in jail or in one of the training farms. You said they made the best friends because they knew how to survive and had been through the mill.

"What do they learn about friendship on the other side that makes them such a good friend?" I asked you. You kindly explained that they know survival, what to do, and that there is understanding because they've been where you've been. You said you build a bond inside jail and it's still there when you're on the outside again. When I asked how someone would know this bond exists you said it was in the way you "mingled", that there was "a closeness" and in the manner in which you "looked out for each other".

At the beginning of our conversation you had referred to "those people" who lived on the streets with you as "the wrong people" but as we talked we had begun to speak of some qualities in those relationships that sounded quite different from the image that description conjured up. I asked you whether you thought there was more to people who don't have a home than some of those descriptions like "the wrong people to hang out with" suggests.

You told Linda and me a story of how you and a mate "absconded" from a training farm by hiding under a tarpaulin on a goods train and made it all the way to Auckland. I asked you what you would call this kind of mate who you can count on and who you survive with and where loyalty is incredibly important. You told me how they were your brothers and you called each other "Bro". We spoke together about the kind of people you all were. Linda, you said Craig's mates were "rugged on the outside but soft on the inside, nonviolent and good people" like you Craig. We talked about how you and your mates never abused the system by taking more than you needed and so it never got taken away. "Same as the fisheries. Only take what you need" you said.

From your stories, I wondered if poverty and not having a home to go to had led to you and your mates getting labels such as "no good" that you didn't deserve. "Do you think that people can be good and live on the streets?" I asked you. We talked about that and the ethics by which you lived.



“Do you think there’s an ethic in not taking more than you need?” I asked. We then researched other examples of you living by a moral code. You spoke of the way you looked out for each other, your loyalty and your relationships and you shared a story of your encounters with the motorbike boys.

I was curious about whether you thought that the time on the streets had prepared you for later life. You shared with me that it had been good training in going without. When you were married and hard up, you found that easier than most people.

I asked you whether the loyalty that had been so important in those early relationships had shown up in other places in your life. You told me that “all the jobs I’ve had I’ve always given the boss my best” and we remembered your long years of exemplary service at Caltex.

I asked you some questions about this:

“How did you learn this ability to give of your best?” We briefly reflected on the story you told me last time of mowing the lawn for your father and how you continued to try your best in spite of being told it wasn’t good enough or being hit over the head. I was curious about why you hadn’t skived³ off.

“What was important to you that you gave your best?” I asked and we all wondered if this had been something you had done all your life. You weren’t sure. We revisited the way you protected your life and that of your sister from your father that terrible day because you were doing your best to look after her and listen to your mum. We wondered what you made of going on giving of your best in your life when you were “wacked over the head” and when your effort wasn’t noticed. I wondered what you made of yourself and never giving up. Linda you said it was because Craig had “a good heart” and because of “the lessons he learnt on the streets”. Craig, I asked you “Is loyalty and not giving up on giving your best something you are proud of in your life?”

You pondered this. I asked you first what your neighbours, your friends and then your family would think if they knew you had never given up on giving your best in spite of “being knocked and knocked”. You looked possibly a bit flummoxed as you said you’d “never thought of it” but Linda said “his kids would be proud of their Dad”.

I wondered if these qualities had been of any use to you in living with this illness and the particular difficulties you have to put up with.

³ Colloquial English meaning shirk, play truant





You thought they could have. You said “I’ve been thinking I’ve just got to cope. Got to live with it.”

When I asked you how you went about this “coping and living with” you said you had no choice and that you had to keep surviving. I wonder now if you’ve had any further thoughts about how you go about coping and surviving especially with the limitations the illness has placed on your life.

I asked you if a familiarity with tough times had given you any skills that were helpful in living with an illness that can’t be cured and to thinking about the end of your life. You replied “Well I don’t need to pinch any food!” and we had a good laugh.

We spent some time talking about the time you lived in an orphanage when you were six to ten years old. You shared with me what a happy time that was for you and described how you developed some skills like “fitting in” and getting on with people. We noted again that loyalty was important in the friendships and working in together.

I asked you how these skills had shown up in your life and you Linda talked about how perceptive and what a good judge of character Craig is. We also talked about how the two of you, against everyone’s predictions, have had a long and happy relationship.

Craig, when I asked you as I started to summarise: “What do you think it is about you that you’ve been able to develop all these skills and make such a successful go of your life as a husband, father and loyal worker?”

You pointed to Linda. “As far as I’m concerned it’s all her”.

There was a fair bit of joking at this point about it being the two of you and you being a team. I think finally Craig you agreed “It takes two”!

I then asked you, “Craig, when you look back on your life and realise you have done many things no one thought you could do, including you, what do you make of it?”

You responded by saying “Maybe I have a bit going on. More than I thought”. And Linda reminded us of all the people who want to help because they respect you. We reflected on your loyalty and ability to get on with people and agreed that coming to the end of life with such a loving partner, close family and friends reflected as Linda said “What a good man you are” and what you’ve “done with your life”.

I’ll look forward to seeing you both next week. Thank you for sharing so much of yourselves.



*All the very best,
Sasha*

Collaborating to write respectful notes in medical files

Counsellors are required to keep records of therapeutic conversations with the people they meet. Therapeutic letters can in some practice contexts be used as notes for the file (Epston, 1994, Pilkington & Fraser, 1992). When I practiced as a counsellor in a university student counselling service the files had no audience and were kept only for legal reasons. In consultation with the people I met with, we agreed to keep the letter recording the session as documentation for the file. However, in most practice contexts there is an audience to the file that is important to consider.

I am currently a member of a multi-disciplinary palliative care team. In this context, therapeutic letters are almost always too detailed to be used as notes for the file as it is viewed by many health professionals. Instead, I consult with the people I meet as to what they might like written in the file. I explain how the organisation keeps records and ask them questions such as,

- “What would you like the team to know about you so they can care for you in the way you would like?” and,
- “What would you like me to write in the medical notes from our conversation today?”

These questions generate information for the medical file that is appreciated by nurses and doctors wishing to better serve patients and their families, and by the person themselves. Information coming from those we seek to serve enhances care and improves relationships. Consulting with the people I meet as to what they would like documented about them allows me to infuse medical assessments (Madsen, 2007) and records (Epston, 1994, Pilkington & Fraser, 1992) with the spirit of narrative ideas giving a new audience the opportunity to know the person in ways they would wish to be known.

A Collaborative Story: Creating a performed narrative that invites self-compassion

After I attended a workshop on Insider Witness Practice (Epston & Carlson, 2017) that David Epston and Tom Carlson with colleagues presented at the Therapeutic Conversations 13 Conference in 2016, I wondered whether a performed story might generate an *experience* that allowed a person to see themselves in a new light. I further considered whether such an experience of witnessing themselves in a shaped, co-constructed narrative could endure as



letters do outside in a person's world, perhaps providing a turning point or pulling together threads of a counter-story.

Letters are written in the first and second person for example "I then asked you how do you go about..." whereas in a story I would be writing in the first and third person. I wondered if writing in the third person would create an added distance whereby a person might witness their own story as another person would. I asked myself "Would this increase the possibility for self-compassion?" Furthermore, a story would provide me with the means of sharing my own thoughts in a new way.

"Claudia" her partner "Tom" and I began meeting together when Tom was in the last weeks of his life. After Tom died, Claudia expressed a strong desire to remember every detail of the time between when she took Tom home from hospital until he died. Claudia describes her life richly with words. She had been through one of the biggest losses a person can endure while parenting young children and yet struggles to find compassion for herself as she misses Tom whom she describes as "my best friend". With these thoughts in mind I invited Claudia to join me in writing a story of our conversations together.

As part of that invitation we discussed how we might go about the process. To begin with I gave Claudia some examples of stories I had written previously (Pilkington, 2014; 2016). While these stories were composite stories, I hoped to provide her with an idea of what form such a story might take. We decided that she would pick pseudonyms (Claudia and Tom) and have full editorial rights. I also invited her to consult with a trusted person in her life to see if they had any concerns before we signed a consent form. As the writer of the story I wanted to capture Claudia's words and phrases so she could easily see herself on the page and so we agreed to record our counselling conversations. I then would give Claudia a copy of these recordings along with transcriptions. Claudia had the option to change her mind at any point and I took some steps to make this possible for her should she wish it. For example, I emphasised that the story was for her and what was helpful to her was my priority. I underlined that if the process wasn't useful to her we would stop and again suggested she speak to a trusted person in her life. If they had any concerns that also would be a reason for us to discontinue. However, Claudia was enthusiastic as was the person she consulted. Together we decided to write a story recording those details she wanted to remember and I hoped creating a telling of her life that would allow her to see herself in new and helpful ways.

As time went on Claudia became concerned at the pathologizing impact of dominant Western discourses around grieving and this provided another purpose for the story that was meaningful to her. In it we would challenge unhelpful ideas for a wider audience. Another



addition followed when the story was almost completed. I offered Claudia the postscript as an opportunity for her to speak directly to the reader. As Claudia already has so much to do with parenting young children and is grieving we have agreed that I will interview her for her words and then write this postscript and she will take the role of overseeing editor.

While Claudia is a co-author of the story "A Small Hope" she has chosen to remain anonymous. Therefore, we agreed that I would also change any details that could identify her or Tom.

The following is the storied version of our first and very brief telephone call together. As you read it I invite you to imagine being Claudia listening to me perform it. I would also like you to consider how the story adds to what might have been an incidental and forgotten exchange.

A Small Hope: A cupful of time folded in with love

"It's urgent" the community nurse told me solemnly. "Tom was told he was bleeding internally yesterday by the doctor at the hospital. When he heard nothing could be done to stop it he asked his wife Claudia to take him home. Understandably they are reeling, this has all happened so fast. We have offered counselling support and Claudia has agreed. She's asked if you could ring after 10 o'clock so you don't wake the baby from her morning nap".

I walked back down the hallway towards my office reflecting on what it might be like to receive such news. Just after ten o'clock I telephoned. Claudia answered.

"Hello... it's Sasha speaking. I'm one of the counsellors from the hospice. I understand you might be interested in meeting up with me. Have I got that right?" I inquired. Quite often people have another understanding from a referrer so I was tentative in order to give Claudia space to say what she wanted.

"Yes, that would be great" she replied.

"How would tomorrow suit you?" I asked thinking of the urgency of the situation.

"Look its very kind of you. I know it's Friday tomorrow but it's going to have to be next week. I'm sorry. I promised our 5-year-old I would bake a cake with her tomorrow. It's her birthday and I promised" Claudia apologised in a rush.

"Are you the kind of mother who honours promises?" I asked with a smile in my voice.

I heard her let out a long breath.

"She's been looking forward to it all week" Claudia told me.



Warmly now, we began to make a time to meet up. In the back of my mind I was thinking about Claudia prioritising a promise to her daughter Imogen when she was possibly having the worst time of her life. Images of baking with my own young daughter many years ago floated through my mind.

What might Imogen remember of this time when her Daddy was dying and when promises were kept to her 5-year-old self, I wondered? What might she say about the way she was cared for by her mum at such a terrible time?

I also appreciated Claudia's ability to put me off and say what she wanted. I was aware it wasn't easy to delay health professionals and especially to honour the wishes of a child. I looked forward to meeting Claudia and Tom and learning more about them and what they valued.

I performed for Claudia the first four chapters of the story just after the anniversary of Tom's death. Claudia described the experience as seeing herself "through Tom's loving compassionate eyes". She felt a sense of connection to Tom and the way he saw her which in turn allowed her to have a compassionate experience of herself.

As the months have passed by, the narrative in the story has gained strength. Claudia told me recently that reading a transcript or a chapter is "a bit like seeing you" for counselling and that she had done so in some hard times. The story is nearly complete and I look forward to speaking with Claudia further about our collaboration and the way she understands the impact of seeing herself in the story then.

Reflection

It is now more than three decades since I first began writing therapeutic letters. My commitment to letter writing remains undiminished and is continually nourished by the responses of the people I write too. My intention is to write letters that enhance the therapeutic value of the counselling conversation and honour an ethic of writing *for* a person rather than *about* them. It is an evolving process that I continue to work on and learn from. I hope some of the ideas that I have shared may be useful to you in exploring how you might develop and sustain your own therapeutic letter writing practice and perhaps even venture further into creative ways that therapeutic documents might feature in your own practice.



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⁴ Not their real names



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