



Nursing on paper: therapeutic letters in nursing practice

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This paper offers a selected piece of interpretive research extracted from the context of a larger research study. The hermeneutic research inquiry described in this paper involved the examination of the nursing and family therapy intervention of therapeutic letters. It incorporated the textual interpretation of 11 therapeutic letters, clinical sessions with three families, clinical team discussions, and research interviews with four family members and three nurse clinicians who participated in the writing of the letters. This particular paper extracts segments of the research related to the letters received by two participants, as well as some general findings, with a focus on the possibilities and influences of therapeutic letters in nursing practice. The findings of this research offer suggestions, not as a template, but as an inspiration and evocation to write therapeutic letters that address the obligation of meeting people experiencing illness at the point of their suffering, with words and questions that invite relationship, reflection, and are large enough to sustain a meeting.

Key words: hermeneutic inquiry, nursing, therapeutic letters.

There is something very sensual about a letter.

The physical contact of pen to paper, the time set aside to form thoughts, the folding of the paper into the envelope, licking it closed, addressing it, a chosen stamp, and then the release of the letter to the mailbox — are all acts of tenderness...

Once opened, a connection is made.

We are not alone in the world.

(Tempest Williams 1991)

Letters, through history, have connected us to others as sensual ambassadors for thoughts and intentions. Letters have also assumed other intentions.

Letters composed by the clinician and mailed to the family between clinical sessions have been used as extensions of clinical work with families. These letters, sometimes called therapeutic letters, differ from social letters, primarily in their context, content, intent and effect. There is anecdotal evidence that therapeutic letters have substantial effects on both writers and recipients (Wood and Uhl 1988; Wojcik and Iverson 1989; Epston 1994).

The word 'therapeutic' derives from the Latin word *therapeutica* and is defined as the art of healing and the preservation of health. It is connected to the Greek root word *therapeia* or therapy (Hoad 1986), and 'therapy' is defined as to nurse, heal or cure (Neufeldt and Guralnik 1988). This root connection of therapy to nursing is important in the regard that the word therapy has somehow shifted

to other disciplines than nursing, and often to the exclusion of nursing. The arguments that nurses do not 'do' therapy or that when nurses practise therapy it is not nursing, become erroneous in the face of the original meaning of therapy and therapeutic. In particular, the clinical work examined in this research exemplifies therapy in nursing. In the research I take a stand that nursing is therapy and specifically the intervention of therapeutic letters, although also practised in other domains and professions, might be considered an act of nursing and healing.

In the Family Nursing Unit (FNU) at the University of Calgary, where letters have been used in clinical work for over 15 years (Wright and Watson 1988; Wright and Simpson 1991; Wright et al. 1996), it has been noted in outcome studies and family clinical session comments that families report a valuing and appreciation of the letters, and in many instances attribute the letter with substantial credit for therapeutic change and healing of suffering in the context of their clinical work. This paper represents a piece of a larger doctoral research study examining the intervention of therapeutic letters as used in clinical work with families in the FNU.

LETTERS IN CLINICAL WORK: A REVIEW OF THE LITERATURE

There is a notable history to the use of written communication in clinical work. Written communication in therapeutic work was first reported by the therapists Burton (1965) and Ellis (1965). Ellis, as a result of laryngitis, attempted written communication with his clients, only to discover that written communication had a distinctly different influence than verbal communication. Over a decade later, Wagner (1977) suggested that, in his clinical practice, written messages had greater effect than verbally communicated meanings. Written communication in the form of letters to clients was attempted by the Milan family therapy team (Selvini Palazzoli et al. 1978), and their publication of this 'therapeutic intervention' raised the awareness of letters as a clinical intervention in fields of clinical work with families.

The term and the specific practice of 'therapeutic letters' are generally attributed to the domain of narrative therapy and specifically to the work of David Epston and Michael White (White and Epston 1990), and Parry and Doan (1994). Letters in nursing have been used to create opportunities for more collaborative and transparent therapeutic relationships with clients that invite reflection (Wright et al. 1996).

The literature on therapeutic letters is clinically based and descriptive. Although there is no empirical evidence or formal descriptive and evaluative studies to support the benefit of therapeutic letters, the literature offers testament akin to that of Wood and Uhl (1988, 35) that 'based on feedback from families and professionals ... we find the letter to be therapeutically efficacious'. Yet, the continued use of an intervention with no empirical evidence speaks to the influence of the intervention and the notion that practice is often justifiably based on supporting clinical evidence. Under standing interventions is connected to clinical competency, to client satisfaction, to financial aspects of care delivery, and ultimately it becomes a question of ethics. We are ethically bound to understand the interventions we offer to families.

RESEARCH AS A ROAD TO UNDERSTANDING: METHOD AND CONTEXT

This research is an examination of therapeutic letters from a hermeneutic or interpretive inquiry, based on the philosophical tenets of Hans Georg Gadamer. Hermeneutics is described as a tradition, philosophy and practice of interpretation. Gadamer (1977, 1985, 1989) offered that the world is interpretable and we are always in the process of interpretation; understanding is interpretation and interpretation is integrally bound with language and history; interpretation is inseparable from self-application; and hermeneutics is the answer to a question that can always be answered differently. The research study embraced this question: how do we, as nurses, understand the character, influences, meanings, and workings of therapeutic letters as a distinct therapeutic intervention in the context of clinical work with families experiencing illness?

The study involved the examination of 11 therapeutic letters. Data for the research were obtained through the generation of text from clinical sessions in the FNU, team discussions and research interviews with family members (four participants in total) who received the letters, as well as with the nurses (three) who wrote the letters. In the hermeneutic tradition, the participants were selected as exemplars of families seen in the FNU who offered some indication in the course of their clinical work that the letters were significant to their healing.

The Family Nursing Unit

The context for this study is the FNU at the University of Calgary. In the FNU, advanced nursing practice is directed towards helping families alleviate or diminish the suffering that illness has invited into their lives and relationships. The FNU was established in 1982, under the direction of Dr Lorraine Wright, for the purpose of advanced nursing education, family systems nursing research and clinical work with families experiencing health challenges (Wright et al. 1990). Practice in the FNU has attended to and privileged the reciprocity between illnesses and relationships, and the mutual influence of multiple systems of illnesses, families and larger healthcare and societal systems. Families can be self-referred or referred by other healthcare professionals, there is no charge for the clinical work, and the demographics of the families are widely varied.

Two of the participants

Four of the 11 therapeutic letters examined in this research were received by Doreen and Charlie (names changed to protect confidentiality). This couple was referred to the FNU by their home care worker because of concerns regarding Doreen's 'uncontrolled' epilepsy and Charlie's bowel disease, diabetes, cardiac disease and depression. Doreen made the initial contact and came to the first session on her own, as Charlie refused to attend. Her concerns were her own health, the health of her husband, her dependence on him, and the influence of all these issues on their relationships with each other and their children. Doreen

received a therapeutic letter after the first session, which Charlie read, and subsequently initiated a second session, which both attended. Doreen and Charlie shared a long history of involvement in the healthcare system and in the mental health system, and had been seen for marital therapy several times and for extensive periods in the past. At the FNU, they were seen for four clinical sessions with a nurse clinician and a clinical nursing team over a period of 3 months. These sessions involved conversations regarding illness, suffering, successes and beliefs (Wright et al. 1996). The research interview occurred 2 years and 3 months after the closing of their clinical work in the FNU and the receipt of their last letter.

SELECTED INTERPRETIVE FINDINGS

Meeting in a place of recognition: Hearing the 'cries of the wounded'

(William James, cited in Amundson 2001, 186)

In the research interview, Charlie commented on the importance of recognition of suffering. A part of what Charlie read into the first letter they received was the willingness, on the clinician's and team's part, to meet the family in the place where they were. In this case, where this family needed to be met was in their illness and suffering. In order to assist the family to move into a place of being at home in health, the team had to first recognize that they had lived long, and at times lived well, and at home, in illness. This couple had even found each other and their relationship in illness, meeting at a mental health therapy group. If the clinician and the team could not meet them in the same place, as well, and be willing to listen and hear their stories of illness and suffering, then they could not know them.

Charlie: I think that when I read that letter, I found that they appreciated the fact of the illnesses we were fighting, the stresses that came along with having the illnesses like that. I can't say that it was ever put like the same way that this letter was ... and in past therapy sessions it might have made mention of it but they didn't bring it to the forefront like this letter did like, you know, really appreciating that fact that we're putting up a big fight here, here every day, and that's what impressed me. Like I wasn't going to go, I definitely was all set in not going but when I saw this letter, it changed my mind and I'll tell you I don't regret ever coming into, going to meetings and it was one of the best things I ever did ... right there in that paragraph there, that's made up my mind just the way that they addressed the fact that we had illnesses and how we were trying to combat them and, you know, find other ways to, you know, solutions to them, and that really impressed me, very much so, and that was, that sold me right away and then it just got better.

Recognition is not only recognition of place or of suffering, but also of accomplishments, of having survived the place or of having made a home in a place that might be uninhabitable to others. Maybe the letters, before inviting the recipients to consider change, options, alternative beliefs (Wright et al. 1996), or

more preferable ways to them of living their lives and relationships, must first recognize and hear what they are experiencing. Unless clients perceive that they are heard, they might not be willing to take with trust the offering of another idea, solution or belief.

Frank (1995, 25) wrote that the story of suffering is not an easy one to hear; '... the voices of the ill are easy to ignore, because these voices are often faltering in tone and mixed in message ... Listening is hard, but it is also a fundamental moral act'. Meeting a client at a mutually recognized point is about hearing clients in all their blackness and messiness, and indicating a willingness to step into that place, with recognition and acceptance. I believe that, only after having met there, can the clinician and client journey somewhere else. First and foremost, the letter must bear testimony to this place of suffering; the clinician becomes an amanuensis or scribe bearing witness to the frailty and commonness of suffering. The recognition of the place of suffering is about saying: I believe you; I know you have been here; and I am willing to meet you here in a mutually recognized place, rather than in some sterile, clean, un-messy, uncluttered and untainted place. Recognition of suffering is about being willing to meet them at the point of their pain, not to white wash it, or colour it differently, but step into the blackness and the grey. It is about being willing to get dirty.

The punctuation and spirit of questions

All of the letters included in this research, including those received by Doreen and Charlie, contained a varying amount of questions. Questions as interventions in the therapeutic context are discussed in the literature (Selvini Palazzoli et al. 1980; Fleuridas et al. 1986; Tomm 1987, 1988; Wright 1989; Loos and Bell 1990; Wright et al. 1996; Anderson 1997; Wright and Leahey 2000). Questions are attributed with significant credit for moments of change and therapeutic leverage. Therapeutic letters typically are distinct in the presence and kinds of questions that appear. The absence of questions in therapeutic letters is noticeable. Questions in letters are generally reflexive (Tomm 1987, 1988) in tone and character, and they stand out in their intentional effort to invite the reader to a reflection.

What might questions bring to letters that mark the way the letters are heard, received and experienced? When a sentence is read, the punctuation helps to determine the tone, cadence, emotion and emphasis. A sentence ending with a question mark tends to end with a lilt, a higher tone, a lighter leap that opens up space. A statement, ending with a period ends in a full stop, flat, monotone, no lightness or openness, just a quiet, dead stillness, an ending. The voice drops, quiets and stills. It simply ends. Period. There is even a difference in breathing when we read through the punctuation of a question mark. We take a breath in and hold it for a moment. A period involves a short breath out, an expulsion, and then it stops. This punctuation is not a trivial thing, for it is in this inhaled breath that we open our lungs enough to allow the rushing in of air, thoughts and ideas. Inhalation is a life-giving, life-sustaining act.

Andersen (1995, 14), influenced by the work of the physiotherapist, Bulow-Hansen, acknowledged that 'all of our expressions and our spoken words come with the exhaling phase of breathing', culminating in the ultimate exhalation in death. To wit, death is referred to in Norwegian, as 'spiriting out'. 'Breath', in the etymological sense, shares roots and connections with spirit or soul, and with mind, and is literally translated as such in Greek, Sanskrit, Latin, Hebrew and Norwegian (Andersen 1995; Abram 1996; Capra 1996). Therefore, the breath that arrives with a question is the spirit of something. Gadamer (1989) suggested that all art, including the art of the written word, can be judged by whether it has spirit or is spiritless. Does the work have life or not? Does it have breath? In the analysis of all of the therapeutic letters examined in this research, the absence of questions was noticeable, as was their overuse.

Questions in letters, at the same time as drawing our breath in, draw in information of difference or, as Bateson (1979, 29) described, 'news of difference'. This news, information, or awareness of difference, consists of newly breathed spirits of ideas that fill us, flow through our bodies and are filtered out, or remain quietly, becoming a part of our cells. In reading a question, the reader almost involuntarily offers an answer in the mind. In this regard, questions, as Wright et al. (1996) suggested, are invitations to reflections, but more than this, they are subtle invitations to breathe differently and let in the new.

The letters in the larger research study, including the ones received by Doreen and Charlie, varied noticeably from some questions to many. Some of the family and the nurse participants noticed this difference and commented that too many questions overloaded the reader. The notion of over load invites us to consider that too much inward breath, in too quick a succession, might become a metaphorical hyper ventilation. The biological consequence of hyperventilation is a change in blood gas levels and body acidity, a diminished consciousness, and eventually body shutdown through fainting. We can think of the process of reflection in a similar way. When too many questions are rapidly asked, reflective saturation is achieved and the mind shuts down. Reflection is connected to the mirroring of images. Mirroring or reflection, according to Maturana and Varela (1992, 23), is the 'moment when we become aware of that part of ourselves which we cannot see in any other way'. The process of reflection always involves an aspect of conservation. Letting in the new too rapidly, with too many changing images in the mirror, obliterates the very act of reflection and the time necessary to assimilate and make new thoughts meaningful. Instead, the mirror becomes a collage of images, thoughts and ideas that do not have the right chemistry to be absorbed.

The casting of a convincing spell

In all of the research interviews with the family members, it was apparent that in varying and different ways, the letters were significant and had somehow entered some place in their lives. 'The letter, perhaps more than any other form of writing, enacts a recognition of the tendency of language to leak from established placements into the interstitial space of informal occasion' (Decker 1998, 36). Some of the letter's ability to leak into interstitial spaces of lives and relationships

might be attributed to the authority connected to the written word. I observed that Doreen and Charlie had actually framed a copy of a therapeutic letter they received and it was hanging in their living room, and commented:

NJM (author/researcher): Some people say that we live in a society where we really value the written word over the talked or spoken word and like even, you know, like in court they'll even say, do you have it written down or is it hearsay did you just hear it? Somehow by writing it down it gives it more authority or more

Charlie: Validity

NJM: Validity ya. Do you kind of agree with that? Do you think partly that's why they're so much stronger?

Doreen: Effective

Charlie: Well, it's uh the 'day of say' like, you know, for instance someone says well I'll do something for you, you know, like for 50 bucks, you know, and then you don't get that in written word, like I can turn around and say you know, I'll only do it for 25 or something, you know, if they change their mind then if you didn't think that was you know fair enough take them to court or something like that and its your word against his unless there's somebody else there to say it at the same time. But if you have it on paper you know you got the strength there.

Perhaps the authority read into the letter helps to cast a spell in one sense. One wonders if a letter needs to draw the reader in some way. The reader must find something in the letter irresistible, seductive, compelling, something to which one can surrender, be lured, a vivid imaging that is called by curiosity, and tethered and rooted in the specifics of the situation and the relationship.

The character of 'spell' in letters was seen in all of the research interviews, as nurse clinicians and family members were seduced into the immediacy of the letter. Sometimes this immediacy took the form of remembrance of the work, the session, the person, and sometimes it took a more current meaning related to their lives at present. The spell of the letters seemed, even in the revisiting of them, to draw the reader into some new or remembered context of personal application. Merleau-Ponty (1962, 180) described the end of a text as 'the lifting of a spell', therefore the casting of the spell begins at the beginning:

Provided that [text] is read with expression, we have no thought marginal to the text itself, for the words fully occupy our mind and exactly fulfil our expectations, and we feel the necessity of the speech. Although we are unable to predict its course, we are possessed by it. The end of the speech or text will be the lifting of a spell.

Abram (1996, 133) suggested that the 'potent magic' of the written word is derived from the word 'spell'. Spell originally meant to tell a story, but came to mean both the correct ordering of written words and the casting of a magic

formula or charm. As these two meanings converged, the assembling of letters in correct order became seen as effecting magic or casting a spell.

Interestingly, this is not a family who is unfamiliar with spells. Since a near fatal encephalitis at age 29, Doreen suffered unpredictable and poorly controlled seizures, which caused much embarrassment, uncertainty, dependency and insecurity. These 'spells', which she described as epilepsy, hold some of the historical ignorance and folklore around the interpretation that convulsions were a sign of possession, or being put under the spell of an evil force (LaPlante 1993; Deeley 1999). Perhaps this family's experience with spells makes them more easily captured by them or more sensitive to them. Or, perhaps it makes them simply aware and willing to accept that spells happen, you go with them, and sometimes they are a magic that is worth framing.

Spells and the authority of the written word run the risk of inviting people into being spellbound, an intriguing notion that connects seizures, spells, seduction and firmly entrenched beliefs. The written word is a symbol of truth, only accessed by the privileged and elite who are literate (Manguel 1996). In the late Middle Ages and the early Renaissance, apart from the ecclesiastics, theologians and philologists, literacy was the exclusive right of aristocracy and upper bourgeoisie (Manguel 1996). The advent of printing shifted the authority from verbal to written (Hughes 1988) but, even then, literacy was the privilege of the wealthy and educated. African-American slaves were prohibited from reading by slave owners who, like other dictators, recognized the power of the written word to incite rebellion and independence. Canada has, today, an illiteracy rate of around 25%, a number that has not decreased in the past decade. Manguel (1996) suggested that we bear the legacy of privileged literacy in the enduring belief that what is written is authority and truth. The meaning of the words 'authority' and 'author' are etymologically linked and this authority in authorship resonates today in both social and legal domains. Reading something in print carries a weight of authority and 'say' over what 'is' and is accredited greater value than what is pure 'hearsay'.

The advent of consumerism gave rise to possibilities of relative valuing of what is written, advertised and documented over what is spoken. In history, as words became mobilized in print and entered into mass media, they became liberated from social roots and contexts, no longer travelling with people in contact, but speeding across distance, dispelling and obliterating distance. Words on paper began to maintain their own currency and create their own permanency. The printed word has contradictory effects, ranging from those who 'believe all they read' and those who doubt the written word and view it as seduction, propaganda and entrapment.

The voice of authority echoes in the context of therapeutic letters in the risk of being seduced by the power of the written word. The lingering echoes of literacy as privilege have possibly resulted in an exalted valuing of the written word. The voice of authority in therapeutic letters runs the risk of superseding all the possibilities for the reader that the letter originally intended. We are obligated to consider: can letters be invitations to reflections if they are seen as authority?

A RETURN TO THE QUESTION

A return to the research question invites an act of stepping into a position of re-reading the data in this study with another eye and from another perspective. Smith (1991) suggested that hermeneutic inquiry involves a process of moving inside the topic of inquiry and looking out through its eyes, and then stepping outside the topic and looking in.

This research suggests that the character of therapeutic letters is that of relationship. The reciprocal nature of the relationship between nurses and clients has a playful, giving, receiving authenticity which is true, not of something else, but of itself. It is particular to, and different for, each relationship. It is pregnant and expectant with the possibilities that each player brings and when the players change, the relationship changes. Within relationship, there is a tone of being together that is created and carried in the ownership and flavour of that relationship (Moules 2002). The tones of the therapeutic relationships are carried in the letters; they echo the affectual, contextual and substantive pieces of the relationship. They reflect, through syntax and choice, that which is the nature of this particular relationship with this family, this clinician, this clinical team and this conversation.

The influences of therapeutic letters seem to be inextricably connected to the meanings attached to the letters. These meanings are products of the intersection between the intended meanings of the nurses and the received and interpreted meanings of the families. It is through the way that the intention meets an interpretation that the letter works. The workings therefore of therapeutic letters lie in the ways that the recipients allow the letters to enter, inform, invoke, influence and change them in some way. The meanings attached to the letter, the place that the letter finds in the context of the clinical relationship and in the life of the recipient, is the heart of the influence and workings of this nursing intervention. This research does not tell us if meanings arise through choice, structure, in the nature of the trust of the relationship, or in the nature of the suffering of illness that may open space for the letters to become meaningful. Perhaps, as Wright et al. (1996) and Wright (1997, 1999) suggested, it is illness and suffering that is the call for meaning-making in our lives. It is the space that illness and suffering occupy that opens other spaces and capacities for growth, reflection, relationship, questions and, ultimately, room for meaning.

Similarly, the meanings of this research lie in the ways that this particular extension of understanding through interpretation finds ways to play out in practice. The meanings are not in this writing, but are found in the ways that the readers of this work take it up. Meanings are personal events of assigning understanding, and meaning-making is a hermeneutic of application.

Postscript: letters, Doreen, and Charlie

Three years after receiving four therapeutic letters, Doreen and Charlie still possessed the letters and their original envelopes. The closing conversation during the research interview offers some indication of their understanding of the healing influence of therapeutic letters:

NJM: Do you think that your sessions at the FNU would have been as good if you hadn't had the letters?

Doreen: Probably not, cause I think it probably would have

Charlie: We wouldn't have remembered them as well.

NJM: I was wondering have you or Charlie or the two of you together gone for counselling or anything since you came to see us at the FNU 3 years ago?

Doreen: No, I don't believe we have, no we haven't needed to since then.

NJM: Well, how do you understand that, I mean before you came to the FNU you said that you had seen lots of counsellors, so how do you make sense of not needing to see any one now?

Doreen: Well, I think it was the things we discussed in the meetings and those letters. I sincerely do think it's not only having the meetings but those letters, you turn around and say what you said, if you did that for all families, the government would save so much money just by taking the time to write those letters.

THE PRACTICE OF THERAPEUTIC LETTERS: RESEARCH AS A GIVER OF ADVICE

The 'fittingness' of interventions is a local discussion, contingent on the culture, context, nurse, client, relation ship and intent. One might guess that not all people would find therapeutic letters useful or valuable. There are always unexpected and unknown contingencies in people, in relationships and in contexts. Though this research cannot answer with absolutism nor can it address the inexact particulars of individual lives, it does offer different kinds of suggestions of ways to embrace therapeutic letters as a clinical intervention. The findings do not create a template for writing a therapeutic letter, nor do they suggest a rigid form to which one must adhere. They do, however, offer some advice, such as described below, but the reader is reminded that the beauty of advice is that although it can be audacious, bold and certain, it can also, always, be turned down.

Meet in a place of recognition and acknowledge the cries of the wounded

This research strongly invites the writers of therapeutic letters to reflect that the 'cries of the wounded' are heard, and suffering is acknowledged. If people have endured great hardship, experienced terrible suffering, or are in pain, it needs to be acknowledged, recognized, mentioned and documented. The reader of the letter, the family recipient, needs to know that the suffering has been heard and recognized. In this process, suffering should not be buffered with platitudes, and accolades of success, perseverance or triumph. The acknowledgement of success can come later, but first people need to know that their pain has been recognized and their wounded stories of suffering heard.

Be seductive enough to draw a reader

Something about the seductiveness, the allure-ness, and the compelling nature of letters cannot be ignored. There is some message in this research that letters must be written in ways that draw in the reader. They must be interesting enough to sustain interest. In this seduction and allure, 'commendations' (Wright et al. 1996; Wright and Leahey 2000) can be offered early in the letter, as long as the commendations are sincere and based on the data of the family. Most importantly, the commendations cannot obscure or obliterate the recognition of suffering.

Therapeutic letters have to hold content of relevance and importance to the reader. The advice in this is that they need to be written with great facility, invention, creativity, art and heart. In these letters, there is something about being brave and daring at the same time as being kind and warm. Metaphors, as a creative invitation to imagination, were shown to be useful in the letters reviewed when they were used judiciously and thoughtfully, mindful of the caution of not falling in love with the language of metaphor itself at the expense of the reader falling in love with it. When we hold our ideas, our words, or ourselves too tightly, it leaves little room for the ideas or words of another. Most importantly, however, this larger research study advises us to not let seduction get in the way of loyalty, ethics and therapeutic wisdom.

Ask enough questions to open room for breath and imagining

The research suggests that we ask enough questions, but not too many. Questions, rather than statements, are the vehicles of breath. If we want to create breathing room for clients that allows for the intake of newness, then we offer questions in the letters. We offer our curiosity, our wonder and our desire to learn more. In doing so, we invite clients to curiosity, wonder, imagination and internal conversation.

Make a letter big enough to meet in a world

Words must be big enough to allow a meeting. A part of the effort to make the letter big enough to sustain a meeting lies in the choice of language. Language that is tentative and speculative invites and creates room for many interpretations and possibilities. Language that is certain shuts down the conversation, the reflection, and diminishes available room for alternatives. If the letters are full of confidence and certainty, they will generate tight little spaces of interpretation and very small areas where the families might not be able to find room enough for themselves in the light of a clinicians' centrality and certainty. Part of balancing the risk of authority and the risk of being spellbound lies in allowing curiosity and wonder to take the place of certainty and 'truth'. Making a world big enough to sustain a meeting necessarily means that if 'we want to coexist with the other person, we must see that his certainty — however, undesirable it may seem to us — is as legitimate and valid as our own' (Maturana and Varela 1992, 245). Therefore, if we want, in letters, to create a world big enough to sustain a

meeting, we need to remember that letters are reciprocal and dependent, sustainable only in reciprocity, their meanings only possible in the play between writing and receiving.

Further advice

The larger research study, which cannot possibly be encapsulated in this small extraction, illuminates findings that offer further considerations and advice. Included in these findings are: the relationship between writer and reader; the competency and art of writing and reading; the meeting of intention and interpretation; the temporal character of letters; letters as historian, vessels of memory and markers of change; and the presence and character of commendations (Wright et al. 1996), tact and tone.

UNWRITTEN POSSIBILITIES IN NURSING

This research focused on therapeutic letters used in a very specific nursing context of the Family Nursing Unit. This context, however, simply offered the resource but not the boundaries of this intervention. Qualitative research then looks to transferability, the ability to remove the topic and the results of the investigation from the context of its research and apply it to another context. The possibilities of therapeutic letters, as an intervention across nursing special ties and different contexts, are proliferative. In this envisioning, amongst many opportunities, one could imagine the use of therapeutic letters as written to:

- a mother and father and/or sibling of a newborn baby;
- grieving parents and/or siblings after the death of a child;
- a student from a nurse educator, as a part of the evaluative process;
- a nurse educator from a student, as a part of the evaluative process;
- a child diagnosed with cancer, diabetes or asthma;
- parents of a baby who died of sudden infant death syndrome, presenting in the emergency room; or
- a patient discharged from the hospital after a surgical admission, written by the nurse who cared for her.

Ethical considerations

Ethics calls us, as nurses, to make the best decisions we can. Ethical concerns will greet us in all interventions. In the intervention of therapeutic letters, we will be met with: situations of deciding what information to include and exclude; issues of confidentiality; decisions of to whom the letters should be addressed; considerations of sending letters to referring sources; concerns of privacy, literacy and culture; and, ultimately, attention to the deferential power we hold as professionals, juxtaposed with the power inherent, and inferred, in the written word. These are all ethical considerations that are complicated and contingent.

All of the participants in this larger research study offered testimony to the benefits of therapeutic letters, and in their cases there was no harm identified. The benefits, among the many identified, included: having a record of the clinical

work that endures through time; having an ongoing documentation of their strengths and successes; having the current effect of re-reading the questions into the present and in the kinds of different reflections generated as a result; having reminders or measures and markers of change as a testament to the personal work they have done; and having a visual affirmation of the reality of the suffering they have endured and the personal ways they have challenged the sources of suffering in their lives.

The benefits identified by clinicians seemed to be focused on the overall success of the clinical work, the way the changes 'stood the test of time', the apparent decreased recidivism, and, despite the time involved in writing them, the cost-effectiveness of this investment of time played out in the number of sessions of which the letters were equivocated. All the nurses interviewed believed the letters were a highly significant piece of the clinical work.

A disadvantage of therapeutic letters is, at first glance, the time involved in the writing. Time as a workplace and financial factor might be prohibitive in some settings, as well as the extraneous cost factor of stationary, envelopes, multiple copies and postage. At another level, there is always the risk that something will be said in a letter that may be pro vocative for the family, something that does not fit with their beliefs, or something that is misunderstood or grossly misinterpreted from the nurse's intent. Without appropriate follow-up, the comment may serve to alienate the family from the nurse, or disrupt the process of therapeutic change. A letter may appear to align with one member more than another, and may compromise the neutrality of the relation ship. Letters may become weapons in conflictual relationships at home, with one member using what the nurse wrote as a weapon of anger or retaliation against another. Letters might be received and withheld from other family members. Letters may become a part of troubled dynamics of families, adding fuel to the fire, rather than healing. Letters may be afforded too much authority, and the risk of being 'spell bound' outweighs the reflective potential. These risks, how ever, are not unlike the risks and pitfalls that characterize all nursing practice, but their potential must be acknowledged and scrupulously attended to in follow-up conversations.

The character of ethics is relationship. Ethics are inhabited by people, particularities, differences, commitments and obligations. It is the relationship between these contingencies that converge to constitute and occupy the template of ethics. Decision making, choices, beliefs, anguish, convictions and actions are complexly woven together, fraught with consequences and ramifications, costs and benefits. Consequences, though not inherently right or wrong, are real and lived by the people receiving therapeutic letters. It would seem that caution is always prudent with any intervention, and we must take care not to become so enamoured with the intervention that we forget that there are people involved. We must take care in choosing to send letters, care in composing them, and particular care in the follow-up clinical discussion about the family's reaction to the letter.

CONCLUSION

The piece of research described in this paper is situated within a larger research study, which suggests that therapeutic letters are an intervention that can be taken up boldly yet cautiously, recognizing their potential while maintaining an ethical and vigilant eye on their power and the potential influences of this power.

The research begs that we nurses, who act as brokers of understanding, in embracing the intervention of letter writing in nursing practice, attend to issues of relationship, suffering, questions, room and assumed authority. This research focused on therapeutic letters used in the very specific nursing context of the Family Nursing Unit. This context, however, simply offered the resource but not the boundaries of this intervention. The possibilities of therapeutic letters, as an intervention across nursing special ties and different contexts, are proliferative and endless, and they do not have to remain unwritten. What is most compelling in this discussion is the potential of relationship and healing that lies unclaimed in these possibilities.

This research supports the belief that letters are too vital an intervention to disregard. In hearing the responses of the family members after having received therapeutic letters in the course of their clinical work in the FNU, it would be disrespectful of their experiences for us not to be passionate about the regard of this intervention. We need to write back the written word into nursing practice, and bring writing to practice.

Abram (1996) suggested that we take up the written word, with all of its potency and problems, and carefully and patiently write language back into the world in a way that is regard-full of its power and influence. The writing of therapeutic letters requires this thoughtful regard, this respectful patience, and this acknowledgement that words will be read in a sensuous way. They will be read by people with their spirits and their bodies. Words will slip off the pages and be breathed into the lives, relationships, hearts and cells of those who read them. In this regard, we are wise to remember that the pen holds power and authority, that 'words can hurt and words can heal' (Bell et al. 1992, 37), and that we can 'kill or elate with words' (Maturana 1988, 48). We return to the ethics of the responsibility of writing therapeutic letters and we find ourselves deeply and completely obligated to do it well.

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