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**CLIENT AND THERAPIST EXPERIENCES WITH A
NARRATIVE THERAPEUTIC SUMMARY FORMAT**

By

Peter Duncan Whyte

B.A., The University of British Columbia, 1991

THESIS

**Submitted to the Faculty of Social Work
in partial fulfilment of the requirements for**

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1997**

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Abstract

This qualitative research study explored the use of a narrative therapeutic summary letter format as an adjunctive intervention with clients engaged in individual therapy. The study's sample consisted of six client subjects who received summary letters from six therapist subjects. Client subjects were furnished with written summaries of four consecutive counselling sessions. The summaries were based on pre-established narrative summary guidelines supplied to each respective therapist.

After client subjects had received four consecutive summary letters, in-depth individual interviews were conducted with each client. The aim of these interviews was to explore and document clients' experiences with the narrative therapeutic summary format. In addition, each of the six therapist subjects completed a 12 page questionnaire designed to document their experiences with and opinions of the proposed summary format.

Interviews were transcribed and analyzed based on the guidelines outlined by Taylor and Bogdan (1984). Clients' experiences with the narrative therapeutic summary format focused on four main areas. These were client usage of letters, positive impact of letters, non-helpful effects of letters and client preferences/suggestions for use of the letter format. Therapists' experiences with the summary format were analyzed from the questionnaires and organized into five sections which focused on the use of the letter format, and therapists' opinions of its utility.

The results of the study are discussed in relation to the existing literature on written productions in psychotherapy. Both clients and therapists found the summary format to be a useful adjunct to standard verbal therapeutic discourse, and largely agreed

on the helpful aspects of the format. Differential use and impact of the summary letters is discussed. A number of limitations of the study are addressed, and implications for practice and future research are explored.

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CHAPTER ONE

INTRODUCTION

This qualitative study is concerned with the exploration of individual client and therapist experiences with a semi-standardized therapeutic summary letter format. The summary format is a one to two page distillate of the therapy session that allows therapists to record elements of both session content and process. In this study, a small sample (n=6) of clients received such written summaries of four sessions from their individual therapists. Clients were then interviewed individually by the researcher and therapists completed a brief questionnaire. The research was focused on developing an understanding of the use and utility of these summary letters from both client and therapist points of view, although the main focus was placed upon client experiences.

A qualitative research methodology formed the backdrop for investigation in this study. In-depth, phenomenological interviewing methods were chosen to gauge client experiences with the summary format. As this topic remains relatively unexplored from an academic perspective, the current study took the form of an exploratory investigation. The focus was on the gathering of important information on the subject, with the intention of providing tentative implications for practice and avenues for future research.

This study utilizes a narrative metaphor for therapeutic intervention as the basis for the development of the summary letter format. As narrative therapy is by no means a singular theoretical perspective, the particular brand of narrative therapy espoused by

White and Epston (1990) is used as a theoretical backdrop for summary letter construction.

Rationale for the Study

Several key factors highlight the importance of a study such as this. To begin with, the use of an adjunctive written therapeutic summary format remains an essentially unexplored area of inquiry. Therapy in North America in particular has focused on the power of the spoken word (Burton, 1965). As such, the potential utility of that which is written down, and hence retained by the client in a tangible sense, has been largely ignored. While there are noted exceptions to this (Epston, 1994; Nylund & Thomas, 1994; White & Epston, 1990), the majority of studies have focused on summary letter techniques designed for clients in group therapy (Beck & Bosman-Clark, 1989; Yalom, Brown & Bloch, 1975), or have looked at summary letters as adjunctive tools for therapeutic perspectives other than the narrative tradition (L'Abate, 1992; Wilcoxon & Fenell, 1983, 1986). Further, the limited exploration that has been initiated in the area of the written narrative therapeutic summary has been almost exclusively anecdotal in nature. As such, there is an identified need for more systematic study of this topic.

In addition, increased awareness of the client as consumer of mental health services has placed enormous pressure on public and private agencies to provide services that are at once affordable and cost-effective. As the purse strings responsible for access to social service agency funding are pulled increasingly tighter, administrative bodies are requiring more evidence that specific intervention strategies are effective. There is thus inherent utility in the exploration of a technique such as the proposed narrative therapeutic

summary format that has the potential to act as a useful conjoint to more traditional forms of verbal therapy. While iron-clad claims regarding the cost-effectiveness of summary letters cannot realistically be made from the results of the current exploratory study, investigation of the narrative therapeutic summary format can be expected to lay the groundwork for more in-depth projects that may be better able to address the various implications of the format.

Overview of Thesis

Following this introductory chapter, the remainder of the thesis consists of four chapters. A review of pertinent literature is presented in chapter two. Topics explored in the literature review include constructivist and social constructionist theory, the narrative metaphor as a template for clinical intervention and letter writing techniques in psychotherapy. The literature review is designed to provide a theoretical context for the study.

The study's methodology is described in chapter three. This chapter details the steps taken in the recruitment of subjects, the specifics of the intervention strategy provided, and data gathering and analysis techniques utilized.

Chapter four presents the study results. Client and therapist experiences with the summary letter format are described in detail, and delineated into various categories, themes and sub-themes.

The final chapter is a discussion of the results outlined in chapter four. Results are initially related to the existing literature presented in chapter two. The limitations of the

study are described and addressed. Implications for social work practice and implications for future research are also presented.

CHAPTER TWO

LITERATURE REVIEW

This chapter presents an overview of the literature pertinent to the use of written productions in psychotherapy. The intent is to provide a broad introduction to the subject; in doing so, the chapter reviews the literature in a number of areas related to the main focus on letter-writing techniques.

The chapter begins with an introduction to constructivist theory, which is then discussed in relation to both psychology and family therapy. A distinction is drawn between constructivism and social constructionism, and White and Epston's (1990) narrative metaphor of clinical practice is discussed. The literature on letter writing techniques in psychotherapy is then reviewed. Emphasis is placed upon the contribution of White and Epston, and others within the narrative tradition, who are generally thought to have facilitated a renewed interest in the adjunctive use of letter writing in therapy. The advantages and disadvantages of therapist-initiated written productions are discussed, along with a detailed review of Nylund and Thomas' (1994) anecdotal account which provided both the inspiration and direction for the current study. Finally, the main research questions of this study are stated in relation to the reviewed literature.

Introduction to Constructivist Theory

The 20th century, characterized by the increased popularity of secular forms of government, democracy and other freedoms, as well as the rapid development of consumerism and breakthroughs in information technologies, has born witness to a shift

toward a postmodernist epistemology (O'Hara & Anderson, 1991). Postmodernism, as differentiated from modernist assumptions that view reality as objective and quantifiable, represents a framework of thought informed by intellectual, social and political life that embraces a view of human experience not as a singular entity but rather as a multiverse of socially constructed and inherently subjective realities (Neimeyer, 1993). The radical nature of this postmodernist assumption calls into question the very foundation of Western society, whose greatest achievements in science, art and philosophy have been predicated upon a belief in the existence of unitary, knowable truths regarding the nature of humankind (Neimeyer). It is within the midst of this maelstrom of terrible consciousness that the roots of constructivist theories of therapy are found. The chief tenet of constructivism, simply put, states that reality is a function of individuals' constructions. Human consciousness exists only to the extent that it is construed, and hence perceived, by humans. Constructivism has initiated a kind of revolution of thinking within the arena of mental health, and has influenced the development of several new branches of therapeutic endeavour, not the least of which is the narrative metaphor (Neimeyer ; Zimmerman & Dickerson, 1994). The following is a brief introduction to constructivist philosophy as it pertains to the fields of psychology and family therapy. This discussion is provided as a framework for the further exploration of the narrative metaphor as a means of clinical practice.

Constructivism and Psychology

While the roots of constructivist thought can be traced back somewhat ironically to the philosophy of the empiricist Francis Bacon (Mahoney, 1991) and others, modern

constructivism as a framework for psychological inquiry is evidenced in the work of a number of influential theorists. Mahoney identifies roots of constructivism in the works of such figures as Wilhelm Wundt, Frederic Bartlett and, most notably, Jean Piaget. George Kelly's 1955 book entitled The Psychology of Personal Constructs is viewed by many as a pioneering effort in constructivist psychological theory (Agnew & Brown, 1989; Mahoney). In it, Kelly defines his conception of reality as being a matter of personal perception. Reality for Kelly is not directly revealed as an objective entity, but rather is open to construction limited only by the extent to which we are able to imagine it. This conceptualization of reality as a function of the mind's ability to produce it is the principle behind Kelly's theory of constructive alternativism. Kelly views constructive alternativism as a method of managing the vastness and complexity of the universe. In his words:

No one has yet devised a set of constructs which will predict everything down to the last tiny flutter of a hummingbird's wing; we think it will be an infinitely long time before anyone does. Since an absolute construction of the universe is not feasible, we shall have to be content with a series of successive approximations to it (1955, p. 15).

Modern constructivists in the realm of family therapy have taken their cue from Humberto Maturana and Fransisco Varela, biologists and authors of the important work entitled The Tree of Knowledge (Bogdan, 1988). In it, Maturana and Varela make the case that biological systems are inherently self-referential, or recursive. They provide as an example the neurochemical activity of the visual cortex. Maturana and Varela suggest that upwards of 80 percent of that which is construed as sight (i.e., representations of

sensory input within the visual cortex) is generated within the sensory structures of the brain itself, not from outside stimuli. They further state that all other central nervous system structures function in a similar self-referential or recursive manner (Mahoney, 1991).

Maturana and Varela, and others like them, have come to be considered radical constructivists, a title meant to identify their belief in a nearly complete lack of objective reality. Mahoney (1991) suggests that such a viewpoint allows for the development of a wealth of growth and change opportunities for those involved in therapy. He quotes Watzlawick (1984): "Whoever is conscious of being the architect of his or her own reality would be equally aware of the ever-present possibility of constructing it differently" (Mahoney, p. 111).

A more conservative viewpoint is expressed by critical constructivism. The critical constructivists, while denying the ability to understand the nature of objective entities within the universe, nonetheless acknowledge their existence (Mahoney, 1991). In this sense, individuals interact with their environments to co-produce a sense of objective reality, even if that reality is hypothetical in nature.

Pardeck and Murphy (1993) cite the limitations of the modernist disease model to explain phenomena within the social sciences as being responsible in part for the development of constructivism in psychology. They state that Western intellectual tradition is founded upon a belief in dualism, or a distinction between that which is subjective, and that which is objective. The goal of this dichotomy is the discovery of a unitary, objective truth or "pristine knowledge" (Pardeck & Murphy, p. 1188). The

search for biochemical causes of behaviour is an example of dualistic disease model philosophy; since life proceeds in an orderly, predictable and ultimately knowable manner, one can discover the root of behaviour by applying to it the principles of science. Science is, in the case of modernist philosophy, the ultimate test of a knowable reality. Pardeck and Murphy note that the disease model gained acceptance and dominion via its authoritative language and protocol which devalues any line of inquiry that is not scientific in nature.

Constructivist arguments against the disease model state that it is no longer feasible to search for absolute truths. Experience is firmly rooted within the individual; as such, it is fruitless to try to apply the principles of the scientific method, which is based on dualistic thinking, to the explanation and description of what is uniquely individual behaviour (Pardeck & Murphy, 1993).

Implications for Family Therapy

Constructivist theory has provided a rather unique and powerful method of understanding human behaviour and the process of change. Mahoney (1991) notes that constructivism has forged a path for an increased emphasis on the role of the individual as architect of his or her own reality. The shift in emphasis here is away from modernist definitions of behaviour as problematic and intervention as corrective (Mahoney, Neimeyer, 1993) toward the view that there is no one right way to feel or act. Tomm and Lannamann (1988) sum up the intent of this perspective by describing the role of the constructivist therapist: "The therapist's job is not to make choices for people but to help them arrive at a position from which they can make choices for themselves" (p. 41). The

emphasis here is on the personal meaning attributed to one's constructs. Therapy becomes an intensely personal process, wherein the therapist attempts to understand the client's own constructs via the language used to describe them (Neimeyer). In this sense, an individual's use of language forms the currency for therapeutic change and growth, providing a rich description of personal constructions of reality (Pardeck & Murphy, 1993). Therapy proceeds in a less structured manner as compared to more modernist, and thus interventionist approaches. The therapist pays particularly close attention to the metaphoric use of language, and interprets negative emotion in therapy as being a wholly expected defense to the challenge to existing constructions that therapy provides (Neimeyer, 1993). Resistance in therapy is similarly viewed as an attempt by the client to retain some form of order in the core constructs that characterize his or her reality.

While constructivism appears to have found its place as the new metatheory in modern therapy, it is not without its critics. Mahoney (1991) lists several potential problems with the constructivist approach. He notes that the unfamiliar nature of this epistemological stance may be challenging to psychologists used to modernist ways of thinking. The inherent abstractness of the concept makes it a difficult, perhaps even unattractive notion to embrace. Bogdan (1988) joins Mahoney in focusing on the apparent absurdity associated with the radical constructivist viewpoint. For one to accept reality as simply a matter of personal constructions discounts the devastation inherent in real life events. Imagine, as Mahoney does, the professional irresponsibility associated with a therapist's assertion that the pain engendered by starvation, rape or oppression is simply a matter of one's own personal choice of construct. Waldegrave (1990) raises a

related problem inherent in the radical constructivist approach. He states that, by denying the existence of an objective reality, therapists can be led to treat all constructions of meaning within the family as being of equal value. In doing so, therapists run the risk of downplaying the importance of suffering that may exist. Clearly, descriptions of violence and abuse are more likely to be truthfully reflected by the survivors, as opposed to perpetrators who may reduce the significance of their actions. Finally, Mahoney suggests that the radical nature of constructivist thought provides a very real threat to the existing modernist assumptions which continue to form the core of most scientific endeavour. It is unlikely, Mahoney argues, that science will warmly embrace a metatheory that calls into question the very foundation of all of its beliefs about reality. While constructivist theories remain on the cutting edge of family therapy, Mahoney suggests that they have managed to do so "...not because they have been enthusiastically embraced, but because their detractors have not been able to refute them" (p. 115).

Constructivism vs. Social Constructionism

While constructivism had certainly laid the groundwork for a new perspective in family therapy practice, some authors have called for a distinction to be made between constructivism and social constructionism (Penn & Frankfurt, 1994; Zimmerman & Dickerson, 1994). While social constructionism shares a great deal in common with constructivist philosophy, differences between the two have been instrumental in the development of the narrative tradition of therapy, upon which the current study is based. In particular, social constructionism emphasizes the effect that socially constructed reality has upon individuals in society, whereas constructivism is more concerned with the

identification and acceptance of a multiverse of equally valid realities. This next section focus upon the delineation of the differences between constructivist theory and social constructionism in an effort to illuminate a further discussion of the narrative metaphor of clinical practice.

Gergen (1985) provided an overview of the then-developing theory of social constructionism. He cited the inability of either the positivistic (exogenic) or postmodernist constructivist (endogenic) traditions in therapy to supply an adequate template upon which we can come to understand human experience. The arguments against the former have already been discussed. Gergen's chief complaints regarding the endogenic perspective centre around its apparent inability to overturn positivistic traditions of science. He voices his concern that, though interest in endogenic philosophy has steadily grown, there is nothing to suggest that a "pendulum swing" (p. 270) toward a more empiricist view might not be forthcoming in the future. Gergen offers social constructionism as a potentially viable alternative framework for analysis.

Zimmerman and Dickerson (1994) separate social constructionism from the constructivist perspective by stating that the former brings "...current social constructions about gender, the self, normative attitudes, race, pathology and so on, into the therapy room, so that clients can notice the effects of their privileged constructions" (p. 234). The emphasis here is on the existence of a dominant social reality that has a subjugating effect upon individuals, leading them away from a belief in themselves, and toward an adoption of a socially constructed reality. Penn and Frankfurt's (1994) view of social constructionism regards knowledge as an entity "...constructed within relationships and

mediated through language, not as a single truth existing in someone's head" (p. 218). These authors highlight the dominant, mitigating property of language as a vehicle for the transmission of an external reality. Both of these definitions rely on some conception of an external reality. In each case, reality is conceived in a manner similar to the critical constructivist viewpoint, in the sense that it is at the very least a hypothetical entity that is subject to individual interpretation, and hence construction. Thus, social constructionism is inherently more political than constructivism, and recognizes that one's thoughts, feelings and behaviour are strongly influenced by the dominant "social reality" in which one lives. Language is the vessel through which reality is communicated; as such, language necessarily becomes the vehicle through which change occurs.

The Narrative Metaphor of Clinical Practice

It was within this environment of social constructionism that the narrative metaphor as a blueprint for therapeutic intervention developed. O'Hanlon (1994) notes that one of the chief contributions to what he calls the "Third Wave" (p. 24) of therapy (characterized by an interest in narrative and other constructionist perspectives) is the ability to transform a political philosophy into a concrete plan of action for therapeutic intervention. While an ever-increasing number of authors have recently begun to discuss the narrative tradition as a base for clinical practice (Anderson & Goolishian, 1988; Angus & Hardtke, 1994; Eron & Lund, Goolishian & Anderson, 1987; Schnitzer, 1993; Sluzki, 1992; Penn & Frankfurt, 1994; Zimmerman & Dickerson, 1994), the current work is based on the narrative approach advocated by Michael White and David Epston (1990). White and Epston have been identified as the clinicians chiefly responsible for the

evolution of the narrative model within the realm of family therapy (Wylie, 1994; O'Hanlon, 1994). Further, the work of David Epston has led to a resurgence of interest in the use of letter writing in therapy (Sloman & Pipitone, 1991). White's particular brand of narrative practice views client experience as a series of unfolding stories; in effect, the client is seen as the author of his or her own life story. Intervention in this case consists of helping clients escape the debilitating influence of problem-dominated narratives, and embrace preferred stories wherein they take active control in "storying" their lives. By aiding the client in externalizing the presenting problem, thereby placing it within the cultural framework in which it is experienced (and from which it generally emanates); and inviting the client to explore those instances in which his or her behaviour did not conform to the dominant, culturally biased story, the client is encouraged to amass the resources necessary to restory his or her life (Madigan, 1992; White, 1991; White & Epston; Zimmerman & Dickerson).

The Text or Story Analogy

The narrative metaphor places people's lived experience within the context of a narrative or story. People are thus viewed as storying the text of their lives according to the culture in which they live. Stories are not constructed within a vacuum, but rather are heavily influenced by the social climate in which they are experienced (Zimmerman & Dickerson, 1994). Problems which arise in the storying of people's lives thus reflect dominant social norms and mores (White & Epston, 1990; Zimmerman & Dickerson).

Language is viewed as the medium through which individuals construct, and thus define their social organization (Anderson & Goolishian, 1988; Sluzki, 1992). White

notes that the development of a text analogy as a method of explaining behaviour grew out of observations that the meaning attached to certain behaviours tended to exist long after the behaviours themselves had ceased, much like the meaning of a good book remains with a reader long after it has been read (White & Epston, 1990). Furthermore, the text analogy opens up a wealth of possibilities for change, as “...every new reading of a text is a new interpretation of it, and thus a different writing of it” (White & Epston, p. 19). It is thus within the realm of the story that meaning is ascribed to experience.

Narrative and Therapy

Knowledge and Power

Madigan (1992) argues that one cannot gain a true understanding of narrative practice as espoused by White and Epston without becoming acquainted with the dual influences of knowledge and power that so extensively inform their philosophy. White places great emphasis in particular upon the work of Michel Foucault, the French philosopher whose writings provided a theoretical base for his conception of knowledge and power within the arena of family therapy (Madigan, 1992; Tomm, 1989; White & Epston, 1990). It is not my intent here to disseminate the considerable body of knowledge contained with Foucault’s writings, but rather to draw attention to the influence of knowledge and power upon the development of White’s narrative theory.

According to Foucault, knowledge and power are inseparable entities that are experienced as “truths” that shape our lives (White & Epston, 1990). As members of Western culture, we are encouraged to act to maintain the dominant or accepted knowledge of our culture. This dominant value (referred to by Foucault as global

knowledges) sets the standard by which we judge ourselves, and by which we are judged by others. Global knowledges form the existing cultural “objective reality”, and are reflected in various societal structures, including accepted cultural roles and attitudes, as well as truths about the authenticity of the modern scientific establishment (White & Epston). Foucault further argues that knowledge and power are ascending, referring to the fact that, rather than being thrust upon us, allegiance to global knowledges begin at a local level (Madigan, 1992). People are in effect conscripted into the performance of global knowledges, and in doing so, become “docile bodies” (Madigan, 1992, p. 270), architects of their own objectification, or “thingification” (White & Epston, p. 24). Dominant knowledges cause individuals to behave as if they are continuously being observed. As such, they conform to the dominant or global knowledges that subsequently shape their lives according to particular norms or organizational constraints.

Madigan (1992) provides an excellent example in which individuals become gate keepers of their own prisons in describing the development of anorexia nervosa and bulimia. He notes that Western society sets standards for the size, shape and weight of women’s (and, to an ever-increasing extent, men’s) bodies. Adherence to these exacting specifications induces individuals to view certain body shapes as more pleasing, and hence more desirable, than others. Madigan (1994) notes the pervasive (and indeed perverse) nature of these dominant knowledges in highlighting the fact that children as young as four years of age discuss dieting as a method of weight control. Further evidence comes from Neuman & Halvorson (1983), who state that between 14 and 30 percent of female college students fit the criteria for a diagnosis of bulimia. Clearly, at its extreme, obsession with

this kind of institutionalized objectification of body image can lead to life threatening dieting and eating habits.

While the dominant global knowledges demand allegiance, they also encourage the subjugation of alternate perceptions of reality. White's philosophy, being firmly entrenched in the postmodern therapeutic tradition, discards a belief in a single, dominant way of knowing as a unitary truth (Madigan, 1992). Rather, the effect of global knowledge is to discount, and in some cases inhibit the production of other forms of knowing (White & Epston, 1990). Foucault described two separate knowledges that fall victim to global knowledge. Erudite knowledges are those "...that have been written out of the record by the revision of history achieved through the ascendance of a more global, unitary knowledge" (White & Epston, p. 25). These erudite knowledges remain hidden from consciousness, and can be rediscovered by "...meticulous scholarship..." (p.26), which takes the form of persistent and methodical inquiry on behalf of the therapist. Foucault also described the category of local knowledges. These are ideas and opinions that, while not completely hidden from view, are practiced only by a select few in society. Examples of local knowledges include the philosophies of marginalized societal groups, such as those who espouse different views regarding, for example, religion, sexual practice, fashion or political ideology (Madigan). The presence of, and adherence to, dominant knowledges thus inhibit the adequate performance of both erudite and local knowledges, and in doing so maintains the limited sphere of their influence.

On an individual basis, a person presenting him or herself for therapy will on many occasions be negatively influenced by adherence to the dictates of global knowledges. By

aligning one's beliefs with the global knowledge, one negates those significant aspects of lived experience which contradict the dominant narrative, or story (White & Epston, 1990). It is precisely these pieces of information that form the groundwork for intervention in White's narrative therapy. Clients' stories are inherently filled with gaps, inconsistencies, portions of lived experience that do not conform to the dominant, problem-saturated text. These gaps are filled via the person's imagination and experience. Knowledge of these inconsistencies, coupled with the client's understanding that he or she has the power to re-author his or her life, provide the frame of reference for "treatment" using the narrative metaphor.

The Externalizing Discourse

Part of the problem associated with the absolute belief in certain narratives or stories is their exclusivity. Individuals who seek therapy are often under the influence of certain dominant narratives that do not allow for the identification of alternate stories, or meanings (White & Epston, 1990; Zimmerman & Dickerson, 1994). It is not that alternative stories do not exist, as White explains; rather they have been relegated an inferior status by the subjugating influence of the dominant, often problematic narrative. Much of White's work with individuals involves the identification of "unique outcomes" that "...provide a gateway to what we might consider to be the alternative territories of a person's life" (1991, p. 30). In essence, the narrative therapist strives to call attention to exceptions to the dominant narrative, and in doing so, opens up an opportunity or "conceptual space" (Tomm, 1989, p. 54) for a re-authoring of the text of a person's life.

Whereas some narrative traditions argue for the discussion of problem stories in explicit detail to allow for exceptions simply to occur (Anderson & Goolishian, 1988), and others ask individuals to predict when unique outcomes might take place (deShazer & Berg, 1988), White and Epston apply a unique intervention tool, that of the externalizing discourse (Madigan, 1992; Tomm, 1989; White & Epston, 1990; Zimmerman & Dickerson, 1994). Rather than internalizing the problem-dominated narrative, individuals are encouraged to "...objectify and at times personify the experience as oppressive" (White & Epston, p. 38). In doing so, the problem becomes an entity separate from the client, and the client is free to describe him or herself from a new, problem-free perspective. Furthermore, the culture of blame, shame, guilt or criticism that tends to accompany a variety of psychological "problems" is downplayed (Tomm). As White asserts, "...the problem becomes the problem, and the person's relationship with the problem becomes the problem" (White & Epston, p. 40). The result is a deconstruction of the dominant, problem-focused stories by which individuals live, and a base upon which new stories can be identified (White, 1991). As clients learn to stand up to the effects of the dominant stories that had previously directed their lives, the experience of the problem will inevitably disappear (White & Epston).

Externalizing conversations are invited by the therapist, who encourages the individual to provide a description of the effects of the problem situation in his or her life. The pervasive nature of the problem is thus uncovered in the realms of emotion, behaviour, attitude, and interaction between them. White refers to this process as mapping the influence of the problem (White & Epston, 1990).

White maintains that problems are dependent upon their effects for survival. By viewing the problem as an entity separate from themselves, and by identifying unique outcomes and new meanings, individuals are encouraged to revise their relationship with the problem. The new story that emerges is in a very real sense co-authored by client and therapist, the latter of whom facilitates the externalizing dialogue and has a position of some privilege as witness to the newly unfolding story.

Letter-Writing in Psychotherapy

Psychotherapy in general, and in North America in particular, has for many years focused on the power of the spoken word as the medium through which one achieves change and growth (Burton, 1965). As such, the potential utility of that which is written down, and hence retained by the client in a tangible sense, has been largely ignored (L'Abate, 1992; Sloman & Pipitone, 1991). While research in letter writing is characterized by a paucity of studies as much as anything else, a number of interesting findings have illuminated the potential benefits of letter writing as an adjunct, and in some cases an alternative, to traditional verbal therapy. Although the narrative therapeutic tradition has been credited with eliciting a resurgence of interest in letter writing techniques, other therapeutic schools have also contributed meaningfully to the development of letter writing in psychotherapy. With a few noted exceptions, results of this research have remained largely anecdotal in nature, thus introducing the need for more standardized inquiry into this virtually untapped therapeutic resource.

Letter Writing in Psychotherapy: A Brief Historical Overview

The fact that letter writing techniques are not even mentioned in leading reviews of therapeutic method underscores the relative lack of attention received by these techniques (L'Abate, 1992). While early references to letter writing as an adjunctive process can be found in the works of Landsman (1951), Messinger (1952), Farber (1953) and Widroe and Davidson (1961), Pearson's 1965 symposium provides a solid investigative introduction to the topic. Burton (1965) asked whether verbal discourse was the most efficient method of dealing with client distress, and in doing so, advocated for an increased emphasis on letter writing as an adjunct to the more traditional talking "cure" of psychotherapy. Ellis (1965) described his accidental discovery of letter writing techniques as resulting from his contracting an acute case of laryngitis, which required that he not talk for an entire week. In order to continue his practice, Ellis resorted to letter writing as a necessary, if not preferred means of communication with clients. Unexpectedly pleased with the results, Ellis further utilized letter writing as a way of communicating with deaf clients who were not able to read his lips. Harrower (1965) described how she communicated with some clients via a notebook, wherein the client would write thoughts, dreams, associations and the like on the right hand side of the page. The notebook would then be mailed to Harrower, and she would respond by writing her own comments and interpretations on the left hand side of the page. Harrower cites the extensive use of this method, noting that, with one particular client, this kind of written therapy continued over a period of four years and filled over 200 notebooks with writing.

The use of written productions as a method of summarizing group sessions was first introduced by Yalom, Brown and Bloch (1975). Touted as "...a tool to improve the cognitive integration of the group therapy experience for both patient and therapist" (p. 605), the group summary technique consisted of a three to seven page distillate of the group session's activity that was mailed to clients after each session. Beck and Bosman-Clark (1989) reported a significant positive effect on the working alliance as resulting from the introduction of a written summary in group therapy. Specifically, they noted that the summaries aided in increasing dialogue regarding group dynamics, facilitated the planning of group activity and interventions, and focused attention on the significance attached to those interventions. Bloch, Brown, Davis and Dishotsky (1975) utilized a group summary format as a training tool for new therapists, stating that the summaries contributed a number of salient factors toward the improvement of clinical supervision. Aveline (1989) revisited the written summary as a group leader training technique. In 1976, he incorporated a written report as part of an introductory 12 week course for novice group leaders. Aveline reported that the written element was "...an innovative, integral and valuable part of the learning process" (p. 477).

A considerable body of knowledge regarding letter writing as an adjunct to therapy has come from proponents of the strategic school of family therapy. Weeks and L'Abate (1982) provided clients with paradoxical letters, in which therapists reframed a client's problematic or defeating behaviour in positive terms as a method of helping them gain control over it. Citing the therapeutic double bind, they suggested that, if a client is encouraged to repeat maladaptive behaviour patterns, that which is considered to be

outside of the client's sphere of control will become both manageable and predictable.

Weeks and L'Abate (1982) differentiate between paradoxical letters and linear letters, the latter of which involve a straight forward easy to understand summary of session content, including feedback regarding insights or confrontations. In contrast, the paradoxical letter tends to congratulate the client for realizing the importance of maintaining a problematic behaviour, and often prescribes the client to continue to perform the behaviour. Wilcoxon and Fenell (1983) studied the utility of linear and paradoxical letters as methods of engaging non-attending spouses in marital therapy. They noted that single-spouse marital therapy is associated with higher rates of marital dissatisfaction and divorce, and thus justified written techniques as a potential method of increasing two spouse attendance on pragmatic, as well as empirical terms. Although some researchers have found that paradoxical letters have greater success in engaging both spouses in therapy than linear letters (L'Abate, 1977; Selvini-Palazzoli, Boscolo, Cecchin & Prata, 1978, as cited in Wilcoxon and Fenell, 1983), such findings have not been replicated in later studies. In their own investigation, Wilcoxon and Fenell (1986) provided the attending spouse in marital therapy with either a linear or paradoxical letter that encouraged their partner's participation in therapy. Results indicated that spouses were significantly more likely to attend when furnished with a linear invitation, prompting the authors to state that "...letter content may be a significant variable for therapist to client messages" (1986, p. 192).

Wojcik and Iverson (1989) advocate the use of letters for strategic, structural or systemic approaches, although their letters are strongly strategic in tone and nature.

L'Abate and Platzman (1991) introduced programmed writing (PW) as a method of increasing the efficiency of family therapy. Based on the principles of programmed instruction (PI) popularized in the 1960's and 1970's, PW involves the prescription by the therapist of various lessons for the client to complete at home over a specific period of time. These interventions vary from open-ended diary-like writing assignments to the more structured use of workbooks and other materials (L'Abate & Platzman, 1991). A similar practice is outlined by Rasmussen and Tomm (1992), in which the authors describe the prescription of letters as a therapeutic intervention. Initially designed as a method of promoting the efficient use of psychiatric consultation, Rasmussen invited clients to write about a variety of topics at their own pace. Doing so gave clients freedom to explore their own issues at a pace that suited them, and further entrusted them with increased responsibility for the course of their own therapy (Rasmussen & Tomm).

Rudes (1992) advocated the use of letters as a means of re-establishing the priority of digital language when a couple's communication becomes distorted by nonverbal messages that accompany their spoken exchanges. Specifically, he noted that letters written by spouses to each other allow for an exchange of information free from the influence of conflicting messages. Letters further slow down the rate at which spouses respond to each other, thus instilling a kind of ritual delay between the input of information, and response to it. This delay affords both marital parties the opportunity to reflect upon their communications, instead of forwarding an automatic response.

The most recent renewal of interest in letter writing techniques has come, not surprisingly, from the narrative therapeutic tradition. The narrative metaphor, which

underscores the primacy of language as the medium through which change is achieved, provides a natural backdrop for the introduction of letter writing as a means of restorying one's life. White and Epston (1990) outline a variety of written methods by which therapists can reinforce the identification and development of unique outcomes and the externalization of problem situations. These range from letters of invitation, designed to engage clients in therapy; to letters of redundancy that discharge clients of previously held responsibilities; to letters of prediction regarding outcome; and an impressive array of customized letters for a myriad of therapeutic circumstances.

Some other interesting developments in narrative letter writing have grown out of efforts to battle eating disorders. Madigan (1994), and Madigan and Epston (1995) introduced letter writing campaigns as part of Madigan's work with the anti-anorexia/anti-bulimia league, a Vancouver-based organization committed to the externalization of, and active battle against, these two debilitating eating disorders. The league encourages the family and friends of a person struggling with an eating disorder to reflect in writing upon the unique aspects of that person's life as being separate from their current problem situation. In doing so, they document the person as existing apart from their eating disorder, and thus encourage the recognition of unique outcomes and aspects of experience that do not gel with the repressive story of anorexia nervosa or bulimia. Madigan and Epston have described the use of this kind of letter writing campaign to battle other problem situations, most notably depression and anxiety. Other researchers (Zimmerman & Shepherd, 1993) have explored the use of poetry and journal writing, as

well as the utility of writing letters to externalized representations of bulimia and anorexia nervosa, as methods of battling the repressive effects of these eating disorders.

Advantages of Therapist-Initiated Written Productions

A good deal of the literature on letter-writing has focused on client-initiated letters, written either directly to the therapist, or for his or her review. However, as the current study is concerned with therapist-produced letters, those advantages that pertain to the latter will be highlighted here. It is important to note that the majority of findings regarding the utility of letter-writing in therapy have been anecdotal in nature, and further have come from outside the narrative tradition. Despite this fact, therapeutic letter-writing research has illuminated a number of important points that are significant for the current study of the narrative therapeutic summary format.

Letters written by the therapist to the client help clients remember the specifics of the therapeutic exchange. Epston (1994) notes that the words in a letter do not fade over time, as does the verbal therapeutic discourse. He states that "...they endure through time and space, bearing witness to the work of therapy and immortalizing it" (p. 31). Similarly, Yalom, Brown and Bloch (1975) argue that letters facilitate therapy by keeping the work of the session fresh in the client's mind. If the client happens to miss any part of the session due to inattentiveness or for other reasons, the letter provides an opportunity to reattend to both content and process.

Weeks and L'Abate (1982) suggest that, since letters can be read repeatedly, their impact may be greater than verbal therapeutic messages. This kind of written intervention may be especially useful for many clients who do not immediately absorb the meaning of a

particular intervention. Ellis (1965) and Yalom, Brown and Bloch (1975) support Weeks and L'Abate's hypothesis that letters may cause clients to process their issues at a more comprehensive level.

Chafe (1985) introduced the notion of idea units to explain the potential utility of written versus spoken productions. In essence, idea units are a measurement of the information that a person is able to retain in short term memory at any given point in time. Chafe noted that people can maintain approximately five to seven words of English in short term memory at a time, and further suggested that written productions not only free up the constraints of short term memory but may also provide the means to expand the depth of idea units. White and Epston (1990) suggested that Chafe's idea units conception can be applied to therapist-initiated written productions, stating that a letter may help to organize and consolidate information relating to the identification of unique outcomes and different methods of storying one's life.

Burton (1965), in referring to the utility of the letter as an adjunctive therapeutic process, introduced the idea of interval therapy. He suggested that the time intervals between therapeutic hours provide the basis upon which therapeutic growth takes place. As such, a letter provided by the therapist to the client would likely enhance the quality of processing of issues done during the interval between formal sessions, and hence increase the likelihood of a positive therapeutic outcome. Nylund and Thomas (1994) echoed Burton's ideas in stating that narrative letters enhance the work that takes place outside of the therapeutic interview.

The permanent nature of the therapeutic letter facilitates the identification of existing patterns of behaviour. Yalom, Brown and Bloch (1975) noted that therapists tend to be more aware of patterned behaviour than their clients are; the letter helps to make patterns more visible to clients by plotting them over time (i.e. over a number of sessions). Epston (1994) also recognized the utility of the letter as a reminder of past attempts at managing a particular situation. He stated that written summaries of session content allow clients to try new methods of managing a problem situation based on what has or has not worked in the past.

The importance attached to written productions of all kinds is further highlighted by White and Epston (1990). They argue that Western culture in general places greater worth upon spoken versus written communication. There appears to be a perception that written documents are endowed with a higher status because of their permanent nature. In terms of therapist-produced written psychotherapeutic letters, this tradition of ocularcentrism, as it has been coined, may cause clients to attach a higher truth status to the written word, thus leading them to believe in it more. One might suggest that, in this sense, interventions presented in written form may have a greater positive impact than those which are discussed verbally with the client.

Therapeutic letters provide a level of encouragement that is qualitatively different from that of verbal discourse. Epston (1994) argues that a letter written to a client conveys the sense that he or she is important, and that the therapist is concerned for his or her well-being. Many clients are awed by the fact that a professional would actually take the time to write to them, and this seems to enhance the support provided in the

therapeutic session (Nylund & Thomas, 1994). Weeks and L'Abate (1982) draw attention to the fact that clients can be surprised by such a personal written communication from their therapists, as "Clients do not expect to receive written communications, except bills" (p. 156). In this sense, the letter can heighten interest in therapy by providing a measure of shock value. Shilts and Ray (1991) view the written record as a method of facilitating the joining of client and therapist, thereby expanding the quality of the therapeutic alliance. White and Epston (1991) cite examples of letters that are specifically designed to provide encouragement for clients.

Within the narrative tradition, therapists have highlighted the letter's ability to facilitate the externalization of problem situations. Epston (1994) notes that narrative letters are helpful in assisting clients to view their problems as entities separate from themselves. Letters appear to punctuate the narrative credo that the client is never the problem; rather the problem is the problem. Externalization of problem situations is one of the cornerstones of White and Epston's conception of the narrative metaphor for clinical practice. It follows then, that the letter's ability to enhance a vision of the problem as an entity separate from the individual will necessarily facilitate the work of therapy.

A number of advantages for therapists using therapeutic letter-writing techniques have also been discussed in the literature. Letter-writing tends to slow down the therapy process, thus affording therapists the time to consider the exact wording or intent of a particular intervention (Epston, 1994). For example, within the narrative tradition, the therapist has the opportunity to focus more intently on the externalization of the presenting problem.

Yalom, Brown and Bloch (1975) state that the letter format allows therapists a second chance to help the client. Since the therapist has the opportunity to communicate with the client both within the session and via the letter, he or she can relax in session, and concentrate more fully on both content and process. Both Harrower (1965) and White and Epston (1990) emphasize that some clients may be inherently predisposed to communicate more effectively via a written medium. For these clients, letters may have a greater therapeutic impact than standard verbal discourse.

Yalom, Brown and Bloch (1975) raise the issue of the permanency of written productions as a potential advantage for therapists in training. Since the letter is a more permanent form of communication, the authors state that therapists using this medium would likely pay more attention to the wording and content of any observations or other interventions. As such, the letter format is an excellent training tool for neophyte therapists learning to make sense out of client experience. Letters would likely provide a level of complexity greater than that afforded by process recordings, and could privilege supervisors with a more intimate look into the thoughts and hunches of the fledgling therapist.

Disadvantages of Therapist-Initiated Written Productions

Perhaps the greatest critique against the use of letter-writing in therapy is raised by Burton (1965). He suggests that the highly cognitive nature of the letter may cause some clients to disassociate themselves from the affective content of therapy. Sloman and Pipitone (1991) echo this concern, noting that overemphasis on written communications may reduce the primacy of the client-therapist relationship. It is clear that over-reliance on

the written medium may cause some clients to intellectualize their problems, and thus not experience the level of affective concern necessary for them to move toward a positive therapeutic outcome.

Certainly, a therapist who opts to utilize a written communication must first be aware of the client's reading abilities. A letter written to a client who lacks the reading or vocabulary skills necessary to digest its content may have a deleterious effect. Therapists must be cognizant of the content of their letters, and be sensitive to the ways in which they might be received by clients (Wojcik & Iverson, 1989).

A final concern regarding therapist-initiated letters concerns the abilities of therapists to produce cogent, meaningful written productions. Just as some clients may not be predisposed to the written format, some therapists may lack the skills necessary to properly compose a letter. Bloch, Brown, Davis and Dishotsky (1975) suggest that therapists interested in this kind of format first receive some kind of training on how to produce a useful summary.

While a fair amount of empirical study has been conducted on the utility of paradoxical letters (Weeks & L'Abate, 1982) and programmed writing (L'Abate & Platzman, 1991), research on the efficacy of narrative letter writing techniques (Epston, 1994; Madigan, 1992, 1994; White & Epston, 1990) has remained for the most part anecdotal in nature. Further, very few studies have addressed the specific utility of a written narrative therapeutic summary format and its potential, beyond the descriptive accounts of Epston (1994) and White and Epston (1990). The majority of the research that advocates for a letter-writing approach has been conducted within the confines of

other therapeutic traditions, as outlined previously. A noted exception is Nylund and Thomas' (1994) study, which provided the inspiration for the current thesis.

Nylund and Thomas' (1994) work outlined the potential utility of providing a narrative summary of the therapy hour to clients, yet did so in a limited fashion. In essence, the researchers surveyed 40 clients who had received as part of their therapy a summary letter from their therapist, documenting the therapists' perceptions of the therapeutic hour. The letter was written from a narrative perspective, focusing in particular upon the influence of the problem in the client's life; and unique outcomes, or evidence of the clients' efforts to challenge the problem. Their account was not intended to stand up to the rigours of academic inquiry, but rather to propose a route for the application of this technique by interested practitioners. As such, most of the methodological steps that one would expect to find in a research paper were omitted from the description of the study. However, Nylund and Thomas did provide some guidelines for the narrative therapist interested in pursuing the summary, suggesting certain elements that should be included in any summary letter given to clients. These are summarized below (Nylund & Thomas):

- (a) An introductory paragraph, reconnecting the client to the previous session. Some unique quality of the client should be highlighted here; typically, a "...novel aspect of the client's personhood that was endearing..." (p. 39).
- (b) Statements which describe the influence of the problem in the client's life, including comments that reinforced the externalization of the problem.

(c) Questions which the therapist thought to ask the client between sessions. These questions are designed to draw attention to the gradual move from the problem-dominated narrative to the new story being produced by the client via therapy.

(d) Statements which highlight the unique outcomes discovered in session, outcomes which do not fit with the dominant, problem-saturated story. The client's words (in the form of quotations) are sometimes used here. The intention is to "...honour the client's own solution..." (p. 39) by documenting the client's progress in his or her terms as much as possible.

In addition to these guidelines, Nylund and Thomas (1994) reported the results of a simple survey of 40 clients which documented clients' perceptions regarding the usefulness of the summaries. Their measure, best described as a combination or triangulation (Patton, 1990) of quantitative and qualitative research techniques, yielded promising results.

The majority of clients (92.5%) rated the summaries as "very helpful" (1 on a 4 point scale); the remaining 7.5% rated them as "helpful" (2 on the scale). Clients further rated the summaries as equal to an average of 3.2 face-to-face interviews, and reported that a mean of 52.8% of the gains made in therapy were due to the summaries alone.

The results of the qualitative aspect of Nylund and Thomas' survey suggested that clients were motivated in part by the fact that the therapist had taken the time to write a letter. This, in the eyes of the clients, showed an obvious, vested interest in their welfare. In addition, there was some indication that gains in therapy were related to the sheer concrete documentation of progress provided by the summary (Nylund and Thomas, 1994).

While Nylund and Thomas' results are encouraging in their own right for the field of narrative therapy in general and letter-writing in particular, they remain little more than

anecdotal. Despite the somewhat casual nature of its inquiry, the study provides a framework for a more detailed exploration of clients' perceptions with regard to the use of the narrative summary in therapy. The current study uses Nylund and Thomas' account as a base upon which a more qualitatively rigorous inquiry is built.

This study is concerned with the systematic identification of client and therapist perceptions of the utility of the proposed narrative therapeutic summary format. The main research questions are identified below:

(a) Do clients find the current narrative therapeutic summary format to be a useful addition to their therapy?

Whereas various studies have identified the potential utility of written productions in therapy (Aveline, 1986; Epston, 1994; L'Abate, 1982; Weeks & L'Abate, 1982; Rasmussen & Tomm, 1992; White & Epston, 1990), systematic investigation within the field of narrative therapy has been very limited. The current study is an attempt to provide a detailed exploration and documentation of this topic, in order to shed light upon the summary letter format's use and utility within the narrative therapeutic tradition.

(b) If so, in what ways do clients find the format to be of use?

Emphasis is placed upon the documentation of client experiences with the narrative therapeutic summary format. The researcher decided that it was most important to explore clients' perceptions, as clients would be able to provide unique insight into the format's utility. Again, the focus was on providing a systematic exploration of the narrative therapeutic summary, as opposed to the anecdotal accounts that have been described in the literature (Epston, 1994; Nylund & Thomas, 1994; White & Epston, 1990).

(c) Are any aspects of the summary format viewed as being detrimental to the therapeutic experience?

Research into letter summaries has not discussed non-helpful aspects of letter summaries in any detail. While Burton (1965) and Sloman and Pipitone (1991) have identified the potential of written therapeutic productions to downplay the affective component of therapy, other researchers have focused more on disadvantages as they relate to therapists producing letters in therapy (Bloch, Brown, Davis & Dishotsky, 1975; Wojcik & Iverson, 1989). The researcher hoped to identify any deleterious effects associated with the current narrative therapeutic summary format.

(d) Do therapists find the narrative therapeutic summary format to be a beneficial adjunct to their verbal interventions with clients?

The intent of the study was to document both client and therapist experiences with the summary format. The researcher was interested to know how therapists conceptualized the utility of the format as an adjunctive process to their existing verbal therapeutic interventions.

(e) Do therapists consider the time spent planning and composing summary letters to be worthwhile?

Epston (1994), Nylund and Thomas (1994) and White and Epston (1990) have each made a case for the use of the written narrative summary in psychotherapy. However, if the current format was to be useful, the researcher thought that therapists should weigh the benefits of using the therapeutic summary against any costs, and render a judgement regarding the utility of the format.

CHAPTER THREE

METHODOLOGY

This chapter outlines the methodology used to explore the questions posed by this study. To begin with, positivistic and phenomenological approaches to social science research are identified. The rationale behind the choice to utilize a qualitative methodology is discussed. The researcher's particular interest in letter writing techniques in psychotherapy is presented. The development of the various data collection methods is described, along with a review of the methods used to recruit participants for the study. Finally, the procedures used to analyze data are discussed.

Positivistic and Phenomenological Research Approaches

Within the realm of social science, two broad theoretical perspectives have influenced researchers' choice of methodologies. These are the positivistic and phenomenological approaches (Taylor & Bogdan, 1984). Positivism is concerned with the identification of the facts or causes of social phenomena. It is characterized most often by the use of quantitative statistical methods that seek to find a cause and effect relationship, as well as definition and measurement, of the variables under investigation (Van Hesteren, 1986). Conversely, the phenomenological approach strives to understand experience from the researched subject's perspective. Emphasis is placed upon a rich description of phenomena from the subject's frame of reference; as such phenomenological researchers do not rely on quantitative statistical methodology to derive experiential results. The

phenomenological study of social life is undertaken via qualitative research methodologies which produce descriptive data (Taylor & Bogdan).

Rationale for Qualitative Research Methodology

Qualitative research methodologies allow for the in-depth investigation of issues (Patton, 1990). Whereas the quantitative researcher is interested in a controlled, predictable environment wherein he or she can analyze the cause and effect relationship between observed phenomena, the qualitative investigator enters the field without the constraints of predetermined categories of analysis. Once in the environment of study, the qualitative researcher develops concepts, insights and patterns from the data. In this sense, qualitative research is considered to be inductive (Taylor & Bogdan, 1984). The researcher's efforts are focused on the attempt to understand the people under study from their own frame of reference. In doing so, the researcher endeavours to set aside his or her own beliefs or preconceived notions of the subject. The desired result is an approach that is highly humanistic, in that emphasis is placed upon the personal side of social life (Taylor & Bogdan). The "...detailed, thick description..." (Patton, p. 40) generated from qualitative data is considered to be rich in terms of validity, in that there is a high degree of congruence between the collected data and the observed phenomenon. In fact, qualitative methodologies in general tend to emphasize validity (Taylor & Bogdan). This is in contrast to quantitative research designs, which focus on reliability and replicability. While validity is of greater import in the qualitative research tradition, this is not to suggest that reliability is considered to be unimportant. The qualitative researcher strives to produce a detailed inquiry based on systematic, if not standardized methodological

procedure (Taylor & Bogdan). However, it is accepted that it is not possible to achieve perfect reliability in a study that is concerned with the rich description of human experience.

The qualitative method of research was chosen as the methodological paradigm for this study. Research into the utility of a written therapeutic summary is characterized by a conspicuous lack of studies. There is very little written on the subject, and as a consequence, not much is known about the experiences of clients who receive such summaries, or those of therapists who write them. Based on the paucity of information on this topic, the researcher decided that a prudent first step would be to become familiar with the nuances of these experiences. The qualitative research methodology is inherently designed to accommodate this kind of in-depth, detailed inquiry. Patton (1990) notes that the qualitative research approach of inductive analysis involves an immersion in the details of the data, with the intent of unearthing important categories, dimensions and interrelationships. Only after one has thoroughly explored the phenomenon under study can the deductive, theory-testing methodology of the quantitative research tradition be effectively employed. Since the focus of the study was the documentation and description of client and therapist experiences with the therapeutic summary format, the adoption of a qualitative research strategy seemed like a natural choice for the exploration of this relatively unknown topic.

While the researcher drew upon several sources in developing the specific methodology for this project, Taylor and Bogdan's (1984) approach to qualitative research was used extensively as the main theoretical reference. Taylor and Bogdan stress

that all researchers must develop their own particular methods of analyzing qualitative data. As such, the researcher reviewed several texts on qualitative data analysis (Strauss & Corbin, 1990; Patton, 1990) in an effort to construct and customize a methodology that fit well with the intent of the study, as well as the researcher's own conception of analysis. Taylor and Bogdan note that their approach is directed toward the development of a detailed understanding of individuals and settings. This is inherently compatible with the aim of the current project, which sought to describe client and therapist experiences with the narrative therapeutic summary format.

Taylor and Bogdan (1984) note that their approach to qualitative research bears resemblance to Glaser & Strauss' (1967) grounded theory, in the sense that both emphasize the fact that insights are developed from, and grounded in, the data. However, Taylor and Bogdan stress the importance of understanding people on their own terms, whereas Glaser and Strauss emphasize the development of concepts and theories to explain phenomena. The former approach was viewed as more appropriate for the current project, as the researcher was more concerned with the documentation of experiences than the development of theory. Further, the fact that there has been so little research¹⁷ conducted on the utility of therapeutic summaries as an adjunct to standard therapy suggests that description, rather than theory building, should be the primary emphasis. Taylor and Bogdan also relate their method to that of inductive analysis, although they maintain that they do not impose the same systematic search for generalizations inherent in this approach. Regardless, Taylor and Bogdan state that their methodology is compatible with both Glaser and Strauss' grounded theory approach and that of analytic induction.

As there was almost no information written on the utility of a therapeutic summary format as an adjunctive therapeutic technique, the researcher decided that the project should take the form of an exploratory investigation. The chief aim was to gather as much general information as possible on the subject, in order to provide basic information, as well as directions for future research.

Orientation To and Interest In the Phenomenon

While the qualitative researcher strives to put aside personal biases and assumptions about the phenomena under study, it is impossible to fully extricate the researcher's influence from the topic of interest (Taylor & Bogdan, 1984). This is not to suggest that the data cannot be efficiently analyzed by someone as intricately involved in its collection as is the qualitative researcher, but rather to identify that researcher as an essential component in the gathering and analysis of data. Patton (1990) points out that qualitative research is not an objective exercise, but rather one that is necessarily influenced by the person of the researcher. The mere act of identifying a particular course of study necessarily involves the interplay of researcher interest, and hence bias, toward a particular topic. In fact, it may be argued that the presence of this kind of bias is an essential component in the development and execution of research, as it sustains the motivation necessary to complete an undertaking as formidable as an in-depth qualitative research project. Rather than ignore the potential effects of this kind of bias, it is important to confront the nature of one's interest in a topic of study. This is viewed as a method of demonstrating an awareness of the various forces that play a role in the shaping of research interest.

The writer's focus on written adjunctive productions in psychotherapy is rooted in a deeper interest in narrative therapeutic techniques. In the course of his social work practicum, the author had the opportunity to observe a therapist applying a simple letter writing technique to a client who had sought help with management of his anger. The therapist had written down a number of ideas that the client had identified as viable alternatives to becoming physically aggressive when angry. Even though the client had himself identified the various options to employ in lieu of becoming violent, it was not until he was presented with the written list of these options that he became truly aware of his choices. The list itself was endowed with great meaning for this client; it appeared to signify a turning point in his therapy. Having witnessed such a powerful display of a simple technique, the writer became interested in the use of other therapist-initiated written therapeutic productions.

A brief review of the literature revealed that very few studies had addressed the significance of a written summary format in psychotherapy. As the researcher was enrolled in graduate-level social work training, he had the opportunity to further pursue this interest. The lack of research in this area prompted the researcher to design a methodology that would examine not only client experiences with a written therapeutic summary format, but also those of therapists who produce summary letters for their clients. In doing so, the author hoped to shed light on this under-researched topic, and provide a basis for future investigations of the utility of written productions in psychotherapy.

Development of Summary Guideline Methodology

Before selection of study participants could begin, the researcher was required to develop summary guidelines for therapists to use when completing letters for their clients. In doing so, the researcher drew upon several sources for reference. Nylund and Thomas' (1994) study, which investigated the utility of a letter format in an insightful, if not methodologically rigorous fashion, provided the framework for the current narrative therapeutic summary format. Nylund and Thomas' format consisted of four key elements to be included in each letter. These four elements, discussed in the previous chapter, formed the basis of the current study's summary letter format. Epston's (1994) and White and Epston's (1990) suggestions to incorporate the useful moments in therapy, plus additional therapist reflections not voiced during the therapy session, were also used in the development of the summary letter format (see Appendix G for a copy of the summary guidelines for summary letter construction).

It was decided that the current study's narrative therapeutic summary format would be endowed with a greater level of structure than that of Nylund and Thomas' (1994) study. This was done to provide therapists with a concrete, standardized set of instructions to aid them in the composition of summary letters. While it was the researcher's plan to include therapist participants who had exposure to narrative ideas and techniques, it was not known at the time whether or not it would be possible to find enough narrative-influenced therapists to take part in the study. Also, it was thought that a more standardized summary letter format would allow for at least a cursory examination of the helpful aspects of the format.

It was decided that the narrative therapeutic summary format should take the form of a four paragraph, narrative letter. The introductory paragraph, as suggested by Nylund and Thomas (1994), was designed to reconnect clients with their previous therapy session. Therapists were asked to draw attention to any physically identifiable qualities that they noticed about their client, including appearance, affect and the way the client presented him or herself for therapy. Also, therapists were instructed to comment on any positive qualities of their client that they noticed. Further, therapists were given the option of mentioning how they felt prior to or during the therapy session.

The introductory paragraph was meant to provide clients with a reference point from which they could remember the specific content and process of the session. By providing details regarding the client's appearance on the day of the session, it was hoped that clients would be able to better recollect the specific therapy session, and in turn remember content and affective dimensions of the session. The emphasis on positive qualities evidenced by the therapist was included to provide a positive, supportive base upon which to facilitate the identification of unique outcomes. Epston (1994) punctuates the importance of helping clients keep track of "...even the most minute outcomes" (p. 36) as a key function of the narrative letter.

Therapists were encouraged to record the session's general content in the second and third paragraphs of their letters. The details of the session were to be reproduced here; this included a description of the influence of the problem in the client's life, a focus on the problem situation as an entity existing outside of the individual, and any questions or challenges that the therapist thought to ask the client either in the session, or in the

interval between sessions. Therapists were encouraged to pay close attention to the language and metaphors used by their clients, and to try to reproduce these as much as possible in the letters. Also, therapists were given the option of commenting on the client's mood or affect, if they deemed it appropriate to do so.

The second and third paragraphs of the narrative therapeutic summary format included Nylund and Thomas' (1994) suggestions regarding the use of summary letters, as well as many of White and Epston's (1990) theoretical elements of narrative therapy. The focus on the influence of the problem situation is indicative of White and Epston's "mapping the influence of the problem" in the client's life. White and Epston state that this helps individuals to identify the problem's influence in the various domains of their lives. The search for unique outcomes is facilitated by gauging the extent to which the problem exists within all areas of client functioning.

The externalization of the presenting problem, as discussed in the previous chapter, is a hallmark of White and Epston's (1990) particular orientation toward narrative therapy. By envisioning the problem as an entity separate from him or herself, the individual is encouraged to describe him or herself from a problem-free perspective. This aids in the uncovering of unique outcomes previously hidden from view by the oppressive influence of the problem situation.

Therapists were encouraged to include in their summary letters questions that they forgot to ask their clients during the regular therapy session. As Yalom, Brown and Bloch (1975) note, this gives the therapist a "second chance" (p. 612) to ask questions that were not raised during the session.

A focus on the client's language and use of metaphors is viewed as a way to "...include - and privilege - the client's viewpoint in the official record" (Epston, 1994, p. 32). By concentrating on the client's actual use of language, therapists are more likely to catch the true meaning of clients' words, and thus are less likely to impose their own prejudices or presuppositions upon the client's experience. In addition, the recording of client metaphors in the summary letters facilitates the tracking of client experience in therapy. White and Epston (1990) assert that meaning is ascribed to experience via language; as such, clients are able to track the evolution of their therapeutic experience through time by locating their use of language at a given point in therapy, and comparing it to their current usage.

The fourth paragraph of the letters, as suggested by the summary letter guidelines for therapists, was intended to highlight any unique outcomes that were emerging from clients' attempts at restorying their lives. Any gains that therapists noticed in their clients were to be showcased here. This is in keeping with White and Epston's (1990), and Epston's (1994) focus on the new story that emerges via therapy. Epston notes that the search for unique outcomes requires a strong orientation toward "...identifying any glimpse of an alternative to the client's problem-saturated story" (p. 32) that is visible. The final paragraph thus tended to be very positive in tone and nature, as it was wholly concerned with the documentation of change and growth.

Therapists were instructed to write their summary letters in a free-flowing narrative manner similar to that which they might write to a friend or acquaintance, rather than a client. The intent was to have therapists connect with their clients with the same

levels of empathy, warmth and respect that they would during a face to face therapy session. This was designed to reduce the inherent client-therapist power imbalance by encouraging a dynamic wherein the client was viewed not as a patient in need of an “expert opinion” but rather as an individual with potential, as well as insight into his or her problem situation. Thus, the personal tone of the summary letter format was envisioned as a way to aid in the deconstruction of societal norms that place the mental health professional in a position of power over the client.

Finally, therapists were encouraged to elaborate upon the summary letter format as their particular style of writing dictated. This was meant to aid therapists in the composition of natural letters. The researcher was concerned that rigid adherence to the summary format guidelines might cause therapists to produce awkward sounding letters that did not fit with their natural writing style. Further, as the researcher did not know how much time it would take therapists to compose the summary letters, he thought that the inclusion of a modicum of flexibility into the summary letter guidelines would allow therapists to customize their letters according to the amount of time they had to compose each letter.

Nylund and Thomas’ (1994) study made no mention of the number of summary letters that were received by clients prior to the administration of the survey designed to gauge their reactions to the letters. As such, the researcher had to decide how many summary letters clients should receive before being interviewed regarding their experiences with the summary format. Initially, the researcher decided that eight consecutive summary letters should be forwarded to clients prior to the client interview.

However, time constraints and client availability led him to reduce the number of consecutive summaries received before the client interview to four. It was thought that four consecutive summary letters would afford clients sufficient time to become accustomed to the summary format, and would allow for the development of basic patterns of usage.

Development of Client Interview Guide Methodology

Prior to the commencement of client interviews, it was necessary to develop an interview protocol that would capture the essence of client experiences with the narrative therapeutic summary format. Taylor and Bogdan (1984) stress the fact that the qualitative research interview guide is not a structured schedule, but rather a list of general topics to discuss with each subject. In this sense, the interview guide was meant to act as a reminder of important topics to cover with each subject.

As there was virtually no established interviewing methodology described in the literature on narrative letter writing techniques, the researcher had to identify specific areas of focus for the client interview himself. In doing so, the researcher attempted to compose questions that had a high degree of face validity, or questions that appeared, at face value, to accurately reflect the content of the desired information (Patton, 1990). The fact that clients reported that the interview questions covered all of the major areas of inquiry with respect to their experiences with the narrative therapeutic summary format suggested that the interview guide had a high degree of face validity.

The interview guide was composed by the researcher in consultation with his research supervisor (see Appendix A for a copy of the client interview guide). It was

decided that questions regarding client experiences with the narrative therapeutic summary format should focus on five main areas. Firstly, questions regarding the specific use of the letters were developed. Next, questions focusing upon when clients used their summary letters were identified. A third list of questions focused on where the summary letters were used. A fourth area of inquiry involved clients' perception of the strengths and weaknesses of the summary letter format, as well as suggestions for improvement. The final area of interest focused on the gathering of client demographic information, which was used to develop the client subject profile that appeared in the results section of the current study.

In developing the client interview guide, the researcher attempted to avoid the use of leading questions to elicit data from clients. Patton (1990) notes that researchers should endeavour to ask questions in an open-ended fashion that does not encourage a "yes" or "no" answer. In order to elicit narrative responses, the interview guide questions were largely phrased in an open-ended manner. The questions that the researcher thought were most important to ask were typed in boldface in the interview guide. This was done to draw the researcher's attention to these specific questions.

As the nature of the study required that clients receive four consecutive summary letters prior to the interview process, it was decided that it would not be feasible to pilot test the client interview guide. Instead, the researcher composed the general questions and, in conjunction with his research supervisor, refined the list until both parties were satisfied that the essential areas of inquiry were represented. Patton (1990) refers to this

kind of cross-checking of information as triangulation, and asserts that it is one method of guarding against researcher bias.

Development of Therapist Questionnaire Methodology

It was decided that therapists' perceptions of and experiences with the narrative therapeutic summary format would yield important information regarding the utility of this instrument. As the chief thrust of the project was the documentation of client experiences, the researcher decided that therapist perceptions could be recorded through the implementation of a therapist questionnaire, rather than via in-depth interviewing (see Appendix B for a copy of the therapist questionnaire). Further, it was thought that therapists would be more amenable to an approach that did not require them to sit down face to face with the researcher, but rather allowed them to fill in information when they had time to do so. Also, it was assumed that therapists would have had experience with this kind of information-gathering format, having spent several years in post-graduate university training programs.

The therapist questionnaire focused on six main areas of inquiry. First, therapists were asked to provide demographic information. This information allowed for the development of a therapist profile, which appears in the results chapter of this project. Therapists were then asked general questions regarding their summary letters. These included questions regarding therapists' experiences with the use of written therapeutic communications and opinions regarding the confidentiality of letters, among others. Third, questions that focused on summary letter construction were intended to identify the

length of time therapists took to complete each summary letter, and the extent to which therapists thought they had adhered to the established summary letter guidelines.

A fourth area of interest focused on therapist's knowledge of the clients' use of summary letters, and their perceptions of the impact of the summary letters on their clients. Fifth, therapists were asked for their impressions regarding the utility of the summary letter format. This entailed a rating of one to seven, where one was considered "not useful", four was "somewhat useful" and seven was "extremely useful". Corcoran and Fischer (1987) state that this kind of "social thermometer" (p. 30) allows one to concretely gauge the extent to which a particular phenomenon is experienced. Therapists were also asked to identify what they considered to be the summary letter formats' strengths and weaknesses, and based on these, render an opinion regarding the utility of the format as an adjunctive therapeutic technique. In the final area of interest, therapists were asked if they thought that the summary letter format would be more or less useful with specific client presenting problems, and whether or not they would continue to use the format as it was, or whether they would alter it to make it more useful to them.

Both the client interview guide and the therapist questionnaire appeared to be well received by the respective subjects in the study. The researcher was initially concerned that therapists would object to the length of the questionnaire, but all information was filled out in each case. After receiving the completed questionnaires, the researcher realized that he had neglected to ask therapists about their theoretical orientation to therapy, as well as caseload size and diversity. As this was thought to be important information for the development of the therapist profile, the researcher contacted each

therapist by telephone and requested the overlooked information. Fortunately, he was able to contact all six therapists, and all were willing to provide the missing information.

Procedures

Initial Telephone Contact

As it was not readily known how many clients and therapists would be willing to participate in the study, introductory letters were sent to the Executive Directors of four non-profit urban-based counselling centres. A sample of one of these letters appears in Appendix C. The introductory letter briefly outlined the intent of the study, as well as client and therapist responsibilities. The Executive Directors were requested to mention the study to a number of therapists on their staff, and asked to develop a short list of therapists interested in participating in the study. The letter stated that the researcher would call within a week's time to see if any therapists showed interest in participating as therapist subjects.

Upon calling the respective Executive Directors, two declined to have their therapists participate in the project because caseloads were too large to allow for the time commitment inherent in the project. A third Executive Director forwarded two names of interested therapists, while the other Executive Director referred the researcher to a senior level clinician responsible for the supervision of a number of therapists who were enrolled in a post master's degree marriage and family therapy training program.

Initial Contact With Therapists

The researcher contacted these three therapists directly by telephone. In the first agency, it was ascertained that, while two therapists had shown initial interest, one

decided that the time commitment required by the study precluded her involvement. The other therapists agreed to take part. In the second agency, the senior level clinician identified a number of intern therapists who were interested in participating in the study.

Information sessions were organized at each of these two agencies in order to more fully explain the intent of the study, and to have interested therapists sign consent forms. Taylor and Bogdan (1984) state that the researcher should be willing to share the intent and motives behind the study; these were highlighted in the therapist consent form.

Therapists were asked at these sessions to compose written summary letters of each of four consecutive therapy sessions with selected clients from their caseloads, and forward a copy of these summaries to their clients and the researcher. The summary letters were to be based on pre-established guidelines that were given to interested therapists as part of an introductory package. At the conclusion of the letter writing portion of the study, therapists were also asked to complete a questionnaire regarding their experiences with the summary letter format.

Therapists who agreed to take part in the study were provided with packages that included an introductory page detailing therapists' role in the study (Appendix D); a therapist consent form (Appendix E); a prepared statement to be read to potential client subjects that summarized their involvement in the study and included a written authorization for therapists to release their name and telephone number to the researcher (Appendix F); a copy of the summary letter guidelines for therapists (Appendix G); and a sample letter to aid therapists in the composition of their summary letters (Appendix H).

A number of ethical considerations that pertained to therapist involvement in the study were outlined at this time. Therapists were assured that all information that might identify them would be kept strictly confidential. Also, therapists were advised of their right to terminate involvement in the study at any time. Therapists received a photocopy of their signed consent forms, while the researcher kept the original forms. Of the eight therapists who showed initial interest, a total of six therapists chose to participate in the research project.

This kind of research subject recruitment is similar to convenience sampling, although it does bear some resemblance to snowball or chain sampling, wherein individuals are solicited in order to suggest appropriate subjects for inclusion in the study (Patton, 1990). While convenience sampling ensures neither a random nor a representative subject sample, the time commitment involved in participation in the study was thought to preclude a more rigorous sampling methodology. The fact that several therapists decided not to participate in the research project after showing initial interest would appear to lend support for the utilization of this kind of sampling strategy. Had a more rigorous sampling methodology been employed, it is doubtful that enough therapists would have become involved in the study.

Therapists were initially asked to identify two individual clients from their caseloads for whom they could provide a weekly or bi-weekly summary letter. It became apparent, however, that it was more appropriate for therapists to compose summary letters for a single client each. The completion of two summary letters per week seemed to put too much pressure on therapists, who were busy with other tasks, and initially

concerned about the time commitment inherent in the project. In considering clients for potential inclusion in the study, therapists were asked take into account the length of time they expected to see these clients, as well as the frequency by which they saw them.

Once therapists had identified a client that they thought would be appropriate for the study, they were asked to read to the client the “prepared statement” for clients (Appendix F). This outlined the purpose of the study and the extent of the client’s role. Also, the prepared statement identified clients’ right to confidentiality, as well as an assurance that their choice to participate or not would in no way affect the relationship that they had established with their therapists. Interested clients were asked to sign the prepared statement, which authorized their therapists to release their names and telephone numbers to the researcher, so that he could contact them to further discuss involvement in the study. Five of the six therapists forwarded a single client’s name for inclusion in the study. A sixth therapist indicated two clients, but one of these later declined involvement. Thus, a total of six interested client participants were identified.

Initial Contact With Clients

Potential client participants were initially telephoned by the researcher. They were informed that their names had been forwarded by their therapists as individuals potentially interested in participating in the study. The purpose of the project was briefly outlined, and the researcher asked if the client would be interested in meeting to further discuss their involvement. All six potential participants agreed to meet with the researcher.

Introductory Client Interview

An informational meeting was arranged for each of the six interested clients. This meeting was conducted at a setting that was chosen by the client. Five of these meetings took place at the respective agencies where clients went for counselling, while the sixth meeting took place in a local coffee shop.

During this initial meeting, potential client participants were provided with more detailed information regarding the purpose of the study. It was also an opportunity for the researcher to establish rapport with these clients. Taylor and Bogdan (1984) stress the importance of becoming acquainted with participants so as to encourage an atmosphere wherein they feel comfortable sharing the details of their experience.

All six clients agreed to take part in the study during the introductory interviews. While Taylor and Bogdan (1984) note that there are no specific guidelines with respect to the number of people to interview in a qualitative project, it was thought that six client participants would be enough to elicit important themes from the data. Client subjects were furnished with two consent forms (Appendices I and J). Each one was reviewed separately with the clients. A number of ethical considerations were highlighted in the first consent form to ensure that clients were completely aware of their rights as research participants in the study. In particular, it was stressed that clients would not be identified in any publication; that participation in the study was strictly voluntary, and that clients could terminate their involvement at any time without suffering any penalty; that all research records would be kept confidential; that clients had the right to have all questions

regarding the study answered by the researcher or his supervisor; and that the client could at his or her option receive a distillate of the study's results at its conclusion.

The second consent form authorized the release of clients' summary letters to the researcher. It was decided that clients should sign a separate consent form for this, to ensure that they were completely aware that the researcher would have access to their summary letters. Clients were informed that they could still participate in the study if they chose not to sign this second consent form. All six clients elected to sign both forms.

Summary Letter Composition Phase

After meeting with each client subject separately and obtaining their consent to participate, the researcher telephoned all therapists and informed them that they may begin summarizing their therapy sessions according to the pre-established summary guidelines. The summary composition phase of the study lasted until each client had received four summary letters. This varied from between four and eight weeks from the time clients began receiving their summaries, depending on the frequency at which they saw their therapists. Therapists were instructed to leave copies of each summary letter in a folder established for the researcher's use at each counselling agency; the researcher collected these summary letters on a weekly basis.

Main Client Interview

Once clients had received all of their summary letters, therapists were asked to call the researcher, so that he could set up a time for each of the main client interviews. These interviews took place approximately three weeks on average from the time that clients received their last summary letter. Interviews were arranged at the respective counselling

centres where clients went for therapy. The counselling centres were chosen as the setting for the main interview by both researcher and client because of their central location, as well as their access to quiet, private rooms. Taylor and Bogdan (1984) state that interviews should be scheduled in a private place where the informant feels relaxed, and discussion can take place without interruption. Several clients scheduled their interviews to coincide with either the beginning or ending of their therapy sessions, and as such were pleased with the convenient choice of the counselling centre as the interview setting.

It was decided that all interviews would be audiotaped in order to increase the accuracy of information gathered. Patton (1990) refers to the tape recorder as "...part of the indispensable equipment of researchers using qualitative methods" (p. 348), in that it preserves the actual spoken content of the interview. The use of a small, unobtrusive tape recorder allowed the researcher to focus more on the clients' experiences, and pay attention to non-verbal cues. Verbal consent to audiotape client interviews was obtained prior to the beginning of the interview. All of the clients agreed to have their interviews taped.

Taylor and Bogdan (1984) punctuate the fact that researchers must be aware of the source of the data, and whether it is solicited or not, as well as the researcher's own biases and assumptions about the data, in order to establish and assess the data's credibility. During the interview, the researcher took notes on client responses, highlighting points that seemed especially important, and noting any non-verbal cues that provided other information about the client.

The researcher began each client interview by reiterating the purpose of the interview, and reminding clients that they had the right not to answer any questions that they did not want to. The researcher first asked clients to discuss their overall opinions of the narrative therapeutic summary format; this was done to document client experiences that were foremost in their minds. Taylor and Bogdan (1984) suggest that it is likely best to begin the interview by asking clients to describe or outline the key experiences that they have had with a particular phenomenon. Questions tended to be asked in a general sequence according to the semi-structured interview guide. However, as clients discussed their experiences, the researcher moved about the guide in order to ask questions that seemed to be most appropriate at the time. Taylor and Bogdan note that the in-depth interview should resemble a conversation between equals. In order to maintain the flow of the interview, the researcher remained flexible as to the order by which questions were asked.

Taylor and Bogdan (1984) state that the researcher should begin a study with as few assumptions and presuppositions as possible. However, as stated earlier, research necessarily entails a bias toward the topic of investigation, and as such is impossible to completely avoid. The researcher attempted to maintain an awareness of his assumptions and biases regarding the study, and on occasion avoided the direction of discussion along lines that supported his orientation.

Patton (1990) states that interview questions should be singular, meaning that only one idea should be contained in any given question. The interview guide was developed with this in mind; the researcher took care to maintain the singular nature of his questions.

Specific probes were included in the interview guide. These probes helped to encourage clients to elaborate upon particular areas of interest.

Interviews lasted between 60 and 90 minutes in length. At the end of each interview, the researcher encouraged clients to choose a pseudonym to ensure that they would not be identified in any publication. All six clients elected to choose pseudonyms to safeguard their anonymity. The researcher asked each client if they would like to receive a summary of the study's findings once the data had been analyzed and presented. All of the clients expressed interest in this.

At the end of each interview, the researcher told clients that he would prepare a one to two page summary of the interview, which he would mail to them with the intention of getting feedback from clients regarding the accuracy of the researchers' descriptions of their experiences with the narrative therapeutic summary format. All six clients agreed to this.

It was decided that the researcher would wait approximately 10 weeks before sending out the interview summaries. This was done for two reasons. Firstly, the researcher was involved in an out-of-province move at this time, and subsequently had to postpone the interview analysis until he was settled in his new community. Secondly, it became apparent from the interviews that some clients thought that the benefits of the narrative therapeutic summary format would become greater as time passed. By delaying the mailing of interview summaries, the researcher was able to check this hunch with several subjects.

After each interview, the researcher recorded in a journal his thoughts and impressions of the interview, as well as a summary of the main points raised. Taylor and Bogdan (1984) highlight the importance of maintaining such a journal as a method of keeping track of issues covered. The journal allowed the researcher to document any emerging themes and interpretations, and also influenced the refinement of questions asked during the interviews. In addition, throughout the analysis of interview data, the researcher kept a more detailed record of emerging themes in a log book. These themes were organized into theoretical notes (Strauss & Corbin, 1990), and proved to be valuable in the later analysis of data.

Client Review of Interview Information

It was decided that clients should review the information that the researcher gleaned from each interview. This was done to reduce the potential for the researcher to colour the interview content to suit his own biases or preconceptions. Taylor and Bogdan (1984) punctuate the fact that allowing subjects access to, and revisional power over, the content of written materials enhances the quality of the information collected.

Summary interview letters were composed from a number of sources. The researcher began by relistening to each audiotaped interview, and made note of the main issues raised by the client. These notes were then combined with the interview guide notes made during the actual interview, as well as the impressions recorded in the researcher's journal after each interview. The resulting letter was a combination, or triangulation (Patton, 1990) of these three sources of information. Letters were written in

a free-flowing, narrative manner; they typically included a summary of the researchers' impressions of the interview, and highlighted themes raised by the client.

The researcher contacted clients by telephone two to four weeks after mailing these summary interview letters. During this telephone call, the researcher read the letter to the client, and asked for the clients' impressions as to the accuracy of the letter. Clients tended to agree with the content of the interview summary letters. Minor revisions made by clients involved occasional elaboration or punctuation of specific points. Client input was recorded on each summary interview letter, and this informed the later analysis of client interview transcripts.

Therapist Questionnaire

Therapists were furnished with a 12 page questionnaire aimed at recording their experiences with the narrative therapeutic summary format. The questionnaire consisted of a combination of dichotomous questions (Patton, 1990) which required a yes or no response, and open-ended questions that allowed therapists to elaborate on various topics of interest to the researcher. Once completed, questionnaires were left for the researcher in his folder at each counselling centre. The researcher picked up the questionnaires one to two weeks after distributing them to therapists.

Client Interview Data Analysis

The researcher's data analysis was extensively informed by Taylor and Bogdan's (1984) guidelines. However, the analysis was varied slightly to suit the researcher's particular methodology. Taylor and Bogdan state that all researchers must develop their own methods of data analysis.

Taylor and Bogdan (1984) note that data collection and analysis are necessarily linked activities. They suggest that it is misleading to think of the two as separate processes. While data analysis was ongoing throughout the study, the researcher did not transcribe the interview data until approximately 10 weeks after client interviews took place. As mentioned previously, this was due to the researcher's relocation out of province during the study. Taylor and Bogdan note that practical considerations sometimes force the researcher to delay analysis, and further suggest that doing so affords one conceptual distance from the data, which some find to be helpful prior to engagement in intensive analysis. While the researcher's postponement of intensive analysis was not intended as a deliberate method of gaining distance and hence clarity from the data, this appeared to help him in tackling the daunting task of data analysis with renewed intensity.

All interview data were initially transcribed. Strauss and Corbin (1990) note that it is important to transcribe all data, even that which appears to be unimportant at first glance. Prior to beginning intensive analysis, the researcher wanted to complete the transcription of all client interviews, so as to refamiliarize himself with the general themes that were present in the data. Before each interview was transcribed, the researcher listened to the audiotaped interview, in order to gain an overview of the interview's content. This was deemed an appropriate way of reducing the chance that interview data would be transcribed incorrectly, as the researcher would achieve a greater understanding of the narrative flow of each interview by being "primed" on its content.

The transcription of client interviews allowed the researcher to become intensely familiar with their content. A review of notes made during and after each interview

words, that pertained to their experiences with the narrative therapeutic summary format. The researcher endeavoured to describe the main themes behind client comments, and attached code names to these themes. Taylor and Bogdan (1984) advise against becoming attached to any particular themes early in the analytic stage, as these themes must be checked out against other interview data to confirm the extent of their credibility.

Developing themes and codes were listed in the left hand column of the transcript from which they originated, and their description and location was recorded in a code log book.

In almost all cases, coded data took the form of "concrete concepts" (Taylor & Bogdan, 1984, p.133), or words and phrases expressed in subjects' own vocabularies. The researcher was cautious when coding his own comments or low level abstractions as they appeared in the transcripts, as he did not want his perception of events to be documented at the expense of client comments. In consultation with his supervisor, it was decided that the researchers' comments would only be coded if they clarified a particular client comment made in the transcripts.

At this point in the analysis, the researcher forwarded samples of the developing themes, and the requisite data from which they emerged, to his thesis supervisor. This was done to increase the credibility of the researcher's findings by having them reviewed by an individual not involved in the data collection or transcription process. The researcher's supervisor concluded that the emerging analysis accurately reflected the information contained in the transcribed data.

Initially, themes were categorized under the broad headings of letter usage and letter effects. Emerging themes were viewed as pertaining to either one of these two

broad categories. Once identified with a particular category, themes were refined according to the phenomenon that they described. For example, comments related to letter usage were refined according to the specifics of how, when and where the letters were used. In this way, the analysis moved from the identification of general themes to the refinement of specific coding categories.

Emerging concepts were compared with existing ones to see if there was a similarity between them. If an emerging code was considered to be related to an existing code, the former was placed next to the latter in the researcher's code book, and notes regarding the tentative connection were recorded on the transcript. If a portion of transcribed information appeared to relate to more than one established code, it was placed with each one.

The sorting of concrete concepts and low level abstractions into like groupings facilitated the development of themes of client experience with respect to the narrative therapeutic summary format. All interview data was initially coded, including data that did not appear to pertain to the identified categories of letter usage or letter effects.

A coding system developed whereby transcribed interview data was constantly compared against existing tentative codes. If the data were considered to be similar enough to an existing code, it was included under that particular code heading. If not, the data were assigned a new code name.

This process of constant comparison and refinement of codes continued throughout the coding phase of the data analysis. As more transcript data was coded, the researcher refined his initial category heading schemes to reflect the data. The category

heading “letter effects” was replaced with “positive impact of letters”, and two more category headings, “non-helpful effects of letters” and “client preferences/suggestions for use of the letter format”, emerged. The researcher continued to refine the coding scheme by comparing and contrasting coded data. During this stage, tentative exploration and decision-making was an important determinant of the shape of the coding scheme.

Taylor and Bogdan (1984) state that some interview data will inevitably be left out of the analysis. Some of the data from client interviews simply did not pertain to client experiences with the narrative therapeutic summary format. Taylor and Bogdan warn against trying to force the data into existing categories if they do not fit.

The researcher chose to rely on his own knowledge of the data in developing categories and themes, rather than on an extensive review of the literature. It was thought that having an extensive list of preidentified categories gleaned from the literature prior to the commencement of intensive analysis could cause the researcher’s ideas to be influenced more by the literature than by his own developing coding scheme. Strauss and Corbin (1990) note that a detailed familiarity with existing research has the potential to stifle the investigator’s creative efforts simply by virtue of his or her knowledge of it. While the author had a general understanding of relevant literature on letter writing techniques in psychotherapy, this knowledge was not thought to be extensive enough to adversely affect the creative coding process.

By the time the sixth interview transcript had been coded, no new information of substance was emerging from the data. Taylor and Bogdan (1984) state that this signifies that the full range of subjects’ perspectives had been uncovered. At this point, the

researcher once again forwarded samples of the now nearly complete coding scheme to his supervisor, along with examples from the transcript data. The supervisor agreed with the researcher's general coding scheme, and suggested different ways in which the data might be displayed. Some of these suggestions were implemented into the researcher's coding scheme, thus further refining the analysis.

In order to more accurately manage coded categories and themes, and related concrete concepts and low level abstractions, the researcher decided to display the more complex themes on paper. This was accomplished by using the code log book, which listed the location of each concrete concept and low level abstraction, and the themes to which they pertained. By bringing together the actual quotations onto a single page, the researcher was able to further refine the codes by analyzing an extensive number of client comments at the same time. As a result of this final step, several of the more complex themes and codes were reworked to more accurately reflect the meaning behind clients' comments. At this point, the structure for the conceptual framework of clients' experiences with the narrative therapeutic summary format was complete.

Therapist Questionnaire Analysis

In keeping with the main intent of the study, namely the description of client experiences with the narrative therapeutic summary format, it was decided that therapist questionnaires would not undergo an analysis as intensive as that for client interviews. Rather, the focus would be on a narrative description of therapists' responses to each of the six areas delineated in the questionnaire. To this end, the researcher reviewed each therapist questionnaire in detail, and extracted pertinent information pertaining to each

area. This task was considerably easier than the analysis of client transcripts, as responses to questions were more standardized across all therapist participants.

The researcher developed a simple coding methodology for the analysis of therapist questionnaires. Therapists' responses were reduced to their main points, although an effort was made to preserve descriptions of experience in therapists' own words. These simplified responses were then compared and contrasted in order to identify commonalities and differences. Once these were established, the researcher was able to discuss these similarities and differences in a free-flowing, narrative fashion.

The intent of this simplified analysis was to develop a concise picture of the similarities and differences between therapists' experiences with the narrative therapeutic summary format. The origin of comments was maintained so the researcher could refer back to individual questionnaires and access the full response to any question. The emphasis here was placed upon description, rather than interpretation, of therapist experiences with the summary format.

CHAPTER FOUR

RESULTS

The results in this chapter describe both client and therapist experiences with the narrative therapeutic summary format. They are the product of the researcher's exhaustive attempt to organize the phenomena contained within the raw data and present it in a logical and meaningful manner. The data have been organized into categories and themes that aim to provide a coherent picture of how both clients and therapists described the use and utility of the summary format. In line with the major focus of the study, data on the clients' experiences of the narrative therapeutic summary format predominate.

The chapter is delineated into three broad sections. The first section will explore therapist and client demographic information, and will provide basic information related to letter composition. The second section will document client experiences with the summary format, including the ways in which clients used the summary format; the positive impact the letters had on clients; clients' critique of the letter format and preferences and suggestions for use of the format. The third section will describe therapist experiences with the summary letter format, including the writing of the summaries, their perception of client reactions to the summaries; their thoughts on the utility of the summary format; and suggestions for improvement.

Therapist Demographic Information

This section briefly outlines the various attributes of the therapist sample thought to be of importance for the study. Therapists were recruited from one of two urban-based

non-profit counselling agencies that served a variety of individual, family and group clientele. Two of the therapists worked full-time (at least 35 hours per week), while the remaining therapists worked part-time. The four part-time therapists were in various stages of completion of an internship program in marriage and family therapy. One of the full-time therapists was responsible for the supervision of these interns, while the other full-time therapist worked in a separate counselling agency. All six therapists held masters level degrees. Of these, three had master of social work degrees, two held master of education degrees and the final therapist had a master of theology degree, and was an ordained minister. The number of years of post-graduate counselling experience for the sample ranged from two to 19 years. The mean number of years of post-graduate counselling experience was seven. Two of the therapists had over 10 years of experience; one had four years of experience, and the remaining therapists had three or fewer years of post-graduate counselling experience. Three of the therapists had pre-graduate degree counselling experience; this ranged from two to five years, with a mean of 1.5 years experience.

While there was some variation in therapists' characterizations of their theoretical orientations to counselling, the majority of them considered their views to be informed at least in part by narrative ideas. Three therapists defined their orientations as "eclectic", with narrative influence. Another therapist described a generalist approach to therapy, which was considered to be similar to an eclectic orientation. A fifth therapist described herself as a "social constructivist", indicating her belief that individuals have the power to construct their own realities. This orientation was viewed by the therapist as being heavily

influenced by the constructionist-narrative ideology. The final therapist supported a cognitive-behavioural orientation in therapy, adding that she thought that there were strong similarities between this approach and the practical implications of the narrative metaphor.

Caseload size for therapists in the study ranged from ten to 30 clients seen per week during the course of the study. The mean number of clients seen by therapists during the study was 15 per week. Of these, approximately 57% were individual clients, 25% were couples and 18% were families.

Five of the six therapists maintained membership in at least one professional organization related to the counselling field. Three were members of the Ontario Association of Marriage and Family Therapy; two were members of the American Association for Marriage and Family Therapy; and two were Certified Social Workers. One therapist was a member of the Board of Examiners, Sex Therapists and Counsellors in Ontario (BESTCO), and one was a member of the Canadian Association of Pastoral Practice and Education (CAPPE).

The number of sessions therapists had with their clients prior to the introduction of the letter format were 20, 13, 11, six and three sessions, respectively. One therapist declined to write down the number of sessions she had with her client before the introduction of the letters. Five of the six therapists reported meeting with their clients on a weekly basis during the course of the study. The sixth therapist had bi-weekly sessions with her client.

In order to ensure the anonymity of therapists, the researcher chose pseudonyms for each of them. The researcher decided to choose names for therapists instead of having them choose their own pseudonyms because five of the six therapists worked together in the same counselling agency. The concern here was that therapists may have been able to determine the origin of comments made by recognizing a particular pseudonym as belonging to one of their colleagues. Further, as five of the six therapists were female, the researcher was again concerned that therapists might be able to ascertain the source of a particular comment by recognizing the gender of the name. Accordingly, the researcher chose names that would not identify the gender of the therapist responding to a particular comment. The therapist pseudonyms are Blake, Burns, Clinger, Hawkeye, Potter and Radar.

Client Demographic Information

This section provides a brief description of demographic information about clients that was thought to be of importance for the study. Of the six clients, five were female and one was male. Clients ranged in age from 33 years to 49 years. The mean client age was 41 years. Three clients were married, one was divorced and two were single (and had never been married). Of the three married clients, each had two children; two married clients had pre-teenaged children, and one had teenaged children. The divorced client also had two children, who were both in their twenties at the time of the study. Neither of the single clients had children. All of the six clients described their racial background as being Caucasian of European descent.

There was a fair amount of variability with respect to clients' levels of education. One client had completed grade ten in high school. Two had completed their first year of university. One had completed three years of college education. Another client had a teacher's certificate, received after having completed one year of Teacher's College after grade thirteen in Ontario. The final client had completed the first year of a Masters-level program. Of the six clients, two were pursuing formal education at the time of the study. Family income levels ranged from \$25,000 to \$60,000 per year. The average family income of clients in the study was \$36,800 annually. This value does not include one client who was unemployed at the time of the study, and as such described her income as being "zero". Five of the six clients were employed outside of their homes. Of these, three worked full-time (at least 35 hours per week), and two worked part-time (less than 35 hours per week). The client who was unemployed had recently been hired to do part-time casual work. Four of the six clients had previous counselling experience with a therapist other than the one who wrote their current letters.

Clients were asked to give a brief description of the kinds of issues they were working on in therapy. Of these, four clients said they were dealing with issues related to marriage or other personal relationships. One client described issues related to self-knowing and self-improvement, and the last client was dealing with issues associated with grief and loss.

As a method of preserving client anonymity, client pseudonyms are employed throughout the results section. The client pseudonyms are: Gloria, Jane, Lynn, Melissa, Michelle and Wyvern.

General Summary Format Information

This section identifies some basic information regarding the distribution and composition of the summary letters (see Appendix K for a sample letter). The letter summaries were in most cases given to clients at the beginning of the next session, although one therapist reported giving her client one of the summary letters half way through a session. In all six cases, the clients read the letters as soon as they received them from their therapists. Therapists tended to stay in the room with their clients while the letters were being read, but this was not always the case; therapists would sometimes leave the room for short periods of time while clients read the letters. Blake's comments are representative of the general responses to the question regarding how summary letters were used in session: "We used the response (to the letter) to set the focus of the present discussion". Therapists tended to use the introduction of the summary as an opportunity to ask for feedback regarding its accuracy. The discussions that resulted from this kind of "check-in" tended to provide a starting point from which the session evolved. Thus, in this sense, the letters facilitated the introduction of issues in the session.

While there was some variability with respect to the length of the summary letters, all six therapists conformed to the suggested limit of two pages per letter. Individual letters ranged in length from half a page to two pages, but typically were approximately one page in length.

The length of a given letter appeared to be influenced by the style of the writer, his or her knowledge of narrative practice, and the amount of work covered in the therapy session. For example, Potters' letters tended to be shorter in length than Radars' letters,

which reflected the fact that Potter was moving toward termination with her client, and as such typically did not cover as much in session as did Radar. Further, as Radar was quite well versed in narrative theory, she was more able to apply narrative techniques in the letters.

The summary construction guidelines issued to therapists were meant to provide a framework for letter composition; therapists were invited to customize their letters to fit with their own particular style of writing. While the letters tended to vary with respect to length, most therapists included all of the basic items suggested in the summary format guidelines. These included therapists' impressions of the session; use of the client's own language or metaphors to describe experience; highlighting of unique outcomes; and positive or supportive descriptions of the client.

A noteworthy exception involved reference to the externalization of the problem. As mentioned previously, this technique is most often linked to the narrative therapeutic tradition. The therapist reinforces the perception of the problem as an external entity by referring to it as if it exists apart from the individual. For example, Radar described her client's problems as being due to the presence of "paranoia", and subsequently asked questions via the letter about how her client had managed to defeat or side-step paranoia in her life. Two of the therapists did not appear to utilize the notion of an externalizing discourse in any of the four letters given to their clients.

While therapists included in their letters the basic elements identified in the summary guide, they did not always adhere to the suggested four paragraph format. For example, Potter shortened her letters to a succinct three paragraph, half page form.

Burns' letters, on the other hand, ranged from between three and eight paragraphs in length, while still adhering to the suggested two page limit. Further, with respect to the content of each paragraph, therapists did not necessarily follow the sample guidelines. The information contained in each paragraph depended more upon that which therapists wanted to impart to their clients than on adherence to the pre-established summary format. Regardless of these deviations, the main elements suggested in the therapist summary format guidelines tended to be included in each of the letters.

In sum, while therapists often customized the letters to fit their individual writing or therapeutic practice style, the basic information identified as important in the summary guidelines tended to be included in each letter.

On average, therapists took 39 minutes to complete each of the four summary letters. This time decreased over the course of the study; the first letter took therapists an average of 43 minutes to complete, whereas the fourth summary letter was composed, on average, in 34 minutes. The amount of time taken to write the summary letters ranged from 15 to 120 minutes. These results were somewhat skewed by the fact that one therapist took between 90 and 120 minutes to complete each summary letter. When this therapist's construction times were removed from the calculations, the average time for summary letter composition dropped to 26 minutes per summary, with an average of 27.5 minutes for the first letter, and 22.5 minutes for the fourth letter.

Three therapists reported that they wrote their summary letters on the same day as they had the session with their clients. One reported writing them one to three days later;

another therapist said that she wrote summary letters up to five days after the session. One therapist declined to answer this question.

Client Experiences With the Summary Letter Format

In presenting the results regarding client experiences with the letter format, the data are organized into four main categories. These are “client usage of letters”, “positive impact of letters”, “non-helpful effects of letters” and “client preferences/suggestions for use of the letter format”. Each of these categories will be described briefly, followed by a discussion of the related themes. In the case of the three letter categories, themes are further divided into a number of sub-themes. Each sub-theme discussion begins with a note regarding the number of clients whose responses were considered part of the development of that particular sub-theme. In most cases, one or two client comments are cited in order to provide a description of each sub-theme.

Client Usage of Letters

The category “letter usage” refers to the clients’ descriptions of how they used the letters. This category differs from that of “positive impact of letters” in the sense that it documents the specific ways in which clients used the letters apart from any kind of impact that the letters had on them or the therapeutic alliance. Four main themes emerged from the analysis of how clients used the letters. These themes are “session opener/facilitator”; “reference to letters between sessions”; “sharing of letters with other individuals”; and “storing of letters”. These themes are presented below.

Session Opener/Facilitator. Each of the six clients reported using the letters as a method of beginning discussion in a session. It was the practice of each of the therapists

to have a copy of the previous session's summary letter ready for the client when they arrived for their session. All of the clients described how the letter was a focus for discussion at the beginning of the session. Melissa and her therapist tended to spend approximately 20 minutes each session reviewing the letter. Ten minutes was provided for Melissa to read the letter, and then they would discuss its content, and any reactions that Melissa had to it, for another 10 minutes. Michelle and Wyvern reported spending only a few minutes reading each letter. The discussion of the letter then appeared to form a backdrop for the current sessions' topics. Therapists asked their clients for general impressions of the letter, and this led into other topics of discussion. Wyvern said that the letters helped find a starting point for the session, whereas Jane characterized the letter format as a way to recap the previous week's session. Gloria's description of the use of the letters was particularly common among clients:

...shortly after we got comfortable in the session, you know the 'hi how are you, how have you been', here's the letter, let's look at the letter that I wrote of the last session, is this a good summary and...I would have a chance to read it and then, launch a discussion from there.

Thus the letter provided a somewhat ritualized method of beginning a session, and formed a basis for discussion of topics thereafter.

Reference to Letters Between Sessions. Clients received a summary of their previous session at each subsequent therapy session during the study, and they took these summary letters with them at the conclusion of each session. Clients did not receive any instructions with respect to letter usage, and as such were free to do with their summary

letters as they wished. There was a fair degree of variability with respect to the amount of time that clients devoted to reading the letters outside of their therapy sessions. This appeared to be heavily influenced by the amount of leisure time, or time away from the regular schedule of life events, that each client possessed. Melissa reported that she initially read the letters approximately two to three times per week, but as her schedule became increasingly busy, she was unable to find the time to continue doing so. Lynn, Gloria and Wyvern said that they tended to read the letters once or twice a week, but also that, as the study progressed, they devoted less time to reading them. Wyvern mentioned that he would read each summary letter a few days after receiving it, so that he could better recognize any progress that he had made in modifying his patterns of thought or behaviour. Jane tended to review the previous session's letter prior to attending a given session so that she could refresh her memory of the issues discussed. Michelle exhibited a kind of serendipitous style of letter reading. She referred to the letters if she happened to come across them by chance, for example when looking through other unrelated papers. The letters appeared in this sense to be a kind of pleasant surprise for her, an unexpected bonus. In her words: "If I happened to come across it then it would be meant for me to read it because that's probably when I would get more out of it".

The instructions given to therapists before the study required that they distribute the letters in person to clients on a weekly or bi-weekly basis (whenever they saw them next). However, upon the conclusion of the study, Melissa's therapist chose instead to begin mailing the letters to her client. Melissa reported that she preferred receiving the letters by mail for two main reasons. Firstly, the mailed summaries tended to arrive within

a few days of the session, thus circumventing the potentially confusing effects inherent in receiving a summary of a previous week's counselling session while beginning the next session. Secondly, the letters became a kind of pleasant "gift" for Melissa, something that she looked forward to receiving during the week. When one of the letters was not mailed out by accident, Melissa reported that she missed it coming to her door. Further, Melissa said that she read the mailed letters more often. It appeared that the letter's arrival by mail initiated a ritual of reading similar to that which took place within the counselling sessions.

Sharing of Letters With Other Individuals. Four of the clients made reference to the letters as being very personal documents; three of them did not share their letters with anyone else, save the researcher. The reason for not sharing the content of the letters was the fact that each one was a personal record of the therapy hour, and was considered a private exchange between client and therapist. In Gloria's words: "I wouldn't want to share them (the letters) with anyone that wasn't aware of my feelings or my situation, because they could be just too revealing". Despite the personal nature of the letters, three clients chose to share portions of their letters with other people. In each case, the person with whom the letters were shared was a close, trusted individual. Interestingly, even though two of the clients who shared their letters with other people were married, neither chose to do so with their respective spouses. Rather, the letters were shared with either close friends or, in the case of one of the single clients, a former lover.

Storing of Letters. None of the clients reported that they had discarded their summary letters at the time of their interview with the researcher. In fact, five of the six clients had their letters on hand for the interview; the client who did not bring the

summary letters to the interview still had them, but had simply forgotten them at home. As the letters were considered by most clients to be very personal records of therapy, the researcher postulated that this would affect the ways in which clients would store the letters. Specifically, the researcher thought that clients would choose storing facilities that would ensure that the letters would not be read by others. This hunch was partially confirmed, in the sense that, while clients did not leave letters out for public viewing, they rarely took exceptional steps to secure their content either. It appeared that, for most clients, living arrangements precluded the possibility of others accidentally reading the letters. Two of the clients lived alone, and thus were unconcerned about the discovery of the letters by unauthorized readers. Another client lived with her sibling, and was confident that her privacy would be respected in this regard. The remaining three clients chose places to store the letters that they knew would not be disturbed by others.

Regardless of the security of their living situations, five of the six clients chose places to store the letters that had for them some kind of unique significance. For the majority of clients, this involved a special place that was generally thought to be private. Two of the clients initially carried the letters on their person. The remaining three found unique and interesting places to store the letters that appeared to reflect their special nature. Gloria, for example, initially carried the letters with her, due in large part to the fact that she was dealing with intense emotional issues at the time of the study, and gained a measure of security from the mere presence of the letters. Melissa described the drawer where she kept her letters as "...a special drawer for special things...I don't know why, it's just a drawer, anyone can open it, but to me it's a safe place". Similarly, Michelle kept her

letters in a briefcase where she stored important documents, such as banking and mortgage papers. Jane chose to store her letters in a private desk, and had no concerns regarding safety, for as she said, "...no one ever goes in there". Lynn reported that she did not have a specific site where she kept her letters, but commented that they were always left in her bedroom, and that she was confident that no one would disturb them.

The fact that clients chose specific places to keep their letters, and further that those places held some significance for the clients suggests that the letters were considered to be of special import for the clients in this study.

Positive Impact of the Letters

The decision to categorize data under the heading "positive impact of the letters" resulted from an examination of clients' descriptions of letter usage. In general, clients found the letters to be extremely helpful. Positive remarks regarding the letters ranged from Melissa's comments that the letters helped her tremendously and made "...a one hundred percent, huge difference..." in her therapy, to Wyvern, who simply found the letters to be of benefit. A representative example of the kind of positive feedback from clients regarding the letters came from Michelle, who, when discussing the letters said, "I really liked them...I think it's really great". Although each of the clients considered the letters to be a helpful adjunct to their therapy, it should be noted that two of the clients found them to be only marginally useful. For example, Lynn, when referring to the letters, said, "I'm not keen on them. I mean, I think they're okay".

Three themes, which encompassed fifteen more specific sub-themes, emerged from the analysis of clients' responses to questions regarding the utility of the letters. These themes and associated sub-themes are discussed in detail below (see Table 1).

Table 1

Conceptualization of Results for Positive Impact of Letters

Letter as an Agent of Memory

Aid in Remembering Session Content and Process
 Method of Charting Progress
 Evidence of Having Dealt With Particular Issues
 Record of How Issues Were Dealt With

Enhancement of Client-Therapist Bond

Personal Touch of Letters
 Evidence of Therapist's Investment in Counselling Process
 Positive Feedback From Therapist
 Evidence of Therapist's Attempt to Understand Client Experience

Deepening/Facilitating of Counselling Work

Provides Different/Additional Perspective on Counselling Issues
 Provides Client Opportunity to Recognize/Correct Therapist's Misinterpretations
 Comforting Physical Entity
 Method of Focusing Attention on Counselling Issues
 Intensification/Accentuation of In-Session Support
 Sanctioning/Validation of Client's Feelings/Behaviour
 Highlighting Client's Unique/Individual Strengths

Letter as an Agent of Memory

The theme "letter as an agent of memory" refers to ways in which the letter format facilitated clients' memory of the sessions. The letters were shown to play a role in the consolidation of both short and long term memory of session content. In addition, the letters provided a record of issues discussed, thus aiding clients in charting both the

breadth and depth of their counselling experience. This theme is differentiated from others by its specific focus upon issues related to memory of session content, and their concomitant effects. A discussion of the four sub-themes associated with this theme is presented below.

Aid in Remembering Session Content and Process. Each of the six clients reported using the letters as a way of refreshing their memory of specific session content and process. It appeared that, while clients retained a memory for the general content of a session, the details were often lost to memory over time. The letters allowed clients to recall a specific session's content in detail, thus affording them the opportunity to process or reflect upon issues at their leisure. Gloria reported that the letters allowed her to think about her counselling issues more effectively, due to the fact that they were recorded on paper, and not simply a memory. Wyvern spoke about the letters being a short term memory aid, something that he could use to remember session content on a week to week basis. Michelle described how key points were highlighted in her letters, thus allowing her to concentrate her attention on the session's major themes.

The issue of memory facilitation appeared to extend beyond the simple recall of session content. Several clients reported that, by re-reading the letters at a later date, they were further able to recall a measure of the emotional content of a given session. Upon re-reading one of her letters, Lynn remarked, "...I was thinking about how that last session affected me, and I thought I had overcome a lot of grief I used to have". Gloria said she was able to relive her session process and content by re-reading the letters.

The letters also addressed a number of specific challenges to memory of session content. Melissa made many references to the fact that she had a very poor short term memory; for her, the letters became a way of remembering not only the specific details of a session, but also its general content. She summarized this point well:

I forget lots of things. If I don't write things down, I totally forget. That's it, there's no remembering...from one week to the next, I can't remember, from one day to the next, I can't remember. So for me to look back and be able to reflect on this, I can actually see what I've said...

Both Melissa and Michelle commented on the fact that, when one is in a counselling session, it is often difficult to remember the exact details of that which is discussed. Michelle mentioned that her counselling sessions often proceeded at a rapid pace, which affected her ability to recall the specific details of a given session. She said "...a lot of times when we're in session we get so deep within ourselves that you totally forget what happened...your mind can only remember so much, so with the letter writing, you have the benefit of remembering it all". Lynn reported that when she is in a counselling session, she is often too involved in other tasks to remember the specific details of the session. Melissa pointed out that, if she was unable to absorb a session's content when she is in the session, she had the opportunity to do so at a later date via the letters.

The letters thus functioned as a kind of recording device, allowing clients access to the content of their counselling sessions after the fact. Doing so helped to ameliorate a number of conditions that were detrimental to client's recall of a session, including the

intensity of the session, the capacity of clients to remember specific content, and the pace of the session itself. The increased memory of session content afforded by the letter format seemed to facilitate reflection and ongoing thinking about issues and therapy between sessions, and appeared to help clients integrate and consolidate the work done in session with their therapists.

Method of Charting Progress. Four of the six clients discussed how they used the letters as a way of charting their progress in therapy. The letters aided in elucidating changes in thoughts, language or behaviour that were not as readily apparent to clients prior to the introduction of the letter format. Wyvern noted that by reading older summary letters he was able to recognize how he had progressed in therapy. He provided a cogent example related to feelings of defensiveness: “If I find, through another letter...that I’m not quite as defensive, that’s what I’m saying I can see. But I can also see what happened in between and what led up to it”.

Wyvern believed that the letters would become even more useful to him as time passed, as he would be able to better view the extent of his progression. This prediction was in fact confirmed by the researcher during a telephone call to Wyvern several months after he had received his last summary. Melissa likened the summary letters to a journal in which she could permanently record the work she was doing in therapy. In her case, the letters were a concrete way of recognizing her accomplishments and milestones as she changed during counselling. Similarly, Jane found it refreshing to read older letters, as she could remind herself of how far she had progressed in the course of therapy. She referred to the letters as “...a hopeful thing...I feel like I’ve accomplished something for myself, the

fact that I've actually gotten some help, some counselling". Michelle compared her letters to a good book, in the sense that upon re-reading them she was reminded of how much she had changed and grown: "It's like when you have a good book. You read it once, then you pick it up years later and you read it again, it's like reading it for the first time".

Michelle further used her own direct quotations, as recorded in the letters, to chart changes in her cognitive patterns. She described how the letters, via written quotations of her own words, shed light on her way of thinking at a given point in time. Using a particular quotation as a reference point, she was then able to gauge her current thinking patterns as a function of the past, thus affording her the opportunity to measure cognitive change over time.

The fact that clients could both chart and measure their changes in therapy by using the letters appeared to have several beneficial effects. The letters appeared to have increased client confidence in the therapeutic process by providing a kind of "visual map" of change that allowed clients to more readily see their progress. This served not only to instill hope for the future, but also appeared to enhance each client's sense of personal agency and ability. Further, the letters allowed clients to gauge their progress as related to their stated or implied goals for therapy. For example, Wyvern used the letters to track his feelings of defensiveness over time, a practice that became increasingly more relevant to him upon the conclusion of the study. In Wyvern's case, the passage of time served to punctuate the fact that he had in fact progressed with regard to his defensive tendencies, a revelation that, by his own account, was facilitated by the letter format.

Evidence of Having Dealt With Particular Issues. Three of the clients stated that the letters provided a record of specific issues discussed in therapy. While this category bears some resemblance to that of “aid in remembering session content and process”, the nature of the impact of this category warrants a separate discussion. It appeared that having written evidence of the discussion of counselling topics had a number of interesting effects. Melissa described how the letters provided her with proof that she had discussed, and presumably dealt with, a given issue. This was a source of comfort and apparent satisfaction for her. In her words: “...it helped me remember that I did deal with it. You know, I talked about it, I did deal with it. And now it’s time to forget it”. Similarly, Jane said that she tended not to dwell on issues raised in therapy once she had discussed them. In her case, the letters were a record that could be looked back upon to confirm whether or not certain issues had been raised. Michelle used the letters as a kind of checklist against which she could confirm or deny the discussion of certain issues. She described how she was able to plan out which issues she needed to raise again, and which ones she felt she had discussed in sufficient detail. She said,

...sometimes you kind of wonder, well, did I really say that, did I think that, did we discuss this, you know, this is still an issue to me. When you read it in writing, it’s like, yeah we did discuss it, possibly I wasn’t paying attention at that moment, and maybe it’s something we should bring up again.

In essence, the letters allowed clients to review specific issues that they had raised in their therapy sessions, and facilitated the planning of new directions based on their content. This appeared in some cases to increase the efficiency of the session, while in

others provided satisfaction and perhaps a sense of pride at having dealt with issues of significance.

Record of How Issues Were Dealt With. Melissa and Michelle described the letters as a kind of map of issues raised and discussed. The letters provided not only a record of issues, but also a record of how those issues were managed in the context of therapy. This had considerable value for them, as they were then able to apply the knowledge contained within the letters to a variety of similar yet different situations. Melissa reported that, if, in the future, she faced similar issues to those she was working on in therapy, the letters would provide valuable insight into potential coping methods:

...if I'm unsure how to deal with the situation, and I remember that I've been through the situation, I can look back at these notes and figure out what I did, how I handled that paranoia at the time, you know, how I handled that depression.

In this sense the letters provided for her a listing of successful techniques for managing problem situations. Michelle described herself as a person who operated in patterns, referring to the fact that she often repeated unproductive or harmful behaviours in various situations. The focus of her work in therapy was based on the recognition of maladaptive ways of thinking and behaving. Michelle said that she could not only find evidence of maladaptive patterns of behaviour in the letters, but also suggestions for their amelioration:

I try to break my patterns, so when I see myself falling into something I can look back at the letter and go, okay, I did that pattern, right? Now we did this, this is

what was suggested, this is what we talked about, this is what's happening now, what can I do to change it so I can change this pattern.

The letters thus documented the existence of a variety of “unique outcomes” (White & Epston, 1990, p. 31), or ways that problems had been successfully managed in the past. They provided at the very least hope that future issues might be effectively managed (based on the documentation of past successes), and at most offer forward a ready-made arsenal of proven problem-management strategies.

Enhancement of the Client-Therapist Bond

Several important sub-themes relating to the quality of the therapeutic alliance are discussed under the theme, “enhancement of client-therapist bond”. Clearly, the letters facilitated the development and maintenance of the therapeutic relationship. This was accomplished via the personal nature of the letters, which were viewed as intimate exchanges between client and therapist, as well as several less tangible qualities of the letters that provide evidence of therapist support and concern for the client. A discussion of the four sub-themes related to this theme follows, below.

Personal Touch of Letters. The sub-theme “personal touch of letters” refers to the fact that the letters had the effect of strengthening the personal ties between client and therapist. In this sense personal refers to a deepening of the therapeutic bond, as opposed to the enhancement of a non-professional relationship or friendship between therapist and client. Four of the six clients reported that they felt closer to their therapists due to the direct influence of the letters. Gloria commented that the letters reduced any concerns she had as to the closeness or genuineness of her relationship with her therapist. For her, it

appears the letters were evidence of the existence of a more personal exchange than the traditional verbal therapeutic discourse that she had experienced in the past. Jane compared her letters to that which a friend might write by referring to them as "...a personal thing, a 'Dear Jane' letter".

Gloria and Jane made further reference to instances in their respective letters wherein their therapists had added a humorous comment or anecdote. These extra comments appeared to strengthen the client-therapist bond, in the sense that their very nature signified the depth of the therapeutic relationship. Humor, in this case, seemed to suggest that client and therapist had advanced their relationship to the point where the personal sharing of inside jokes and witticisms were both accepted and understood. The significance of these instances were amplified by the fact that Gloria and Jane themselves mentioned them as exemplary of the level of comfort, security and acceptance they felt with their respective therapists.

Lynn noted that her letters were written with a minimum of jargon, in a manner in which she could easily understand both content and meaning. This appeared to imply that her therapist was aware of her level of comprehension, and took steps to ensure that she would benefit maximally from the exercise.

The very appearance of the letters were also exemplary for some clients of a level of caring. Gloria discussed how her initial apprehension at receiving her first letter was reduced when she saw a drawing of a butterfly at the top of the letter. As she says, "...I was put at ease, it even looked friendly".

The style of print apparently had little significance for clients. Jane's first letter was handwritten, whereas the remaining three were typed. While Jane did not state a preference for a type of print, she did note that it was easier to read the typed letters. Gloria, on the other hand, suggested that handwriting may have an unexpected positive effect, as she stated, "Anything that's handwritten has so much more personal touch to it than anything typewritten".

Thus the letters' personal touch, as described by clients, provided evidence of a strong and close therapeutic bond, which in turn facilitated the comfort and safety that clients felt in session.

Evidence of Therapist's Investment in the Counselling Process. This sub-theme describes how some of the clients viewed the letters as evidence that their therapists were deeply involved in their sessions. It appeared that the very act of composing a written record of the therapeutic hour had a profound effect on several clients. Melissa viewed the letters as a gesture of caring that went beyond that which she had experienced previously in counselling, and what she had come to expect from the exercise. When asked if she was surprised that her therapist would spend time writing her letters, she said, "I've never had people that wanted to spend time before". Gloria commented that the sheer fact that her therapist found her comments worthy enough to record on paper was a source of support. This act was viewed as a clear and consistent indication that her words, thoughts and feelings were important. Jane considered letter writing itself as a personal exchange; the amount of time invested in the production of her letters served as evidence that she enjoyed a caring relationship with her therapist.

Melissa and Gloria further mentioned that they were impressed by the level of detail and accuracy found in the letters. This reaction stemmed from the fact that their therapists tended to take only minimal notes during the session, and, coupled with their memory, used them to construct detailed summary letters. The therapists' abilities in this regard served as evidence of their competency to recall the nuances of the often complex stories that were told in session, which Melissa and Gloria in turn related to their ability as therapists.

Gloria mentioned a number of times that the letters brought a much-needed element of reciprocity to the counselling relationship. She described her previous experiences in counselling as being characterized by a dynamic wherein she provided the majority of the information, and her therapist responded with minimal input. This can, in Gloria's opinion, lead the client to question the benefit of an exercise that involves, for the most part, a one-way exchange of ideas. She explained how the letters helped to ameliorate this perceived deficit:

Not everything is verbalized. In fact, very little is in a normal counselling session. You're doing the talking, they're asking the questions, you're handling more of the dialogue. And this (the letter format) is dialogue back.

Thus the letter format formed a bridge between the client and what often appears to be a one-sided therapeutic exchange.

Positive Feedback from Therapist. This particular sub-theme refers to positive or supportive comments made by therapists to their clients that enhanced the client-therapist relationship, from the client's point of view. Several of the clients noted that they felt

closer to their therapists because of supportive comments made via the letters. Gloria mentioned how the gentle and supportive tone of her letters came as somewhat of a surprise:

...from a client's point of view, you always (think) you're going to be told what mistakes you're making, and what you're doing wrong, not what you're doing right. And in this case, and this might not be everyone's case, but my letters were very positive and reassuring.

Lynn said that she felt "proud" when she read her therapist's positive comments regarding her accomplishments in therapy. The fact that her therapist was able to recognize her particular strengths appeared to bolster the quality of their relationship. Similarly, Melissa referred to a "happy feeling" she felt when reviewing her letters, particularly when reading her therapist's documentation of her successes in therapy to date.

Positive feedback from therapist to client is a key element in the therapeutic relationship. Wyvern noted that if he didn't feel supported in therapy, he likely would not continue with his therapist. As such, the positive feedback evidenced in the letters provided clients with added support, and was proof of their respective therapist's level of caring and respect.

Evidence of Therapist's Attempt to Understand Client's Experience. Four clients discussed how important it was to them to know that they were being actively listened to and understood by their therapists. It seemed that the letters provided a measure of proof for clients that their therapists were indeed listening and trying to understand them. Gloria

described the uncertainty that she had previously experienced in therapy: "...you just never know what's sinking in and what's not. You can go to talk sessions and wonder afterwards, 'was I really heard' ...". Melissa discussed the fact that it is sometimes difficult for her to put into words the depth of feeling she experiences in session. In this regard, the letters allowed her to verify the level of understanding gleaned in a given session by her therapist. Referring to the letters, she noted, "...it lets me know that she really does listen".

Both Jane and Gloria commented on the hopefulness that was engendered by reading their summaries of session content. The fact that their therapists could reflect an understanding of their experiences instilled not only a feeling of satisfaction at being heard, but also confidence that they will be understood in the future. In Gloria's words, "It's nice to know that you were (heard), and that you will be".

It would appear that the letters allow for a confirmation of the therapist's understanding of the client's experience. By reading in the letters the extent to which the therapist grasps the client's experience, the client feels uplifted, supported and optimistic for the future course of the therapeutic relationship.

Deepening/Facilitating of Counselling Work

The theme of "deepening/facilitating of counselling work" encompasses client responses regarding letter utility that pertain to the specific work done in counselling. It appeared that the letters enhanced the counselling experience for clients in part because of their concrete, physical nature. In addition, they provided a different medium through which clients experienced the supportive and emotional effects of therapy. Overall, the

letters appeared to facilitate the development of a more thorough and complete counselling experience, one which clients regarded as positive. A discussion of the seven sub-themes related to this theme is presented below.

Provides Different/Additional Perspective on Issues. This sub-theme reflected the fact that clients found it helpful to have a written record of therapists' interpretations of their issues. "Interpretations" in this sense refer to any comments made by therapists in the letters that provided insight for clients into their particular situations. Four of the six clients commented upon the utility of the written word in providing an alternative perspective to their counselling experience. Lynn remarked that she valued the written form of interpretation because it provided a broader view of her issues than that which she possessed. Lynn further commented that the letters allowed her to remember the particular interpretations put forth by her therapist in session, something she was unable to do as efficiently prior to the introduction of the letters.

Melissa also described how she used her therapists' interpretations as a method of widening her perspective. She said:

...it's not only my view on this paper, it's somebody else's perception, somebody's looking at me, and it's their perception...instead of me just looking at it and having my perception. It's like I have two perceptions here, mine and her's.

Similarly, Gloria and Wyvern both mentioned how the alternative perspectives portrayed in the letters affected their counselling. While Gloria mentioned how she

appreciated the different view, Wyvern considered the therapists' comments to be "...not necessarily better or worse, just different".

Regardless of the extent of interpretation that therapists imparted to them, it appears that clients of the study wondered what their therapists were thinking about them and their issues. At the very least, the letter afforded clients a greater understanding of the questions, hunches and musings of the person to whom they had looked for guidance.

Provides Client the Opportunity to Recognize/Correct Therapist

Misinterpretations. Five of the six clients described how they used the letters to recognize a disparity between their experience of their issues and their therapist's understanding of that experience. The letters were, necessarily, accounts of clients' stories written from the therapist's point of view. As such, clients were able to gauge the accuracy of their therapist's understanding of their issues by reading the letters. If in fact there was a discrepancy between a client's portrayal of experience, and his or her therapist's reflection of it in the letters, the client had the opportunity to draw attention to the difference of opinion, and engage in dialogue to explore the nature of the difference. Gloria, Melissa and Michelle all reported using the letters in this manner. Gloria addressed the subject with tongue planted firmly in cheek in explaining this concept to the researcher: "I'm not sure you heard what I think you thought I said".

Four clients underscored the need for such a clarification tool. Each pointed out several instances in which they felt that their therapists were not entirely accurate in reflecting their experiences in the letters. Interestingly, despite having identified inaccuracies, two of the clients did not address them with their respective therapists.

Wyvern reported that, since he did not completely disagree with the content of his letters, he did not feel the need to clarify any inaccuracies. However, they clearly remained a point of contention between him and his therapist. Lynn, on the other hand, revealed that she refrained from clarifying an inaccurate point in one letter for fear of being seen as challenging by her therapist. Both Michelle and Wyvern noticed that some issues that arose in their respective sessions did not appear in their letters; Michelle addressed this issues by simply making a mental note of any missed issues and, if they were considered to be of sufficient importance to her, initiated a discussion about them with her therapist in the next session.

The opportunity to correct therapists' misinterpretations by way of the letter seemed to positively impact the work done in counselling by increasing the likelihood for clients that they would be understood by their therapists. This added measure of confidence appeared to increase the client's faith in the counselling process, thus reinforcing the fact that they were engaging in a worthwhile endeavour.

Comforting Physical Entity. This sub-theme refers to the fact that the very nature of the letter as a physical manifestation of the therapy hour had a number of positive effects for clients. Firstly, the letters acted as a tangible output of the relatively intangible process of therapy. Three clients made reference to the concrete nature of the letters as being useful. Melissa described the letters as "souvenirs" of her counselling experience, and mentioned that she planned to keep them for later incorporation into a counselling journal or diary. Michelle considered the most helpful part of the letters to be the fact that they were "...something about the session in black and white to reflect on".

Gloria described how the letters became a source of comfort and security for her. She referred to them as her “security blanket”, indicating that their very presence provided her with a measure of support. Again, this appeared to be related to the physical quality of the letters as tangible outputs of the therapy session. As Gloria’s letters were very supportive in tone and nature, one might postulate that they functioned as a representation or reminder of the kind of support and nurturing that she received in session from her therapist.

Method of Focusing Attention on Counselling Issues. Four of the six clients discussed how the letters aided in focusing attention on their counselling issues. It appeared that, when thinking about issues outside of session, clients had to contend with intruding sensory input that served to distract them from concentrating on the session’s content. However, the very act of reading the letters inhibited engagement in many activities that were responsible for the distraction. For example, clients were unable to read the letters while driving or talking on the telephone, activities which they could perform when simply thinking about their issues. The written format thus acted as a kind of focusing agent, one that required a higher level of concentration than that associated with simple recall of the therapeutic discourse. Michelle provided an excellent comparison between the focusing property of the letters and the preparation of a budget:

If you’re trying to prepare a budget, you say okay, it’s going to cost me this much for rent, this much for food...but you really can’t have a solid picture of it until you actually put it on paper and say okay, here is how everything falls into place. I think it’s the same with the letters, same sort of thing as in black in white...you

know, with thought, you can say ‘okay, it’s there’, but you can forget about it.

But...when you see it right in front of you, you know it’s there.

Whereas Melissa and Michelle talked about the general focusing ability of the letters, Lynn referred to specific letter content that focused her attention. When a particular comment or reference in the letters caught her eye, she reported being intrigued and consequently more interested in the letter’s content.

The ability to focus attention on counselling issues was viewed as contributing meaningfully to the therapeutic process. In essence, the letters increased client’s attention to their counselling issues, which was believed to positively affect the extent to which they accepted and understood the message.

Intensification/Accentuation of In-Session Support. All but one of the clients made reference to the fact that the letters punctuated the kind of support that each of them felt in session with their respective therapists. This appeared to be due to the fact that clients could obtain support away from therapy by simply reading the letters, and thus be reminded of the kind of positive regard and caring that they felt when in session. Michelle described the letters as “...a coach on the sidelines saying go, go, go,...that little extra boost”. Jane said that, for her, there was a qualitative difference between the support she felt in session, and that which was documented in the letters. She likened the warm feelings evoked when reading her letters to that which she felt when a close friend would write her a note or letter. It would appear that, in Jane’s case, the letters were clear evidence that she was an important person, someone worthy of not only praise but also attention and respect. Jane further characterized herself as someone who grew up without

a great deal of positive reinforcement or encouragement from her family. She noted that the consistently supportive nature of the letters was an exciting addition to her therapy. Lynn similarly remarked that she appreciated the letters because they were more consistently positive than her therapist was in session. It seemed that the regular documentation of at least some positive aspect of the client was an important part of the summary letter format.

Sanctioning/Validation of Client Feelings/Behaviour. This sub-theme describes instances in the letters wherein therapists either sanctioned client's behaviour by stating that it was normal or healthy, or validated clients' feelings as being reasonable under their particular circumstances. It appeared that the letters added a measure of legitimacy to clients' feelings or behaviours that went beyond the spoken validation received in session. Three of the six clients discussed their use of the letters in this way. Melissa described how she shared one of her letters with a former lover. The fact that the letters were written directly by the therapist seemed to lend more credence to Melissa's description of herself as a person who was growing and changing. Gloria, on the other hand, used the letters as a more personal source of validation. She mentioned several occasions when she had begun to question her own feelings and behaviours; by referring to the letters, she was able to bolster her resolve that she was entitled to feel and act the way she did, given her circumstances. Jane provided a similar example:

I always go through feelings of guilt...and then (in the letters) she tells why it's healthy to feel in this case vulnerable or uncertain or guilty...and she goes on to

explain it...it makes me feel like I'm not wrong about having the feelings that I do.

In other words, the letters provided a kind of written permission for clients to feel the way they did. Doing so seemed to put them at ease, and reduced concerns about the legitimacy of their feelings and behaviours.

Highlighting Clients' Unique/Individual Strengths. Two clients commented on the fact that it was helpful to read about their particular strengths in the letters. Lynn stated that she tended to take for granted some of her personal resources. The letters were for her a supportive reminder that she was a person with a great deal to offer, and was worthy of respect and admiration. Jane said that the most helpful part of the letters for her was the fact that her therapist focused on her positive qualities, as well as aspects of her life in which she was succeeding. The highlighting of positive qualities of clients in the letters appeared to have an overall effect on levels of self-esteem, and facilitated a recognition of the client's sense of self-agency.

No robust patterns were evidenced across client demographic parameters with respect to the utility of the narrative therapeutic summary format. This is not surprising, when one considers the limited size of the client sample, and the fact that there was not an equal gender distribution in the sample. It is not useful to speak of a gender effect when five of the six clients in the sample were female. Neither client age nor income level seemed to influence clients' perceptions of the utility of the format.

Client levels of formal education did not appear to influence their views of the narrative therapeutic summary format. However, Wyvern, who was pursuing post-

graduate education at the time of the study, did note that his main use of the summary letters was as a tool to chart long term progress in therapy. As such, there may be a potential link between differential letter usage and level of education. While this may be an important factor, other clients with considerably less formal education also utilized the narrative therapeutic summary format in this manner.

One interesting trend regarding clients' perceptions of letter utility involved the issues that clients were exploring in therapy. Gloria, Melissa and Michelle, who, by their own accounts appeared to benefit the most from the narrative therapeutic summary format, were all dealing with issues centred around interpersonal relationships. Gloria's issues involved her marital relationship, while Melissa and Michelle were exploring the nature of their interactions with co-workers and significant others. The possibility that presenting problem may be a partial predictor of clients' ratings of letter utility is further discussed in the next chapter.

Non-Helpful Effects of the Letters

This category describes aspects of the letters that were deemed to be unhelpful or potentially harmful, from clients' points of view. The information gathered under this category was collected almost exclusively from one client, whom identified a number of aspects of the letter format that she considered to limit its utility. Other themes under this category were derived from clients' musings about how the letters may be potentially deleterious, and thus are purely hypothetical in nature. Despite the limited generalizability of the information, and the fact that some of it is the result of the extrapolation of client's thoughts, the researcher decided that the information contained herein warranted display

in a separate main category. Strauss and Corbin (1990) note that a researcher must not ignore the negative cases in his or her research, as they can provide valuable insight into the phenomenon under study, thus adding depth and variation to the results.

Lynn discussed how she thought that four summaries in a row was too many for her to read; she would have preferred to receive letters once in awhile. This appeared to be related to a number of factors. Firstly, Lynn described herself as someone who was not an avid reader. She found it very difficult to sit down on a weekly basis and read a one or two page summary of her counselling session. Lynn remarked that she had been reading more over the past few years, and this fact made reading the letters a tolerable experience, whereas before she would have considered reading them to be a chore. Secondly, Lynn characterized herself as a disorganized person. She said, "I have so many pieces of paper everywhere...I'm not one of these organized people who has a file for everything". It appeared that Lynn often had pieces of paper lying around in no particular order; if she had wanted to read her letters, she would first have to find them among the many other pieces of paper in which they had been placed. Given the fact that Lynn was characterized by her therapist as being clinically depressed, such a task could have well proven daunting, if not insurmountable for her. Thirdly, Lynn described how, for her, it would have been more beneficial for her to have written her own letters, or if she and her therapist had alternated letter writing duties between them. Such an exercise would have had two obvious benefits for Lynn. It would have given her a longer span of time between the receipt of letters, and thus would have reduced the amount of time she would had to devote to reading them; and would have enabled her to reflect upon her own insights in

therapy, something she said she would have preferred to do. In her words, "...the letter would have been more beneficial if I wrote it, and I saw the highlights myself. Or saw the insights myself". Thus, for Lynn, the utility of the letter format appeared to be dependent upon her taking a more active role in interpreting her behaviours, thoughts and feelings.

Lynn also described how she found it time-consuming to discuss her letters within her therapy sessions. She said that she and her therapist tended to spend 15 to 20 minutes each session recapping the previous session's content via the letter, and this "...took away from the session". It appeared that Lynn would come to each session with specific issues to discuss, usually based on the events of the past week. The introduction of the letter format distracted her from the issues she wished to broach and thus reduced for her the usefulness of the session.

While Lynn raised the majority of issues related to non-helpful aspects of the letter format, several other clients mentioned some interesting hypothetical situations in which the utility of the letter may be compromised. Their comments merit inclusion in this section, as they shed light on potential issues that, while not present in the current study, may be explored in later research.

Melissa raised an interesting point regarding the permanent nature of the letter format. She suggested that a client who is dealing with particularly painful or intense issues in therapy may not benefit from reviewing those issues in the letters. Melissa postulated that in this case the letters may act as a kind of retraumatizing agent, which could cause the client to relive the pain, fear or other trauma related to the event. Melissa used the example of rape to punctuate her point:

Say somebody who just was raped by somebody...for them to go through that...to get it out once might be enough for them, but for them to get a letter the next week, and read back...it might send them into some kind of traumatic experience again...

Jane described another potential situation in which the format may work to the detriment of the client. She wondered what effect the documentation in the letters of a lack of progress, or a worsening of one's condition, would have on overall levels of self esteem or ability to cope. The letter would seem to have the potential to act as a continuous reminder of one's failures in counselling. The nature of such an effect remains unclear, and is certainly deserving of more extensive examination.

Client Preferences/Suggestions for Use of the Letter Format

This category related to clients' experiences with the summary letter format includes specific suggestions for the improvement of the letter format. As with non-helpful effects of the letters, the descriptions of phenomena identified below tended to be shared by a small number of clients. However, as they pertain to the explicit preferences of clients in therapy, they have been included here as an important part of the study's results. The first two themes are discussed separately, indicating the relative commonality of reference by clients to these phenomena. The remaining suggestions for use of the letters are explored in a more general sense below.

Inclusion of a Homework-Style "Assignment" at the End of the Letter. Three of the six clients mentioned how they would have found it useful to have at the end of the letter some kind of closing statement that would have given them something specific to

consider between sessions. Wyvern vocalized his preference for "...something to chew on during the week". Similarly, Michelle described how she would have preferred to have a thought-provoking anecdote that she could review, in her words, "...a question or quote or a statement or a thought, just something to kind of think about for the week". While Michelle was clear in stating that such an addition not be a question that required an answer, Jane said that she would have liked a more structured, homework-like assignment to consider away from therapy, such as a task to complete between sessions.

More Letters, Over a Longer Span of Time. Both Jane and Michelle mentioned that they would have benefited from having more summary letters, over a longer time period. This appeared to be directly related to the issues of the letters as a means of charting long term progress. While practical constraints of the study precluded the receipt of more than four letters, it appeared that these clients would have found it useful to be able to document change over a greater span of time.

Both Melissa and Lynn identified the pace of interpretation as it appeared in the letters as being important. Lynn suggested that it would be overwhelming for her to have too many insights documented in the letter at once, and that the therapist must be aware of the level of insight at which the client is operating to ensure that the letter is maximally beneficial. In this vein, both Melissa and Lynn commented that the therapist must strike a delicate balance between the sharing of interpretations in the letters and the client's particular resources to digest and manage them.

Wyvern discussed the fact that, for him, a letter that focused on specific session content would not be as helpful as one that described emerging themes in a broad, general

sense. This appeared to be due to two different factors. Firstly, Wyvern characterized himself as a holistic thinker, someone for whom the particulars of a given therapeutic session are less important than its general flavour. As such, the letter's merit is based in its long term, progressive ability to document change. Secondly, Wyvern voiced his concern that a letter with specific details of a given session could be viewed by people other than those for whom it was intended, the results of which could be disastrous. Thus, in order to limit the potential harm associated with such an occurrence, Wyvern recommended that letters document only general themes, rather than specifics.

Both Gloria and Jane stated that, above all else, letters needed to be positive in nature. In referring to the letters, Gloria said that "Nobody would want to have something that they were being chewed out in". Jane added that, since positive feedback was such an important part of her work, she would be certain to highlight positive aspects of the client in each letter. However, Jane and Michelle were also quick to note that it would be important not to overemphasize the positive nature of a client or situation, for fear of being seen as less than genuine. Clearly, from Jane and Michelle's perspectives, the need for balanced feedback in the therapeutic relationship would take precedence over the desire to provide the client with positive reinforcement.

Therapist Experiences With the Summary Letter Format

Therapists' experiences regarding the utility of the therapeutic summary format were recorded via a 12 page questionnaire distributed to therapists after they had written four summary letters for their respective clients. The questionnaire addressed six main areas of interest for the researcher regarding the use and utility of the format (see

Appendix B for a copy of the therapist questionnaire). The six areas of inquiry were as follows: therapist demographic information; general information regarding the letters; questions pertaining to the construction of the letter summaries; client reactions to the summaries; therapists' opinions of the utility of the summary format; and suggestions for improvement. Therapist demographic information and much of the information pertaining to summary construction was presented at the beginning of this chapter, and as such will not be reiterated here. The remaining information related to summary construction, and four remaining areas of interest, are discussed in detail below.

General Information

Three of the therapists reported that they had written letters to various clientele prior to their involvement in the study. Of these, two said that they had written supportive letters and termination summaries of the work done in therapy. Clinger noted that she had once written a letter similar to Peggy Papp's 'fairly tale' letters, in which she described a fable about a painful past being transformed into a hopeful future. Blake mentioned that she had written "narrative letters" to clients in the past, but did not elaborate further on the specific structure or content of these letters.

Five of the six therapists stated that they did not have any concerns regarding the confidentiality of the letters that affected the letter's content. Clinger identified a concern that appeared to involve the imposing nature of the study's intervention. In her words:

My concern centred around the nature of the changes that might occur in the therapeutic relationship when another person is parachuted into the relationship, especially when the addition was not motivated principally for the client's benefit.

Thus, this therapist was concerned that the researcher had access to the clients' letters, and that this may have a deleterious effect on the nature of the therapeutic relationship.

Three therapists reported that they thought the content of their letters would have been different if they were read only by their client. Potter reported that she tended to keep the content of the letters more general than she would have done if the researcher did not have access to them. Burns tended to write about the "confidential aspects" of the client's experience less frequently. Clinger mentioned that she tended to be much more critical of her client in the letters, as she thought they were being reviewed by her supervisor for content. This was not the case, as the letters were kept strictly confidential by the researcher. Regardless, it seems clear that, for half of the therapist sample, the fact that the researcher had access to the letters affected the letter's content.

Four of the six therapists stated that they continued to use the letter format outlined in the study with their respective clients at the conclusion of the study. Blake characterized her use of the format as sporadic. Clinger, who discontinued her usage of the format stated that she did so because the demands of her internship program did not afford her the time necessary to plan and write the summaries. This is not surprising when one considered that Clinger spent an average of one hour and 45 minutes constructing each of the four summary letters, compared to an average of 27.5 minutes per letter that the remaining therapists spent constructing the summary letters. The four therapists who continued to use the letter format with their clients after the study also reported using them with other clients. Three of these therapists identified that they had modified the letter format in some manner. The most common form of modification involved a

reduction in the length and detail of each letter, presumably as a method of saving time. Blake modified the summary format to two or three paragraphs in length, and often attached psychoeducational materials to the letter for her client to read.

Summary Construction

The lapse in time between the session and the writing of the summary letter had some interesting effects on summary letter composition. The researcher had postulated that summary letters would be less accurate, and as such less useful, if they were written too long after the session had ended. This question was only partially confirmed by therapists' responses. Four therapists remarked that the time lapsed between the end of the session and the composition of the summary letter affected its content. Of these, two therapists said that it was more difficult to remember the details of the session as time passed. This resulted in letters that identified highlights of a given session, with fewer of the clients' exact quotations. Interestingly, two of the therapists believed that the passage of time had a beneficial effect on summary letter construction. In both cases, the time taken between the session's end and summary letter composition allowed for an increased emphasis on session process, rather than simple reiteration of content. As Radar put it:

The summary is based on extensive notes taken during the session. With some time, I am better able to reflect upon both content and process of the discussions. I feel with some distance from the session I am in a better position to write the summary letter.

Client Reaction to Summaries

Therapists were asked to gauge their client's response to the receipt of the summary letters. These responses varied a fair amount; however, the overall reaction to the summary letters, from the therapists' points of view, was positive. Radar reported that her client responded very positively to the letters. She remarked that her client was "visibly encouraged from this kind of (positive) input. The fact that I was taking the time to write the summary letters also conveyed my caring, and this was significantly meaningful to the client". Clinger noted that her client said that the letters would be a helpful guideline for the future, a kind of map of where she had moved, and where she was. Potter responded that her client seemed pleased with the summaries, and was surprised at some of the observations made by her therapist. Hawkeye's client gave very little feedback, other than to say that the letters were "very helpful".

Four of the therapists reported that their clients' reaction to the letters changed over the course of the study. Radar noted that the meaningfulness of the letter seemed to increase for her client, due mostly to the fact that the client felt more support and caring from the therapist. Radar commented that the client appeared "...strengthened by the letters - their purpose seemed to multiply over time, evolving into more than just reminders". Burns mentioned that she did not receive much feedback regarding the summary letters, but did note that they seemed to be less useful for her client over time, as they did not provide information different from that which was conveyed during the session. Burns further noted that her client had an agenda in counselling that was not

aided by the reiteration of previous sessions, but rather focused on the resolution of immediate, crisis-oriented issues.

Utility of the Summary Letter Format

Therapists were asked to rate their perceptions of the utility of the summary letter format for their particular client. This rating was gauged by their responses on a seven point scale of utility, where one represented “not useful”, four represented “somewhat useful” and seven was considered “extremely useful”. The mean rating of summary letter format utility was 5.2 on the seven point scale, with a minimum rating of four and a maximum rating of seven.

Three of the therapists noted that the main strength of the summary letter format was that it provided a written record of the session, and thus acted as a tool for client reflection. Blake referred to the summary letter format as “...a concrete form of continued focus”, that allowed the client free access to the content and process of a given session. Clinger commented that the summary letters helped her client to see her own resources more clearly, which in turn facilitated the development of client self-agency. Both Hawkeye and Radar mentioned as a strength the kind of support that the letters provided. Whereas Hawkeye discussed encouraging aspects, Radar focused on the caring that was imparted via the letters. Blake and Radar noted that the letters also allowed clients to see the kind of progress they were making in therapy. Blake described how the letter facilitated the discovery of client patterns of behaviour, while Radar highlighted the positive effect that reading one’s own words “...in black and white” can have on client functioning.

It appeared that the summary letters also had an effect on the way that some therapists thought about their clients. Two therapists mentioned that the summary letter format's focus on language facilitated their understanding of the client's story. In this sense the format required therapists to be highly aware of client's use of metaphors, which in turn led to a focus of understanding of the client on his or her own terms. This reduced therapist's tendency to think about clients from a pathological frame of reference and shifted their focus toward client resources.

Burns raised the interesting topic of therapeutic integrity when discussing strengths of the summary letter format. She stated that the fact that her client was able to see the content of each summary letter added a measure of openness to the therapeutic process that was not present prior to the introduction of the format. As with previous examples, this appeared to reduce the tendency to view the client from a problem-focused perspective.

Two other therapists focused on the positive nature of the letter format. Specifically, they commented on how the format required that they search for evidence of positive change and strength. Radar noted in this regard that the letters helped her to have a greater level of respect and admiration for the achievements (and attempts to achieve) made by her client.

In terms of weaknesses related to the summary letter format, therapists noted the following. Four therapists mentioned as a weakness the amount of time it took to compose each summary letter. Burns commented that it would be impossible to write summary letters for back-to-back clients, as there would be no time to produce the kind of

detailed account required by the format. Burns further noted a weakness based on the letter's tendency to "ritualize" the session. The concern here was that the letter may distract the client from his or her own agenda by instituting a regular letter reading and discussion period at the beginning of each session. Similarly, Radar identified that the letter took away some of the spontaneity to the session by standardizing its introduction. Potter raised the cogent point that not all clients would like the idea of receiving written outputs of the therapy hour; as such, therapists would need to discuss the idea with each potential client before writing a summary letter, lest they be seen as administering an intervention without first obtaining their client's consent to do so. Radar noted sagely that the letter's focus on strengths may cause a client to become "obedient", only talking about positive aspects of their life as a way of currying favour with the therapist. Blake raised a separate weakness related to the focus on client resources. She stated that it is sometimes difficult to find client strengths to amplify in the letter. She noted that it could be a challenge to at once adhere to the letter's format, which calls upon therapists to acknowledge client resources and progress, while at the same time provide an honest assessment of the client's situation. Radar and Burns identified the fact that letters written to clients may be too positive in nature, especially if the client has not yet accepted his or her own inner resources as being relevant or even present. In such a case, it would appear that the client may view the letter's content as being less than genuine, which could have disastrous results for the course of therapy.

Therapists were further asked to weigh the benefits gained by using the letter format against its drawbacks and, based on this exercise, render a judgment as to the

utility of the format. All six therapists responded that the benefits of the format outweighed the costs of using it. Radar responded that the benefits were far greater, while Burns noted that she preferred the letter format to any other kind of note-taking used for client record keeping. Blake, who served as the supervisor for several of the therapists involved in the current study, stated that the letter format would be especially helpful in preparing case notes, as well as summaries for case conferences. In these ways, she suggested that the letter format could be substituted for some of the standard record keeping practices used by therapists in her agency. Clinger said that, if she was able to complete letters in less than 30 minutes, she would use the format with most of her clients.

Suggestions for Improvement

Five therapists listed specific populations for whom they thought the letter format would be more or less useful. Radar and Burns both identified clients who were literate and English speaking as being able to benefit maximally from the exercise. Potter focused on clients' particular method of processing issues as an important determining factor for letter usage. She stated that clients who are amenable to a cognitive approach to therapy, which emphasizes the identification and analysis of thought processes, would find the letter most helpful. Blake thought that the letter format would have maximum utility for clients who were dealing with identity problems, depression, self-esteem issues, and separation and divorce. It would appear that, in these cases, the letter would facilitate the recognition of personal strengths, as well as the formation of new stories and unique outcomes in therapy. Radar, Burns and Hawkeye stated that they would not use the letters with clients who were dealing with crisis situations. It seemed that, in these cases,

the letters could deflect attention away from the urgency of the clients' issues by adding a cumbersome level of structure to the session. Radar further said that she would likely avoid using the letter format with clients who have complex issues wherein they are as yet unable to recognize their strengths, or exceptions to their problem-dominated narratives.

Two of the six therapists noted ways in which they would alter the summary letter format to increase its usefulness. Burns focused on the judicious use of the format. She said that she would reduce the frequency of the receipt of letters, as well as the length of each individual letter. This appeared to be a way of addressing the considerable time commitment associated with letter composition. Potter suggested that she would want to "...summarize the summaries at some point" as a way of maintaining client focus on issues covered over time.

CHAPTER FIVE

DISCUSSION

The major part of this chapter discusses the results pertaining to the positive impact of the letters, and relates them to the literature presented in chapter two. The second section of the chapter discusses findings regarding differential use and impact of the letters. A third section of the chapter identifies and addresses a number of limitations in the study. Fourth, a discussion of the implications of the current findings for the field of social work is presented. A final section explores future research directions

Positive Impact of Letters

Overall, this study's results provided strong support for the utility of the narrative therapeutic summary format as an adjunct to traditional verbal therapeutic discourse. Clients described how the summary format was of benefit to them in three key areas related to the therapeutic experience. First, with respect to memory effects, the summary format facilitated clients' memories of both the content and process of their therapy sessions; it provided a method of charting progress in therapy over time; and it enabled clients to keep track of issues discussed during the therapy hour, as well as map the ways in which problem situations were described and managed. Second, it was also evident that the letter format enhanced clients' perception of the strength of the therapeutic bond. The letters provided evidence to clients of therapists' interest in their welfare, and the outcome of therapy. They punctuated the kind of positive feedback that clients received in therapy sessions from their therapists, and were evidence that therapists were actively listening and

attempting to understand the nature of clients' experiences. Third, the narrative therapeutic summary format affected positively the nature of the therapeutic work. Specifically, the letters provided a tangible element to the counselling process in that they afforded clients the opportunity to correct therapists' misinterpretations of their experience, and intensified both the focus on and support of clients' issues.

Therapists also viewed the therapeutic summary format as a beneficial addition to the more standard verbal therapeutic intervention. This was true for both narrative therapists and those who espoused other theoretical orientations. It is noteworthy that clients and therapists were largely in agreement as to the most helpful aspects of the narrative therapeutic summary format. Similar to clients, therapists noted that the main strengths of the format were that it provided a written output of the therapy session, which facilitated client reflection; it aided clients in seeing their own strengths and resources; and that it imparted the therapist's level of caring. The fact that these qualities were highlighted by both clients and therapists suggests that they are indeed important factors for the development of an effective summary letter. Patton (1990) considers this kind of triangulation of information to be an effective method of identifying important concepts in research. As three areas were highlighted by both clients and therapists as important, they will be discussed in more detail below.

Positive Impact on Client's Memory

The narrative therapeutic summary format was shown to have a positive impact on clients' memory of their counselling sessions. Clients consistently reported that the letters were used to refresh their memories of not only the content of their sessions, but also less

tangible process-oriented nuances such as the emotional atmosphere of a given session. The letter format further enabled clients to have a “second look” at sessions in which they had not been able to focus their full attention, for any number of reasons. With respect to long-term memory facilitation, the letters allowed clients to chart their progress in therapy in a concrete manner by providing a tangible record to which they could refer at their leisure. The letters were in this sense artifacts of particular therapy sessions that offered insight into the kinds of thoughts, feelings and behaviours that the client was experiencing at the time.

These findings largely support the existing body of knowledge on the memory-facilitating properties of therapeutic letters, and further add to the limited research conducted on narrative therapeutic techniques. In Wojcik and Iverson’s (1989) study of therapeutic letters, the authors concluded that summary letters were used by clients as a method of “...refreshing the changes in perception and behavior that they made in therapy” (p. 81). Clearly, the current summary format accomplishes this task by providing a written record of therapeutic progress, complete with indicators of change phrased in the client’s own language, which Epston (1994) asserts is a way to “...privilege the client’s viewpoint in the official record” (p. 32). In their study of the efficacy of a group summary technique, Yalom, Brown and Bloch (1975) noted that anything that keeps the memory of a given therapeutic session in the minds of those who experience it will necessarily facilitate therapy. The narrative therapeutic summary format, by enabling the recall of specific session content and process, allows this to occur, and thus would appear to facilitate the work done in therapy.

White and Epston (1990) assert that, in order to perceive that change is indeed occurring, it is necessary for a person to be able to plot life events over the course of time. They note that people who seek therapy are often frustrated in their search for new meanings, and stuck in patterns characterized by repeated fruitless attempts at change. The narrative therapeutic summary format aids in the identification of unique outcomes and possibilities by plotting the therapeutic experience against a linear conception of time, thus enabling clients to see that change is occurring, and further that it can occur. Haley (as cited in Shilts & Ray, 1991) notes that one of the primary goals of Ericksonian therapy is the initiation of a small change. Presumably, a small change in behaviour can pave the way for greater changes as the client gains confidence in his or her sense of self-agency. The letters enable the identification of those small changes by documenting therapy experiences as a function of time. Wyvern punctuated the importance of the perception of change by stating that if he did not feel that he was being helped, he would not continue his counselling. It follows, then, that the perception of even small change is a necessary component of a successful therapeutic enterprise. The narrative therapeutic summary format plays an integral role in the recognition of change, thus promoting the development of self agency.

Positive Impact on the Therapeutic Relationship

The fact that the narrative therapeutic summary format was shown to enhance clients' perceptions of the quality of the therapeutic bond has pronounced relevance for the course of therapy. Research into the efficacy of psychotherapy has consistently reported nonsignificant outcome differences across a variety of therapeutic models

(Garfield & Bergin, 1994). This fact has led to an increased emphasis upon the importance of factors that are common across all therapies, most important of which is the quality of the client-therapist bond (Garfield & Bergin, 1994; Orlinsky, Grawe & Parks, 1994). Lambert and Bergin (1994) state that a strong therapeutic alliance is a necessary condition for positive therapeutic outcome regardless of the therapy model applied. Other researchers have taken this claim a step further, asserting that the therapeutic alliance is the best predictor of therapy outcome (Safran, McMain, Crocker & Murray, as cited in Coady, 1992). It is clear that the client-therapist bond plays an important role in the outcome of therapeutic intervention.

Coady (1992) cites Perlman (1979) in differentiating between the direct and indirect effects of the therapeutic relationship. The direct impact is generally thought to involve a strengthening of the clients self-esteem, confidence and morale, which improves one's self-presentation, and in turn elicits more positive responses from other individuals. The result is a kind of feedback loop wherein the individual responds to favourable input from others by continuing to alter his or her manner of self-presentation. As the individual receives positive responses from others, he or she modifies his or her self-presentation in order to continue to elicit positive responses. The indirect impact of the therapeutic relationship is conceptualized as a process by which the therapist engages the client in therapy, lowers client defenses and makes the client amenable to therapist-initiated interventions.

The narrative therapeutic summary format seems to address for the most part the direct impact of the therapeutic relationship. The personal nature of the letters, coupled

with the positive feedback imported to clients, clearly falls into the category of direct impact on the therapeutic alliance. Evidence of therapist investment in the counselling process, and evidence that the therapist is trying to understand the client's experience also may be considered direct impact features of the letter format. The letter's ability as a method of facilitating initial engagement in session would seem to fit the definition of an indirect impact feature of the format.

Orlinsky, Grawe and Parks (1994), in their study of process and outcome factors in psychotherapy, noted an extensive list of variables that were shown to be associated with the quality of the therapeutic alliance and therapeutic outcome. Specifically, they noted that the level of engagement with the client, therapist credibility and confidence, and therapist genuineness were all consistently related to good therapeutic outcome. In addition, clients' perceptions of therapist empathy, warmth and acceptance of the client were also highly consistent with positive results in therapy.

The narrative therapeutic summary format has been shown to address each of these areas related to positive therapeutic outcome. The personal nature of the letters helped to increase clients' feelings of closeness to their therapists. The letters confirmed for clients that their therapists were indeed deeply invested in the therapy process, which left little doubt in clients' minds that their therapists were genuinely concerned for their welfare. Finally, the letters conveyed a level of warmth and acceptance that, as several clients reported, went beyond that which they had experienced prior to the introduction of the letter format.

In sum, the narrative therapeutic summary format enhanced many of the variables associated with the development of the client-therapist bond, or therapeutic alliance. Research into the efficacy of psychotherapy has consistently punctuated the importance of the therapeutic alliance as a robust predictor of positive outcome in therapy, thus providing support for the institution of this adjunctive intervention.

Positive Impact on Therapeutic Work

The results of this study suggest that the narrative therapeutic summary format contributes positively to the work of counselling in a number of ways. First, the letters were shown to be of use in correcting therapists' misinterpretations of clients' experience. This issue has not received much coverage in the literature on letter writing techniques in psychotherapy. Epston (1994) often reads back notes that he makes during a session to his clients in order to ensure that he understands the nuances of the client's experience; however, no mention is made of the use of a letter format as a method of correcting misinterpretations after the fact.

Clearly, the narrative therapeutic summary format, by recapitulating the content and process of a given session, allows clients the opportunity to assess the extent to which therapists understand their experience. In this sense, the summary format invites a preordained clarification, or built-in opportunity, for the client to clarify any missed or misinterpreted information. While it may be argued that clients do in fact have the opportunity to clarify any inaccurate interpretations made by the therapist when they are in the session, a number of mitigating factors may inhibit this kind of clarification. Clients may be inattentive in session, for a myriad of reasons ranging from the affective context of

the session or client concerns of being seen as challenging by the therapist; to issues wholly unrelated to therapy, such as the everyday events that characterize a client's life, or even certain types of organic, physical and psychological conditions that inhibit client's memory of a session. As Stubbs (1985) notes, "...it is difficult to remember today what exactly was said yesterday, and it is therefore very susceptible to errors in transmission" (p. 101). The narrative therapeutic summary format allows the client to take home a copy of the session to study at his or her convenience, and, from outside of the confines of the therapeutic relationship, gauge the extent to which they were understood by their therapists.

The summary format's quality of preordained clarification has a strong potential to increase therapists' levels of understanding of their clients' issues. In Sloane, Staples, Cristol, Yorkston and Whipple's (1975) study of therapeutic outcome variables, the perception that one was understood by one's therapist was rated as being second in importance only to the personality of the therapist as a predictor of positive behaviour change. As cited previously, many other studies have placed great emphasis on the importance of common supportive factors as being the strongest predictors of good therapeutic outcome. The preordained clarification ability of the summary format thus would seem to possess the capacity to enhance the development of positive therapeutic outcome.

A second way that the letters seemed to contribute to the work of counselling related to the tangible measure of security that they afforded clients. The letters' ability to provide a number of positive effects based on its tangible nature presents an interesting

and unexpected development. Melissa's characterization of the letters as "souvenirs" suggests a desire to take away something from the therapeutic experience, presumably as a reminder of the supportive atmosphere wherein she achieved positive growth and change. Similarly, Gloria's description of the letters as a source of comfort for her, in her words a "security blanket", merits further exploration. These clients focused on physical properties of the letters as having a kind of mental link to the positive and supportive nature of their therapy sessions.

The comforting and tension reducing properties of the letters, as described by these clients, bear some resemblance to Winnicott's (1953, 1965) notion of the "transitional object". While Winnicott's conceptualization of transitional objects and transitional phenomena was originally meant to apply specifically to the relationship between mother and infant, his theory sheds light on a facet of the narrative therapeutic summary format that has not received attention in the literature.

Muensterberger (1978) describes the recognition of transitional objects and phenomena as some of "...the few critical, elucidating and comprehensive concepts to have been elaborated in the course of psychoanalytic theory since Freud" (p. 5). Winnicott's identification of transitional objects developed from his extensive work with thousands of children and their mothers. He noticed that, in the course of normal development, babies tended to adopt a particular object, such as a piece of cloth or a doll. Further, babies would develop an attachment to this object that was strong enough to warrant Winnicott's description of it as an addiction (Winnicott, 1953, 1965). Mothers were viewed as

instrumental in the facilitation of this addiction as they supported, and even expected, their children to foster a strong attachment to these objects.

Winnicott suggested that attachment to transitional objects develops as a result of an infant's first recognition of a reality separate from its mother. The object forms a link between the soothing internal representation of the mother and the identification of an external world; in doing so, it becomes "...the first 'not me' possession" (Winnicott, 1953, p. 89). In effect, the transitional object represents the emergence of an intermediate state of consciousness in the developing psyche of a normal child. As a symbol of the warmth, nurturance and protection that the infant receives from its mother, the transitional object functions as "...a defense against anxiety, especially anxiety of depressive type" (Winnicott, p. 91). Thus, the transitional object reduces anxiety via its symbolic link to the mother.

Important parallels can be drawn between Winnicott's theory of the transitional object and clients' use of the letters as sources of comfort and security. It would appear that the summary letters function in a manner similar to that of a transitional object. Whereas the transitional object is a physical manifestation of the nurturing, protective mother, the letters are symbols of the kind of support and caring that clients receive in session from their therapists. An exploration of the therapist as mother-figure is beyond the scope of the current discussion, and likely unnecessary for the comparison. Assuming, however, that the therapy session is an environment wherein clients experience caring, support and a measure of tension reduction, and further assuming that the letters come to

symbolize these positive aspects of the therapy session, it is understandable that the presence of the letters may promote a measure of anxiety reduction for clients.

Gloria's description of the letters as her "security blanket" provides an excellent example of the tension-reducing quality of her letters. She noted that it was not necessary for her to read the letters to feel comforted; rather, their mere presence was enough to provide support and comfort. Melissa's desire to keep a souvenir of her therapy sessions appears to represent a similar phenomenon, although on a less intense level. While it may not be useful to think of the summary letters in terms of an addiction, it would appear that the tension-reducing aspects of the letters bear a strong resemblance to Winnicott's conceptualization of the transitional object.

A third way that the letters seemed to impact positively on the therapeutic work related to the power of written affirmation or sanction of behaviours, thoughts and feelings. The fact that some clients considered the written therapeutic medium to have a higher degree of validity than that which was spoken provides insight into the nature of Western linguistic tradition and its ramifications for therapy. Clearly, Western culture privileges the written word over the spoken word; indeed, such a preference is a hallmark of a literate society. The fact that written communicative forms have greater validity than spoken forms may have interesting implications for practice. While these will be elaborated upon later, it is first important to explore the etiology of our culture's obsession with written discourse.

One does not have to look far to find evidence of Western civilization's preference for written versus spoken communications. The written word has in almost all cases legal

precedence in our society; in fact, verbal arguments as a whole tend not to be legally binding (Stubbs, 1985). Very few contracts, treaties or commercial endeavours are considered to be closed until the parties involved “sign on the dotted line”. The mere notion of, for example, attempting to secure a bank loan, or purchase a car or house without signing some kind of written agreement seems absurd to most. Clearly, there is a general mechanism in our culture that ascribes a higher truth status, and thus greater prestige, to written versus verbal communication.

Stubbs (1985) argues that the development of a written communicative form is a necessary outgrowth of a literate society. Writing allows language to be recorded in an accurate, permanent and transportable fashion. It preserves verbal discourse over space and time, and provides the mechanism upon which the complexities of legal, financial and commercial dealings can take place. Indeed, Western culture has evolved to its current form in large part because of the development of a written communicative tradition.

Given this fact, it is not surprising that some clients in the current study attached greater significance to their written letters. More provocative, from the researcher’s point of view, is the fact that psychotherapy as a profession in Western society has been able to maintain itself almost exclusively as a spoken medium. This is in direct contrast to most legal, commercial and bureaucratic professions, which tend to utilize written communication as the medium of choice (Stubbs, 1985). This, again, can be viewed as a function of a technologically advanced, literate society that has simply developed within a written communicative tradition. The fact that clients may attach more significance to written versus verbal therapeutic communication has important consequences for

therapeutic practice. These will be explored later in the discussion under “implications for social work practice”.

Differential Use and Impact of Letters

Perhaps the most conspicuous finding regarding client demographic variables as they related to letter usage was the fact that no clear patterns were established. Clients tended to use their letters according to their own particular needs and methods of processing. For example, Melissa, who characterized herself as having a very poor memory, used the letters to refresh herself of session content and process details. Wyvern, on the other hand, described himself as being a holistic thinker who focuses more on the overall theme of a communication, rather than on specific details. As such, he found the long term progress-charting quality of the format to be of most use.

While there was some evidence to suggest that presenting problem may predispose certain clients to find the letters more useful than others, these tentative conclusions need to be drawn with extreme caution. The fact that Melissa, Gloria and Michelle, who by their own descriptions appeared to benefit the most from the narrative therapeutic summary format, were all working on issues to do with interpersonal relationships warrants further exploration before any firm statements regarding letter utility as a function of presenting problem can be made. One might suggest that the letter format allowed these clients to analyze their individual roles in the context of their conflicts more completely by providing a record of comments made using their own language. Or, one might deduce that the letters facilitated the identification of negative patterns of interaction, which were partially responsible for their interpersonal difficulties.

Conversely, one might focus on the letters' supportive tone as an especially helpful attribute for people involved in relationship conflicts. While each of these is a possibility, a full and proper treatment of the validity of these statements is beyond both the scope and purpose of the current study. Suffice it to say that clients who are dealing with interpersonal relationship issues may find the narrative therapeutic summary format to be of particular use.

Lynn provided an excellent example of someone who did not find the letters to be especially helpful; her comments have provided valuable information with respect to the use of the format with certain presenting problems.

It would appear that the nature of Lynn's therapy issues impacted her opinion of the utility of the narrative therapeutic summary format. Lynn was characterized by her therapist as suffering from clinical depression. She was grieving a number of recent losses, including the deaths of several people close to her, and separation from her partner. In addition, she was coping with the effects of chronic, debilitating pain. Lynn had experienced suicidal ideation, which she brought up with the researcher during her interview. Both the frequency and the intense nature of Lynn's issues appeared to facilitate a dynamic wherein she would come to her therapy sessions with a different set of issues each week. Intervention in Lynn's case seemed to involve the identification of coping mechanisms to help her manage her day-to-day existence.

Lynn's experience was consistent with that of a person in crisis. Dixon (1979) defines crisis as "...a functionally debilitating state resulting from the individual's reaction to some event perceived to be so dangerous that it leaves him or her feeling helpless and

unable to cope effectively by usual methods” (p. 10). An identifying characteristic of the person in crisis is his or her inability to reason effectively, as he or she is overwhelmed by the emotional response to the situation or event.

It is likely that a person experiencing a crisis situation would be unable to amass the cognitive resources necessary to benefit from the use of the narrative therapeutic summary format. In order to find the format useful, it follows that a person needs to possess the ability to reflect upon past sessions and, using the knowledge gained therein, apply insights to present and future situations. As the client in crisis does not have the capability to see beyond the debilitating effects of the present situation, he or she would be unlikely to find the narrative therapeutic summary format, which facilitates memory of past sessions and the charting of progress over time, to be of use.

We may conclude, then, that the narrative therapeutic summary format may not be a useful intervention for clients in crisis. It is not compatible with the crisis dynamic, which is characterized by the need for immediate support to help the crisis client find a sense of stability in his or her life. The letter format’s tendency to reduce the spontaneity of the session, as well as its proclivity to add a measure of ritual to session beginnings, would appear to negatively influence clients in crisis.

Lynn illustrated another issue related to letter utility with specific populations. The fact that Lynn did not consider herself to be an avid reader raised an important implication for the use of the summary format. For clients to benefit maximally from the use of the narrative therapeutic summary format, they must be able to digest and process the contents of the letters. This implies that clients must be literate, English-speaking people

who are predisposed to the idea of letter writing as a therapeutic medium. Potter highlighted this last point by stating that clients need to be amenable to a cognitive approach to therapy wherein they are able to process their issues outside of the therapy room, and discuss them in an abstract, removed fashion. Therapists need to assess the appropriateness of this intervention for their clients on an individual basis, so as not to introduce the narrative therapeutic summary format to clients who are unlikely to benefit from it.

One must be very careful in analyzing the possible links between client levels of education and use of the narrative therapeutic summary format. Wyvern, who possessed the highest level of formal education, noted that he used his letters to chart progress in therapy over the long term. While we may conclude that there is a possible link between these two factors, other factors could also account for this observed relationship. For example, it may be that, as mentioned previously, Wyvern's processing style informed his primary use of the letters as a method of charting long term progress in therapy. Conversely, one may suggest that the letters afforded Wyvern a measure of distance from the affective nature of his issues, and in doing so served to reinforce his defense mechanisms against the emotional dimension of his therapy. Regardless, it would seem clear that more research into these areas needs to be conducted before any robust conclusions are drawn.

Limitations of the Study

This study had a number of limitations. The following discussion is meant to identify those limitations, and address them with the intent of suggesting possible

remedies. It is hoped that others interested in this topic will be able to benefit from the researcher's experience, and adjust their methodologies accordingly.

A primary limitation of this study was its sample size. Although qualitative research as a general rule does not require that samples be a particular size, the study would have benefited had the subject pool been increased. A larger sample of both client and therapist subjects would have inevitably increased the amount of data collected, and may have illuminated new information, or added more credence to the identified constructs. In addition, a larger sample size may have facilitated the identification of patterns of responses across demographic variables. Patton (1990) notes that smaller sample sizes are unlikely to elucidate trends along demographic lines that can be generalized to other populations. As such, patterns of responses identified across demographic parameters have received little attention in this study.

Another limitation related to the study's sample was the method by which therapists were recruited. As mentioned previously, this kind of recruitment bore some resemblance to Patton's (1990) descriptions of "convenience sampling", which ensures neither a random nor diverse subject sample, as well as snowball or chain sampling. The decision to implement this sampling strategy was based on the considerable time requirement and complexity of the study. Therapists were required to volunteer several hours of their time to tasks such as meeting with the researcher, identifying potential clients for inclusion in the study, and composing the summary letters themselves and completing a lengthy therapist questionnaire. Taking into account the time involvement for therapist participants, as well as the intrusive nature of the research, the researcher

thought it would be unwise to choose a more rigorous sampling method for fear that too few subjects would agree to participate in the study. In addition, as the study was an exploratory endeavour, it was thought that any information gleaned from subjects would be useful, regardless of the method of sampling utilized. As mentioned previously, this decision was supported by the fact that several subjects (both clients and therapists) declined to continue in the study after agreeing to take part.

The researcher's access to copies of the summary letters represents a third limitation of the study. Three therapists commented that their letters would have been different had the researcher not been privy to their content. In most cases, therapists reported that they tended to keep the summary letters' content general in nature, and neglected to reflect upon the more personal aspects of their clients' experience. Although the researcher's access to the letters had an effect on content, it was decided that the benefits outweighed any drawbacks that resulted from this access. By retaining copies of the letters, the researcher was able to study their content, and in doing so gauge the extent to which therapists adhered to the letter format's guidelines. In addition, the researcher was able to analyze letter composition as a function of therapist orientation. Finally, access to clients' letters allowed for the presentation of an authentic sample letter in the Appendix of the study (Appendix K), as opposed to one fictitiously composed by the researcher. In sum, it was concluded that, although there were some costs associated with the researcher having access to the letters, and hence access to clients' issues in therapy, the benefits of this exercise outweighed the costs, thus making it a worthwhile enterprise.

A fourth limitation of the study concerned the decision to use some therapists who were not well-versed in the narrative tradition. While four of the therapists had considerable exposure to narrative ideas, two did not consider themselves to practice specifically from a narrative perspective. It might be argued that the results of the study would have been different if the entire therapist sample had extensive exposure to narrative theory. However, as mentioned previously, the fact that some therapists espoused different theoretical orientations provided valuable insight into letter composition (and client ratings of letter utility). Future research studies may be better able to address the ramifications associated with the use of the narrative therapeutic summary format by therapists that practice from traditions other than that of narrative.

Implications for Social Work Practice

The most general and obvious implication for social work practice is that written session summaries represent a promising therapeutic tool and that practitioners should be encouraged to experiment with them. The value of the narrative therapeutic summary format seems to be related to Western society's assignment of a higher truth status to written versus spoken communications. The etiology of this issue was introduced earlier in this chapter, and thus will not be recapitulated here. As per the previous discussion, it is clear that at least some clients view therapists' written interventions as inherently more authentic than those communicated orally. This principle is central to White and Epston's (1990) introduction of counter documents into therapy. The authors emphasize the considerable influence that the modern document has on individuals, noting that a person's worth is often decided wholly on the basis of information contained in any number of

“official” records. They describe the job application as a typical example in which a person’s worth is assessed not on first-hand experience of the person, but rather “...through a meeting of documents” (p. 188). In the realm of mental health professions, the status ascribed by society to professionals ordains them with the capacity to render official documents of worth based on the professional’s assumed expertise in his or her area of specialization. This kind of socially ascribed status allows, for example, psychologists and psychiatrists to produce “official” diagnoses of mental illness, and serve as expert witnesses in legal matters.

Ironically, the narrative therapeutic summary format would appear to have the ability to manipulate the prescribed status of written productions to the benefit of the client. Professionals can utilize the societal bias toward the authenticity of written productions to aid clients in identifying their own strengths and resources. Melissa and Gloria both talked about how they used their letters to back up or support a belief in themselves as having strengths and abilities, thus exemplifying their bias toward professional knowledge as the source of mental health. In doing so, they gained an appreciation for their own strengths, an appreciation that was sanctioned by a professional “seal of approval”. In this manner, the letter format may aid clients in moving away from the dictates of mental health as a source of expert or dominant knowledge, and toward an understanding that the capacity for change comes from within, not from without.

A number of more specific implications for social work practice were also suggested by the results of this study. In particular, three issues were identified. These are indications and contraindications for letter usage; implications for therapists writing

the letters; and implications for letter construction. These areas are discussed in detail below.

Indications and Contraindications for Letter Usage

The findings of this study suggest that some clients are inherently more predisposed to benefit from the addition of the narrative therapeutic summary format to their program of therapy than others. One therapist thought that the letter format would be maximally beneficial for clients dealing with issues related to personal identity, self-esteem, depression, and separation and divorce. An argument was also made previously for the use of the narrative therapeutic summary format with individuals who are dealing with issues related to interpersonal relationships. As noted in the results, it would seem that, in these cases, the letter format would help clients highlight their own strengths and resources, as well as the emergence of unique outcomes and new stories being authored via therapy.

The memory-facilitating function of the narrative therapeutic summary format, coupled with its ability to help clients focus on their issues, would appear to make it an ideal adjunctive tool for use with clients who suffer from memory deficits. Memory impairment is commonly observed as a consequence of organic conditions such as dementia (O'Connor, Verfaellie & Cermak, 1995; Brandt & Rich, 1995) and brain injury (Goldstein & Levin, 1995); major mental illnesses such as schizophrenia (McKenna, Clare & Badderley, 1995) and clinical depression (Watts, 1995); and as a normal side effect of aging (Craik, Anderson, Kerr & Li, 1995), among others. The fact that the narrative therapeutic summary format has been identified by client self reports as a method of

improving both short and long term memory of counselling sessions would seem to provide justification for its use in psychotherapy with individuals with memory impairments. While further research will need to explore the potential of the summary letter format with these populations, the results of the current study suggest that people with memory deficits would greatly benefit from the introduction of such a format.

Lynn's experiences, as described previously, illuminated the fact that the narrative therapeutic summary format may not be an appropriate intervention for the client in crisis. It would appear that the stress associated with the crisis dynamic taxes one's cognitive resources in such a manner so as to preclude the utility of the summary format. In order to benefit from this cognitively-based intervention, it follows that one must be able to reflect upon counselling issues apart from their affective content. The client in crisis is in need of immediate, tangible support, and as such is likely not helped by the introduction of the summary format, which may reduce the spontaneity and immediacy of the therapeutic dynamic.

Another issue to consider is the stage of therapy at which clients receive their summary letters. Given the facilitative functions of the letter format, one might wonder if summary letters would be as useful for clients who had already established a rapport with their therapists as for those who were just beginning work with a new therapist. As clients in this study were at various stages of counselling with their respective therapists, the researcher was able to investigate this issue.

Lynn, who did not find the letters to be as useful as other participants in the study, had established a strong working alliance with her therapist. One might be tempted to

conclude that Lynn's description of the letter format as being of marginal utility is linked to the fact that she already had a strong therapeutic bond with her therapist, and as such did not benefit from the formats' potential facilitative effects. However, Melissa, who had been seeing her therapist on a weekly basis for over a year and who, by her own account, benefited greatly from the use of the letters, had also established a strong working relationship with her therapist. One may conclude, then, that there is no contraindication to the introduction of the letter format later in therapy, and that therapists should take into account the personal attributes of their clients when considering the introduction of the narrative therapeutic summary format.

Jane mentioned that she would have initially found it overwhelming to have her therapist reflect on paper the contents of her therapy sessions. The concern here seems to have been that, as a new client of therapy, Jane would have needed time to adjust to the therapeutic dynamic, which involves the sharing of very private thoughts and feelings, often with a complete stranger. It appeared that Jane thought that the idea of reading the details of her therapeutic conversations just as she was making initial, tentative explorations in therapy may have been an uncomfortable experience.

Wyvern, who began receiving his letters after having only one or two sessions with his therapist, found the letters to be useful, although was not as positive as most other clients in describing the utility of the letter format. It is possible that Wyvern, as a new client of therapy, experienced the kind of feelings described by Jane, and that this may partially explain his characterization of the letter format as useful, but not overwhelmingly positive. However, it is equally possible that Wyvern's opinion of his letters was linked to

any number of individual or situational factors. As such it is not possible to make clear judgements either in support of, or against, the introduction of the letter format early in therapy. Further research may be able to more completely address these issues. However, at this point it would seem to be clear that therapists should assess the appropriateness of this intervention based on the personal attributes of their clients, and at all times discuss the client's concerns and preferences for the introduction of the summary letter format.

One must interpret these suggestions with caution, as further research needs to be conducted before any conclusive evidence is identified for the utility of the format with a particular presenting problem, or with respect to its introduction at a specific point in therapy.

Implications for Therapists

The current study identified a number of implications that affect therapists interested in the use of the narrative therapeutic summary format. To begin with, the issue of time must be addressed. Four of the six therapists mentioned the time it took to plan and compose the letters as a weakness of the summary format. Clearly, the therapists in this study were busy professionals for whom time was at a premium. While all of the therapists noted that the benefit associated with the narrative therapeutic summary format outweighed the costs, it would be prudent to discuss time as an important factor associated with its usage.

While one therapist took upwards of two hours to plan and write each summary letter, others were able to compose letters in 15 to 20 minutes. Differences between summary letter composition time appeared to be related to, among other things, the

amount of detail in each letter. Therapists who are concerned about the time commitment involved with summary letter construction may be able to reduce the letter's length and complexity, based on the amount of time available for composition. The summary letter may potentially be substituted for regular file case notes, thus eliminating the need for the latter. Further, the current study showed that the amount of time taken to compose summary letters decreased over the course of the study, suggesting that, as therapists become increasingly familiar with the narrative therapeutic summary format, they will be able to reduce the time taken to compose individual letters. The researcher suggests that therapists may find it helpful to jot down or dictate the main points of a session directly after it has ended, then fill in process details when time permits. In this case, access to dictating equipment or typing staff would certainly aid in the judicious use of time with this format. By experimenting with different possibilities, therapists are likely to find a method that works for them that allows for the utilization of a summary letter format, regardless of the amount of time available for letter composition. Therapists need to be aware that use of the narrative therapeutic summary format will inevitably require them to do more work; however, by customizing the format to fit their particular resources, therapists are likely to discover a method that makes best use of limited time.

The fact that some therapists neglected to highlight the externalization of their clients' problems in their letters represents an interesting question regarding letter utility with non-narrative-influenced therapists. It appeared that clients benefited from the documentative, memory facilitative and supportive aspects of the letter format apart from its particular focus on narrative therapy as a theoretical base for practice. One might

conclude that, while the narrative therapeutic summary format can be effectively utilized by therapists who espouse a variety of theoretical orientations, its emphasis on supportive factors, the externalization of problem situations and identification of unique outcomes suggests that therapists interested in using the summary format should have at least some understanding of the theoretical underpinnings of narrative therapy. While Tomm (as cited in Madigan, 1992) asserts that anyone who attempts to utilize narrative techniques without fully embracing the underlying philosophy will likely achieve limited success, the current study suggests that narrative-influenced letter writing can be employed by therapists from other theoretical orientations.

Both clients and therapists noted that the narrative therapeutic summary format facilitated the beginning of therapy sessions by providing a kind of ritualized introduction. Therapists may find this to be of use for clients with whom they find it difficult to engage. The narrative therapeutic summary format may aid the introverted client in becoming more acclimatized to the therapeutic process by taking the pressure off them for session beginning. This study showed that therapeutic conversations can flow naturally from discussion of the previous week's summary letter, thus illustrating the potentially facilitative properties of the summary format.

The use of the therapeutic summary format as a training tool for novice group facilitators has been discussed by Aveline (1986) and Bloch, Brown, Davis and Dishotsky (1975). However, no reference is made to the utility of a summary letter format as an aid for the training of therapists who practice with individuals. This study suggested that novice therapists could use the narrative therapeutic summary format to help in the

development of individual narrative counselling skills. Specifically, the neophyte therapists' letter summaries could be reviewed by his or her supervisor, who could analyze the trainee's conception of the dynamics of the session, and the use of narrative techniques such as externalization of the problem situation, as well as get an overall understanding of the session's content. Further, as Bloch, Brown, David and Dishotsky (1975) suggest, the trainee therapist and supervisor could review the summary letters together, and choose specific topics upon which to focus in supervision. The summary format's ability to document long term progress may also apply to the therapist trainee, whose impressions and developing diagnostic skills or hunches would be documented in the letters. As such, both trainee and supervisor could chart progress over time.

These factors are likely to contribute to an increased quality of trainee supervision, which would have obvious positive effects for novice therapists. While supervisors would gain a greater understanding of their trainees' sessions and the extent to which trainees are able to effectively apply their skills, novice therapists are likely to use their supervision time more efficiently by focusing on specific areas in which they need guidance.

A final implication related to therapists involves the narrative therapeutic summary format's capacity for preordained clarification. Several clients commented upon the letter format's ability to bring client and therapist closer together by highlighting the differences in perception between each party. It is significant, however, that three of the six clients chose, on certain occasions, not to bring these differences to the attention of their respective therapists. Wyvern stated that he chose not to identify instances in the letters where his therapist had not been entirely accurate because he did not completely disagree

with the letter's content. Lynn, on the other hand, said that she did not clarify her therapists' misinterpretations because she was concerned that she would be seen as challenging her therapist's authority.

In order for clients and therapists to benefit from the preordained clarification property of the narrative therapeutic summary format, clients must be encouraged to bring any inaccuracies identified in the letters to the therapist's attention. To this end, therapists should clearly state the purpose of the summary letter format, focusing on the fact that the identification of misperceptions is a necessary component in the development of a greater shared understanding of the client's experience. Clients need to know that this kind of constructive criticism will not be taken as a personal slight against the therapists' abilities, and that all clarifying comments will be welcomed and appreciated.

Implications for Letter Construction

Several implications for practice with the narrative therapeutic summary format centre around the composition of the letters themselves. Both clients and therapists identified properties of the letters that help to contribute to their effectiveness. These are briefly outlined below.

A number of clients spoke of the personal aspects of the letters as being especially important. Jane and Gloria both said they felt more connected to their therapists when the therapists included a personal anecdote or witticism in the letter. Lynn focused on the fact that her letters contained a minimum of jargon, and as such were easy for her to read. As mentioned in the previous chapter, these factors were viewed as evidence of the development of a strong therapeutic bond.

Therapists interested in the successful application of the summary format should consider the impact of these factors highlighted as important by clients of this study, and adjust their letters accordingly. For instance, knowing that the sharing of in-jokes and similar witticisms has the potential to positively affect the therapeutic relationship, therapists may consider their inclusion as a worthy addition to their letters. Similarly, therapists may find it useful to review their letters prior to giving them to clients, to ensure that they have avoided using mental health jargon in their descriptions of client experience. Of course, as each client is unique, each letter must be tailored to clients' particular levels of comprehension. However, a consideration of the main elements that positively contribute to the establishment of a strong therapeutic bond can only benefit the therapeutic endeavour.

Another important implication concerns the extent to which therapists should highlight clients' strengths. The narrative therapeutic summary format places emphasis upon the identification and punctuation of client resources as integral for the development of unique outcomes. Blake noted that, when working with some clients, it was sometimes difficult to find strengths in which to amplify. Radar suggested that she would be hesitant to use the narrative therapeutic summary format with clients who have complex issues that precluded the identification of personal strengths. Several of the clients also addressed the issue of strengths in stating that they would not want their letters to be artificially positive, as this would have a negative impact upon their view of the therapist as someone who provides an honest assessment of their experience. While White maintains that there is

always a history of protest against a problem situation (Wylie, 1994), and that this history can be highlighted as a client strength, identifying it may be somewhat difficult in practice.

Letters to clients, then, need to strike a delicate balance between the promotion of client ability, and a realistic assessment of a client's situation. While the narrative therapeutic summary format is by nature a positive, affirming document, letters that are too positive are likely to be dismissed as being less than genuine.

The addition of a homework-style assignment to the end of each letter is a final implication for practice with the narrative therapeutic summary format. Although this was not prescribed in the original summary format guidelines given to therapists, a number of clients stated their desire to have something to think about during the interval between sessions. While some clients said that they would have liked an assignment to work on, others expressed a preference for a less structured addition, such as a general question, comment or even an inspirational quotation.

Regardless of what form this addition to the summary format may take, it appears that clients would benefit from something that directly stimulated reflection between sessions. While it may be argued that the letter format itself is designed largely to accomplish this task, it appears that a further addition would be significant for many clients. Accordingly, therapists may want to experiment with different kinds of ending statements to see which, if any, are considered by their clients to be beneficial.

Implications for Future Research

It seems that research done in any field of inquiry inevitably generates as many new questions as it attempts to answer. The current work is no exception. As an exploratory

exercise, this study has illuminated a number of avenues for further research. While the utility of the narrative therapeutic summary format has been tentatively established by client and therapist reports, more investigation of the topic is needed in order to better understand the mechanisms by which it operates. The following is a brief outline of some potential investigative directions for researchers interested in the further development of the narrative therapeutic summary format.

Perhaps the most obvious direction for research involves the investigation of letter format utility as a function of therapeutic outcome. The current study relied completely on client and therapist ratings to establish the format's worth as an adjunct to verbal therapy. While these reports may in fact be worthy predictors of therapeutic outcome by themselves, it would appear that the validity of the narrative therapeutic summary format would be enhanced by a more empirical examination of its influence on outcome in psychotherapy. To this end, any number of standardized instruments used to measure the extent of growth and change in response to therapeutic intervention may be used to more precisely gauge the role of the letter format in positive therapeutic outcome. The addition of control groups who do not receive letters as part of their therapy would seem to be a natural outgrowth of this kind of empirical inquiry.

As an exploratory endeavour, this study was limited in both size and scope. The time frame for this project precluded a longer, more detailed inquiry into the use and utility of the letter format. Several clients expressed their desire to have more letters, over a longer span of time. The inference here is that, with more letters, clients would be better able to benefit from the various facilitative properties of the letter format. One might also

surmise, however, that the power of the written summary might fade if its use became routine. As such, there is an obvious need for a longer and more detailed study into the utility of the narrative therapeutic summary format.

The sample size of the current study limited the ability to make robust generalizations to other populations. While the insights generated from both client and therapist subjects were very useful, future studies should consider expanding the size of the subject sample. This would increase the chances that trends drawn along gender lines might be elucidated, a phenomenon that could not be addressed by this project. Similarly, a larger and more diverse therapist sample that included more variability with respect to education levels and practical experience, may uncover interesting information.

A more diverse population would also allow for the exploration of differences associated with other demographic variables. It was suggested earlier that client levels of education may be a mitigating factor in determining the ways in which the narrative therapeutic summary format is used. A larger, more variable sample population may help to illuminate this question. More emphasis placed upon the relationship between marital status, presenting problem and other demographic information, and the perceived utility of the letter format, is also certainly called for. For example, it would be interesting to compare the ratings of letter format utility forwarded by clients with memory deficits, as opposed to those with normal memory capabilities. Similarly, it remains to be seen whether specific memory disorders are better served by the introduction of the narrative therapeutic summary format than others. In addition, investigation of the utility of the summary letter format with clients dealing with issues of substance abuse would yield

interesting results, particularly as these issues often involve a measure of denial of the abuse as a problem. Whether clients who have not acknowledged the existence of an addiction would benefit from the proposed letter format remains to be seen.

A final area for future research involves the question of therapist theoretical orientation. The current study was too small to make conclusive judgments as to whether or not the utilization of non-narrative therapists had a significant effect on client ratings of letter utility. While there was some evidence to suggest that the use of the externalizing discourse was less prevalent in some letters, it was not possible to render a conclusion as to the effects of this on letter utility. Future research efforts may be better able to thoroughly address differences in letter composition as a function of theoretical orientation, and the potential ramifications of this on client perceptions of letter utility.

We live in an era characterized by the dual challenges of reduced funding for social service endeavours, and the identification of an increased need for counselling and therapeutic services. Public and private sector agencies are demanding evidence of the utility of interventions as a requirement for continued funding efforts. Given such a competitive environment, it would appear that any adjunctive therapeutic process that has the potential to increase the effectiveness of the counselling experience would be seen as a worthwhile addition. Further, if that process could be shown to decrease the mean amount of time that a client spends in therapy, it would almost certainly be enthusiastically embraced.

The narrative therapeutic summary format has the potential to do both of these things. The current study focused exclusively on the former, namely the enhancement of

the therapeutic experience from the client's point of view. While future research is needed to explore the format's validity as a time-saving, and thus cost-saving measure, this study has laid the groundwork for further investigation into the empirical utility of the narrative therapeutic summary format as an adjunct to traditional verbal therapeutic intervention.

APPENDIX A: CLIENT INTERVIEW GUIDE

You have received as part of your therapy four written summaries of four consecutive sessions. I am interested to know what your experience with them has been. Most of my questions are not of a personal nature, however I want to remind you that you have the right not to answer any questions that you do not want to.

I. How Summaries Were Used:

This group of questions is geared toward helping me understand how you personally used the letters you received from your counsellor.

1). What is your overall opinion of the letter-writing format?

Different people might use letters such as these in different ways; in what ways did you use the letters?

-how did you use them in your counselling sessions?

-how did you use them outside your counselling sessions?

-how often did you read the letters in session?

-how often did you read the letters outside of session?

-how do you use the letters right now?

2). How do you think the letters affected the way you:

-thought or think about your issues?

-interacted or interact with your counsellor?

3). What role (if any) did you play in the construction of the summary letters?

4). How is therapy with letters different from therapy without letters?

-what makes it different?

-what is it like no longer having letters as part of your therapy?

5). **How did your use of the letters change over the weeks in which you received them?**

-did your method or way of thinking about your issues change? How?

-how much did/do you find yourself using the letters over time?

6). **Who (if anyone) did you share the content of the letters with?**

-what was their reaction?

-what was it like for you sharing the letters with other people?

II. When Summaries Were Utilized: (ask if summaries were read outside of session)

1). **What time of day did you read the letters?**

2). **How much time did you devote to reading the letters?**

3). **When (if at all) do you read the letters now?**

4). **What kind of events or situations affect when you read the letters?**

-i.e. a particularly stressful event/day/crisis, or ?

III. Where Summaries Were Utilized: (Setting)

1). **Was there a particular place that you would read the letters?**

-i.e. a particular room in your home, secluded spot, etc.

2). **Where do you presently keep the letters?**

3). **What concerns do you have about the confidentiality of the content of the letters?**

-how does this affect the storage of the letters?

IV. Utility of the Summaries:**UTILITY**

- 1). **How accurately do you think the letters reflected the content of your sessions?**
 - was one letter in particular more accurate than other ones?

- 2). **Think back for a moment to when you received your first letter.**
 - what was that like for you?
 - how did you feel after receiving and reading the first letter?
 - how do you feel about them now?
 - is there a difference between then and now?

- 3). **What was it like for you to have your counsellor reflect on some of your more personal issues in the letters?**

- 4). **What was for you the most helpful part of the letters:**
 - as a whole?
 - individually?
 - what was it about these particular parts that made them so helpful for you?

- 5). **What was the least helpful part of the letters:**
 - as a whole?
 - individually?
 - what was it about these particular parts that made them least helpful for you?

- 6). **What in your opinion are the strengths of the letters?**

- 7). **What in your opinion are the weaknesses of the letters?**
- 8). **Of the four letters, which one had the greatest positive impact on you?**
-what was it about that letter that made it so powerful for you?
-how was this helpful for you?

SUGGESTIONS FOR IMPROVEMENT

- 1). **Imagine for a moment that you are a therapist writing letters like these to your clients.**
What information would you include?
- 2). **What information would you leave out?**
- 3). **If you could, how would you change the format to make it more useful for you?**
- 4). **What would you tell your clients about the usefulness of having letters like these as part of their counselling?**
- 5). **What (if anything) would you have preferred to have your counsellor write about in the letters?**

V. **Demographic Information:**

Name:

Age:

Gender:

Marital Status:

Previous Counselling Experience:

How many sessions with current counsellor before receipt of 1st letter:

How often do you see counsellor: Weekly: Biweekly: Other:
 Are you still receiving letters from your counsellor:

Ethnicity:

Family Income: Monthly:

Yearly:

Highest Grade Attained in School:

High School:

College:

Post Graduate:

Briefly summarize the issues that you are working on with your counsellor (if unclear from interview or letters):

Is there anything that you would like to add at this time?

APPENDIX B: THERAPIST QUESTIONNAIRE

Thank you for taking the time to fill out this questionnaire. Your input here is a critical component in the analysis of this research. As part of this study, you have written four consecutive summary letters to your client. I am interested to know what you think about the summary format. Please feel free to elaborate upon any of the questions; write on the back or attach extra sheets as needed. I want to remind you that you have the right not to answer any questions that you do not want to.

I. DEMOGRAPHIC INFORMATION

- 1). Name: _____ 1a).
Agency: _____
- 2). Highest Degree(s) Earned: _____ 2a). Year Obtained: _____
- 3). Number of Years of Post-degree Counselling Practice: _____
- 4). Number of Years of Pre-degree Counselling Practice: _____
- 5). Professional Affiliations (i.e. AAMFT, OAMFT, OASW, CSW, etc.):

- 6). Number of sessions with client before summary format was introduced: _____
- 7). Frequency of Sessions With Client During Study Period:
___ weekly ___ biweekly ___ other (please specify) _____

II. GENERAL INFORMATION

- 1). Prior to your involvement in the current study, had you written letters to your client?
___ Yes ___ No
- 1a). If *yes*, please elaborate upon the *general* content of those letters (i.e supportive letter, session summary, etc.):

2). Did you have any concerns regarding *confidentiality* that affected the content of your summaries? Yes No

2a). If *yes*, please elaborate:

3). Would the content of your summaries have been at all different if you knew that only you and your client would read them (as opposed to an outside researcher)? Yes No

3a). If *yes*, how?

4). Do you still use the summary format to summarize sessions for your client? Yes No

4a). If *no*, why not?

5). Do you use the summary format with any of your other clients?
 ___Yes ___No

6). If you are still using the summary format with any clients (if you answered "yes" to either question #4 or #5), have you *modified* it in any way?
 ___Yes ___No

6a). If yes, how?

III. SUMMARY CONSTRUCTION

1). Approximately how long did it take you to construct each of the summaries?

Summary 1: _____ Summary 3: _____

Summary 2: _____ Summary 4: _____

2). Approximately how long after a session ended would you construct a summary? (indicate range in time for the four summaries)

3). Do you feel that the amount of time that lapsed between the end of a session and the time you wrote the summary for that session affected the *content* of the summary?
 ___Yes ___No

3a). If yes, how?

4). How accurately do you think your summaries reflected the pre-established *Summary Format Guidelines* (please see attached)?

IV. USE OF SUMMARIES AND CLIENT REACTION

1a). When did you give the summaries to your client?

1b). When did they first read them?

2). How did you and your client use the summaries in session (e.g. did you discuss them, for how long, in what ways, etc.)?

3). How did your client react or respond to the summaries overall (i.e. what are your impressions of the impact of the summaries upon your client, or anything your client has said about them regarding their impact, usefulness, suggestions for change, etc.)?

4). Did your client's reaction to the summaries change over time?

___Yes ___No

If yes, please elaborate:

V. UTILITY OF SUMMARY FORMAT

1). Overall, how would you rate the utility of the summary when used in conjunction with standard verbal therapy?

1 2 3 4 5 6 7
Not *Somewhat* *Extremely*
Useful *Useful* *Useful*

3). What do you consider to be the summary format's *strengths*?

4). What do you think are its *weaknesses*?

5). How did the summary letters affect (positively or negatively) the way you thought about your client and his or her issues, or the way you worked with him or her?

6). What do you see are the benefits of using the summary letter format:

6a). What are the benefits for your clients?

6b). What are the benefits for you as a therapist?

7). What do you think are some of the drawbacks associated with using the summary letter format:

7a). Drawbacks for your clients?

7b). Drawbacks for you as a therapist?

8). How would you weigh the benefits gained via this summary against the length of time required to write the summaries, and any other drawbacks associated with it?

VI. SUGGESTIONS FOR IMPROVEMENT

1). Would you, as a result of this study, consider using the summary format in its current form with any other clients?
___ Yes ___ No

1a). Why or why not?

2). Are there any types of clients that you think the summaries would be more or less helpful for?
___ Yes ___ No

2a). If yes, please elaborate:

3). How would you change the summary format to make it more useful to you:

3). Are there any other comments you would like to add?

Thank you for taking the time to complete this questionnaire. When completed please place it in the researcher's folder at your agency.

Researcher: Peter Whyte

Research Supervisor: Dr. Nick Coady
Faculty of Social Work
Wilfrid Laurier University

**APPENDIX C:
INITIAL CONTACT LETTER WRITTEN TO
EXECUTIVE DIRECTORS OF COUNSELLING AGENCIES**

Executive Director
Counselling Centre

February 1, 1996

Dear,

I am a Master of Social Work candidate in the Faculty of Social Work at Wilfrid Laurier University. I am conducting a research study into clients' experiences with and perceptions of a written, semi-structured therapeutic summary format. I am writing to you to formally request your permission to execute this letter-writing study at your counselling centre. Enclosed please find a copy of my thesis proposal for your review.

In essence, this study is an attempt to gauge the experience of clients who have received as part of their therapy a written summary of their therapy sessions. The study would require five to six therapists to furnish one or two of their regular clients with a weekly written summary of the therapy hour for each of four consecutive sessions. The summary would be written in a letter-writing form, following the basic narrative guidelines outlined in the thesis proposal. Each summary would be no longer than one page in length, and would be similar in content to standard sessional process notes. Clients who had received the summaries would later be interviewed in an effort to gauge their experiences. Therapists would also be asked to complete a short questionnaire intended to gauge their opinions regarding the efficacy and utility of the instrument.

As an organization, your agency has the potential to benefit from this project in several ways. If the summaries are indeed deemed to be useful for clients, therapists will have contributed to the development of an applied therapeutic narrative tool. Further, those therapists who participate in the study will be in a position to educate other therapists within your organization on the use of the instrument. In this sense, your agency would have first-hand knowledge of this tool, as well as an opportunity to use it to the benefit of its clientele. Once the data have been collected and analyzed, I would be more than happy to provide your agency with a copy of my thesis.

I have summarized the methodology below:

Title:	Client and Therapist Experiences with a Narrative Therapeutic Summary Format
Researcher:	Peter Whyte, MSW Candidate
Research Supervisor:	Nick Coady, Ph.D. Faculty of Social Work Wilfrid Laurier University

Research Question:

An investigation of client and therapist experiences with a standardized therapeutic summary format. In essence, is such a format a viable instrument when used in conjunction with standard therapeutic (i.e. verbal) discourse?

Field:

Participants will be individual clients of the Counselling Centre, over the age of 18. These clients will be expected to attend a minimum of four counselling sessions with the same therapist over an eight week period of time. The study requires therapists to provide one to two of their regular clients with summaries; between six and twelve clients will be solicited for inclusion in the study.

Questions to be Asked:

Please refer to the Proposed Interview Guide, Appendix 5 of the thesis proposal for a list of questions to be asked.

Confidentiality:

Please refer to *Ethical Considerations* beginning on page 16 of the proposal for a detailed description of measures taken to ensure informed consent, confidentiality and privacy, and for a discussion of risks and benefits to participants.

Your participation in this study would provide valuable insight into the use of written materials in the therapy process, as well as help to advance the research in this relatively new field.

Thus, I am writing to ask for your permission to conduct this research study at your counselling centre. I also respectfully request that you mention my project to any interested therapists. It is my hope to utilize five to six therapists who practice from a narrative perspective, but this is not a prerequisite for involvement in the study. My proposal has passed ethics review at the Faculty of Social Work at Wilfrid Laurier University; at your request, I can furnish you with a copy of said permission. I will contact you by telephone at some point within the next week to further discuss your potential participation, and that of your colleagues. Please feel free to contact me or my supervisor at the above telephone numbers if you have any questions.

Thank you for taking the time to review my proposal; I very much look forward to discussing it with you further in the near future.

Sincerely,

Peter Whyte
M.S.W. Candidate

APPENDIX D: LETTER TO THERAPISTS

To the Therapist,

Thank you for showing interest in my study investigating client experiences with a therapeutic summary format. Enclosed please find: 1) a Therapist Consent Form, to be signed by you and returned; 2) a Prepared Statement outlining the study and the extent of your client's involvement, to be signed by your clients and returned; 3) a Summary Format Guide, to help you with the construction of summaries.

In essence, I am interested in documenting the usefulness of providing clients with written summaries of the therapeutic hour. The study requires you to provide two of your regular (weekly) clients with a weekly written summary of the therapy hour for each of four consecutive sessions. The summary is to be written in a letter-writing, narrative form (please refer to the summary guide for details). The client should be given the previous week's summary at the beginning of each therapy session; a few moments should be put aside at the beginning of the hour to allow the client time to read and digest the summary. In addition, I ask that you provide me with a photocopy of each of the summaries (clients will be asked to sign a consent form authorizing you to release to me copies of their summaries).

In choosing clients for the study, I ask that you take the following into consideration. To begin with, clients who are in exceptional emotional distress should not be considered for the study. While it is of course not always possible to know the full extent of a person's distress, appropriate discretion should be used when considering clients. Secondly, as the study requires that clients receive four consecutive summaries, it is necessary to choose individuals whom you expect to see for a minimum of four more sessions. Either new or current clients may be considered; however, appropriate sensitivity should be exercised when approaching new clients, so as not to "turn them off" the idea of participating in the study. For example, it would likely not be appropriate to complete a summary of an assessment interview, although I leave such cases to your clinical judgment. Third, please try to select clients whom you expect to see on a weekly basis, or as close to weekly basis as possible. It is my hope that clients will receive all of their summaries within six weeks from the time they begin the study. Clients whom you see less frequently than bi-weekly would not be appropriate for this project.

My plan is to conduct in-depth interviews with clients who receive the therapeutic summaries, in an effort to gauge their reflections of the utility of the summary as an adjunct to the verbal discourse of "standard" psychotherapy. In the very unlikely event that clients are adversely affected by this interview process, I also ask that you make counselling available to them after the interview has been completed. This would be done strictly on an "as needed" basis, if requested by clients.

Thus, I request that you sign the therapist consent form, detailing the extent of your involvement, and scan your caseload for two clients whom you deem to be appropriate for involvement in this study. After you have selected two to three clients who are interested and willing to participate, please have them sign the client consent form, allowing you to release their names and telephone numbers to me. Once you have received consent from the clients, *please call me at the telephone number listed below*, so that I can contact them as soon as possible to further discuss their

participation. Once I have approached these clients, and they have consented to become involved in the study, I will contact you to arrange the commencement of the study.

Thank you again for your interest and involvement in my thesis. I look forward to discussing this with you further in the near future.

Sincerely,

Peter D. Whyte, MSW Candidate
Wilfrid Laurier University
Faculty of Social Work

APPENDIX E: THERAPIST CONSENT FORM

I understand that I am being asked to participate in a research study which is being conducted by Peter Whyte, a Master of Social Work candidate in the Faculty of Social Work at Wilfrid Laurier University, under the supervision of his research advisor Dr. Nick Coady.

The purpose of this study is to better understand the utility of providing clients with written summaries of their therapeutic hours. The data collected in this research will be used to promote this understanding.

The following procedures will be used. I am being asked to provide two of my regular clients with a one to two page summary of each of four consecutive therapy hours. The summary will be based upon a pre-designed format which details the information to be included in the summary. Each summary should take no longer than 30 minutes to produce. I also understand that I am being asked to provide copies of my clients' summaries to the researcher, pending client consent. In addition, I am being asked to complete a short questionnaire at the end of the study. The questionnaire will ask me questions regarding my opinion of the usefulness of the summary format from a therapist's perspective. I am further being asked to make counselling available for clients after they have been interviewed, if they so request. This is to ensure that, should clients be emotionally distressed after they have been interviewed, they have an established course to deal with that distress.

The following are benefits which I may derive from my participation in this study. I can expect to learn first-hand about research techniques in social work. I may also learn more about the specific utility of providing clients with a written summary of the therapeutic hour, thus learning a technique which has the potential to increase my effectiveness as a counsellor. There are no identifiable risks to my participation in this study.

I understand that my participation is voluntary. I may refuse to participate in this study without penalty to me. I may also withdraw from the study at any time without penalty.

I understand that my research records will be kept confidential and that I will not be identified in any publication or discussion. I understand that I am free to contact the investigator at the telephone numbers listed below if I have any questions.

I understand that I have a right to have all questions about the study answered by the researcher or research advisor in sufficient detail to clearly understand the answer.

I understand that I can receive feedback on the overall results of this research by requesting it from the researcher; this information will be available at the conclusion of the study (August, 1997). I understand that the counselling agency will receive a copy of the results. If I have any other questions about the research, the procedures employed, my rights or any other research-related concerns, I may contact the investigator or the research supervisor.

I acknowledge receiving a copy of this informed consent.

_____	_____	Researcher: Peter Whyte
Participant	Date	Research Supervisor: Dr. Nick Coady
		Faculty of Social Work
_____	_____	Wilfrid Laurier University
Signature	Witness	

**APPENDIX F:
PREPARED STATEMENT
(TO BE READ TO POTENTIAL CLIENT PARTICIPANTS)**

To the Client,

I am a Master of Social Work candidate in the Faculty of Social Work at Wilfrid Laurier University. I am conducting a research study investigating the usefulness of providing clients with a written summary of their counselling sessions. I am looking for people who are interested in participating in this study.

The purpose of the study is to understand and document clients' experiences with the summary format. Participants would receive as part of their counselling a brief written summary letter from their therapists of each of four consecutive therapy sessions (four summaries in total). Each summary will be given to participants at the beginning of their next counselling session. Participants will have time to read the summary at the beginning of each counselling session. After receiving and reading four of these summaries, participants would then be interviewed by the researcher, who would ask questions about the usefulness of having written summaries of counselling sessions. In particular, the researcher would want to know if the summaries were useful, and if so, how. During the interview, clients would have the opportunity to elaborate upon their experiences with the summary, talking about what they liked and disliked, and how they felt the summaries had personally impacted their counselling experience. The researcher would have access to copies of participants' summaries.

By participating in this project, you will have the opportunity to help produce valuable research in the area of letter-writing in therapy. Further, you will have the chance to experience first-hand the potential benefits of having a written output of your counselling sessions. All summary information, and all information pertaining to your identity will be guarded and kept strictly confidential.

Whether you choose to participate in this study or not will have no effect on the relationship you have established with your therapist.

I am interested in finding out more about this study. I authorize my counsellor to release my name and telephone number to Peter Whyte, so that he may contact me to discuss my participation in the above-mentioned research study.

Name

Date

Witness

Researcher: Peter Whyte

Research Supervisor: Dr. Nick Coady, Faculty of Social Work, Wilfrid Laurier University

APPENDIX G: SUMMARY GUIDELINE FOR THERAPISTS

To the Therapist,

Here are some basic guidelines for the construction of therapeutic summaries for your clients. It is important to remember that the summary should take the form of a *narrative letter*, rather than a standard progress note. The idea is to connect with your client with the same levels of empathy, caring and respect that you would if you were seeing them in a face-to-face session.

I ask that you include in your summaries to clients the following items:

1) INTRODUCTORY PARAGRAPH

The introductory paragraph should be an overall summary of your *impressions* of the session, i.e. whether it was a productive session, a difficult or draining session, and so on. Comments on the client's appearance, affect, presentation or anything else of note may be stated here. This may include highlighting any unique positive qualities of the client that you have noticed thus far. Also, if you deem it appropriate, you may mention how you felt just prior to or during the session.

2) PARAGRAPHS 2 and 3

These two paragraphs should form the "bulk" of the letter. In them, you should discuss the details of the session that you considered to be important. A description of the influence of the problem in the client's life should also be included. Try to use as much of the client's own words as possible. Include any metaphors or sayings that the client used, as these are the client's natural "reference points". Comment on the client's affect and mood, if you deem it appropriate. You should also make an attempt to *reinforce the externalization the problem*, i.e. refer to the problem as an entity existing *outside* of the individual. For example, you might comment on how you see "*anger*" affecting your client's functioning. Also include any questions or challenges that you thought to ask your client, but did not do so for whatever reason. Attention should be drawn to the move from problem-dominated stories to the new story being produced via therapy.

3) PARAGRAPH 4

The fourth paragraph should *highlight any unique outcomes*, or evidence that the client is standing up to, and finding his or her own solutions to, the presenting problem. In essence, you should document any particular gains you see your client making to date. Research suggests that this is in fact an important part of the utility of the summary; those gains you see in your client should be highlighted. Any outcomes that do not "gel" with the dominant, problem-saturated story should also be highlighted.

You are free to elaborate further as your particular style of writing dictates. However, these four basic components should form the framework for the summary. The summary should be no more than **one to two pages** in length.

**APPENDIX H:
SAMPLE LETTER GIVEN TO THERAPISTS TO AID IN THE
COMPOSITION OF NARRATIVE SUMMARIES**

Dear Sandra,

I'm glad that you came in today. I noticed in our session that you appeared quite uncomfortable, perhaps tense. I realize that we have just begun our work together; it is OK and natural to feel a little nervous. After all, we have just met! I was impressed by your intelligence, and your willingness to address your issues. You show a great deal of courage; I encourage you to continue upon your current path of discovery through our work together.

Our session focused on several key issues. To begin with, we discussed the panic-like "symptoms" you have been feeling lately, among them a shortness of breath, rapid heartbeat, shaking and sweating accompanied by thoughts that you might be "losing your mind" or "going crazy". You mentioned that these symptoms tend to occur at night when you are at home alone, waiting for your husband Tom to return from work. Moreover, because of the terrifying nature of these feelings, you said that you were in a constant state of fear, looking for even the slightest hint that an attack might be imminent. This has caused you to be hypervigilant to your rate of breathing, your thoughts, and other environmental "cues", such as the coming of nightfall that have accompanied attacks in the past. You said, "I am always afraid. If I run up the stairs, and am panting a bit, sometimes that's enough to trigger me, to make me think that an attack is coming. I sometimes feel like a prisoner in my own home." Clearly, Sandra, worries around these attacks have a kind of hold on you: panic is trying to pull you down, smother you, make you its prisoner. And yet, in all of this, I hear you yelling NO!!! I WON'T GO EASILY! I hear you fighting this menace. I hear you challenging "*panic*". Your decision to seek counselling, I feel, is clear evidence of your motivation to fight "panic", your steadfast refusal to give in to it.

As our session continued, Sandra, we talked about some of the other things that are going on in your life at the moment. You mentioned you and Tom are having some troubles at home. Specifically, you said that you felt that Tom has been reevaluating his role in the family, whether he in fact wants to continue playing the role of father and husband. You and Tom have had several angry and hurtful fights over the past few weeks; you characterized your relationship as "strained" at the moment. In addition, you discussed how difficult it has been for you, trying to raise two small children, hold down a part time job and complete your schooling. You said that when Tom comes home from work, you do not feel validated for all the hard work you put in every day for the family. You told him, "you are a father from 5pm onward. You play with the kids, but do little else to help raise them. I'm a full time parent - your job is from 5pm until 9pm when they go to bed". Clearly, it's very hard for you. You said that you would like to have more help with the raising of your family, but do not feel that Tom is willing to share these duties. I wonder, Sandra, as you read this, if it makes sense to you why panic has slipped more into your life lately. You are dealing with an incredible amount of stress and tension at the moment! I am impressed that you are functioning as well as you are. That is further tribute I feel, to the inner strength you possess. The mere fact that you are managing all of this at the moment speaks volumes about your potential to triumph over panic. You cried once during our session, then quickly stopped. You seemed embarrassed; when I asked you if you were, you said "this is so stupid". I want you to know, Sandra, that it is OK to cry. There are many places in the outside world where it is hard to show emotion without feeling ashamed or embarrassed. However, our time in session is not one of those

places. As you know, everything that happens in our sessions together remains confidential. It is a safe place for you, a place where you can shed your embarrassment. Emotion is never a bad word in session. You also mentioned, Sandra, that last week you were on your own two nights when panic did not get the better of you. You were able to hold panic in check, to keep it down. You refused to let it smother you, draw you into its cycle of fear. I am very proud of you for this. While you may not think of it as a great achievement, I think it is exceptional. It shows that you have the ability to get beyond this. You, Sandra, are a strong person. Further, you mentioned that you and Tom had sat down and "had it out". While it was not easy talking (sometimes yelling), you were able find some common ground. You said that you two have agreed at least for the moment, to ride out this current storm. I do not know what will happen in this regard; I wish you both the best of luck. As I said in our session, marriage counselling remains an option, if you are both willing. Until next time,

Your ally,

Peter

APPENDIX I: CLIENT CONSENT FORM

I understand that I am being asked to participate in a research study which is being conducted by Peter Whyte, a Master of Social Work candidate in the Faculty of Social Work at Wilfrid Laurier University, under the supervision of his research advisor, Dr. Nick Coady.

The purpose of this study is to better understand how useful written summaries are in therapy. The data collected in this research will be used to promote this understanding.

The following procedures will be used. I will receive from my counsellor as part of my counselling sessions a written summary of each of four of my consecutive counselling hours. I will be asked to read these summaries at the beginning of my next session, and will keep a copy of them for my own personal use. I also understand that, pending my consent, the researcher will receive a copy of these summaries, and thus will have knowledge of my therapy (see attached consent form). At some point after receiving the fourth summary, I will be interviewed by the investigators. I will be asked questions regarding my opinion of the usefulness of the summary format. The interview should take approximately 60-80 minutes to complete. Also, I will be contacted by the researcher after the interview to confirm the accuracy of his interpretation of what I said in the interview. I understand that counselling will be arranged for me after this interview if I feel that I need to discuss any of the issues raised in the interview.

The following are benefits which I may derive from my participation in this study. I can expect to learn more about research techniques in social work. I also can expect to experience first-hand the potential benefits of receiving a written output of my counselling sessions. This may include more complete personal processing of my issues in therapy, and thus more benefit for me as a client.

I understand that my participation is voluntary. I may refuse to participate in this study without penalty to me. I may also withdraw from the study at any time without penalty. My participation in this study will in no way affect my right to receive therapy.

I understand that my research records will be kept confidential and that I will not be identified in any publication or discussion. I understand that I am free to contact the investigator at the telephone numbers listed below if I have any questions.

I understand that I have a right to have all questions about the study answered by the researcher or research advisor in sufficient detail to clearly understand the answer.

I understand that I can receive feedback on the overall results of this research by requesting it from the researcher; this information will be available at the conclusion of the study (August, 1997). I understand that the counselling agency will receive a copy of the results.

If I have any other questions about the research, the procedures employed, my rights or any other research-related concerns, I may contact the investigator or the research supervisor.

I acknowledge receiving a copy of this informed consent.

_____	_____	Researcher: Peter Whyte Research Supervisor.. Dr. Nick Coady Faculty of Social Work WilfridLaurier University
Participant	Witness	
_____	_____	
Signature	Date	

**APPENDIX J:
CONSENT TO THE RELEASE OF THERAPEUTIC SUMMARIES
TO THE RESEARCHER**

I, _____ hereby authorize my counsellor
(Name of Participant)

_____ to release copies of the summaries of
(Name of Counsellor)

my therapeutic hours to Peter Whyte.

I understand these summaries will be kept confidential, and used solely for research purposes in relation to the research project Peter Whyte is currently undertaking, investigating the utility of client summaries in therapy.

Name of Client

Witness

Signature of Client

Date

**APPENDIX K:
SAMPLE OF A THERAPIST-COMPOSED NARRATIVE LETTER**

Dear

During our session last week you told me that you had felt quite hyper and uncomfortable after our previous discussion. I believe that it takes courage for you to continue to be a part of a process that is about healing, but also about discomfort, but instead, you stay true to your commitment to yourself. This is wonderful to see, and I have a lot of respect for your determination.

You talked about an experience where both the paranoia and anger were activated, after having a conversation with your brother. You felt anger because you were aware of how he could not be counted upon, and you felt paranoia because his unreliability makes it difficult to have trust. You have a long history with the unreliability of others, and have known what it is like to be let down and ripped off by people who are close to you. In this way, anger and paranoia are closely connected. They can get in the way of your ability to trust others, and they cause you to feel shame about yourself. What you did with the anger and paranoia was amazing! You had enough self-awareness to know that the anger was building, and the paranoia was setting in, and you decided to soothe yourself, instead of letting those two emotions take over and ruin your day. You found your favorite music, and you listened to it. You gave yourself something that you needed, and the anger and paranoia resided. What a wonderful thing you were able to do for yourself! You described how you take care of yourself in other situations where anger and paranoia can take over. At work, you protect yourself by avoiding the cliquey, political bullshit that happens, and you stick with the people who don't get involved in all that. You also have begun to set limits with people that are close to you, giving very clear messages about what makes you uncomfortable, and asking that topics of conversations be changed. The message you are giving yourself is that you deserve top-notch treatment, and that you have more strength than the paranoia.

You spoke about your past, and the pain that you have been through. You seem to recognize that the healing journey will not be an easy one. Anger and depression can easily take over. How often do you doubt whether you have the strength to deal with it? When the anger and depression grow, you begin to see yourself as worthless, and you begin to believe that you are not able to do very much. You start to believe damaging things about yourself, and you participate in relationships that are hurtful to you.

Yet, you are able to talk about all the growth that has occurred that will help you cope with the anger and the depression. You listed off a whole bunch of coping skills that you have created for yourself. And you were even able to blow your own horn - something that used to be very difficult for you. You said, with such pride, that you have grown so much in the past year. I am glad to hear that you are able to celebrate your own growth. Are there other ways you can even celebrate more? Does your growth deserve some form of ritual?

Sincerely yours,

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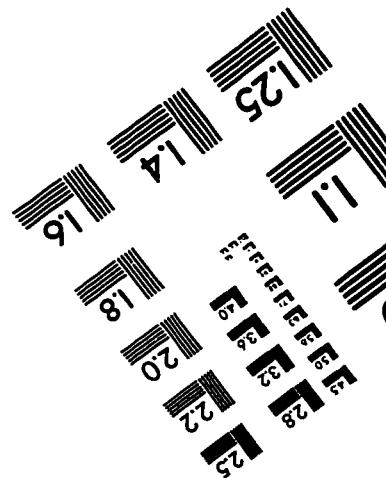
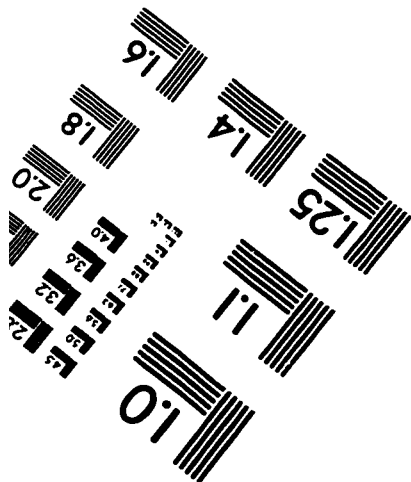
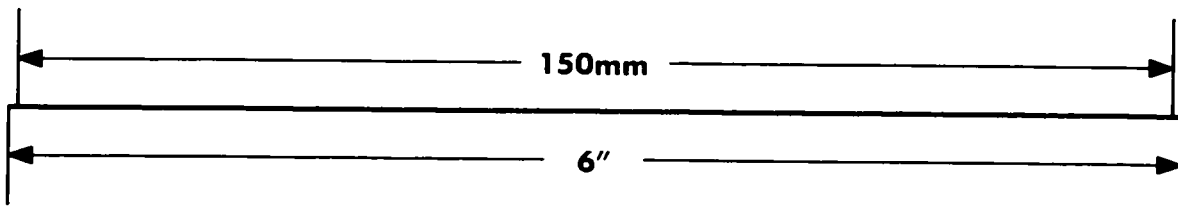
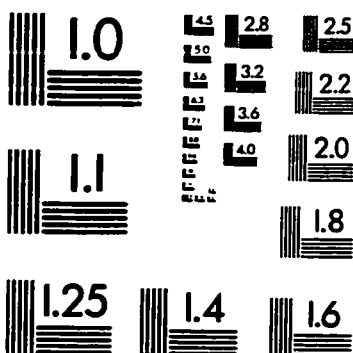
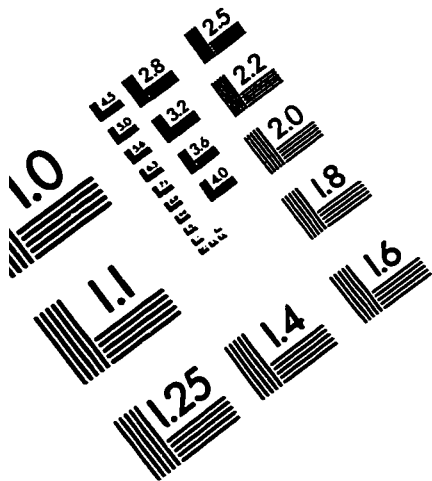
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IMAGE EVALUATION TEST TARGET (QA-3)



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