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Writing in therapy: a participatory approach

Gonzalo Bacigalupe^a

This paper explores the potential of writing *with* rather than *to or about* clients, an approach which may foster new responses to clients' dilemmas in the face of institutional, cultural, ethnic, class and gender discrimination. A selective review of literature about writing in therapy and vignettes from my own work in a community mental health clinic support this enquiry. Some implications for training are also addressed.

Each of my works is part of my biography.

(Foucault, 1988a: 11)

Writing was also important in the culture of taking care of oneself. One of the main features of taking care involved taking notes on oneself to be reread, writing treatises and letters to friends to help them, and keeping notebooks in order to reactivate for oneself the truths one needed. Socrates' letters are an example of this self exercise.

(Foucault, 1988b: 27)

Writing and the written text constitute and actively shape our lives, defining our identities and location in the larger social context (Clifford and Marcus, 1986; Roberts, 1994; White and Epston, 1990). In this paper, I will first review examples from the family therapy literature that use writing as a communication from therapists to clients. I will then consider examples from the literature and from my own work which emphasize writing as a conjoint activity between therapist and client. Finally, I propose some questions about writing which we can usefully ask trainees and colleagues in supervision.

Writing *about* clients, the most extensive form of writing in the clinical professions, introduces the notion of how we define clients, therapists, and the relationships among them in the context of power relationships. The voices of clients in the writing of therapists are frequently absent or filtered by the language of academic and

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professional discourses. This is also the case in this paper; the author writes about clients, therapists and doing therapy to communicate with other therapists, using a language that may be foreign to many clients themselves.

The question of writing in therapy is also relevant to discussions about issues of social justice in therapy contexts (e.g. therapists working with minority families). Work in a community mental health clinic can challenge therapists with questions about gender inequalities, institutionalized racism, evolving ethnic and cultural values and classism. I propose that some of these issues can be made more visible in a clinical practice that fosters collaborative therapeutic processes such as writing *with* clients.

The therapeutic encounter, including collaborative writing, occurs in the context of wider social relationships. Therapy may re-create the same social relationships that exist 'outside' of the clinical context. Although as therapists we may strive to be 'neutral', we bring our particular values and location in society into the session. What we discuss and write about with clients is influenced by age, gender, race, social class and our position of often being outsiders to the world of clients. In this regard, postmodern systemic therapists (e.g. Anderson and Goolishian, 1988; Hoffman, 1993) have recognized the encounter of therapists and clients as being like that of the native and the ethnographer in anthropological fieldwork (Clifford and Marcus, 1986). However, postmodern family therapists often describe clients and therapists as equal participants in the telling of stories during the therapy conversation as if, by entering therapy, they all become equal co-participants in the story-making. In my view, this confuses the laudable goal of equality with the realities of therapeutic encounters in which unjust social relationships may be reproduced in the therapeutic encounter.

Writing to clients

Written communications in family therapy have traditionally been from therapist to client and have been used for a variety of purposes, such as engaging absent members of the family, acknowledging attendance at therapy, focusing clients' attention and clarifying directives (Hare-Mustin and Tushup, 1977), prescribing paradoxical injunctions (Selvini Palazzoli *et al.*, 1978), interrupting 'the external chaos of the family's daily life' (Lown and Britton, 1991: 43), communicating post-session thoughts and the team's understanding

of the problem (Street *et al.*, 1991), summarizing new events (Hudson and O'Hanlon, 1991), promoting change in the direction of clients' goals (Nunnally and Lipchik, 1989), modifying the rules of the system 'by reframing the symptom as being preferable to the therapeutic result' (Elkaim, 1985: 152), and terminating treatment (Wojcik and Iverson, 1991). Lown and Britton (1991) suggested that letter-writing is effective in joining with the family and 'in organizing the treatment, enabling the therapist to maintain a sense of control, and creating new openings in an otherwise stuck system' (p. 43).

These authors often emphasize the therapist's role in writing in orienting the client in specific directions which the therapist thinks relevant. It is a form of writing which pays less attention to the active engagement of clients themselves in any writing for therapeutic purposes and places the therapist more in control of ideas and solutions.

Writing with clients

Writing *with* clients is designed to encourage participation in therapy. For instance, Kahn and Kahn (1990) encouraged adolescents to write their own books, and then to move through the therapeutic process by becoming experts on their 'own problem area', such as the death of a sibling. In the same vein, Epston (1983) motivated a client to write a chapter about her childhood foster-care experience in order to write a welfare workers. This participatory format challenges the boundaries between 'expert knowledge' and 'local knowledge', making the client an expert on herself. Therapists can also ask family members to write to each other, emphasizing the interactive and participatory process outside of the therapeutic session. Rudes (1992), for example, asked a couple to write letters to one another to aid them in reflecting about their sexual problem without getting into their usual communication difficulties. The letters changed the participants' punctuation of their usual interactional exchanges. Thus letter-writing 'may aid couples who overly attune themselves to the unspoken and who experience their relationship as unchangeable and mutually dissatisfying' (pp. 190-191).

Few authors have reported clients writing to therapists. Some have requested clients to 'observe and make notes so that [clients] can report back the next session' (Nunnally and Lipchik, 1989: 8). The goal here has been to search for exceptions to clients' description of the problem. These authors may, however, be more open to the

multiple meanings which clients can ascribe to the texts, and therapists can be less concerned about orienting clients in one specific direction and thus encouraging of a more reflexive agenda. This latter agenda is more explicit in the narrative approaches. Narrative therapists use letters to 'privilege the person's lived experience, [to] encourage a perception of a changing world [and to] invite a reflexive posture' (White and Epston, 1990: 83). A narrative therapist would then make the letters part of a context in which each participant is construed as a co-author of the stories told in and out of the therapy room.

Similarly, Fox (1983) advocated a therapy that involves writing about events in the life of the person and building a life-story report collaboratively. Biography in this case is one's view of one's own history (Epston, 1986). The therapist and client become pattern-makers rather than pattern-finders as they re-create the past in written words. The power of this process may also be based on how much effort is placed in making writing an open process. In this regard, opening up case records for clients to review has been found to generate a more collaborative relationship between social workers and clients (Doel and Lawson, 1986). Penn and Frankfurt (1994) define the written texts that emerge during the therapeutic process as a 'participant text' composed of 'the voices of the family and the therapists' (p. 217). Writing as part of the therapeutic conversation elicits a reflexive process and fosters the exploration of multiple meanings. Penn and Frankfurt believe that meanings made visible during the therapeutic conversation can be expanded and given voice through writing. In a similar way, Wood (1985) proposed writing letters and telling stories to the child on behalf of an imaginary person who plays the role of 'co-therapist' to understand effectively children's own view of their world.

Writing with clients may create a setting in which client and therapist can more actively collaborate. A technique that has proved useful in my work is to review and write the progress note with clients. Progress notes include an account of what we talked about, assessment of any accomplishments, the therapist's reflections or questions that were not useful, an evaluation of what we want to accomplish next, questions the client may want to address, etc. When the writing procedures become part of the therapeutic activities, the client may have a greater opportunity to take a proactive stance in therapy. In a study about the impact of client involvement in case recording, Badding (1989) found that the practice of case workers and

clinicians improved if clients became involved in case recording; it helped clients make more sense of their lives, and they were more involved and felt in more control of the therapy.

I will now describe some examples of the usefulness of writing with clients in a community mental health clinic.

1 A letter to the principal

A therapist whom I supervised worked with a fourteen year-old boy who was referred because of rudeness and defiance in the classroom. After a few sessions with the child and a considerable number of consultations with teachers, the child's conduct had not changed and he was not well engaged in the therapy. I suggested that the therapist talk with the child about larger system issues, and later to write down what he said. The therapist suggested during the next session that she and the child write a letter (a 'memorandum') to the principal. At the next meeting, the child began to speak about the unjust conditions at his junior high school. The child's comments were recorded by the therapist, and transcription and editing were worked on later by both of them.

I just wanted to let people know . . . what it was like to go to school where the teachers and the students had to suffer because the Town did not think we were worth having what other towns have. A lot of kids have been getting into trouble, and teachers think it is because we are lazy, but they never stop to think that we are bored . . . because no one is excited about teaching us. All I've seen is a lot of mad teachers. People tell me that the teachers are mad because they are overworked and nobody care about education, specially for Latinos . . . a lot of kids get blamed for what happens at the schools . . . everybody should know that I am not stupid, I am bored, and I don't have problems at home.

The principal agreed with the letter's content, and the child's credibility improved (though he did not support the therapist's and child's desire to send the letter to a newspaper). Coincidentally, a federal grant increased the amount of resources in the school system. As a result, the school was able to reopen extracurricular activities, including sports, so that school life became less dull and more interesting, and the child developed a more positive attitude towards the school. The child's sense of agency changed as he saw the possibilities of using writing to communicate with others and to document his reality. The writing may have provided another form of telling others what he felt and how the larger context may be

responsible for what powerful adults construe as individual deviation.

This example highlights the potential difficulties in working with clients who have a 'limited' writing ability and who may have difficulties in engaging in the process of documenting their lives. The therapist needs, then, to ask how far any letter reflects the therapist's ideas rather than the client's. In this particular case, to lessen this trap the therapist had suggested that the boy record some ideas at home on his own after a tough day at school. Even if the writing is 'discontinuous, awkward, and unfinished', these same characteristics 'may point towards fruitful areas for further exploration' (Rasmussen and Tomm, 1992: 7).

Another relevant dimension is the timing of clients' decisions to go public about their story. The issue of timing needs careful attention, so that, for example, we can prevent a too early intervention that alienates the participants in the presenting problem (Perry, 1988). This is especially relevant when the client's story is of a traumatic event and safety is paramount. In the case above, issues of timing were carefully evaluated taking into account the risk of the child being ejected from the school as a result of sharing the memorandum.

2 A last chapter

I asked one of my clients 'to write the last chapter of the first volume of her memoirs'. When I suggested this idea to her, I did not directly imply the notion of a reconstructed past or a desired future; the task was ambiguous, letting her decide the content and its intention. She was in the process of alcohol recovery and dealing painfully yet firmly with memories of incest. Her past was filled with traumatic events: her husband's death, her oldest son's death in a gang-related accidental killing, a long history of victimization by men and the frustration of having had a daughter whom she could not raise because she had been too young to take care of her. Her last chapter included a story about parenting her two children, who were living at that moment with a foster-parent. Being alone at this point in her life with someone taking care of her children was construed by her positively, allowing her to be concerned with her own care. Since the foster-parent was aware of her role as a temporary caretaker, it eased a revision in therapy of how to be taken care of, who could temporarily care for her two children, and it changed negative social stereotypes about foster parents. The writing fostered an inner

dialogue with herself in which she valued the possibility of being taken care of versus being the only caretaker. Thus, the foster-parent was described in her story as an adult who would support her so she would not have to rely on her children for protection. This is a passage from that writing:

I finally fixed that hole in my son's wall, I guess I know now that I can do some things for them . . . well, like not drinking . . . now when I feel alone I visit three, four, or five groups [AA meetings] . . . I can get from them the company I was just finding in my children . . . I meet some old friends there too.

Coincident with these writings, the client began to contact her sisters and in-laws whom she had not seen for many years, contacts which allowed her to see herself as part of a network of family members and women survivors also affected by trauma, although they had been coping with it in a less destructive way. The writing exercise became a form of journal writing, although I kept reminding her that it was still part of an unfinished chapter and book, emphasizing the evolving aspects of story-telling and actual experiences in the present. The following is an excerpt of that work:

Yesterday I came back from Maine, I visited them [two of her sisters], and we have a wonderful weekend . . . they told, well I did too, about all that, my father coming to our rooms in the night . . . we did not talk those nights . . . but, we closed the door as firm we could. . . . There was a perpetually pounded, engulfing and overwhelming silence. The silence to the outside world said: 'Look we have no problems.' The silence was to the members of the family and screamed DO NOT TALK. They all remember that and for the first time, in a long time, we said it! . . . They told me about missing me all this time . . . and about coming next summer all the girls to have a reunion . . . in the photo we are in that new house [she had inserted a photo], and I left my photo there where I slept. . . . Now I am planning that visit to Connecticut and later to New York. . . . Now I can face them, again I have a place there. . . . Someday they'll have one here too.

She wrote about her family of origin in a way she had not been able to before, and reframed her siblings' past in a different light and in the context of a hopeful present. Her writing probably reflected some of the work being done in the therapy. As Metzger (1992) writes, 'when writing about ourselves or an event that we know well, we sometimes find that the story itself is going elsewhere . . . that it is taking a direction we never expected' (p. 56). For this client, her traumatic story took a direction that focused on what she could reconstruct

anew. For instance, she later wrote a penultimate chapter to the first volume that helped her to redefine difficult situations in the light of previous traumatic events. She was also able to handle those situations in part because she learned new organizing skills through the writing. For instance, in one session I suggested the possibility of designing a ritual to mark her children's return from the foster home to her home. In the next session, she announced that she had invited the foster-mother to have lunch during the children's weekend visit. At that lunch, she asked the foster-mother about ideas for this ritual, and invited her to the next therapy session.

Writing for this client provided a gentle way of connecting previous traumatic memories and linking them with the present challenges in her life. As narrative therapists have written, narratives can be anchored in the past and the present or in future projects and expectations. In this regard, Parry (1991) has asked clients to write or 'narrate the next chapter of their own life story as they would like it to unfold' (p. 46), a more directive approach to the one I employed in the case described above. Such narratives are the story of a life and the social history of interconnected lives. In the context of a reflexive and collaborative therapy, client and therapist become conscious of their locations in larger narratives, and of their responsibilities in the creation of those stories. The written stories in therapy also reflect a multiplicity of voices, an internal dialogue. In a participative therapeutic process, we reconstruct with the client what she experiences as a fixed story, a single-voiced story (Penn and Frankfurt, 1994).

3 *I don't know what comes next*

A twelve-year-old girl, soon to deliver her first baby, came to the counselling centre with her mother after the state child protective agency mandated counselling. Protective case workers had threatened the family with the girl's removal from home if she was seen with her eighteen-year-old boyfriend, who stood accused of her statutory rape. The mother reported that her daughter's boyfriend 'has a job and a car, what else does anyone want?' The mother's ideas were powerful enough to become the dominant story in the therapy session, although this was a counter-productive story in conversations with protective workers. In both situations, the girl appeared as an object of interventions by others. To counteract this and to foster a more active stance for the girl, I suggested she write a letter to each participant in

the situation. The content and form of the letter were defined by her, but I aided her to reflect upon its effect on the readers. She wrote to her mother, her boyfriend, the child protective agency and to her unborn child. In each letter she asked for 'forgiveness' and requested their collaboration in the future. Although I was not comfortable with the notion of forgiveness in the case of someone who had been abused, she felt that it would make sense within the cultural and gender context in which she was located. The following excerpt is from the letter she wrote to the child protective agency:

I'm scared and I don't know how things are going to go, or how they are going to get solved, and I don't know if writing to you will help. I don't know what to do for the best, nor do I know what to say to the therapist you want me to visit. The other girls in the school have had their children . . . and the school supports them, but I don't want to have more problems. . . . You have to forgive us.

The letters created a less defensive attitude in the other participants and fostered a better understanding of each one's role as a facilitator or impedor of change. Following the letters, the participants were more open to conversations in which their own agendas could be taken into account in the light of the client's and the family's evolving needs. The girl's letter to her unborn child became a letter to herself as a child at risk:

Somehow, I am afraid of how things could turn out for you, I couldn't let you down, you have to be happy, not sad, not alone, it will be warm then, nobody will do things to you, it has to be different.

The letters were an invitation for the girl to organize her story anew, and they worked as pragmatic interventions to counteract the well-intentioned yet disciplinary power of all the service providers, including myself as the therapist. The letter to her mother was never sent because the girl felt that her mother was being supportive to her and she was embarrassed to let her mother know how critical she felt. This letter, however, became an important reminder of the themes she could potentially address with her mother in the future.

It's hard to be your daughter now. I wouldn't like to be in your shoes, being angry and also having to love me. You didn't like him [boyfriend] and now he brings something. We haven't talk about anything yet, raising this child and all the rest.

The letters became a tool for the client to manage 'her own case' and her words became constant reminders of her personhood for the

professionals who usually describe clients in the language of psychopathology and/or systems.

In these examples, writing aided in redefining an aspect of the clients' identities and relationships with the larger context and in redefining complex dilemmas in the past or the present. Writing with clients invited a critical analysis of the larger context and an empowering resolution of clients' dilemmas in a supportive milieu rather than representing a technical manoeuvre managed by the therapist.

Addressing writing in therapy in a training/supervisory context

To engage in dialogue with trainees or supervisees about the relationship between writing and therapy, I designed a set of questions aimed at questioning taken-for-granted writing about and to clients. The underlying rationale for each question emerged from conversations with therapists in training and in supervision; the questions are used as need arises.

Addressing the impact of writing in professional practice

The following questions introduce the importance of writing in the therapeutic process and highlight the therapist's attention to the link between writing procedures and treatment decisions. *How would your clinical practice change if you were not to take notes during or after the therapy session? How would your practice be different if you had access to a transcript of each session?*

Addressing issues of empathy, respect and the client-therapist relationship

First, clinicians can explore the oppressive dimensions of case documentation and issues of power, such as the distance created through the use of technical words and the clinician's notes to read your files, reports, or any written communication about them, would they understand the contents and intentions of your writing? Another possibility is to imagine the clinician in the client's position, or in family therapy, to reflect on the weight given to each member's agenda. *If you were your client, would you like to be pictured in the text as you represented your client? In the case of a letter written to a family, how would you react if you were a particular member of that family?*

Addressing the link between institutional practices and the therapeutic session

The following questions address the degree to which the client participates in treatment decisions. *How would you describe the access of your clients to your writing about them in files? What are your thoughts about your client's participation in the documentation and design of their therapy? A form of future questioning may allow therapists to imagine possible scenarios in which writing becomes a participatory process, and in which they become confident about sharing the documentation process. What would the issues be in the therapeutic relationship if the documentation of the therapy was kept in clients' homes instead of in the clinic?*

Addressing institutional limitations in therapy

Institutional values and organizational preferences frequently limit the perspectives we may take and may determine the process, duration, themes and assumptions underlying the therapy. Accordingly, to help in expanding the limits imposed in particular contexts on the therapy, it is important to clarify the institutional contexts under which clinicians work at the moment of writing and practising therapy. The following questions foster clinicians' awareness of their internal dialogue and to whom they respond in the therapy. *How much of your writing is done having in mind supervisors, colleagues, clients, insurance companies, journal review board members, etc.? If you were presenting the 'case' in the context of a paper or conference presentation, what would your clients' reaction be if they were spectators or readers?*

Addressing therapists' stories and their connection with clients' stories

There is the potential for therapists as well as clients to see themselves as storied individuals, their lives as an evolving text. *If you were to write a novel of your life, what would the title be? In that novel, what chapter(s) would include your clients? If you were to ask your clients, what chapter(s) would occupy in their novel? What have you learned from this client and previous clients? How would you write about the experience of learning from clients? I have found these questions very useful in encouraging therapists to review the influence clients have had on them. Being able to map the clients' effect on the therapist is a relevant task, particularly when working with supervisees who have to address power issues in work with survivors of abuse, violence and trauma.*

Conclusion

Writing can play an important role in aiding clients and therapists to include multiple voices and diverse positions in their communications. Writing in systemic therapy can help clients to distance themselves from problem-saturated descriptions, mobilize multiple meanings and voices and facilitate the re-storying of their dilemmas. It encourages clients to choose written communication either as an invitation to a reflexive conversation, as a direct intervention in the search for change, or both.

Hopefully, these ideas challenge the tendency to perceive therapists' mission as isolated from a commitment to social justice. The movement from writing *about* and *to* clients to writing *with* clients is a step forward in integrating collaborative, reflexive and liberating aspects of postmodern systemic therapy. This kind of writing does not necessarily provide a complete solution to the complex dilemmas of addressing social justice in therapy, but it may counteract procedures insensitive to the commitment to a therapy of partnership.

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