

## Letters in cognitive analytic therapy: The patient's experience

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### Abstract

Patient perspectives on how therapeutic letters contributed to their experience of cognitive analytic therapy (CAT) were investigated. Eight patients took part in semistructured interviews. A grounded, thematic analysis of their accounts suggested four general processes. First, letters offered a tangible, lasting framework for the assimilation of a new perspective about themselves and their relationships and facilitated coping with a complex range of emotions and risks this awareness required. Second, they demonstrated therapists' commitment to patients' growth. Third, they helped to teach participants about the therapy process as an example of an interpersonal exchange. Fourth, they helped participants consider how they wished to share personal information. These data offer a more complex understanding of this standard CAT intervention. Although some findings are consistent with CAT theory, the range of emotional dilemmas associated with letters has not received specific attention. Clinical implications are discussed.

**Keywords:** brief psychotherapy; emotion in therapy; integrative treatment models; process research; qualitative research methods

Cognitive analytic therapy (CAT) is a time-limited therapy informed by cognitive-behavioral therapy, psychodynamic psychotherapy, and more recently the work of Vygotsky (Ryle & Kerr, 2002). It is a relatively new therapeutic model, developed initially by Anthony Ryle (1990; Ryle & Kerr, 2002) specifically in response to the needs of the National Health Service (NHS) for treatments of short duration. CAT is structured, consists of clearly specified procedures, and can be applied to a wide range of conditions in many settings (Denman, 2001; Ryle & Kerr, 2002). The empirical status of CAT is best described as emergent. There are currently no high-quality efficacy or effectiveness studies and few process studies of CAT.

A central feature of CAT is the reformulation of patients' presenting problems. The term *reformulation* is based on the assumption that patients already have their own understanding of their experiences, including problematic ones. Reformulation denotes the transformation of this understanding into a more explanatory and useful form, in collaboration with the therapist (Ryle & Kerr, 2002). This is considered a particular form of education aimed at extending patients' self-knowledge (Bruner, 1986; Ryle, 1994).

Therapists explain this aim, and an important feature of CAT is the reformulation letter, written by the therapist. In the letter, given to the patients at approximately Session 5, patients' life histories are retold, emphasizing personal meanings and emotions and showing how present ways of living represent the strategies developed to cope with early life. It is stressed that the letter is a provisional one and open to revision by patients.

Ryle (1990) proposes that the process and sharing of the reformulation letter with patients has a number of other functions. These include cementing the therapeutic alliance, defining more accurately those processes that therapy seeks to modify, and providing patients with a new understanding, to be used in discovering and initiating new experiences henceforth. Jointly developing the reformulation and applying what is learned from it are thought to have complex impacts on the therapy (Ryle & Kerr, 2002). The experience of being seen by a thoughtful other with sustained attention is believed to be uniquely powerful, so the process is expected to raise patients' morale and strengthen a working alliance. Offering an understanding of dysfunctional interpersonal processes, even before patients can

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fully grasp them, appears to provide a secure context for the therapeutic work and facilitate an increased awareness of feelings and access to memories (Ryle & Kerr, 2002). The development of a meaningful story out of jumbled accounts can contribute to developing personal meanings, essential for the achievement of psychological well-being (Crits-Christoph, 1998). Finally, writing the reformulation in a letter provides patients with a document to keep and return to as they wish (Burns-Lundgren, 2004).

At the end of therapy, the therapist and patient exchange "good-bye letters." The aim of the therapist's letter is to represent the progress made in therapy and offer a realistic view of their relationship with the patient. In the same way, the patient's letter, always suggested but not always produced, invites accurate reflection on the therapy (Ryle, 1990; Ryle & Kerr, 2002). It is hypothesized that these good-bye letters help patients cope better with termination and provide a record of the therapeutic process that they can keep through follow-up and beyond.

Specific guidelines need to be borne in mind by CAT therapists when writing these letters. For further information regarding these points and clinical examples, please refer to Ryle and Kerr (2002).

Although there have been a growing number of small-scale studies or uncontrolled series exploring CAT (Denman, 2001; Kingdon, 2001; Ryle & Kerr, 2002) and case studies describing the use of reformulation (Bennett, 1994; Donias, 1993; Evans & Parry, 1996), there is a lack of research exploring claims regarding the impact of letters and, more generally, written documents offered by therapists. However, the use of letters as a psychotherapeutic tool is not unique to CAT (Bolton, Howlett, Lago, & Wright, 2004). The benefits from techniques involving patient writing in therapy have been well documented and demonstrated experimentally (Francis & Pennebaker, 1992; Pennebaker, 1997). Patient engagement in unstructured writing, formal homework tasks, and diary keeping has also been described anecdotally across different models and practices with a range of benefits (Graham, 2003; Shilts & Wendel, 1991; Smyth, 1998; White, 1995; White & Epston, 1990). Purported functions have included increasing patient awareness of different feelings throughout therapy, offering containment for the work, and providing a lasting record of therapy as well as a visual affirmation of the suffering patients have experienced.

However, only a few formal investigations of the impacts of therapist therapeutic letters have been conducted (Howlett & Guthrie, 2001; Moules, 2003). Drawing on their experience of clinical

practice, letters have been used to help engage patients initially, to maintain the therapeutic alliance, and to prepare to let go at the end of therapy (Epston, 1994, 1999; Ingrassia, 2003; Wojcik & Reese Iverson, 1989; Wood & Uhl, 1988). These studies reveal that patients have a range of responses to therapeutic letters, including bringing back positive memories of the therapy as well as distressing memories from the past. However, it cannot be assumed that all therapeutic letters will be of use or value to all recipients.

The current study sought to develop a deeper understanding of how letters impact on CAT therapy from the perspective of the patient. This was important for several reasons. First, patient ratings of therapy have been shown to predict outcome, often better than ratings by others (Orlinsky & Howard, 1986). Second, patients' perspectives of important events in therapy have been shown to differ markedly from those of therapists or external observers (Fuller & Hill, 1985; Llewelyn, Elliott, Shapiro, Hardy, & Firth-Cozens, 1988; Pilkonis, Imber, Lewis, & Rubinsky, 1984; Yalom, 2001). Finally, exploring patients' perspectives regarding their letters may challenge assumptions therapists have about how letters contribute to the therapy (Ahern & Madill, 2002). They may also generate deeper understandings of this intervention and its place in the overall structure of CAT, especially because both the reformulation and good-bye letters are standard processes (e.g., procedures for creating letters are followed), despite being highly personal and individual to each patient. This regularity also enables a comparison of their impacts across patients.

## Method

### Design

Semistructured interviews were used to elicit participants' ( $N=8$ ) perspectives of how the letters in CAT contributed to their therapy. A thematic analysis informed by certain principles of grounded theory and hermeneutic inquiry was used to analyze the interview transcripts.

### Interview Schedule

Semistructured interviews were developed because it was anticipated that patients' perceptions of the letters would be complex and various (Ryle & Kerr, 2002), and these types of interviews would permit detailed and personal accounts of the letters and enable Michelle Hamill (the interviewer in each case) to compare them with her theoretical knowledge of the function of letters in therapy. A basic set

of probes was piloted with CAT patients not participating in the study proper. These probes were to help participants reflect on and navigate through their experiences of the CAT letters in the context of their therapies. However, direct questions were posed only if participants did not spontaneously offer related information in their discussion. This developmental phase also permitted a foundation for the hermeneutic inquiry used throughout the study. In brief, participants were asked to say how they had come into therapy and recount their experiences (thoughts, feelings, perceptions, and uses) of the different letters throughout therapy and beyond.

A second interview allowed the interviewer to increase the richness of the data by seeking further information and clarifying participants' impressions, thoughts, feelings, and reflections about the letters and the emerging themes, thus offering a validity check on interpretations of previous meanings and increasing authenticity and credibility to the data and analysis overall.

### **Ethical Approval and Procedures**

Ethical approval was sought and granted from Suffolk Local Research Ethics Committee on August 12, 2005, and NHS Research and Development approval was granted by five sites between September 13 and September 30, 2005.

Five female UK-trained clinical psychologists who had completed further CAT training and had between 2 and 10 years experience of CAT recruited patients to the study. They were asked not to select patients according to any preconceived ideas regarding who might be a good participant or who might be complimentary about their therapy. Recruits needed to be English-speaking adults, but otherwise there were no particular age or diagnostic exclusion criteria. Michelle Hamill had no further contact with the recruiting psychologist once patient details were obtained.

Michelle Hamill contacted all patients directly, answered questions, and scheduled the interviews on receiving their consent. Continuing consent was explained and remained active throughout participation. Both interviews took place at the NHS setting where the patient had attended; one participant, however, requested to be seen at home. Interviews took place between the final session of the therapy series and a follow-up session (scheduled as part of standard CAT practice). Interviews lasted for approximately 1 hr and were audiotaped with the participants' permission.

### **Participants**

Of the nine patients contacted, eight (five women, three men; White; English as native language; aged 20–85 years) participated. The main presenting problem for each participant was depression; two women (Maggie and Sarah) were also diagnosed with anxiety disorder. Each participant received 16 sessions of CAT, except for Joe, who received 12 sessions. All names and identifying features have been removed or changed. All participants gave their therapist a good-bye letter. Participants included men and women, placing at both ends of the adult life span, living alone or with other people, and with different levels of educational attainment.

### **Analytic Procedure**

Approximately 20 hr of interview data were transcribed by Michelle Hamill. A thematic analysis of each entire interview transcript, which was based on principles from grounded theory (Henwood, 2004; Henwood & Pidgeon, 1995; Strauss & Corbin, 1990, 1994, 1998) and hermeneutic inquiry, was used (McLeod, 2001). A combined method was chosen in order to add sensitivity to the complexity of data produced by interviews (Ahern & Madill, 2002; Rennie, Philips, & Quartaro, 1998) and to draw a connection to an established theoretical perspective and its utility for underresearched areas (Mason, 2002).

The analytic process began before the data collection, with Michelle Hamill writing notes in a reflexive journal reflecting her expectations of the results that might follow, in the form of responses to specific issues. These were based on her personal knowledge of CAT therapy and its process and a review of the literature on the impact of letters in therapy. In part, this was to familiarize herself better with these expectations, thus increasing her awareness of their influence on her perceptions of participants' descriptions of their experiences.

Neither research supervisor was involved in any participant's therapy. Themes were allowed to arise from repetitive immersions in the data, thus using a grounded approach for discovering key meanings and their interrelationships. In first phase of analysis, Mary Reid also examined two of the transcribed interviews to select initial themes independently of Michelle Hamill. These were compared, and overlapping themes were kept as primary categories.

Throughout the analysis, Michelle Hamill moved within a cycle of interviewing, analyzing, and interviewing again. Emerging themes were discussed with Mary Reid, who sought further data to support them and periodically offered contrasting concepts that might be derived from them, and with participants

for validity checks. In line with grounded theory principles, the interview schedule was restructured by the ongoing results as new themes emerged and by referencing these against existing literature.

Although the limits to data collection did not permit theoretical saturation (i.e., reaching a point at which no new concepts emerged), it was felt there was adequate exploration of a number of important themes repeated across participants (Pidgeon & Henwood, 1997; Strauss & Corbin, 1998). The analytic process also involved three systematic coding stages in succession: (a) naming of diverse concepts inherent in patients' narratives as they first appeared; (b) ongoing comparisons of coding categories to distinguish differences or similarities between them, merging when possible or establishing a rationale for diversity; and (c) refining emergent codes and adding a thematic account of them in relation to the question of how letters contributed to the therapy. Thus, categorical codes were formed in terms of their dimensions and properties and the conditions in which they appeared to arise (Strauss & Corbin, 1990, 1994, 1998). The aim of this complex approach was to develop a single story line of interrelated concepts validated by multiple sources and to locate everything else around it.

An example of this was "communicating self with others," developed from several subcategories, including "facilitating understanding of others," "including others," "hurting others," "letters as weapons," "letters are confidential and private,"

"feeling alienation," "feeling misunderstood," and "not telling others my story."

Because the interviews included several points to explore from a CAT theory perspective (e.g., the roles or function attributed to letters), these a priori categories (e.g., offering self-knowledge, order, and explanations for problems) were also included as analytic structures. A determination of whether comments made by participants regarding them were spontaneous or as the result of a probe was also included.

A hermeneutic process (McLeod, 2001) provided a further check on the reliability of interpretations made and also stimulated the third stage of data analysis, whereby the results of the thematic analysis were compared with the list of expected results developed at the outset. Reactions to the research process, including responses to the participants, their interviews, and early analytic stages involving the transcripts, were also documented in the reflexive journal throughout the research process (Finlay, 2002; Lincoln & Guba, 1985). These processes, which were supported by Mary Reid, extended throughout the data collection and analysis stages. They provided a continual reference and helped alert Michelle Hamill to ways in which a personal framework might be affecting her interpretations of the data. Finally, an attempt was made to determine whether any further concepts might transcend these accounts, that is, to offer further precision or refinement in how the data provided insight into the impacts of letters.

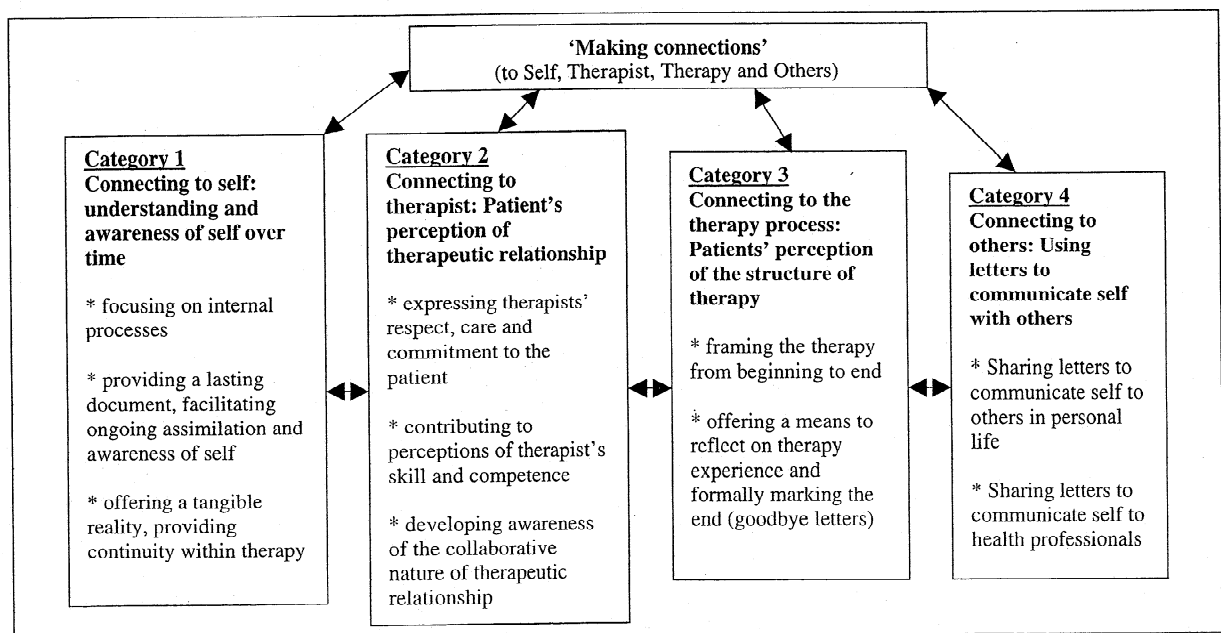


Figure 1. The major categories of response: CAT letters helped participants make connections within themselves, with their therapist, and therapeutic processes, and with decisions regarding communicating about themselves to others.



## Results

The results of these analyses yielded four general categories, each containing a blend of more subtle experiences (Figure 1). Some examples of these are presented next.<sup>1</sup>

### Category 1: Connecting to Self: Understanding and Awareness of Self Over Time

Letters contributed to participants' developing self-awareness over time and to varying degrees. All participants spontaneously discussed the impact of reading and seeing their lives, and difficulties, on paper; for some participants, the letters were key to them changing their views. Two main processes appeared to be involved: (a) receiving another perspective on themselves and their problems and (b) approaching uncomfortable experiences within themselves. Both processes appeared to require a gradual assimilation over time, because these letters provoked strong, often painful emotional responses, even after the therapy had ended.

Joe: You explore and you try and understand what's the matter with you and you ... you admit to certain things, and then [the reformulation letter is] almost as if, I suppose, it's self-knowledge, I mean it's painful self-knowledge. (1.26)

The good-bye letters also appeared to be instrumental in increasing participants' ability to tolerate strong feelings; consequently, for most individuals, they helped people to separate from their therapists (see later discussion of Category 3).

That letters represented a tangible and visible representation of each participant was another aspect of these processes; this appeared to be just as crucial as the content of the therapist's words. All commented on the importance of having a lasting document of the therapy to reread, to help assimilate new understandings of self, over time. Participants commented on how they could continue to reexperience their letters as a direct message from their therapist about themselves. The sensory aspects of the letters (how they could be seen, touched, and heard) were described by more than one participant in these discussions.

One participant offered a contrasting view: that his letter conveyed only one, current impression of himself. Although he acknowledged that this had value, he questioned whether this represented anything more complex and lasting. He felt his letter did not reach him as deeply as he would have liked.

Peter: And there's also the business of the fact that however well written a document is ... it doesn't include the physical, the emotional, the ... I mean

it can suggest that, but it doesn't encapsulate that. It is a statement of how one person felt or felt that they needed to express themselves at a given time. It isn't necessarily how the person feels when they reread that document; and that to me doesn't destroy the value but it limits the value. (2.11)

Therapist: And that was another thing that you said [the reformulation letter] being a snapshot in time, that it does just capture a specific moment in time. (2.12)

Peter: Yes, and that moment can be fed into and is fed into, must be fed into by other things that are going on. (2.13)

Nonetheless, most participants discussed how they made use of their letters outside of (during and after) the therapy to reread to help them to come to terms with new understandings. The need for repeated exposures over time was emphasized by all.

For some participants, seeing themselves through the eyes of the therapist also offered literal perspective, or distance, from their problems. Some participants felt that having their story on paper made it more real.

Maggie: Visually looking at and thinking, because I hadn't looked at it in that way before ... because it was on paper, and it was someone else's views on me and it was actually in front of me, in words on a piece of paper, so it was more ... it felt it was more real, it was more, "This is actually what it is, and this is how someone else perceives me." (1.52, 56)

However, some participants expressed a dilemma about rereading the letters during therapy and once it had finished. They worried about the letters' ability to reinvoke painful feelings and the damage that they might cause, especially after therapy was finished. Each one intended to keep the letters, for the time being at least, because they might lend further benefits. However, keeping the letters could also mean reconnecting to painful memories and aspects of self and loss, and this impact might not always be managed well in the future, depending on how they might be feeling at the time.

### Category 2: Connecting to Therapist: Patients' Perception of the Therapeutic Relationship

Letters helped participants feel connected to their therapist by engendering feelings of safety and trust in the therapist's skill. These impacts contributed to their ongoing motivation during the remainder of therapy.

Sarah: The [reformulation letter] reassured me that ... she was getting what she wanted from me ... It just confirms that you're not, that each of us aren't wasting the other person's time, which is rather important ... It also helped me feel when I saw how she was assimilating things ... I then realized how much of what she had said to me I was assimilating ... We're meshing together really, isn't it?" (1.83, 87, 89)

The ability to trust the therapist arose as a central theme for each participant, and implicit comparisons were often made between different stages of their relationship. For example, some experienced a rocky initial (or later) stage of therapy, and the reformulation letter usually had a beneficial impact on how well participants felt they could trust their therapist and the therapy itself.

Mary: Parts of [the reformulation letter] are very correct ... I suppose that's why I did stick with this. I stuck with this because alongside all this chaos and incompetence ... she had some skills ... when she buckled down and there was no more nonsense then that was really helpful. (1.121)

Although several participants reported feeling safe with their therapist immediately, the reformulation letters offered proof that their confidence was warranted. Others did not feel able to initially trust their therapists well and found this doubt stimulated when reading the letter. However, as an event, the letter brought them closer to this dilemma, as if encouraging them to consider it more fully. The letters stimulated a feeling of being exposed and the potential of the therapist to hurt them, more powerfully than just hearing his or her spoken words.

Joe: I thought, "Well, [the reformulation letter], that could be interesting." I mean a certain curiosity and as the letter approached ... a certain fear, as I expressed to her, that because, again, part ... some therapy is a kind of putting the boot in at a certain stage ... You might expect a rather unflattering summary of your character to be coming up ... so I thought, "Well, what the hell have I have subjected myself to this possibility for, gratuitously, really?" (1.25)

All participants mentioned how the letters helped them realize or strengthened their belief in the therapists' competence to help them to change and overcome their difficulties. For Michelle Hamill, this was a noteworthy finding.

Jack: I think if I remember rightly I was quite surprised how long the letter was and how deep and how much she'd remembered, even the small things that had been said... I think it's a feeling that she cares, that she bothered to do [the reformulation letter], and [she's] very good at her job. (1.90, 92)

### **Category 3: Connecting to the Therapy Process: Patients' Perception of the Structure of Therapy**

First, letters provided a structure for understanding: Participants could now break their difficulties into component parts. For some, this helped to make insurmountable problems more manageable and gave them a sense of continuity as they worked. However, there were differences among participants in whether this process was viewed as helpful. When it was, it appeared that the reformulation letters assisted their passage through what often were very difficult or painful tasks, by giving events new meaning as they unfolded.

The reformulation letter helped some participants to reflect on their goals and the areas they could work on. For some, this was experienced as a source of motivation and appeared to initiate an active stage of therapy, namely the recognition and revision of unhelpful procedures (i.e., repetitive and dysfunctional interpersonal dynamics).

Maggie: So [the reformulation letter] sort of broke that down so I thought, "Right. That's how I'll tackle it," different areas, so that was quite good like that ... And you know it made me want to get in there and get it sorted because it'd ... it did recognize what the problems were, it was on a bit of paper, you could break it down and sort it out ... You know it gave structure, it sort of moved you forward in the therapy. (1.68, 114, 264)

All participants knew they could amend the reformulation letters and did this to varying degrees. In checking and editing the letter, participants became collaborators in the therapy process.

Jack: [The reformulation letter] made me more satisfied knowing what we covered in the past and a structure of what the future things would be. (1.84)

All participants wrote a good-bye letter. They differed in their experience of how both their and their therapist's letter affected the ending of therapy. Although the reformulation letter is written collaboratively, both patient and therapist each write their

own good-bye letters at termination. As with the earlier letter, the good-bye letters raised different emotions for different participants, including sadness, gratitude, and anger. Most felt anxious, because they were not sure what was expected, and several wondered whether the letter would be good enough. Although some commented on the effort and emotional struggle it created, they also reflected on how writing helped them realize, and order, their own thoughts and feelings. The good-bye letter helped them mark this event, reflect more about it, and engage in a healthier way to end a relationship while still acknowledging loss and disappointment.

Rachel: I don't like endings. This was easier because I knew it was going to be like that ... I think it made it final with [my good-bye] letter, it made it final ... I think I said things that I probably wouldn't have said verbally. (1.220, 226, 262)

Thus, letters contributed to participants' understanding of therapeutic processes and offered a thread of continuity through them. Together, both letters framed the therapy, offering structure, meaning, comfort, direction, and sense of progress over time.

#### **Category 4: Connecting to Others: Using Letters to Communicate Self With Others**

Participants suggested that letters could exert other influences on their relationships. Much discussion focused on how the letters affected their beliefs about the difficulties they had with others. For participants, it seemed a natural consequence to reflect on the potential meaning their letters might have for others if they also read them. These thoughts appeared to be part of their considerations about sharing their understanding of self with others. In this context, all participants mentioned that their letters were private and exposed their own interpersonal difficulties. Allowing others to read them was perceived as risky and required careful thought. The potential existed for such personal material to do harm and increase their interpersonal problems. Thus, thinking about how their letters might be shared initiated a larger consideration of the risks of sharing new self-awareness with others, if at all.

Participants had different reasons for sharing their letters and had differing levels of discussion with their therapist about this issue. The context in which the letters had been developed and exchanged became a central focus in their thinking. Some felt the letters were a useful way of including and facilitating others people's understandings of them

outside of the therapy (e.g., loved ones and other health professionals involved in their care). For others, sharing the letters was deemed too risky. Just as the letters could reconnect the patient with painful memories, the potential to connect others with painful events and emotions was also real. Because their content also revealed the privacy and exclusivity inherent in the therapy, it was feared that others reading the letters might feel excluded from the processes that had led to these discoveries and become angry or upset, especially if they might be implicated in the interpersonal scenarios on which these discoveries were founded.

Joe: I didn't show [the reformulation letter] to my wife ... No, I wondered as I was reading it ... I thought, "Well, perhaps shall I show it to my wife?" and I thought, "No, no" ... Well, there was something in it ... and I know we've talked about that and my wife says "It's not true and don't keep saying it," so I didn't want to stir up things at home really. (1.82, 86)

For one participant, this was particularly extreme because she was unable to take her reformulation letter home in case her family found it.

The issue of using the letters purposely to hurt others was also raised. The letters were perceived as potential weapons, especially if others' behavior was portrayed as contributing to the patient's difficulties. Thus, the letters could expose painful experiences that participants had kept secret, protecting both themselves and their loved ones. Similarly, by validating the patient's experiences, the letters could also contradict others' views and experiences, potentially leading to conflict.

### **Discussion**

The results highlighted how letters in CAT have the potential to contribute to therapy in multiple ways and impact on many change processes. They described how the process of assimilating knowledge of self and understanding of interpersonal processes requires time, carries risk, and needs to be carefully done. The letters facilitated this learning in particular, because they were tangible, were consistently available over time, and permitted continuity throughout participants' different states of mood and changing framework of understanding. Further, letters offered a template on which participants could find and build some order out of their confusion or prior lack of understanding of events. The degree to which letters served this function varied and depended on participants' level of self-understanding at the start of therapy. This ranged

from an expressed lack of general understanding to having some understanding that was enhanced over time. A core theme across these processes was "making connections," capturing affective, physical, and cognitive aspects of participants' experiences. This could be viewed as a central construct within both positively and negatively toned experiences of receiving, thinking about, and using the reformulation and good-bye letters. Although all participants had finished therapy, they were not necessarily at the same stage in processing its meaning. Spontaneously, they commented on the relevance of these interviews themselves, because they were still thinking about how the letters, within the therapy, contributed to change.

### **Methodological Critique**

Although the data collection involved only eight White patients whose native language was English, a richness of experience was captured, especially because two interviews permitted both participant and interviewer to consider the participant's comments over time. The sample included participants who reported difficult experiences of therapy and the letters and general dissatisfaction with services. Although the interviews were based on patients' subjective impressions of their experiences, it needs to be remembered that these were exactly the views that were central to the research questions posed here. However, this should be remembered in a subsequent discussion of these ideas.

### **Theoretical Implications**

CAT theory proposes that letters can facilitate self-awareness by helping to make sense of previously confusing life experiences through the use of narratives. The results of this study support this. While coping with anger, shame, fear, and sorrow, all participants described the letters as helping them create an awareness of self, a realization of the strength of the therapeutic relationship, and a deeper understanding of therapeutic processes, with implications for interpersonal relationships outside of the therapy proper. The letters framed the therapy, offering meaning, comfort, direction, and sense of progress over time. However, the data also suggested that the letters' contributions to the therapy may be broader than previously envisaged. Certain dilemmas and risks associated with the letters pervaded participants' accounts, such as reinvoking painful emotions by rereading the letters and deciding whether to share them with others, offering a more complex understanding of the part the letters played beyond those currently proposed by CAT theory.

As predicted by Ryle, all participants identified that one important feature of the letters was their permanence. The letters provided a lasting document, which could be referred to and reconsidered again and again, and this appeared to aid accuracy, appraisal, and assisted internalization (Ryle, 2004). The results provide some support for the idea that the transitional and provisional nature of the reformulation letters help prevent the therapist and patient from jumping to conclusions (Steinberg, 2004) and permit them to test the other's intentions. Paradoxically, in CAT practice, written words, although permanent, were also negotiable.

However, just as powerful were the transient processes evoked by the letters during their construction and in the following months. CAT stresses that the work of therapy, including the letters, must focus on personal issues, be memorable, and be of high emotional impact (Ryle, 2004). This study highlighted the role of the letters in developing the necessary relationship and dialogue for this work in order to facilitate patients' capacity for self-reflection. Because patients may have a history of difficulties in building trust in their interpersonal relationships, highlighting and explaining these difficulties within yet another relationship appears to be a key intervention toward change. In addition to this symbolic role, the findings suggest that CAT letters offer a very practical and formal way of marking the collaborative nature of the therapeutic relationship.

However, these same processes also posed certain risks and dilemmas. An unexpected finding was how frequently the theme of risk appeared in participants' discussions, and this theme arose in three different contexts. These included decisions of whether or not to reread them and risk exposure to painful content; whether to share them with others; and facing their thoughts and feelings about termination and their relationship with the therapist while trying to write their own good-bye letter. In each context, letters provoked strong, often painful confusion as well as hope, even after the therapy had ended. Facing reformulation provoked intense vulnerability as well as excitement. Again, a paradox appeared here. Participants' recollections of facing and resolving these dilemmas offered a more sensitive understanding of just how instrumental the negotiation of the reformulation letters was in assisting this process. Learning to tolerate feelings while making decisions about how to manage these various risks offered patients important developmental experiences.

Thus, these letters could hurt and heal through processes of making and losing connections, contemplating risks, and learning how to cope with a complexity of emotions. Letters acted as real and symbolic agents of this power. In the theoretical

literature on psychotherapy more generally, there is often a tacit acceptance of the painfulness of psychotherapy and the role of pain in the change process (Bolger, 1999; Greenberg, 2002; Greenberg, Rice, & Elliott, 1996). Engaging in a therapy is a risky business, provoking both internal and external interrelationships, and this was highlighted by participants. Other approaches (Greenberg, 2002) have described the fundamental work of psychotherapy as helping patients process and tolerate previously avoided pain and distress, which has threatened to overwhelm (Greenberg, 2002; Greenberg et al., 1996). The importance of full emotional processing in therapy has received growing attention, particularly within the experiential therapies (Elliott, Watson, Goldman, & Greenberg, 2004; Greenberg, 2002; Greenberg et al., 1996). If the role of psychotherapy is to facilitate the process of working through emotional pain evoked by events and experiences in patients' lives (Bolger, 1999), the particular usefulness of therapeutic letters becomes even more apparent.

It has been suggested that work between sessions contributes significantly to successful outcomes (Howlett & Guthrie, 2001; Moules, 2003; Orlinsky, Grawe, & Parks, 1994; Rombach, 2003; Wojcik & Reese Iverson, 1989), and participants frequently described referring to letters between sessions. At the same time, letters provided them with some control over making contact with painful internal processes. Therapeutic letters have been described as transitional phenomena (Ingrassia, 2003; Howlett & Guthrie, 2001). Here it appeared that letters may have helped some patients to develop a sense of object constancy regarding the therapist and the containing process of therapy, and thus became a "transitional object" in the development of a strong, internalized attachment figure (Winnicott, 1953). All participants reflected their immediate plan to keep the letters. Similarly, the transitional quality of the good-bye letters may have buffered the difficult emotions evoked in managing separation from their therapist.

### Clinical Implications and Recommendations for Future Practice and Research

There are no current guidelines in CAT theory regarding patients (or indeed therapists) sharing the letters. Although it is expected that writing letters in CAT demands therapists' thoughtfulness and sensitivity, therapists also need to heed the sensitive issues regarding privacy and confidentiality raised here. These findings raise the issue of whether some patients, and some practitioners, may be confused about the ownership of the letters. Do

they belong to the patient? Are they shared property between patient and therapist? Do they belong to the health care organization that provides the therapy service, and, if so, what are the implications of this? Further research as well as greater thought and discussions among CAT practitioners and between therapists and patients regarding the sharing of CAT letters may help to clarify some of these practice and ethical issues.

The results identified the struggles some patients had in relation to writing their own good-bye letters. This is not currently addressed in CAT guidelines. There may be implications for how patients' good-bye letter is suggested, depending on people's level of educational attainment, native language, and writing ability. Some participants in this study also reported not having copies of their own good-bye letter at the time of the interviews. Further consideration is required in relation to using CAT letters across language and cultural barriers and whether interpreters are required in therapy.

Future research could also explore patients' perspectives of the specific details of the letters. This could help to identify aspects considered to be more or less significant and also provide a basis for comparing patients who report more successful and unsuccessful outcomes of therapy and compare patients who report successful and unsuccessful therapy.

Therapeutic writing in general is underresearched. With advances in Internet communication in mental health services, this area is ripe for ongoing research. Different theoretical explanations of how and why therapeutic writing works from different theoretical orientations could also be explored to help develop and expand understanding of writing in therapy in general (Bolton & Wright, 2004).

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### References

- Ahern, J., & Madill, A. (2002). How do transitional objects work? The client's view. *Psychotherapy Research, 12*, 369-388.
- Bennett, D. (1994). Readiness to change—The impact of reformulation: A case example. *International Journal of Short-term Psychotherapy, 9*, 83-92.
- Bolger, E. A. (1999). Grounded theory analysis of emotional pain. *Psychotherapy Research, 9*, 342-362.

- Bolton, G., Howlett, S., Lago, C., & Wright, J. K. (Eds.). (2004). *Writing cures: An introductory handbook of writing in counselling and therapy*. London: Brunner-Routledge.
- Bolton, G., & Wright, J. K. (2004). Conclusions and looking forward. In G. Bolton, S. Howlett, C. Lago, & J. K. Wright (Eds.), *Review of "Writing cures: An introductory handbook of writing in counselling and therapy"* (pp. 228-231). London: Brunner Routledge.
- Bruner, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.
- Burns-Lundgren, E. (2004). Review of "Writing cures: An introductory handbook of writing in counselling and therapy." *Reformulation*, 23, [http://www.acat.me.uk/library\\_pages/?type=198](http://www.acat.me.uk/library_pages/?type=198).
- Crits-Christoph, P. (1998). The interpersonal interior of psychotherapy. *Psychotherapy Research*, 8, 1-16.
- Denman, C. (2001). Cognitive-analytic therapy. *Advances in Psychiatric Treatment*, 7, 243-252.
- Donias, S. (1993). Validating conceptual aspects of the reformulation process in CAT. *Reformulation*, XX, [http://www.acat.me.uk/library\\_pages/?type=238](http://www.acat.me.uk/library_pages/?type=238).
- Elliott, R., Watson, J. C., Goldman, R. N., & Greenberg, L. (2004). *Learning emotion-focused therapy: The process-experiential approach to change*. Washington, DC: American Psychological Association.
- Epston, D. (1994). Extending the conversation. *The Family Therapy Networker*, pp. 31-37, 62-63.
- Epston, D. (1999). *Catching up with David Epston. A collection of narrative based papers*. Adelaide, South Australia: Dulwich Centre Publications.
- Evans, J., & Parry, G. (1996). The impact of reformulation in cognitive analytic therapy with difficult-to-help clients. *Clinical Psychology and Psychotherapy*, 3, 109-117.
- Finlay, L. (2002). "Outing" the researcher: The provenance, process and practice of reflexivity. *Qualitative Health Research*, 12, 531-545.
- Francis, M. E., & Pennebaker, J. W. (1992). Putting stress into words: The impact of writing on physiological, absentee, and self reported emotional well being measures. *American Journal of Health Promotion*, 6, 280-287.
- Fuller, F., & Hill, C. E. (1985). Counselor and helpee perceptions of counsellor intentions in relation to outcome in a single counselling session. *Journal of Counseling Psychology*, 32, 329-338.
- Graham, G. H. (2003). Role preparation in brief strategic therapy: The welcome letter. *Journal of Systemic Therapies*, 22, 2-13.
- Greenberg, L. S. (2002). *Emotion-focused therapy: Coaching clients to work through their feelings*. Washington, DC: American Psychological Association.
- Greenberg, L. S., Rice, L. N., & Elliott, R. (1996). *Facilitating emotional change: The moment-by-moment process*. Washington, DC: American Psychological Association.
- Henwood, K., & Pidgeon, N. (1995). Grounded theory and psychological research. *The Psychologist*, 8, 115-118.
- Howlett, S., & Guthrie, E. (2001). Use of farewell letters in the context of brief psychodynamic- interpersonal therapy with irritable bowel syndrome patients. *British Journal of Psychotherapy*, 18, 52-67.
- Ingrassia, A. (2003). The use of letters in NHS psychotherapy: A tool to help with engagement, missed sessions and endings. *British Journal of Psychotherapy*, 19, 355-366.
- Kingdon, D. (2001). Commentary. *Advances in Psychiatric Treatment*, 7, 254-255.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. New York: Sage.
- Llewelyn, S., Elliott, R., Shapiro, D., Hardy, G., & Firth-Cozens, J. (1988). Client perceptions of significant events in prescriptive and exploratory periods of individual therapy. *British Journal of Clinical Psychology*, 27, 105-114.
- Mason, J. (2002). *Qualitative researching* (2nd ed.). London: Sage.
- McLeod, J. (2001). *Qualitative research in counselling and psychotherapy*. London: Sage.
- Moules, N. C. (2003). Therapy on paper: Therapeutic letters and the tone of relationship. *Journal of Systemic Therapies*, 22, 33-49.
- Orlinsky, D. E., Grawc, K., & Parks, B. K. (1994). Process and outcome in psychotherapy. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behaviour change* (4th ed., pp. 270-375). New York: Wiley.
- Orlinsky, D. E., & Howard, K. I. (1986). The relation of process to outcome in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behaviour change* (3rd ed., pp. 311-381). New York: Wiley.
- Pennebaker, J. W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, 8, 162-166.
- Pidgeon, N., & Henwood, K. (1997). Using grounded theory in psychological research. In N. Hayes (Ed.), *Doing qualitative analysis in psychology* (pp. 245-273). Hove, UK: Psychology Press.
- Pilkonis, P. A., Imber, S. D., Lewis, P., & Rubinsky, P. (1984). A comparative outcome study of individual, group and conjoint psychotherapy. *Archives of General Psychiatry*, 41, 431-437.
- Rennie, D., Phillips, J. R., & Quartaro, G. K. (1998). Grounded theory: A promising approach to conceptualisation in psychology? *Canadian Psychology*, 29, 139-149.
- Rombach, M. A. M. (2003). An invitation to therapeutic letter writing. *Journal of Systemic Therapies*, 22, 15-32.
- Ryle, A. (1990). *Cognitive analytic therapy—Active participation in change: New integration in brief psychotherapy*. Chichester, UK: Wiley.
- Ryle, A. (1994). Persuasion or education? The role of reformulation in cognitive analytic therapy. *International Journal of Short Term Psychotherapy*, 9, 111-118.
- Ryle, A. (2004). Writing by patients and therapists in cognitive analytic therapy. In G. Bolton, S. Howlett, C. Lago, & J. K. Wright (Eds.), *Writing cures: An introductory handbook of writing in counselling and therapy* (pp. 59-71). London: Brunner-Routledge.
- Ryle, A., & Kerr, I. B. (2002). *Introducing cognitive analytic therapy: Principles and practice*. Chichester, UK: Wiley.
- Shilts, I. G., & Wendel, A. R. (1991). Therapeutic letters: Pacing with the system. *Journal of Strategic and Systemic Therapies*, 10, 92-99.
- Smyth, J. M. (1998). Written emotional expression: Effect size, outcome types, and moderating variables. *Journal of Consulting and Clinical Psychology*, 66, 174-184.
- Steinberg, D. (2004). From archetypes to impressions: The magic of words. In G. Bolton, S. Howlett, C. Lago & J. K. Wright (Eds.), *Writing cures: An introductory handbook of writing in counselling and therapy* (pp. 44-55). London: Brunner-Routledge.
- Strauss, A. L., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Beverly Hills, CA: Sage.
- Strauss, A. L., & Corbin, J. (1994). Grounded theory methodology: An overview. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 158-183). London: Sage.
- Strauss, A. L., & Corbin, J. (1998). *Basics of qualitative research* (2nd ed.). London: Sage.
- White, M. (1995). Therapeutic documents revisited. In M. White (Ed.), *Re-authoring lives: Interviews and essays* (pp. 199-212). Adelaide, South Australia: Dulwich Centre Publications.

- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: W.W. Norton.
- Winnicott, D. W. (1953). Transitional objects and transitional phenomena: A study of the first not-me possession. *International Journal of Psycho-Analysis*, 24, 89-97.
- Wojcik, J. V., & Reese Iverson, E. R. (1989). Therapeutic letters: The power of the printed word. *Journal of Strategic and Systemic Therapies*, 8, 77-81.
- Wood, C. D., & Uhl, N. (1988). Post session letters: Reverberations in the family treatment systems. *Journal of Strategic and Systemic Therapies*, 7, 35-52.
- Yalom, I. (2001). *The gift of therapy. Reflections on being a therapist*. London: Piatkus.