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J FAM NURS 2009; 15; 50 originally published online Feb 4, 2009;

DOI: 10.1177/1074840708330666

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Therapeutic Letters

A Challenge to Conventional Notions of Boundary

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This article explores the impact of letter writing on therapeutic boundaries. Letters challenged and extended the spatial and temporal boundaries of the therapeutic relationship, and especially the boundary between the personal and the professional, resulting in greater relational connectedness and therapeutic intimacy between the author as therapist and his client participants. By crossing boundaries traditionally posited to keep clients safe, letter writing evoked a carefully considered use of boundary that, perhaps paradoxically, brought the author and the participants into a fuller relationship with self and with each other. A revisioning of therapeutic boundary that challenges "professionalism" and patriarchal constructions of boundary is followed by an exploration of how letters contributed to therapeutic intimacy by giving expression to therapist availability, mutuality, and vulnerability. The experiences of five of the author's clients who agreed to be interviewed are used to illustrate and enrich this narrative.

Keywords: *therapeutic letters; therapeutic letter writing; therapeutic boundaries; therapeutic relationship*

I first became interested in writing therapeutic letters after reading that White and Epston (1990) found that their clients valued one such letter as much as three to four face-to-face therapeutic conversations. I have always believed the therapeutic relationship to be central to therapeutic efficacy, and as I already used letter writing as part of my practice, I decided to investigate the effects of letter writing on this relationship. This article examines the impact of letter writing on one significant aspect of that relationship, namely boundary. I chose interpretative phenomenological analysis (IPA), a

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qualitative method of thematic textual analysis developed by Smith (1995, 1996; Smith, Jarman, & Osborn, 1999; Smith & Osborn, 2003), to interpret the data obtained by interviewing five of my own clients who volunteered for this purpose. I selected IPA, a derivative of grounded theory, because it is suited to small, purposive sampling and because it fit well with my role of researcher–practitioner. In particular, it recognizes the role of participants as experiential experts on the subject they are being interviewed about and also acknowledges that the researcher’s intentionality plays an active role in the construction of the meaning sought.

A Revisioning of Boundary

A boundary can be defined as “a spatial metaphor employed to describe and define the relationships between people and objects in the world” (Anderson, 2000, p. 1). In therapeutic relationships, boundaries are traditionally seen as enabling a process of exclusion and separation. Although it is entirely proper that boundaries exclude inappropriate social, sexual, or other exploitative behaviors from the therapeutic relationship and that they separate this relationship from others in terms of professional issues such as confidentiality and focused therapeutic intentionality, perhaps their function in enabling meeting and connection has been overlooked. Boundaries, like the skin of two hands joined, mark both the places of separation and of meeting. They give rise to a separateness that enables a togetherness; without boundaries there would be merging rather than meeting. It was my experience that the process of letter writing led to the replacement of rigid, impersonal, and therapist-centered boundaries that focused on separation and entrenched the therapist–client power differential, with flexible, personal, and relationship-centered ones that focused on connection. The therapeutic relationship then became safe and strong enough to support and foster a greater sense of individuation for both me as therapist and my clients, which in turn made it safer for us to come into an even more intense therapeutic relationship. Individuation and intimate therapeutic connection became iterative, recursive, and mutually supportive processes that both supported and were enabled by clear, considered, and flexible boundaries.

Considering boundaries in terms of their function within a therapeutic relationship provides a more dynamic model than does seeing them as spatial demarcations. A boundary violation can be described in functional terms as an event that occurs whenever the therapist responds to her or his own needs and fails to act in the best interests of the client (Hartmann, 1997).

Boundaries are a crucial component of the therapeutic crucible and are absolutely necessary to keep both the client and the therapist safe. Perhaps ideally boundaries should serve the purpose of what Winnicott (1958) described as the containment of "the good-enough mother": loosely yet firmly encompassing arms that imperfectly protect from harm while holding a space of permission to experiment with a different way of being and doing in the world, including learning how to compensate for imperfect boundaries to create containment and safety for self. The containment of boundaries provides the safety necessary for clients to become unbounded enough to fully explore the dynamics of their own issues and processes.

I suggest that letter writing challenges two separate though related factors that have limited the effective therapeutic use of boundaries: the protection of professional privilege and the entrenchment of patriarchal values.

Boundaries as Protection of Professional Privilege

One of the oft-unstated purposes of professional boundaries is to protect the power and elitism of professionals. I suggest that one of the reasons for using boundaries to limit the therapeutic relationship is therapist fear. To enter into an intimate therapeutic relationship requires therapists to come into an intimate relationship with themselves, and this is a challenge that many are not prepared to meet, choosing rather the safety, comfort, and protection of formal and formularized boundaries:

The fear in the therapist is of disorganisation of the self, or of the client, or of the relationship between them; and catastrophic expectations on the part of the therapist that make them restrict their work to what is safe and unexceptionable. (Rowan & Jacobs, 2002, p. 131)

An excessive concern for therapist safety can be very limiting and represents a real danger that therapists who err too much on this side may find themselves adopting "a pseudo-professional stance that is controlling in its effects and barren in its essence" (Hermansson, 1997, p. 140). Relationships that are not safe to enter need to be controlled, and clients whom it is not safe to meet need to be objectified. Unfortunately, an excessive focus on therapist safety often results in a neglect of client safety. The most common boundary violations are probably ones of excessive distance rather than ones of overinvolvement (Lewin, 1994).

Patriarchal Constructions of Boundary

Feminist writers argue that it is important that boundaries are based on a transparently articulated rationale that stands to protect and serve the best therapeutic interests of the client rather than representing and preserving an entrenched, barely considered, and frequently patriarchal power differential. The role of gender in stipulating therapeutic boundaries has sometimes been neglected. The history of psychology, psychotherapy, and counseling has, until relatively recently, been dominated by men. It therefore stands to reason that traditional concepts of therapeutic relationship have been defined by men:

Masculinity is defined through separation, femininity through attachment. Male gender is threatened by intimacy, female gender identity through separation. [. . .]¹ Males tend to have difficulty with relating, females with individuation. The male identity domain holds tight boundaries for the exercise of exclusion, the female identity domain has loose boundaries for the process of interconnection. (Collier, 1987, p. 55)

Feminist writers have also embraced and celebrated the idea that mutuality, empathy, and intimacy lie at the heart of the therapeutic relationship and require a close connection between client and therapist (Collier, 1987; Jordan, 1986, 1995). Therapeutic letters conveyed to both me and my clients the expressed and held experience and understanding of the other; they enabled us to receive and encounter a representative sample of the experience of the other into the safety and security of our own worlds. A crucial point is that even when clients and I empathically cross into each other's worlds, we never completely leave our own. My experience was that this recursive process of empathic joining and separating resulted in both of us developing a more differentiated sense of self that made it safer for us to connect more intimately. In proposing the concept of an "optimal" therapeutic distance between client and therapist, Leitner (1995) offered a description of this blending of connection and separateness as "blending profound experiential closeness to a professional understanding of the client" (p. 358). This closely matches my experience of empathic boundary crossing.

I'd like to examine in more detail how letters crossed the boundaries of time and space.

Temporal and Spatial Boundaries

Letter writing crossed the boundary of time by extending the processing that the clients and I did well beyond the confines of our weekly sessions

and the physical confines of my consulting room. All of my participants expressed deep appreciation of my writing and receiving letters in my own time. The meaning they attributed to this varied somewhat. For Michael and Paul, letter writing in my own time was something that they perceived to be beyond the “contract” that we had established.² The fact that I was investing my private time, a commodity that they both prized very highly, in writing to them gave them a sense of my really valuing and connecting with them as people rather than the more limited description of “professional client”:

Paul: You’re obviously spending the time to sit down and think and write and then think about what I’ve written to you. And I like that because it feels more personal and less clinical I guess.

For Fiona and Donna, it was my writing and receiving letters in my own time that first signaled that more of me than the professional persona of therapist might be available to meet them.

Fiona: When there’s written . . . there’s tangible emotional connection, and people willing to put time into it . . . so validation of how important, I guess, you are to them, they are to you. And. . .³

Donna: I’ve been really touched that you have actually offered . . . a part more of yourself in offering to write letters, just in terms of your time.

Fiona experienced an enormously strong sense of enduring connection through letter writing via e-mail, describing this process as an “electronic umbilical cord.” She further described this sense of continuity as follows:

Fiona: It held the space and kept the whole process alive, real, and visible for more exploration.

Barry was really moved by the experience of my thinking about and writing letters to him out of session and my “being there” that this represented to him. He too appreciated the enduring connectivity that letters represented and held and found that this sustained him between sessions. He also appreciated being able to share the burden of his journey with me between sessions and was relieved that he did not have to cope all on his own during some very painful, lonely, and difficult times:

Barry: It’s given me greater confidence in maintaining . . . greater confidence in realizing it can be an ongoing conversation, so it’s not just one hour once a week. [. . .] Continuity as in bridging the gap . . . so it isn’t batch type processing but continuous processing, and part of this is ongoing engagement with each other and the issues.

Letter writing also challenged the spatial boundaries of the session. Rather than being confined to my office, both the participants and I wrote and received letters in the more private spaces of our lives. The participants reported that for them letter writing extended the boundaries to incorporate more of their lived experience into their therapy, making it a richer experience and easier for them to connect in-session insights into their daily lives.

Home was a very special place for Michael, a place where he could truly feel safe, and he was very particular about whom he invited there. Knowing this I was especially careful to ensure that he had truly given his informed consent for me to write letters to him at home. He experienced receiving letters from me as hosting me in his home, where he was most at ease, and this gave him the courage to process issues that he felt some shame about.

Michael: I think I'm less vulnerable in my own space. At least my feeling is of being less vulnerable when I can review that material in my own space. I think my mind's really more open to the implications of it all.

Paul enjoyed receiving and writing letters both at home and at work and felt that they kept him on track during his frenetically busy life. Communicating with me at home and at work helped imbue our relationship with a normalcy that he trusted. Barry preferred receiving letters via e-mail at work, where he would take time out to check that he was attending to his issues and not just letting daily routine place him in "suspended animation" until his next session. He appreciated my supportive "presence" at work, which was an arena in which he had several difficult relationships:

Barry: One element that I value extremely highly in the therapeutic process is, and you actually see it in the e-mails sometimes, is about supporting, not doing it for me . . . I have to do it, is just about being there, being a witness to it, supporting it, hearing it, responding to it [. . .] but that sense of presence is actually really, really, really important to me.

Donna wrote one of her most significant letters to me from her deserted office on a Sunday afternoon where she had been catching up with work until the urge to write to me to externalize a troubling issue arose. In commenting on why she found this so valuable, she said,

Donna: It's the power of being able to do that in the moment, which then means we've got something incredibly rich to work with, because it's so damn true. . . . It has all the energy of now and the uncensoredness of now.

Rather than detracting from the bounded safety of the confines of my office, letter writing to some degree extended the containment of our sessions into the private spaces of the participants' lives. In the absence of my physical presence, letters held a space, a "connected in relationship" supportive space, in which it was safe enough for clients to keep processing their issues and building the relationship with themselves supported by the relationship between us as they continued their journeys.

Interface of the Personal and the Professional

As I looked and listened for harmonies, resonances, and commonalities among the stories of the participants, it became evident that the most important paradox that letter writing had both set up and helped resolve was that of professional boundary and personal connection. The letters that I wrote conveyed to my clients that all of who I am as both person and professional was willing and eager to both meet and be met by all of who they were. My experience was of being real, transparent, and present in the therapeutic relationship.

This personal and intimate encounter is at the heart of the therapeutic relationship, the transformational crucible of effective therapy. It is far more important than therapeutic technique, which, if applied out of the context of a cocreated, mutual, and authentic therapeutic relationship, often results in clients feeling objectified, diminished, and worked on rather than met, consulted, and empowered.

I would like to challenge the convention that considers therapists revealing anything of themselves to their clients to be inappropriate or even unethical and suggest that appropriate transparency is a prerequisite for cocreating a mutually empowering relationship between client and therapist. I regard appropriate transparency as that which does not burden the clients but rather provides them with contextual information about the therapist that enables them to evaluate and respond to the therapist and therapist interventions from a more knowledgeable and empowered position: "Authenticity might be about the openness to writing hearts and lives into the letter, not in an effort to make the letter *about* me, but *of* me" (Moules, 2003, p. 41).

From the client's perspective, perhaps the primary value of the therapeutic relationship is that it facilitates a fuller, more consciously and curiously seen, and more compassionately held relationship with self. The connection between the deepening of relationship with self and the developing of therapeutic relationship is a synergistic one. Fiona expressed this well:

Fiona: I think that the letters allowed me to explore therapeutic relationship. [. . .] How much is that about the more of you is with me, the more of me is with me, the more I get to see me, the more I can be with you, the more you can be with me stuff.

Letter writing, by challenging, extending, and redefining traditional therapeutic boundaries, enabled these closer, more intimate connections to take place.

Therapeutic Intimacy

Letter writing contributed to the participants and me experiencing the therapeutic relationship as a very intimate one. The term *intimate* is infrequently found in the literature. There seems to be considerable professional discomfort with this term and a variety of opinion as to what constitutes therapeutic intimacy. Some have suggested that emotional expressiveness and the amount of self-disclosure in a relationship are a useful measure of intimacy (Robson & Robson, 1998). For me, mutuality, availability, and vulnerability are important qualities of an intimate therapeutic relationship: The cocreation and sharing of meaning may also be regarded as a hallmark of intimacy (Weingarten, 1992).

I would argue that the intimate work of therapy can safely take place only within an intimate therapeutic relationship:

Therapy is a deeply intimate and vulnerable experience, requiring sensitivity to one's own state of being as well as to that of the other. It is the meeting of the deepest self of the therapist with the deepest self of the patient or client. (Satir, 1987, p. 17)

An in-depth psychotherapeutic exploration of self can be a frightening, lonely, and isolating process. At some intuitive level clients know if their therapist is truly with them, both able and willing to join with them on their journey, and letters, both by their physical presence and by their contents, can provide tangible evidence of this joining. I was delighted by Buber's (1988) description of empathy and the ability to move between the therapist's world and that of the client as "a bold swinging, demanding the most intense stirring of one's being into the life of the other" (p. 71). Although I as therapist experience that stirring as an intimate, empathic joining with my clients, I never lose a sense of myself as a separate being who is reflexively observing as well as experiencing the meeting.

Wounding that occurred in relationships that disappointed and sometimes betrayed needed to find healing in relationships of integrity that can

be trusted. Therapeutic intimacy is a quintessential quality of such healing relationships. Letters provided tangible proof of my willingness to enter into intimate therapeutic relationships and so supported this trust.

Therapeutic intimacy is in some ways a rarefied intimacy, and yet paradoxically the professional parameters of this intimacy can increase its safety and lend it a potency that may make it even more intimate than many of the client's or therapist's closest personal relationships. I want to suggest that therapeutic intimacy is built on the three cornerstones of availability, mutuality, and vulnerability and that letter writing can be an important medium in manifesting and thickening these three relational attributes.

Availability

Letters conveyed to the participants an increased sense of my availability, both in terms of time and in terms of the full quality of my presence. The person of the therapist is to some extent unavoidably accessible to the observant client, but this is different from the intentional use of self in therapy (Wosket, 1999). I have come to believe that the availability of my authentic self in therapy invites the clients to risk discovering and making available their authentic self and that together we then become capable of creating a unique and intimate therapeutic relationship that is capable of transforming both of us.

My availability to Donna in our therapeutic relationship affirmed and legitimized her longing for this quality in her significant relationships at that time and was the foundation stone for the building of therapeutic intimacy between us. Loneliness and despair frequently visited Barry during the early stages of our work together, and he very much valued my availability both in and between sessions. He appreciated the ongoing sense of a companion who really cared about him outside session time, someone who he could receive support from and share painful and burdensome things with between sessions. He even carried an excerpt from a significant letter around with him in his wallet as a touchstone of a significant and trusted other's affirming belief in him while he built that belief in himself.

Barry: Because doubt, and lack of faith and trust, are such important challenges for me, and "tangible" evidence that I or others feel good things about me is very useful.

For all of the participants my availability was crucially important in building therapeutic intimacy between us. Availability gave these clients an experience of being valued as individuals and of being trusted with some intentionally offered personal insights into who I was as a person as well as

therapist. I trusted them with my everyday humanness and invited them to make the same available to me. I experienced something grounding and authentic about this everyday realness. Wosket (1999) expressed the same sentiment:

I do believe that some clients can benefit from a depth of engagement that derives more from the therapist's living river of personal experience, including their flotsam and jetsam, than from a sanitised pool of pre-prepared clinical strategies and interventions. (p. 155)

My letters frequently commented and invited reflection on the therapeutic relationship between the participants and myself. Relational self-disclosure is more productive and appropriate than personal self-disclosure, leads to greater client reflexivity, and is less distracting for clients (Wosket, 1999).

One important measure of how effectively I am able to work with clients is governed by how deeply I can allow myself to be touched (and therefore changed) by my clients. My client will be helped to the extent that I can be fully available to him or her as my authentic and whole self. (Wosket, 1999, p. 117)

It seems to me that loneliness, alienation, and isolation have become the psychological and spiritual cancers of our time. What greater healing than that one human being stands together with another in her or his time of need, stands with her or him and is available to her or him in mind, heart, and soul. When that human being has the training and personal development of a therapist, her or his availability becomes all the more potent. Availability is the alchemy in therapeutic intimacy and has the potential to transform the lost despair of broken relationships with self and others into a celebration of healing and integrative connectedness.

Mutuality

Mutuality is another important building block of therapeutic intimacy. Availability makes possible a being togetherness, a "witness" that at its best is characterized by a profoundly respectful meeting of the other.

Mutuality invalidates conceptions of psychotherapy as a unidirectional process of influence in which the more powerful, expert therapist works on the naive and acquiescent client. Mutuality both invites and requires therapist and client to enter into a consultative, collaborative, co-constructed relational endeavor in which each influences the other. In this process, the stories being

told and listened to resonate with each other to produce a richer coauthored story that enhances both storyteller and listener:

In telling and listening to stories we think *with* (rather than about) them; the goal of such an undertaking is “resonance” with the participants’ story, an empathic response that allows us to feel the nuances and deeper meanings that are being expressed. [. . .] This in turn requires the ability to know and think with our *own* stories and allow ourselves to reflect upon who we *become* in the course of listening. (Etherington, 2001, p. 7)

I used letters to overtly and explicitly invite clients into a collaborative relationship in which they were acknowledged as the primary authors of their revised life narratives. Together we engaged in a to-and-fro of meaning making, exchanging ideas with each other in a recursive process of influence and affirmation. If the therapist’s perceptions are offered as respectful reflections on a shared journey rather than as authoritative professional pronouncements, the client will be able to use them to validate and enrich her or his own self-narratives (Neimeyer, 1995).

The concept of mutuality in therapy is being increasingly accepted and in recent times has even led to more inclusive measures of therapeutic outcome. “Exploring therapist change as an outcome of therapy acknowledges the essentially bi-directional nature of the work and challenges therapists to be full participants in the therapeutic process” (Myers, 2001, p. 272).

In my letters I would share with clients how our work together was affecting me and make transparent to them that although the focus of our work was on their issues and process, the therapeutic experience was a transformative one for both of us. Michael struggled with an internal conflict between a need to be dependent and taken care of and a more emergent, self-assertive voice, and this internal struggle was reflected in his relationships, including his relationship with me. The increased sense of mutuality that letters facilitated both supported his emergent voice and legitimized the unmet needs behind his more dependent impulses and made it safer for him to come into a more real and trusting relationship with me. This relationship dynamic was also a familiar one for Paul, and the increased sense of valued and respected self that mutuality facilitated for him made it less risky for him to ask for support when he needed it and to realize that asking for assistance and strength were not mutually exclusive. Part of the therapeutic journey for both Fiona and Donna was to find the confidence to legitimize and express their relational needs. Barry particularly valued the mutuality that letter writing brought to our relationship and explicitly acknowledged how much he appreciated

being consulted as an equal in the exploration of his own psyche. As therapist, I too discovered more of the truth about my own being as I witnessed the unfolding truth of my clients' experience.

Vulnerability

Vulnerability is a related though distinct attribute of therapeutic intimacy. It seems to me that availability and mutuality pave the way for vulnerability. If therapists are to be fully available to their clients and if they are to enter into mutually transforming relationships in which they share power and influence, then it follows that they also need to risk being vulnerable with their clients. The therapeutic relationship is one in which most clients will become extremely vulnerable. Many of these clients have been really hurt in relationships, and so it is not surprising that they defend against unsafe feelings of vulnerability. Therapists who are willing to risk coming out from behind the safe façade of their professional personae to meet their clients on the more mutual grounds of intimate therapeutic relationship model how to trust and how to become safely vulnerable: "Writing authentically and preserving our tone demands that we willingly expose something of ourselves, become somewhat transparent, and run the risk of being seen or heard" (Moules, 2003, p. 42). If we can be at home with our imperfections in front of our clients we model self-acceptance: "The dust of our personal fallibility can be transmuted into therapeutic gold" (Wosket, 1999, p. 122).

Miller and Baldwin (1987) warned that denial of vulnerability may rob a therapist of energy and contribute to burnout while acknowledging and affirming common human vulnerability brings wholeness and healing to both therapist and client. A therapist's unwillingness to be transparently vulnerable in therapy sets up a false and impossibly perfect façade that clients already struggling to deal with the power differential might find demoralizing:

The therapist is positioned as the all-knowing and wise, a model to which the client might aspire. [. . .] Almost nowhere do the therapist's personal doubts, foibles, and failings come to light. And the client is thus confronted with a vision of human possibility that is as unattainable as the heroism of cinematic mythology. (Gergen, 1996, p. 210)

I have found that even when I reveal small vulnerabilities in therapy, such as acknowledging tiredness or, more important, that I have misheard or misunderstood something, clients respond with relief. Clients' perceptions of my willingness to be real and, to some limited extent, vulnerable with them

was crucially important in establishing therapeutic intimacy. Both Fiona and Donna experienced my willingness to be real with them as my taking a risk and felt honored by my trusting them with my vulnerability. This in turn encouraged them to reciprocate this trust and to trust both themselves and me enough to risk the vulnerability that entering into a therapeutically intimate relationship entailed.

Michael, Paul, and Barry all used letters to express their vulnerability more safely and so build trust in the therapeutic relationship. Michael would sometimes write to me about issues that he was too ashamed of to initially discuss in our sessions. Letters assisted Paul and Barry to become more vulnerable by requiring them to give shape and form to the issues that they experienced as confronting and even fearful:

Barry: Maybe too, writing it all down made it more real, more tangible.

All of the participants experienced some vulnerability in committing their most private and intimate thoughts to paper or e-mail and sending them to me:

Barry: There was also an issue about privacy—in writing things down we build an enduring record, which can be used, shown to others, which was a bit alarming.

I, too, experienced a degree of vulnerability in creating an enduring record of what were in effect my therapeutic interventions. Vulnerability is not for the faint-hearted therapist. It requires therapists to be willing to empathically experience both the full gamut of emotions that their client is experiencing and their own pain and vulnerability that that empathy evokes, while all the time maintaining their focus on facilitating the therapeutic journey of the client.

Conclusion

Availability, mutuality, and vulnerability all imply each other. They are the three legs on which the stool of therapeutic intimacy is balanced, each one needed to support the client to sit safely in the therapeutic relationship. Letters formed an important part of the currency of therapeutic intimacy. Letters crossed the boundary between the personal and the professional and yet paradoxically facilitated the establishment of individually negotiated boundaries between the participants and me that enabled connection and meeting rather than separation and exclusion.

I suggest that there are implications for practice:

- Given that all therapeutic processing should take place only in relationship, letters should be written only once a sufficient degree of trust and relationship has been established to make this a safe process. It behooves therapists to ensure they have true and informed client consent, rather than appeasement, before writing letters.
- Specifics are important in negotiating this agreement—frequency, length, medium, and recipient address are all important in avoiding misunderstanding and disappointment. (I restrict my letters to a single page and use them as my case notes for that session.)
- The benefits and challenges of the letter-writing process should be periodically reviewed with clients.

Letters challenge conventional notions of boundary and in so doing support a relational therapeutic intimacy infused with healing potential. A therapist who exchanges letters with her or his client is embarking on a journey of exploration that will bring both of them powerfully into relationship with each other and more completely into relationships with themselves.

Notes

1. Ellipses in brackets are used to denote the omission of text.
2. Pseudonyms are used to protect the confidentiality of clients.
3. Ellipses are used to denote a pause in speech.

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