
THE SOFT EDGES

Epistotherapy – Chris Ellis

I'm not that keen on neologisms but this one seems a reasonable cover for what I have been doing. When I mentioned epistotherapy to a colleague he thought that I was taking my patients on a drinking spree. He was wrong. I have been treating patients with the aid of letters or epistles.

When faced with crises or prolonged illness some patients find it difficult to express themselves during the normal consultation.

They feel the limitations of time and the occasion. There is a build up to every consultation and after the apprehension of the waiting room they may be at a loss for words or held back by the turmoil of the suffering itself. So to some of these patients I have suggested they write me letters.

Four patients have done so. Two had terminal cancer, one had been in a car accident, and the fourth was getting divorced. Letter writing can be used with any condition but lends itself to the intimate relationship of continuous care in family practice or psychotherapy. The illness is not so important as the person. I find that it works best in the more sensitively literate or artistic patient. Most of course prefer to talk.

Some write anyway; unsolicited evocations of life's afflictions. Letters are distinct from what Charcot called *la Maladie du petit papier*. Those are shopping lists usually of complaints or items that are so unforgettable that they have to be written down. For nearly eight years one patient has brought in a monthly record of each day's bowel movements. Come drought or flood, tempest or famine, there they are, a stroke for each one

completed. An indelible record of many hours presumably well and productively spent.

It was a patient who first suggested this vicarious substitute for the normal consultation. She was a journalist and a playwright so perhaps she felt easier in the medium she normally worked in. I had the privilege of looking after her for a period that occupied most of her 30s until she died. She fought every day of those years as metastatic carcinoma of the breast inexorably ulcerated her skin, fractured her bones, and broke her back but never her spirit. She was eloquent, self opinionated, and at times impossible but then so am I. She would never believe anything I said until I had talked myself blue in the face. Everything was argued from the obverse. She would have heartily agreed with Oscar Wilde when he said "when people agree with me I always feel I must be wrong." Just before she died she ended a letter, "I'm glad I drive you to distraction, that's my prerogative as you can't heal me. Go and get some inspiration for I need you for my expiration." In her letters she exorcised her admitted fear and her impotent rage. In the consultations she exposed my superficial humanity with her courage.

It is thus from her example that I suggest to some of my patients that they write letters. There are several codicils to this. Firstly, the letters don't necessarily have to be to me – they can be to anyone they relate to. Secondly they don't have to give me the letters. They can save them for rereading or they can destroy them. If they read a book or poem that explains how they feel or that they can identify with they can copy them instead. It is an occupation for the

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lonely hours of darkness when the pain is building up or for when the bitterness starts to overwhelm the soul.

There are several therapeutic values. Writing letters has the immediate effect of something to do. It is an occupier of mind and hands and is an on the spot emotional outlet in which the patient has the opportunity to describe his or her feelings without having to race against the surgery clock. It is a continual contact with the care giver in times of rejection, depression, and despair. The letters can be dropped into the surgery and put with my mail or brought in at the next visit. They are kept in a locked drawer of my desk.

I have never read a startlingly unrevealed truth in these communications probably because I already know the patients well. At a consultation I don't normally read them but put them aside for later. Sitting there and analysing them at the time is not usually needed. The therapeutic effect has already taken place when they are handed over. If you were to read them you would think them banal, repetitive, and trivial. "I wish," wrote one patient, "I was rubber inside then I could be turned inside out and someone could scrub me new and clean then pop me right and then I'd be as good as ever." I find there are many question marks. There are questions that they are only answerable by the patients themselves on their journeys to acceptance of their conditions.

Finally, you can use epistotherapy on yourself. If a relative or colleague or someone running the system you work in (the minister of health, for instance) is proving worthy of your attention write a letter. Use explicit

language (don't delete the expletives) and use as much venom as you feel necessary for the therapeutic effect. Then file and wait for the healing process to take place. This is usually about a week, which as we know is a long time in politics. Now reread or rewrite or refile. You can send the letters (do delete the expletives now) if you still have the symptoms, but I find the most benefit comes from rereading old unsent letters written in this way. It reaffirms to me that all vexations of man pass in time.

A word of warning. Never, never let anyone else get hold of your file.

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