

Analysis of the Functions of Narrative Futuring in ‘Letters from the Future’ written by Psychiatric Patients

Analyse van de Functies van Narratieve Futuring in ‘Brieven
uit de Toekomst’ geschreven door Psychiatrische Patienten

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To my brother and sister.

Abstract

The present explorative study approaches the analysis of ‘narrative futuring’ (i.e. imagining the future through storytelling) in order to examine if letters written from a future perspective could be used for therapy. The letters were written by psychiatric patients diagnosed with a variety of disorders. To receive a global impression of the letters they are read and the participants’ ability to write a letter from the future is examined. Then the functions that characterize the letters from the future are analysed. These functions help to realise the nature of the letters. Finally, a comparison between letters from the future written by psychiatric patients and non-patients is drawn. The results show that most of the letters written by the patients are comparable with those written by the general population. Further, it can be stated that most of the clinical respondents principally are able to write a letter from the future, but that they are not as proficient as the general population. If writing a letter from the future should be used in therapy still needs to be researched. Despite limitations, such as the fact that the demographic factors of the two compared groups do not match, the study depicts a starting point in the analysis of ‘narrative futuring’ in psychiatric patients and several new insights could be gained.

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I. Introduction

The field of narrative psychology is a relatively young one and has ever since its beginnings in the mid-1980s been concerned with how content, structure and form of narratives are composed and what they reveal about the human being (Riessman, 2008). Narrative psychology is concerned with the storied nature of human conduct (Sarbin, 1986) and considers storytelling as being capable of constructing identity in the face of problems (Polkinghorne 1988; Bohlmeijer 2007). Further, storytelling is considered to be able to give meaning to life (Bruner, 1990). Narratives have been influential in psychology, psychotherapy, psychiatry and medicine (see Wallis, Burns and Capdevila, 2011). The importance of research in the field of narrative psychology becomes clear by considering the increasing number of studies demonstrating that writing about emotional experiences stimulates significant physical and mental health improvements (Pennebaker, 1997).

Some psychiatric patients have been evaluated as being incapable of narrative ability because of an impaired capacity to have both internal and external dialogue (Lysaker and Lysaker, 2002). However, there is evidence that psychiatric patients can use the resources provided by narrative techniques and that these techniques can help them to organize their autobiographical memories. Narration can thus be considered as a useful tool for the renewal of the dialogue process in psychiatric patients (Smorti, Pananti & Rizzo, 2010).

The field of a narrative psychology oriented on the future is even younger than narrative psychology in general. Only recently the term ‘narrative futuring’ was brought into life. When searching current literature on ‘narrative futuring’, it becomes apparent that a decisive definition is still lacking. Sools & Mooren (2012) describe ‘narrative futuring’ as “imagining the future through storytelling”. An operational and more detailed definition is given by Wahle (2012, p. 9). She states that ‘narrative futuring’ can be described as: “the creative process by which one uses imagination and draws upon the knowledge and experience from the past and present, in order to construct a narrative about how the future could possibly be like.” The imagination of the future thus helps to stimulate a reflection on one’s own life. The goal of narrative futuring in the long run might be to help improving psychological well-being and quality of life. The discussion about the

conceptualisation of imagining the future, its utility and benefits however is not yet settled (Wahle, 2012).

The concept of imagining the future in general has been examined by different researchers. For example, Melges (1982, p.38) describes futuring as a way of imagining future possibilities through “the process of visualizing future images”. According to Adler (2012) current behavior is motivated by our future prospects. How we act now is thus among other things determined by our expectations about the future. Suddendorf and Corballis (2007, p. 299) describe the mentioned concept as “mental time travel”. They refer to the “faculty that allows humans to mentally project themselves [...] forwards in time to pre-live events”. In a dynamic world, they state, the cognitive function of being able to predict future situations can provide a major advantage. This advantage is located in the episodic memory, which allows humans to foresee, plan, and mould virtually any future event (Suddendorf and Corballis, 2007). According to Lombardo (2006) an increased capacity to imagine the future makes us mentally flexible. Mental flexibility again is regarded as being one of the main criteria for psychological well-being (Bohlmeijer 2012). Furthermore, imagining the future is considered to have various positive psychological effects. Among these are increasing optimism, psychological well-being, happiness and motivation (see Wahle, 2012).

The ability to ponder the future can be seen as an essential component of human cognition (Atance & O'Neill, 2001). It defines who we are as human beings and it forms an important part of our psychological functioning (Sools & Mooren, 2012).

Until now, an analysis of letters written (by non-psychiatric participants) from a future perspective showed that “imagining the future seems to have an all-over organising and motivating effect” (Sools & Mooren, 2012, p. 219). In order to be able to analyse the letters on a quantitative basis, they were coded according to different psychological functions which can be found in each sentence. The psychological functions of a letter can be described as the underlying intention of the statement. All functions that so far have been found in the analysis of the letters from the future are given in table 1. The table lists the functions in alphabetical order.

Table 1:

Code-system for the analysis of the psychological functions, their definitions and text examples

Psychological Function	Definition
<i>Catastrophize</i>	Increasing and extending negative aspects of a story/event (e.g.: “Surely I could tell you about the rise of the sea-level and the bursting of dikes, and that the shift of Dutch coastlines, so that you can prepare yourself for suchlike, but what would it help.”)
<i>Characterize oneself</i>	Description of one’s own positive and negative characteristics (e.g.: “I am and was always a rather modest person.”)
<i>Conclude/realise</i>	Reference to an insight or knowledge one has gained on the basis of one’s own experiences (e.g. “Those people you like are important to help you reach your goals.”)
<i>Confess/blame oneself</i>	Uncover a secret or express guilt – mostly associated with preceding description of negative actions and attributes these to oneself (e.g.: “That is something I have never told you before.”)
<i>Explore options</i>	Enumeration and description of different options (e.g.: “What if I had never figured out my passion, how would I manage life today?”)
<i>Express satisfaction/gratefulness</i>	Being glad or obliged that something came out in a certain manner (e.g. “I am really glad all came out that well.”)
<i>Express worldly wisdom</i>	Expression of ‘worldly wisdom’ (idioms, sayings, and prayers, which convey beliefs, religious or philosophical opinions) in differing dimensions of concreteness and abstraction (e.g. “Life is what happens while you are busy making plans- like John Lennon once sang!”)
<i>Give emotional support/empathy</i>	To point to emotional content and the expression of emotions, support and understanding (e.g.: “You were so afraid to fail.”)
<i>Give existential advice</i>	Predominantly written in ‘imperative’; Refers to special actions (which concern self-contents, leisure time, and collective issues), which need to be implemented (e.g.: “So, don’t be afraid and defend your own choices!”)
<i>Give practical advice</i>	Predominantly written in ‘imperative’; Refers to special task-oriented, self-guiding future goals and tasks that need to be implemented (e.g.: “I advice you strongly to move to the suburbs or to a nice countryside, buy a house and a piece of land, where you can grow your own food and where you can keep your sheep and chickens.”)
<i>Imagine/experience through imagination</i>	Detailed description of a future situation, so that the reader can experience it (e.g.: “It is just starting so snow outside, but here – inside – it is comfortably warm .”)

<i>Induce Hope</i>	To try to take sorrow and worries away and strengthen belief in better times and good outcomes (e.g.: “But you will see that many dreams have come true .”)
<i>Let a dream come true</i>	Description of the fulfillment of a dream or wish (e.g. “To be a manager had always been my dream”)
<i>Motivate</i>	Explanation of reasons to pursuit one’s goals with regards to one goal that can be achieved by taking action (e.g.: “Because, if you keep on doing your very best, you will therefore be rewarded generously in the future.”)
<i>Other</i>	All psychological functions that do not correspond to the above mentioned descriptions
<i>Plan steps</i>	Description and enumeration of exact actions to be undertaken (e.g.: “First of all, I joined the international Red Cross, in order to gain more knowledge and experience, as well as to show later on, that I really was eager to help the African residents.”)
<i>Praise oneself</i>	To emphasize positive actions, performances and deeds of oneself (e.g.: “The first thing that pops up in my mind is that I am really proud of myself.”)
<i>Reinterpret events in a positive way</i>	Description of a negative event, then assigning positive value to it or accepting it (e.g.: “These negative events can also be described as possibilities that effectively shaped my personality to the human being I am today.”)
<i>Regret</i>	Expression of sorrow about an event (e.g. “Sometimes I am really upset about the fact that I am not able to see my parents regularly”)
<i>Recall past events</i>	Retrieving and telling memories about earlier events.
<i>Set oneself a goal (existential)</i>	Description of future events, tasks, instances and actions on which the author has influence upon and which concern self-contents, leisure time, and collective issues (e.g.: “It was always my dream to one day be able to say: Yes, I live in the USA!”)
<i>Set oneself a goal (prospective life course)</i>	Description of task-oriented, self-guiding future goals and tasks of which the author has a concrete idea of (e.g.: “Today, you are working as a clinical psychologist and you run your own office.”)
<i>Wish/hope</i>	Expression of hopes and dreams about the future (e.g. “Once my studies are done I hope to be able to stay in Amsterdam for years.”)

So far, analysis proved that writing a letter from the future is at least not harmful: in a dataset of 203 letters more than 60% of the (non-psychiatric) participants perceived the task of writing the letter as positive by stating that writing a letter from the future made them happy, motivated them or clarified things. About 38% of the answers to how the writing of the letters was experienced were neither positive nor negative,

this means the participants described the writing as unfamiliar, emotional or they stated that the task got them thinking. Only about 2% of the answers revealed that the participants experienced the task in a negative way. Here the participants stated that they experienced writing a letter from the future as frightening or absurd (see Nolden, 2013).

It can be stated that all healthy adults are capable to think about the future and only appear to differ in their propensity to do so (Atance and O'Neill, 2001). The aim of the present study is to examine in which degree psychiatric patients are capable to think about the future and if they are, how they imagine their future. It is known that mentally ill people show deficits in thinking about the future. Heerey, Matveeva and Gold (2011) for example indicate that many people with schizophrenia show deficits in behaviour oriented toward long-term rewards and shorten future time perspectives relative to healthy individuals. Further, it is known that lowered future outlook can be associated with external loss of control, increased levels of depression, state and trait anxiety and disordered thinking (Evans and Dinning, 1977). Melges (1982) further states that humans with psychological problems have trouble with the perception of time. For example if present, future and past are mixed up this indicates, according to Melges (1982), a psychosis; a neurosis on the other hand is shown by an ambivalent and threatening future outlook.

Furthermore, it is commonly known that a negative view of the future and less positive anticipations about the future are held to be important features of depression. These characteristics are not due to an inability to anticipate pleasure in general but rather a reduced ability to produce positive future expectancies (see MacLeod & Salaminiou, 2001). In general, a person's outlook on the future appears to be an important variable in understanding present behaviour (Gunn & Pearman, 1970). In this context the cycle of 'anticipatory control', which is proposed by Melges (1982), should be mentioned. He states that the process of imagining the future stimulates a cycle of emotion-regulation. This cycle is controlled by feedback (corrections of deviations from targeted goal) and feedforward (corrections in advance). The lack of anticipatory control (i.e. feedforward) can lead to psychopathological spirals. If people are not able to plan and correct future goals in advance this may lead to mental illness.

Several researchers already proved the effectiveness of future oriented

approaches. Examples for these approaches are Melges' FOR-treatment (Melges, 1982) or the Future Directed Therapy (FDT). The FOR-treatment is based on a psychodynamic model and was intended to be an adjunctive intervention for psychiatric disorders. FDT is designed as a clinical intervention intended to reduce symptoms of depression and improve well-being by creating more positive expectancies about the future through the use of a comprehensive and well-defined set of skills (Vilhauer et al., 2012).

A narrative approach oriented on the future, however, is new. How exactly writing a letter from the future can be used therapeutically is not yet clear. According to Melges (1972) a therapy that concentrates on the future can help patients to choose realistic goals for the future and cause them to develop an effective plan of action to figure out what the next step in life should be.

The present study will examine the functions of narrative futuring in letters written by psychiatric patients. To explore the functions of the letters helps to realise the nature of the letters and shows how the letters work. One goal of the present study is to test if psychiatric patients truly are able to imagine a positive future and thus are able to donate a letter from the future. Further, it will be analysed which psychological functions can be found in the letters from the future written by psychiatric patients and finally letters written by psychiatric patients and letters written by non-patients will be compared. A long-term goal is to test if writing a letter from the future can help patients to improve or even restore mental health.

Research questions

- 1. Are psychiatric patients able to write a letter from the future?**
- 2. Which psychological functions characterize the letters from the future written by psychiatric patients?**
- 3. Are there differences between letters written by psychiatric patients and non-psychiatric participants?**

II. Method

II.1 Participants

The in the current study analysed data was collected in a German clinic for psychotherapy by a student of the University of Twente. The data was collected during a period of practical training over three months from December 2012 till February 2013. The participants are patients, who are affected by axis I psychiatric disorders. These disorders are given in the form of a DSM-IV diagnosis and range from one to four diagnoses per individual. Most of the participants declared to have a double-diagnosis (44.2%), 30.2% stated to have a single diagnosis, 18.6% of the respondents said to have three diagnoses and one participant stated to have four diagnoses. 86% (N=37) of the respondents named depression as one of their diagnoses. The diagnoses and their frequencies are given in table 2. The age of the participants ranges from 16-25 years of age up to 56-65 years of age. However, the major part (37%; N=16) of the participants is between 46 and 55 years of age. Furthermore, 98% (N=42) of the participants were born in Germany, only one participant was born in Austria. The sample consists in about equal parts of females (53%; N=23) and males (47%; N=20). Most of the respondents have a lower education-level (60.5%). Nearly 80% of the respondents were at the time they took part in the study residents of the psychotherapy-ward, 14% were taken ambulant and 7% of the respondents were on the polyclinical ward.

Table 2:

Diagnoses and their frequencies (N=43)

Diagnosis	Frequencies
<i>Anxiety/compulsion and depression</i>	25.6 %; N=11
<i>Depression</i>	23.3 %; N=10
<i>Depression and personality disorder</i>	16.3%; N=7
<i>Anxiety/compulsion, depression and personality disorder</i>	11.6 %; N=5
<i>I don't know</i>	4.7 %; N=2
<i>Psychosis</i>	4.7 %; N=2
<i>Addiction, depression and personality disorder</i>	2.3 %; N=1
<i>Addiction and pain</i>	2.3 %; N=1
<i>Anxiety/compulsion</i>	2.3 %; N=1

<i>Anxiety/compulsion, addiction and depression</i>	2.3 %; N=1
<i>Anxiety/compulsion, addiction, depression and personality disorder</i>	2.3 %; N=1
<i>Anxiety/compulsion, depression and PTSS</i>	2.3 %; N=1

In order to be able to compare the letters written by psychiatric patients with the general population a data set (N=203) of former analyses was used. The participants of the control group were predominantly approached via snowball sampling, done at the University of Twente, most often within the scope of a psychology course. That is why the participants are in a large part first year students of the University. The age of the participants ranges from 16 years of age up to 75 years of age and older. The major part (64.7%; N=131) of the participants is between 16 and 25 years of age. Furthermore, 70% (N=142) of the participants were born in the Netherlands, 29% (N=59) in Germany and 1% (N=2) in other countries. The majority of the sample is female (62.15%; N=126).

II.2 Procedure

The procedure the psychiatric patients underwent to take part in the study differs at some points from the one that non-patients usually undergo. The data that was used for former analyses (of non-clinical participants) was collected via the website www.levensverhalenlab.nl. The website describes the purpose of the study and what the respondents precisely need to do to take part. The visitor of the website also has the possibility to read letters written by researchers and other participants and to get some advice on how to write a letter from the future.

When a participant decides to take part in the study their first task is to donate a letter, which is meant to be written with a maximum of 400 words. The participants are asked to imagine a place and a date where and when the letter from the future is written as well as the person the letter is directed to. In the second step the participants are asked to answer some open questions. The questions deal with how the participants perceive the sensation of writing a letter from the future, what it needs to let become true what was written in the letter and what makes worth the effort of writing the letter.

In the third step the participants are invited to answer 14 questions about wellbeing or else the feelings they had during the last month. Finally, biographical data, as for

example age and nationality, are required and the respondents are asked if they want their letter to be shown online or only to be used for the study.

The procedure that was carried out to receive the letters from the future written by psychiatric patients was adjusted in respect to the vulnerability of the respondents. This was done in order to extinguish the risks for the participants of taking part in such a study. For this purpose the writing of the letters took place during a group therapy-session and was accompanied by a therapist. The respondents were asked to write the letter and had meanwhile the option to ask questions or get help from the therapist. After writing the letter, the respondents were asked to answer the open questions, the questions on wellbeing (done with the Mental Health Continuum-Short Form, MHC-SF) and to fill in the demographical data. Here a question on the diagnoses was added. For the current study none of the open questions are relevant and the questions on wellbeing are likewise not subject of this study.

II.3 Materials

The data that was used to establish the 23 functions shown in table 1 was collected via the website of the life-story-lab. In order to contribute to the field of narrative psychology and a future oriented approach the life-story lab was founded at Twente University in January 2012 by psychologists Ernst Bohlmeijer, Gerben Westerhof and Anneke Sools. The life-story lab can be described as expert centre in the area of narrative psychology and aims at examining the relationship between narratives and psychological well-being (Sools & Mooren, 2012) (see www.levensverhalenlab.nl).

The researchers of the lab handle the hypothesis that stories have the capacity to enable humans to imagine a new, motivating and promising reality and to experience this reality as “real” (Sools, Mooren & Tromp, 2013).

One of the projects in the lab is the “letters from the future”. The research project aims at exploring “what if...” methods to stimulate future outlook in order to improve life. The life-story lab tries to explore the psychological functions used in narratives and how these narratives can be created. The letters are considered as prospective reflective tools which seem to be capable of promoting (mental) health (Sools & Mooren, 2012).

What makes the letters from the future special is the fact that they are written from a point of view in the respondents' personal future. The participants were asked

to imagine positive changes and fulfilled dreams they have reached at a self-chosen point in their future lives.

The data that is used in the present study originates from a sample of 43 participants. The number of letters that could be used for the present study is N=43. A few letters would in a non-clinical data set probably have been excluded (for example three participants did not complete their letters). Considering the special circumstances the participants were in while writing the letter, all letters were used for analysis.

The analysed letters show some variety with respect to form and content. The majority of letters is addressed to the bygone self of the authors, which gives them the character of diary entries. Other letters are directed to (grand)children or spouses. Generally, the letters are written in a personal, intimate fashion. Some of the letters begin with a description of the situation the authors imagine themselves to be in. The topics that are treated in the letters are as different as their authors. Most of the letters deal as might be expected with the respondents' recovery to mental health.

II.4 Analysis

The analysis consists of three steps. First, the letters were read in order to receive a global impression and to proof if all of the letters could be used for analysis. In the second step the letters were coded according to two variables: the psychological functions and the time perspective.

The psychological functions of a letter can be described as the underlying intention of a statement. The 23 psychological functions which are used in the present study are shown in table 1 (see Wahle, 2012; Nolden, 2013).

Simultaneously the sentences were coded according to four different time-perspectives: "past", "future past", "future present", "prospective future" and a time which could not be defined.

For the present study the coding of the letters was done by hand. The unit of analysis was each sentence at a time. Thus, in order to code the letters each sentence was analysed separately. Each sentence was ascribed with one or more psychological function(s) and one or sometimes two time perspective(s). The time perspectives however proved to be not relevant for the purpose of this study.

In the third step of the analysis the letters written by the patients were compared with letters written by non-patients. In order to be able to analyse the

content of the letters on a more quantitative basis, the total frequencies and percentages of the functions for both groups were compared.

III. Results

Initially, a global impression of the letters will be given. This impression has the purpose to shed some light on the qualitative aspects of the letters and helps to distinguish between typical and atypical letters from the future. All letters written by psychiatric patients that are comparable in respect to content and writing style to the letters of the non-clinical group were marked as typical letters from the future. The letters which were special by one means or another are in the following described as atypical. Because this part of the analysis depends on an individual impression the letters will additionally be discussed in a more objective, quantitative way by analysing the psychological functions.

Concerning the content of the 43 letters, 25 of them can be described as comparable to typical letters from the general population. Those 25 letters are similar to the letters written by non-patients in respect to content, way of writing and ability to write from a future perspective. In the following, a translated exemplary original letter from the future is given.

*From the year 2016
I am standing in our Garden at home enjoying the sun*

“Hello! Letter directed to me!

I am lying in our garden with the dog next to me and I enjoy the sun and the sight of the blossoming flowers. I decided to write you a few lines in order to let you know how good things can be in four years. I compiled a beautiful garden with a lot of space for my dog, created a beautiful home where I find peace and energy. Build up a circle of people who understand me, who are there in bad times and who of course laugh a lot with me. I found a hobby which balances my working day, further I managed to get to know my limits and thus can more often allow myself a time out. I found a company, where I like to work and from where I come home relaxed and happy. My panic attacks are as good as gone. When you read this letter, I hope I can infuse you with courage for the future.

‘See you’ to myself. ”

This letter gives, as most of the letters from the future, a date and a place when and where the letter was written. The writer further illustrates the situation she imagines herself to be in and describes her improvement in mental health. What makes this letter a real letter from the future is the fact that the writer describes a positive future as if this future had already become reality.

In the following, the 18 remaining letters that are more atypical will be described: Five of the analysed letters are written in a kind of staccato style. This is to say that the sentences are very short, without subordinate clauses or embellishment. The individual sentences often do not relate to the following sentences and sometimes even lack the subject. To illustrate the writing style an example is given in the form of an excerpt from one of the letters: “Today is a nice summer day. I feel fine. No longer suffer from dizzy turns. Because I learned to think in a more positive way. Rode on the motorbike. [...]”. This style of writing gives the impression that the writer was disinterested or in a rush.

Three additional letters are peculiar in respect to the inconsistency of tense or addressee, what makes the letters less comprehensible (i.e. the writer switches in their addressee between ‘you’ and ‘I’). Three other letters were not completed by the participants and end after a few lines. One of the incomplete letters reads as follows:

At home in Germany
2017

„Best wishes to you, my dear,

It is in the evening and I want to take the time to tell retrospectively about the past time on ‘cloud 9’. It’s been a long time. Yesterday, I opened the emergency case and I sank into memories.

So much did change, that I like to tell you about it. Actually, I do not know where to begin.”

[here the letter ends]

At the content level one of the letters is worth mentioning. The letter was written “in heaven” as the letterhead says. This letter is not directed to the bygone self; it is addressed to a man to which the writer relates positive events that happened in the

addressee's life. The writer only relates to herself in the last sentence by stating: "additionally I'd like to tell you, that here, where I am now, I have no more pain and will not burden you anymore". This sentence, in addition to the fact that this letter from the future was written "in heaven", very strongly gives the impression that the writer imagines herself to be dead in a few years.

Patients' ability to write from a future perspective

Most important for the purpose of this study, however, are the remaining six letters. Noticeable is the fact that not all patients wrote a "real" letter from the future. In total, six writers did not manage to write a letter from a future perspective. Four of them simply express what they wish for their personal future. The other two letters remain in the present and describe current situations and feelings. Those six participants were apparently not able to imagine their own future and did not write a letter from the future. The following page gives examples for a letter that expresses wishes and hopes for the future and for a letter that remains in the present. First an example of a letter that concentrates on wishing instead of imagining the future is given.

In the year 2013
In our comfortable apartment

"Dear me,

I wish to be able to deal with my fears and depressions in the future to experience my life as pleasant again. To become valuable to myself again, I wish I will be able to go back to work soon, a work I have pleasure in, because I need a task where my performance is valued. I wish for health, security, respect, esteem and love. I wish that my relationships are harmonious. I wish for the future that I will succeed.

Kind regards,

See you soon"

The other two letters, as can be read in the following example, completely remain in the present.

2012

In my house/at home

Hello Mum,

I write to you, because I no longer can stand this emptiness and this unexpressed situation between us. It is the third time this year that I am in the clinic in Twistringen and I learned a lot about myself and my behaviour. In order to put some things for me and my family into practice I need to get the feeling of being free and to be and act independently. Until now I couldn't do this because I have a dependency-disorder fixed on you.

According to you I did some things never good enough or to your satisfaction. There were almost exclusively reproaches and accusations from your side. This imprinted my whole life and it is hard for me to receive praises or reprimands from others. [...]

At this time of my life I only want to set myself free from you to start enjoying my life.

Under the assumption that all participants comprehended the task of writing a letter from the future, the findings lead to the conclusion that 14% of the participants were not able to imagine their own future. All of those six participants were among other things diagnosed with depression. However, as already mentioned 86% of the psychiatric patients were diagnosed with a depression; it thus cannot yet be concluded that there is a relationship between the inability to write a letter from the future and a specific diagnosis.

Functions that characterize the letters

In order to analyse the 43 letters in a more quantitative way and to be able to compare letters written by psychiatric patients with letters written by non-patients, the psychological functions found in the letters were examined. The 23 psychological functions which were found in and used for the analysis of former (non-clinical) data sets (table 1) proved as well to be suitable for the present analysis of the letters written by psychiatric patients. The frequencies of the current data set are given in table 3.

Before further analysing the similarities and differences of the letters it must be stated that there is a distinction between the letters concerning the average number of psychological functions used per letter. The psychiatric patients used an average of 23 psychological functions per letter; the non-patients used about 29 functions per letter. This difference in frequency can be explained by the relative shortness of the letters written by patients. Half of the letters consist of less than ten sentences. Only five letters written by the patients can be described as longer than the average letter written by non-patients. In order to still be able to compare the letters of both groups, the comparison was additionally done in percentages and not only in total frequencies.

Similarities and differences between the two groups

Table 3 gives an overview of the frequencies and percentages of each psychological function used by the clinical and the non-clinical group. As can be seen in table 3 the most frequently used functions for both groups are “*Imagine/experience through imagination*” and “*Recall past events*”. The clinical group additionally used the function “*Conclude/realize*” comparatively often. The less used but - in respect to the differences between the two groups – no less important functions are “*Wish/hope*”, “*Give existential advice*”, “*Characterize oneself*”, “*Motivate*” and “*Let a dream come true*”.

Table 3:

Percentages and frequencies of the psychological functions (N=1002 resp. 5837 functions)

Psychological functions	Frequencies	
	<u>psychiatric patients</u> <u>(n=43)</u>	<u>non-patients (n=203)</u>
<u><i>Imagine/experience through imagination</i></u>	25% (251)	28% (1620)
<u><i>Recall past events</i></u>	17.6% (176)	19.5% (1137)
<i>Conclude/realise</i>	16.6% (166)	9.5% (553)
<i>Express satisfaction/gratefulness</i>	9.7% (97)	7.1% (405)
<i>Induce hope</i>	5.5% (55)	5% (313)
<i>Other</i>	4.7% (47)	9% (521)
<u><i>Wish/hope</i></u>	3.9% (39)	1.3% (76)
<u><i>Give existential advice</i></u>	2,9% (29)	6.7% (394)

<i>Praise oneself</i>	2.8% (28)	2.9% (160)
<i><u>Characterize oneself</u></i>	2.6% (26)	1% (58)
<i>Regret</i>	2.2% (22)	2.6% (150)
<i>Catastrophize</i>	1.1% (11)	1,2% (65)
<i><u>Motivate</u></i>	1.1% (11)	0.5% (28)
<i>Set oneself a goal (prospective life course)</i>	0.7% (7)	0.8% (44)
<i>Give practical advice</i>	0.7% (7)	0.4% (24)
<i><u>Let a dream come true</u></i>	0.6% (6)	1.4% (78)
<i>Set oneself a goal (existential)</i>	0.6% (6)	0.2% (13)
<i>Express wordly wisdom</i>	0.5% (5)	0.8% (47)
<i>Confess/blame oneself</i>	0.4% (4)	0.7% (39)
<i>Plan steps</i>	0.3% (3)	0.5% (27)
<i>Give emotional support/empathy</i>	0.2% (2)	1.1% (64)
<i>Reinterpret events in a positive way</i>	0.2% (2)	0.3% (17)
<i>Explore options</i>	0.2% (2)	0.1% (4)

As already mentioned both groups used two functions most frequently: On average the function “*Imagine/experience through imagination*” was used six times in each letter written by the patients and makes up 25% of all used functions. With the non-clinical group there was an average of eight sentences which could be labeled as “*Imagine/experience through imagination*” in each letter (28% of all functions). The function “*Recall past events*” was in average used four times per letter written by the clinical group and 5.6 times in letters written by non-patients (this respectively makes up 17.6% and 19.5% of all used functions).

Table 3 shows that in general the use of functions is quite similar between the two groups. Only a few functions seem to be used differently in respect to frequency. In the following the five differences are described. To mark a function as differing between the two groups, one group must have used the function at least twice as often as the other group. A second criterion to mark a function as difference between the two groups is that at least one group used the function with a frequency of more than one per cent; otherwise the low frequencies would make a comparison unreliable. One difference between the letters written by psychiatric patients and non-patients can be found in the item “*Wish/hope*”. The patients used this function thrice as often. A second function that is worth mentioning is “*Give existential*

advice". Here in turn the function was used more than twice as often by the non-clinical respondents. The third difference lies in the function "*Characterize oneself*", which was used more than twice as often by the psychiatric patients. The other two functions are "*Motivate*", which was used more than twice as often by the patients, and "*Let a dream come true*", which was used more than twice as often by the non-clinical group.

Within the group of psychiatric patients only one difference is remarkable. When comparing the six mentioned letters, which were not truly written from a future perspective, to the other letters written by patients in respect to the used functions only one function was used differently. As can be expected, the participants who did not write a real letter from the future used the function "imagine/experience through imagination" less often. The six letters that were not written from a future perspective used the function "*imagine/experience through imagination*" on average twice per letter. The real letters from the future contain the function on average 6.5 times. This is, however, not surprising because this function stands according to its definition for a "detailed description of a future situation" (table 1, p.6). The other functions showed no remarkable varieties within the clinical-group.

These six letters, however, cannot be held responsible for the differences between the two groups. When excluding the six letters and comparing only the 37 real letters from the future written by the patients to the letters written by the general population the frequencies are comparable to those shown in table 3.

IV. Discussion

The purpose of the present study is to give a first impression of psychiatric patients' capability of thinking about the future and the way in which they do so. It was analysed which psychological functions characterize letters from the future written by psychiatric patients and if there are differences between letters written by psychiatric patients and non-psychiatric participants. First, it will be commented on the limitations of the present study. Then, the findings of the quantitative and qualitative analysis will be discussed in more detail. Further, will be described what makes the letters from the future useful in the context of therapy. Finally, a conclusion will be drawn.

Limitations

There are some limitations of the present study which should be named. Due to the special setting the participants were in, a total of 43 letters could be collected. For the purpose of the present study this is not necessarily a limitation. For further analysis, however, the sample should be a larger one.

A limitation in the context of the clinical population is the fact that most respondents have been diagnosed with several disorders. This makes a connection between the diagnosis and the (in)ability to imagine the future difficult. It would have been interesting to see how special diagnoses correlate with specific contents of the letters. Further, the reliability of the given diagnoses in general should be treated carefully because it is possible that some participants have not had their final diagnoses yet.

In connection with the comparison between the two groups there is another limitation. The two groups do not match in respect to demographic factors as age and nationality. Additionally, the non-clinical data set shows little diversity in respect to the demographical data because most of the respondents were students.

One last limitation is, as already mentioned, the fact that the qualitative analysis of the letters was done on a basis of subjective impressions. The analysis should be done by more than one person in order to check for the interrater-reliability. This subjective impression, however, is at the same time one big advantage of this way of analysing. By examining the letters in a qualitative way, the individual aspects of each letter could be taken into account. With a pure quantitative analysis, as was done in former research, this is not possible. Only by examining each letter individually and without prefabricated sorting categories the letters could be completely acknowledged.

The analysis showed that the letters written by the psychiatric patients and the letters written by non-clinical respondents in general are comparable with each other. As already mentioned the 23 psychological functions which were found in and used for the analysis of former (non-clinical) data sets could likewise be used for the present analysis of the letters written by psychiatric patients. Thus can already be concluded that psychiatric patients use the same categories or underlying intentions to write a letter from the future as non-patients do.

An additional similarity between the two groups can be found in two

functions which seem to be crucial. These two functions have already been named in Nolden (2013) as the most important functions for the non-clinical data set and here again play the most dominant roles. The functions “*Imagine/experience through imagination*” and “*Recall past events*” differ in both groups from the other psychological functions by their purpose. All other functions express some kind of advice, warning, conclusion or confession. „*Imagine/experience through imagination*” and „*Recall past events*”, however, seem to fulfill a different task. It is likely that those two functions occur most frequently because they build a kind of substructure for each letter. The frequency of those two functions proves that the participants truly used both their imagination and their memory of past events to construct a letter from the future and thus confirm the definition of narrative futuring which is given by Whale (2012). These two functions thus are to some degree inherent to the task of writing a letter from the future.

When comparing the letters written by psychiatric patients with those written by non-patients it becomes clear that the letters differ in respect to the frequencies only in a few items. These items, however, seem to be important to answer the question if psychiatric patients are less able to imagine the future. As the results show (see table 3) the biggest differences between the letters written by psychiatric patients and non-patients can be found in five items: “*Wish/hope*”, “*Give existential advice*”, “*Characterize oneself*”, “*Motivate*” and “*Let a dream come true*”. Most of these differences may lead to the conclusion that the patients have more difficulties in imagining the future than the non-clinical group has: “*Wish/hope*” is more often used by patients than by non-patients. The use of this function might be an indicator for the respondents’ inability to truly imagine a positive future: they still have to rely on wishing or hoping, because they cannot picture that positive things have already come true in their imagined future. It is easy to imagine that psychiatric patients have more things to wish or hope for when compared with the general population. This is, however, not relevant for a letter from the future because the participants had the task to image how a positive future could look like (and to describe this future as if it is real) and not to describe what they wish for their future. Thus, instead of imagining that positive things have already come true the patients simply described what they wish or hope.

Further, the function “*Give existential advice*” was used less often by the clinical respondents. This underlines the assumption that the psychiatric patients are

less able to truly imagine a positive future and thus inevitably are less able to give existential advice concerning the future. In other words: if a person is not able to imagine a positive future they are not able to give a global advice on how to reach this future. The use of the function “*Characterize oneself*”, which was used more than twice as often by the psychiatric patients, might be an indicator for the patients’ stronger occupation with the self. This is only natural because it is likely that a clinical situation stimulates patients to draw conclusions about their own characters.

The function “*Motivate*” was used more often by the psychiatric patients. This finding may be surprising because if patients are actually less able to imagine a positive future it might have been expected that they are additionally less able to motivate themselves to reach this future. However, the use of the function is probably again an indicator for the patients’ wish to reach a positive future, even though they have not yet figured out how a changed future might look like. Further, it needs to be taken into consideration that the function, though used more often by the patients than by the non-clinical group, was still used with a low frequency. The function “*Motivate*” could only 11 times (of a total of 1002) be ascribed to a sentence. The relatively low frequency in both groups might be related to the fact that the item “*Motivate*” was difficult to code because it most often could not be found in only one sentence but throughout the whole letter. In order to still be able to compare the data sets with each other the function nevertheless was coded per sentence. It may be the task of further studies to examine how this function can be treated to convey its special position in the context of narrative futuring.

“*Let a dream come true*” was used more than twice as often by the non-clinical group. This again underlines the assumption that patients are less able to imagine a positive future. The general population seems to be more capable of imagining a future where dreams have come true. The function was used in total only six times by the patients. The high frequency in the usage of the function “*Wish/hope*” implicates that the patients want several things in their life to change. The low frequency in the function “*Let a dream come true*”, however, seems to imply that the patients are scarcely able to imagine how these fulfilled wishes or dreams might look like.

Psychiatric patients thus seem to be less capable of writing a letter from the future than members from the non-clinical group. It must, however, be conveyed that most of the patients in general were able to write a letter from the future. Although

the letters written by the patients give less existential advice on how to reach future goals and describe fewer dreams which have come true, they nevertheless are letters from the future. Although the letters written by psychiatric patients still contain a lot of wishes and hopes for the future (instead of imagining how these wishes and hopes have already been fulfilled) they at the same time motivate the addressee to reach positive future goals.

As already mentioned, one of the main functions of a letter from the future is to motivate the bygone self by describing how the future could possibly look like and by giving advice on how to reach this future. In general it can be stated that most of the 43 letters contain some kind of advice, motivation or simply a description of a possible positive future (as do those from the general population).

The qualitative analysis confirms the finding that psychiatric patients to some degree are less able to imagine a positive future: six participants were truly not able to write a letter from the future. As can be read in the introduction, Lysaker and Lysaker (2002) state that some psychiatric patients seem to be incapable of narrative ability because of an impaired capacity of internal and external dialogue. This, however, seems not to be true for the present data set. Most of the respondents showed a narrative ability comparable to the general population. As the exemplary letter on page 15 shows, most of the patients wrote a letter from the future as they were asked to do, which is similar to letters from the general population and additionally fulfills the definition on narrative futuring given by Whale (2012).

The qualitative analysis conveys that psychiatric patients do not lack narrative ability but have difficulties to embark on the task of imaging a positive future: five letters were written in the described staccato style, three letters are inconsistent in respect to tense or addressee and three additional letters remained unfinished. These findings indicate that the patients could not totally concentrate on the task of writing a letter from the future.

Additionally it proved to be evident that psychiatric patients at any rate should be accompanied in writing a letter from the future by an experienced professional. On the one hand a professional has to make sure that the task is understood properly and encourage the participants to write more than a few sentences. On the other hand and even more important a professional has to be present if problems arise or the participants are in need to talk about the content of their letters. If contents such as the one mentioned above (the letter written “from

heaven”) appear in a letter from the future they must be discussed with the patient and if necessary even should become subject of the individual therapy. This implicates thus, that if writing a letter from the future is used therapeutically it is necessary to do this in a clinical setting and under supervision of a professional. Therefore, it should be agreed with the participants that the content of the letters, if necessary, is discussed. Here should be taken into consideration that writing a letter from the future by some non-clinical participants was experienced as frightening. It is likely that some psychiatric patients experience the task likewise as difficult or disturbing. Suppressed thoughts and emotions may come up or the patients might despair on their own inability to imagine a positive future. A present professional can handle these problems as soon as they arise.

In the following will be described what makes the letters from the future useful in the context of therapy. One mentioned concept proved in former analysis to be connected with narrative futuring. The cycle of “anticipatory control” (Melges, 1982) could be detected in the letters from the future written by non-patients. As stated in the introduction “imagining the future seems to have an all-over organising and motivating effect” (Sools & Mooren, 2012). In the context of “anticipatory control” this effect can be described as “feedforward”. Most of the clinical participants managed to give some kind of feedback in advance by writing down how they imagine a positive future and thus what they want their future to be like. Examples can be found in almost all analysed letters and range from “you finally found yourself and you have your life under control again” to “this year I will graduate [...] I learned to set goals and to reach my objectives”. The function of the ability to “feedforward” is thus to plan and correct personal future goals in advance by imagining them in order to make it more likely to reach them. This it is what makes the letters from the future useful as therapeutical instrument. A therapy that concentrates on the future can help patients to choose realistic goals for the future and cause them to develop an effective plan of action to figure out what the next step in life should be (Melges, 1972). The letters from the future can be understood as this effective plan of action and thus as useful tools within a therapy concentrated on the future.

However, not all patients seem to be able to “feedforward”. The qualitative and quantitative analyses show that psychiatric patients are in general less able to imagine a positive future. Six participants proved to be not at all able to describe how

their future could possibly look like and thus failed in giving “feedforward”. It still needs to be researched but it is likely that patients become more proficient in imaging the future by simply practising it. According to Lombardo (2006) an increased capacity to imagine the future makes us mentally flexible. Mental flexibility in turn can be regarded as one of the main criteria for psychological well-being (Bohlmeijer, 2012). Thus, if mental flexibility could be heightened by imaging the future, i.e. by writing a letter from the future, this probably would enhance psychological well-being in psychiatric patients.

As stated in the introduction, a therapeutic approach that is oriented at the same time on narratives and on the future has so far been neglected. It is not yet thoroughly clear how narrative futuring works and if it can be seen as capable of enhancing well-being. Further research needs to be done in this field. Especially in respect to how the participants themselves experience the task of writing a letter from the future and if narrative futuring is capable of producing positive effects for psychiatric patients. If, as mentioned earlier, current behaviour is motivated by our future prospects and how we act now is among other things determined by our expectations about the future (Adler, 2012) it is evident that the expectations about the future in psychiatric patients must be changed in order to change current behaviour. According to Gunn & Pearman (1970) a patient's response to rehabilitative measures as well as their motivation to leave the clinical situation seems to be closely related to perceptions of what life outside the clinic could be like. One possible way to guide those perceptions about how life could be is by writing a letter from the future. If writing a letter from the future should be done within a group session or if individual therapy is more suitable still needs to be researched. It is probably best to write a letter from the future in the beginning of the therapy in order to benefit from the motivating and organizing effect throughout the whole therapeutic process.

Conclusion

This study gives only a first impression on letters from the future as therapeutical instrument. Both the quantitative and the qualitative analysis show that most of the psychiatric patients were successful in writing a letter from the future. At the same time there are indications that psychiatric patients are less proficient in imagining the future when compared to the general population. This, however, should not be misunderstood as proof against the positive effects of narrative futuring. Writing a

letter from the future might be understood as exercise for psychiatric patients to become more proficient in imaging a positive future. One task for further research thus might be to test if the exercise to write a letter from the future truly enhances the respondents' ability to imagine a positive future and thus motivates them to reach this future.

What the specific effects of writing a letter from the future are, if it works at all and for which disorders it is likely to work still needs to be determined. Writing a letter from the future should not be understood as panacea for all kinds of disorders. It may be a contribution to therapy but for whom and how precisely still needs to be researched. It cannot be expected that patients write a letter from the future and shortly afterwards are completely restored to mental health. It yet might be expected that writing a letter from the future helps patients to figure out how a positive future can look like and by this motivate them to reach this imagined future.

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