Letter writing as a therapeutic tool

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ABSTRACT. A novel method of family therapy for persons suffering from eating disorders, therapeutic letter writing (TLR), is presented. The protocol used for letter writing, its advantages and limitations, and a variety of applications are reviewed. The concept of TLR grew out of the study of narrative therapy, and was strongly influenced by ideas of Lorraine Wright and Maureen Leahey about nurses and families, as well as the work of W.R. Miller around stages of change. This article will review: the process of TLR; therapeutic uses of eating disorders linked to TLR, including those relevant to families divided by distance or understanding; and the advantages and disadvantages of TLR. Finally, a case study is discussed.


INTRODUCTION

This article is based on the work and experience of the first author (HD), who has pioneered the use of Therapeutic Letter Writing (TLR) in patients with eating disorders at the Eating Disorders Program at St. Paul’s Hospital, Vancouver, British Columbia. The concept of TLR grew out of her study of narrative therapy, and was strongly influenced by the ideas of L. Wright and M. Leahey about nurses and families, as well as by the work of W.R. Miller around stages of change. Although she had worked with letters in therapy, the idea of writing letters to her patients was new to her. When new privacy laws in Canada gave people access to their medical records, she decided to write letters to her patients after each session in order to maximise clarity and eliminate concerns about confidentiality in reporting. The patient received a copy and a copy was placed in the file. It soon became apparent that TLR itself was a useful therapeutic tool.

In this article we will review: the process of TLR; therapeutic uses of eating disorders linked to TLR, including those relevant to families divided by distance or understanding; and the advantages and disadvantages of TLR. Finally, we will look to the future and consider where this work may lead.

DISCUSSION

The Eating Disorders Program at St. Paul’s Hospital is multidisciplinary and has a variety of programs including: assessment, psycho-educational, inpatient, residential, community outreach, transitional, motivational enhancement therapy, specialised programs for pregnancy and diabetes, outpatient and transition from adolescent programs. Family therapy is available in any of these programs. Although family intervention and some family therapy is provided by program members from many disciplines, most family therapy and almost all continuing family therapy is provided by team members with family therapy training using a social work perspective. Family therapy is provided in a variety of ways, depending on the need.

This article deals only with TLR. TLR can be an addition to or replace most charting as a method of interdisciplinary communication. All progress notes are kept by multidisciplinary team members in the clinic chart.

First we will review the conventional therapeutic modalities that have influenced the development of TLR by HD. HD’s practice is eclectic and based on a systems model. Her philosophy includes ideas from motivational interviewing, stages of change theory, the Calgary Family Model and narrative therapy.

Motivational interviewing

Motivational interviewing theorises that people change as they become ready to do so. Trying to make them change when they are not ready does not appear to work. Accepting the right of patients to determine
their own stage of readiness to change gives them a degree of respect and responsibility. Therapeutic interventions can be designed to reflect a patient’s readiness to change. Providing feedback to patients may allow them to evaluate their own progress. Rollnick et al. (1) describe five basic principles to guide practice: express empathy, develop discrepancy, avoid argumentation, roll with resistance, and support self-efficacy. These principles help patients set realistic goals, facilitate time efficiency, achieve clearer decision-making and feel encouraged. This process can be reinforced by TLR. As Treasure et al. point out:

“The feedback letter demonstrates that the therapist has listened and is willing to be actively helpful. It can be referred to at will by the patient and also shown to others in her network. The letter should contain any motivational statements elicited during the interview” (2).

Discussing a patient’s perception of her situation may allow her to make better decisions and accept outside support in her work towards recovery. This is sometimes very strongly resisted, as the patient’s thoughts may dictate that she must win the battle alone and that no one outside herself can understand her plight.

Stages of change

Change often follows a cyclical rather than a linear course. Some patients appear to be less severely ill for a period, only to relapse. This observation can help identify those points where people are most open to change. The identified stages of change are: precontemplation, contemplation, preparation, action, maintenance, and termination (3). A patient can move through these stages slowly, quickly, and repeatedly. The therapist tries to determine the patient’s stage so as to begin treatment with appropriate expectations and offer support that fits the patient’s current goals.

Patients are often very attached to their eating disorder and have a need to grieve, as they would the loss of a good friend. This can be seen as a battered spouse who, after years of abuse, both physical and mental, makes a decision to leave the relationship, and may need to go through a grieving process to be able to see clearly the need for a permanent break. Making the decision to recover from an eating disorder is very similar to the above situation.

Recognising and respecting the freedom that the patient may need to work through these issues can be readily done from the stages of change perspective. Letters provide a way of capturing the ideas that were clear during the session, allowing the patient a record of her own thoughts at that time. She can use this information as a reminder to counter the negative voice of the eating disorder.

Narrative therapy

Theoretically, narrative therapy believes that people “write their own story” based upon their own perceptions. Narrative therapy uses letter writing to offer post-session thoughts to patients, engage absent family members and ask therapeutic questions of the patient/family. The letters convey the patient’s thoughts and efforts in writing them. In addition, letters can be used as session notes.

TLR

Letters convey ideas in a permanent way and can be referred to at any time (4). They make misunderstandings more evident. TLR also functions as tangible evidence of the therapist’s respect for the work that the patient is doing.

The letter writing process

Letters are written following the sessions held by the family therapist with the patient. The sessions should be preferably confined to forty-five minutes.

Briefly reviewing the session at its close gives the patient a chance to review and modify what the therapist has said.

Highlight three or four main ideas from the session. This provides focus to the letter while permitting adequate exploration of specific thoughts. Frame ideas in a positive way, focusing on change and how this could affect the patient. For instance:

“I was wondering what it might be like for you, Joan, if you were to ask John to eat dinner with you tonight?”

Use metaphors when you can. For instance:

“The cycle you go through reminds me of a game of Snakes and Ladders. You climb up a ladder with a lot of effort and sometimes you slide down a snake very quickly again. In the game, and in recovery from the eating disorder you never go back to the very beginning.