

Psychotherapy Guidebook

# CORRESPONDENCE THERAPY

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# **Correspondence Therapy**

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# Correspondence Therapy

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## DEFINITION

Correspondence Therapy is a technique of individual psychotherapy using written communication. In addition to letters it includes diaries, suicidal notes, poetry, manuscripts, magazine clippings. It is often used as an adjunctive technique when a therapist-patient relationship already exists, and when certain conditions dictate its use or when some clinical considerations would aid the progress of psychotherapy.

## HISTORY

Freud used correspondence in his self-analysis and in one case he exchanged letters with the father of a boy in his “Analysis of a Phobia in a Five-Year-Old Boy.” Farrow also recommended this approach for self-analysis (1948). At the invitation of a patient, Grotjahn continued therapy during a period of absence after which he resumed regular sessions (1955). Alston carried on a detailed psychoanalytical relationship with a patient hospitalized for tuberculosis and showed that “familiar phenomena of psychoanalytic therapy” manifested themselves through this type of communication (1957).

In a brief monograph consisting of papers presented at a meeting of the American Psychological Association in 1965, the attitudes and ideas of three psychologists were expressed followed by a critique by Raimy (see Pearsons, 1965). Burton, in the first paper, stated the opinion that written communications in psychotherapy should be an adjunctive process, implementing other methods, and viewed as an expressive and creative act that might provide additional material for analysis. Ellis described his use of varying techniques, including diaries, journals, and correspondence, primarily for diagnostic purposes. He indicated that these were not likely to replace more direct therapies and that the preferred usage should be for those patients already having a relationship with the therapist. In the third paper, Harrower reported the use of letters, notebooks, and record transcriptions under special circumstances and conditions that provided the only way, or the most appropriate way, to achieve the therapeutic results desired. She also pointed out specifically the potential disadvantage of losing the patient's trust and confidentiality when the material was published. In his critique of these three papers, Raimy stated that he looked on the use of written communication as a modification of technique, but he observed that in using the written word all three therapists seem to follow the same principles and conception which they used in their typical office procedure.

## TECHNIQUE

There are three major sets of conditions which lead to the use of written communication between therapist and patient:

**Conditions based on physical circumstances.**

1. When the patient or therapist is away for a prolonged absence.
2. When the patient or therapist transfers to another area, and the patient needs support to follow through with a new therapist.
3. If the patient lives in a distant area and visits are infrequent.
4. Therapy is indirect, using the help of a relative or friend who has access to the patient in a distant place.
5. The patient is considered dangerous to himself or others and knowledge of his whereabouts would be useful in coordinating further care.
6. The patient is institutionalized for a chronic illness (e.g., tuberculosis, leprosy).

**Conditions based on transference or countertransference.**

1. When the patient wishes to avoid expressing strong positive or negative feelings toward the therapist in the course of therapy.

2. The patient wishes to gain the therapist's approval and admiration by producing creative writings to express deeply felt and intimate experiences.
3. When the patient has difficulty facing termination of therapy and chooses the written word to avoid an intense emotional experience.
4. The patient wishes to give the therapist a follow-up report about his condition after moving away. This may help the patient cope with separation anxiety and decreases the intensity of the affective experience by maintaining contact with the therapist.
5. The therapist wishes to clarify the current status of the therapy contract with a patient who has been unable or unwilling to keep his appointments or follow through with treatment recommendations.
6. The patient's obsessiveness compels him to structure or resist the therapy sessions by bringing in written material.

**Conditions based on special ability or limitation in verbal communication.**

1. The patient has particular talent, inclination, or ability to express feelings creatively through prose or poetry.
2. The patient is deaf or physically unable to speak (aphasic, weak, voiceless, or mute).



### 3. The therapist is deaf.

## APPLICATIONS

Through the content of the written material, the therapist can isolate the similarities and differences from psychotherapy in the office. In most communication the phenomena of transference (an emotional attitude the patient has toward the therapist), countertransference, and resistances are evident as they are during therapy sessions.

The differences are evident in two areas. First, the therapist cannot assess the intensity of the patient's emotional response associated with the written productions. Second, the delay of feedback from patient to therapist and from therapist to patient dilutes the impact of the communication. This is especially true if there was a fear of losing control (on the part of the patient). The therapist's countertransference, experienced as very high amounts of anxiety, could also be diffused in this way. Both patient and therapist have more time to prepare for a response. The therapist can review his reply and even obtain consultation from a colleague, thus permitting a review of the case in the same way as by examining a taped session. The therapist can also assess the level of ego disintegration present. Some patients might find an opportunity to describe their thoughts and feelings more thoroughly while others might become more inhibited. Occasional vagueness can represent

another distancing response to the termination of therapy. Some patients, who become quite dependent on their therapists, might emphasize details, sharing time and place when the material was written, as if to include the therapist in the experience itself. In either case this information (or lack of it) might shed further light on the current status of the therapist-patient relationship. Sometimes a referral to a therapist, in a distant town or city where the patient has moved, might be facilitated by a letter to the patient.

There are, however, some definite problems and limitations in using written communication in therapy. Correspondence Therapy must be considered an adjunct to psychotherapy. It lacks the important ingredient of spontaneity of patient-therapist exchanges. It also lacks the observation of nonverbal clues. Furthermore, it is likely to make the therapist more cautious and less apt to write down interpretations that might be quoted later in situations outside of his control (such as a legal setting). The possibility of distortion, misunderstanding, or quoting out of context remains a reality. And the matter of confidentiality — not knowing who might come to read the material — presents special problems with this technique.

Despite these constraints, corresponding with a patient may offer definite advantages. First, whenever office visits become impossible or very difficult because the patient has a severe physical disability limiting ambulation, a chronic illness (tuberculosis), or a handicap (deafness), this

approach may be useful. Other reasons might include: distant and isolated living situations and transportation problems. Second, some patients are particularly gifted in expressing themselves in writing, and in some cases this talent can be maximized in the therapeutic relationship. For some of these patients, additional insights, cathartic experiences, and increase in self-esteem can result through a sense of creativity in their writings. For others, it may diminish separation anxiety in the termination of therapy. Sometimes, the written communication represents a symbolic gift to the therapist, or it may be another form of resistance by avoiding confrontation in the therapy session.

In summary, written communications have a definite therapeutic impact and serve as an effective adjunctive technique where a therapist-patient relationship already exists, and the therapist uses them with the same degree of care as other interventions in psychotherapy.