Letter Approach to Depressed Patient with Parent-child Conflict

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Introduction

The report is a case that a therapist applied letter as an intervention. The advantage of this technique is to lower the level of interaction than that of face-to-face communication. Communication with letter does not send non-verbal messages such as facial expression and tone of voice. It gives a benefit of that sender can send conflict-provoking messages to the receiver without conflict. However, while the letter approach may be an easy method to implement, it cannot be familiar for client to do. Therefore, in order to introduce the intervention successfully, it is highly important to effectively deal with client's resistance as therapist do before proposing any interventions. I report the case applied letter approach. The sessions were held with a female in her twenties who was an in-patient with clinical depression and who had conflict with her mother.

The client

The client was a woman in her twenties. Her family: Father was consisted of mother, the client, and her younger brother. She had a partner whom she hoped to marry but her family opposed her to do with him. Her diagnosis was clinical depression. Her main complaint was deteriorated relations with family and to have difficulty in recuperating at home. She also tended to drive herself cornered.

Details Leading to Interview:

The client had been bullied in elementary and junior high school. She went on to graduate from a technical school and started to work. Two years after beginning to work, stress from the job led to loss of sleep, dizziness and emotional instability and a local doctor diagnosed her with clinical depression. She began to recuperate at home but her parents' (specifically her mother's) understanding and cooperation for her symptom was insufficient. Family relations also deteriorated. The doctor determined that these conditions would have a negative effect on the treatment. Hence, the doctor decided to admit her to the psychiatric hospital in which I (therapist) worked. The
purpose of this hospitalization was to put distance between the client and her family. She had a therapy with therapist once in every two weeks during her hospitalization. The total of eight sessions was conducted at this period (one of which her parents also attended). After being discharged from the hospital, the session was conducted once a month for four months. The treatment was terminated with a total of 12 sessions.

Assessment: attempted solutions and vicious circles

At her intake session, the client talked about her episodes: “My parents (especially my mother) say harsh things like when it is going to get better and call me a good-for-nothing. They have also had a tendency to over-interfere from long ago”, “I feel like I’m causing a lot of trouble for my family because of my sickness and it makes me cry” and “I feel like it would be better if I didn’t exist.” It was obvious that these thoughts strengthened her feelings of self-reproach and her pessimistic thought. Moreover, the fact that her parents showed a strongly negative and oppositional attitude towards the partner to whom she was considering getting married was another large stressor.

She had attempted to solve the problem. She first tried to talk with her parents about their relations and her marriage. However, whenever she tried to talk on these conflict-provoking topics, her parents criticized her saying “You are the reason that our family is in such a bad condition” and attempted to avoid and disqualify the subject. As a result, there had been no conversation on their conflict-provoking topics. This vicious cycle of communication between parents and child worked to maintain unfavorable condition at this point. On the other hand, when the client was careful not to speak to her parents very much they criticized and blamed her for the fact that her sickness was not improving. Consequently, she thought, “No matter what I say nothing works,” and began to feel a sense of powerlessness that only heightened her feelings of depression.

The suggestion from her doctor of her hospitalize in order to put distance between the client and her parents could also work as a vicious communication circle between them. The visitations of and telephone conversations with her parents during hospitalization frequently became disputes, which made her emotionally instable. Even though those around her gave the client a advice to put distance between herself and her parents, she believed the idea that “If I never talk then things will never change.” That is, it seemed as though she believed that she must absolutely speak with her parents. Therefore, as she strongly opposed any intervention that would stop communicating with her parents and place distance from them, the conflict-provoking situation remained unchanged.

Interventions and Consequences

Based on the assessment, the therapist introduced for the client to communicate with her parents with letter (#2). Five conditions
were set to implement the letter approach for communication: 1) including words of gratitude, 2) not making the letters frequent, 3) to continue sending letters regardless of whether or not a reply is received (because there is a high possibility that the parents may take much time to respond and cannot determine what to write straight away), 4) put important topics (topics of conflict) into the letters, and 5) to keep face-to-face conversation as superficial as possible (For example, talking about vacation or about a pet).

Moreover, upon presenting the intervention, to respect the efforts the client had made so far, the therapist explained, “You’ve been trying so hard to talk about important things but it seems like your parents are unable to understand what you really want to say.” The aim of this remark of therapist was to motivate her to agree on the letter approach.

At the third interview, a positive change in parent-child communication was shown as the client reported that “I received a reply from my mother and it seems our relationship has changed greatly. We've made progress.” Hence, in fourth session or later, the therapist aimed to maintain the positive change.

However, before the seventh session, the client handed to her parents her a letter concerning her partner and marriage and the parents read it on the spot. Her mother interacted with the client negatively as she had done before. This made her relapse her depressive symptom. Once again, the therapist coped with this incident by letter approach. That is, the therapist asked the client to discuss on conflict-provoking topics with written letters, not with face-to-face interaction.

Thereafter, no letters came from her parents for a while. After being discharged from the hospital, the parents began to talk with their daughter about the partner and marriage. This was a large change for the parents-child relation because parents had been unwilling to talk about the topics with their daughter. Through the written letters, her parents had room to face these conflict-provoking issues and it resulted in some developments on their relations.

Afterwards, the client came to live alone and change her job. Furthermore, her parents surprisingly approved her to marriage. Her mother still tended to over-interfere but she came to be able to deal with that and maintain a stable mental condition. After the twelfth session, she said “I believe I can go forward from here” and so the therapy was terminated.

Discussions

We discuss the case with five terms for the letter approach. First term was including words of gratitude: This term is important for the client to obtain a cooperative response from the parents.

The second term was not making the letters frequent. At first the client was prone to try extremely hard to write many letters but this caused her to tire and made the letters hard to continue. Therefore, the therapists told her that she should “continue slowly but surely over a long period of time without getting too worked up over it.”

The third term was to continue sending
letters regardless of whether or not a reply is received. This term was effective to give a positive meaning to the lack of responses paradoxically. It also worked that the client did not feel anxiety about the lack of responses and prevented herself from the risk that she fell back into the same vicious circle of communication as before.

The fourth one was to put important topics (topics of conflict) into the letters.” and the fifth was to keep face-to-face conversation as superficial as possible. The points were to use both written letters and face-to-face conversations as methods of communication and to differentiate the role of these communications. In face-to-face communication, the topic was limited to superficial ones (low level of conflict-provoking) and in letters, the topic was the important issues that the client truly wanted to communicate (high level of conflict-provoking). This term could work to form a positive atmosphere between the client and her parents. Through letters, in which the level of mutual interaction decreases, it was assumed that the topics of conflict would become easier for the receiver (the parents) to accept.

Furthermore, as the client believed that she must speak with her parents, it seemed as though any intervention that aimed to stop communicating at face-to-face would only strengthen her resistance. Therefore, in this case, aiming to respect to her believes and values, the therapist introduced the treatment that retain the topics of face-to-face communication while retaining the opportunity to speak face-to-face.

We can indicate that therapist should introduce letter approach with securing opportunities for face-to-face communication.

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