

THE LETTER

JAMES M. SACKS, PH.D.

Brooklyn, N.Y.

This technique consists of the patient's "writing" a letter aloud. The device occupies a position between the psychodramatic dialogue and the soliloquy. While the protagonist is the only actor immediately present, he speaks directly to an absent person rather than addressing the general audience as in the classical soliloquy. It differs from the dialogue in that no immediate interchange takes place between the two parties. The recipient of the letter is separated by a distance which can be spanned in the drama only by the postal service.

The technique is described here in its original context, although it has broader applications and variations as will be illustrated. The method was first used during an intermediate phase of the session between the "circle warm-up" (Weiner and Sacks, 1969) and the drama proper. The procedure was introduced at a point when the group had been seated in a circle making one sentence comments in turn on given topics. The light had been progressively lowered and a tone of mutual trust had begun to suffuse the group atmosphere. The director now asks each member to name someone "with whom you might have something to discuss." This characterization of the person to be named may vary but is always left rather general so as not to be too leading. The description, "someone with whom you have not always been entirely honest" also seems to select effectively for therapeutically ripe relationships. The members each announce whom they have chosen. In this go-round, the members are encouraged only to specify the identity of the person they have in mind, rather than to describe the situation or the relationship itself. Premature intimate revelations by a bolder member tend to intimidate the more reticent members into withdrawing for fear that they will also be expected to expose themselves abruptly. One function of such structured exercises is to pace the warm-up so the slower members can also become involved. Once the whole group has entered into the process by the act of naming a particular person, they can then proceed to the next step with minimal resistance. The members of the group are now asked, each in turn, to "write" a "letter" aloud, addressed to the person selected. The writer is requested to lean a bit forward in some comfortable position with his eyes cast down, away from contact with the others. The two persons in the adjoining seats in the circle each place a hand on the writer's shoulder. The letter may be as long or as short as the writer wishes, in contrast to the

previous part of the warm-up in which broad participation was encouraged by limiting comments to one or two sentences. The writers are asked to begin their letters with a formal salutation such as "Dear Aunt Mary" and to close by signing their names. The latter serves as a signal for the next writer to lean forward and to begin. Anyone who wishes to opt out may simply "pass" when it is his turn. The procedure may be repeated for a number of cycles around the group with each patient having an opportunity to write several letters, or the format may be interrupted at any time to enter into a full psychodrama with a patient who has opened up especially important material.

The director normally remains passive once he has described the procedure. He may need to break in only to remind the group of the ground rules of the exercise if they deviate too far. For example, many patients look at the director expecting him to orchestrate by nods, the moment of transition from one patient to the next. Rather than slip into this role, he might better offer a general reminder that each patient begins when the previous patient has signed his letter. At other times, the director can remain silent even when the group does break out of the structure, e.g. cross talking instead of continuing the letter writing. Such behavior reflects important needs strong enough to motivate the group to violate the explicit structure. The group usually returns to the structure eventually on its own and the director can avoid disturbing the permissive atmosphere with another instruction. (In any case, since the purpose of warm-up exercises is to help overcome blockage, it would be an absurdity to insist that the group remain within the "rules" when it has a spontaneous desire to go in a different direction.)

The physical position of the director may vary according to the amount of emotional support he wishes to impart. For greater reassurance, he may stand or sit immediately behind each writer in turn. If he prefers to rely on group support and reduce leader dependency, he may stand far from the circle and allow the procedure to run. While the director is nearly always passive, he must be continually alert for those unusual occasions which do require his intervention, for whatever reason.

It is important for the group to understand that the psychodramatic letter is entirely hypothetical; that the writer need not confine what he says to what he would actually write in real life. He should also be freed of the concern that other group members believe his letter represents his life behavior. The director should make it clear that the writer will be understood to be expressing whatever he feels like saying at the moment, irrespective of the cautions he would exercise in real life. At the same time the director should avoid communicating the impression, threatening to many, that the letters are expected to be wild or crazy.

In this letter writing technique, the patient speaks *to* rather than *about* the significant other. The distancing involved when discussing a disturbing

relationship with a person outside that relationship can help restore objectivity and reason to a patient overwhelmed with confusing emotions. When the problem is one of excessive distancing, however, such a therapeutic arrangement is too dissimilar from the problem situation to expect the relevant feelings and memories to be aroused. Therapy depends on the patient's capacity to express and explore particular feelings which are stimulated in their relationships with certain significant people. In the presence of these people, they dare not express or explore the full range of these feelings, while in the absence of these significant others, the feelings are not aroused. In the letter writing, the significant person is both present (dramatically) and absent (in fact). One forty year old businessman and veteran of a long analysis first became aware of powerful dependent longings for his mother as he poured his heart out to her in a very moving letter. He later explained that it was inconceivable that such vulnerable emotions could ever have come up when he was with her and that they never had emerged when he had talked about her in analysis. It was *she* he wanted to be understood by, not the analyst.

In ordinary dialogue, a great proportion of what is expressed is for immediate effect. A relatively high level of vigilance is maintained while the speaker watches, predicts, and continually readjusts his next words and acts in the light of the effect of his last ones. Since letters are one-way communications, the writer realizes that immediate response is not feasible. Temporarily insulated from either positive or negative reactions from the recipient, he risks the expression of more spontaneous and impulse laden material.

Not only is the writer free from interruption by the recipient of his letter but by the members of the group as well, since the letter writing passes from member to member without comment or interpretation. Anxious patients tend to withdraw when they expect that whatever they say may be thrown back at them by the therapist or by critical or analytic group members to show every kind of unsavory significance. The respectful silence of the group helps foster the dramatic reality that the addressee of the letter is also finally listening. This experience is especially valuable for the unaggressive patient who cannot fight for the floor during the unstructured sessions but here has some time cut out for him.

The technique helps to minimize resistance based on vagueness and abstraction. Many patients who otherwise get lost in philosophical generalities drained of affect become focused on highly concrete material as soon as they begin their letter to a specific person.

The formal heading to the letter helps establish that it is in fact a letter and not a two-way conversation. More importantly, it helps overcome initial blocking. The patient does not have to figure out how to begin as the first words are already provided for him, i.e. "Dear" Sometimes a patient sits mute when it is his turn to begin, trying to prepare what he will say. The

group, as a whole, may then be instructed that they need not compose their letters mentally but merely pronounce the initial greeting and that the rest will follow. It is rare that blockage occurs once a patient has begun speaking. Nearly always he finds that he can at least say a simple "hello" and having said this remembers something else he wanted to say and the flow begins.

Most individuals find the physical touching involved in this procedure entirely acceptable precisely because it is formalized and suggested by the director. Early in the session, more impulsive physical contact generates anxiety for many people. Those not touched may feel jealous; those touched may feel unworthy, sexually threatened, or territorially encroached upon. Those who do not touch may feel compelled to show the same spontaneous demonstrativeness and feel guilty if they do not. Some writers even feel patronized by any stroking movement on their back so that it is best to begin by suggesting only the stationary placement of the hand on the shoulder. The presence of the physical contact, beginning as a formal act like a handshake slowly assumes emotional meaning for the writer as he becomes involved in his letter.

In the context of the situation the writer accepts a therapeutically appropriate regressive emotional set. The two members touching his shoulders are temporarily perceived in a supportive parental role complementing his position as safe and protected child. After abandoning their customary resistance to revealing such dependency, some writers might be left with a sense of embarrassment after which they finish their letters. It is clear, however, that since the letter writing passes around the circle in order, the two supportive back touchers are the previous letter writer and the one who is to write next. Thus, after finishing his letter, the writer has an immediate opportunity to reassert himself in the stronger role of the giver of parental support. He is actively reminded that the appropriate opening up of regressive vulnerabilities is temporary and within control and that it does not divest him of his basic maturity and dignity. A similar psychology operates before the fact, as each new letter writer has just gained such reassurance in his role as helper to the previous writer. Except for the first and last letters, each writing experience in the role of the protected child is sandwiched between two experiences of parental protector. Members also describe other effects of this experience in role flexibility with such comments as, "I liked knowing that Jackie, who was touching me, had just been through the same thing herself so she wouldn't think it was silly." or "She seemed to have survived it with her pride intact so I figured I could."

While this describes the most usual reaction to the placement of the hands, there are also exceptions. Some people do not wish to be touched at all and others do not wish to touch. The physical contact should be eliminated whenever body or facial expressions indicate that it is generating tension rather than trust.

While the group is informed that the letters may be "as long or short as you wish," even those patients who monopolize in unstructured sessions tend to keep their letters within reasonable length. (This is the psychology of the lingering dinner guest who leaves for home when told that he may stay as long as he wishes but feels rejected and clings if he is ignored or asked to leave.)

The option to pass must be real. The director should counter any group pressure to conform by reemphasizing to any reluctant member that non-participation is perfectly acceptable. Patients are greatly reassured by the availability of escape. In fact, they rarely need to use this route more than once before they develop a genuine wish to get involved.

The full or semi-darkness and the removal of eye contact by having the writer look down at the floor facilitate concentration on inner experience and offer a kind of visual anonymity. The writer is freed from some of the distractions of seeing as well as the anxieties about being seen.

Experience has indicated that the technique tends to liberate intense abreactive emotion. Group catharses regularly occur in which strong emotions well forth leaving a mass of shared experience valuable in its own right and available to be reexamined later in the session or in other more cognitive sessions. Characteristic emotions arising in this technique are rejection, grief, and longing. Feelings such as rage are less frequent and arise more readily in scenes of direct interaction with another person. The first letters are usually more superficial but an emotional escalation tends to occur as the letters move from patient to patient. Each person's willingness to expose his feelings gives courage to the next. What begins as a feeling of empathy for a previous writer often finds a personal source when a patient then writes his own letter. Members report feeling proud that others consider them trustworthy enough to be made privy to facts and feelings which leave the writer vulnerable. They are then impelled to respond in kind.

Many variations of the technique are possible. I have experimented, for example, with a variation in the physical arrangement in which the group lies supine, shoulder to shoulder in a kind of star formation, which lends a note of tolerable intimacy. In another variation, a double is introduced to add a "P.S." after each letter. Following the double's intervention, the writer may respond with a "P.P.S." The device is tempting as a way of injecting interpretive material although it tends to induce anxiety in the subsequent patients in the group. After a protagonist has been selected, it can facilitate a transition to the dramatic phase of the session. Later, an auxiliary ego may be brought in who silently "reads" the letter as it is being written and may later write a reply which evolves into direct dialogue.

The letter writing by no means needs to be restricted to the warm-up phase of the session. Very frequently it helps deepen the feelings during the middle

of the session or provides the protagonist with a context to summarize and clarify his feelings at the end of a scene. The method is also useful in the final phase of the session for stimulating group response. In one such application, conducted in the dark, the group members write letters aloud to the protagonist expressing their feelings in the wake of the session. Sometimes entire sessions are devoted to nothing but the writing of such letters.

The letter writing technique is readily applicable in individual psychotherapy or psychodrama *a deux*. While group effects are not available, the therapist has his full attention to devote to the single patient. I prefer to sit behind the patient since he seems more able to involve himself in the experience when he cannot see me and when he feels that he, especially his face, cannot be seen. Like the school child who lowers his head to his desk when he cries, most patients prefer to hide in the dark or look away. If they are on the couch they turn aside or curl up rather than remain supine, visible and vulnerable. In individual treatment, I feel freer to introduce interpretations by direct doubling or the P.S. Each of the significant relationships can be explored by means of such letters, and the letters may be repeated at different points in therapy. Many patients have benefitted and all have been fascinated to listen back to tape recordings of letters they had written during earlier phases of their treatment.

In choosing the original recipient for their letter in the group, patients occasionally select themselves. Letters resulting from these self-confrontations contain an entire range of feelings from wholesale self-disparagement to defensive self-justification. Letters to inanimate objects or to abstract ideas such as "my future" have usually had a somewhat defensive and impersonal quality but letters to pet animals are sometimes deeply moving and allow the emergence of emotions not permitted toward humans. Once mobilized, it is sometimes possible to explore the human objects of the same feelings.

It would seem at first that the absence of the recipient of the letter is essential to the technique. Rather surprisingly, the device proved applicable as a method of exploring intra-group material by writing letters to people who are actually present in the room. A dramatic increase in productivity and originality of feeling and ideas emerged when this simple device was employed. While the writer was consciously aware that the recipient was present the censoring element accepted the dramatic fiction that the recipient was not present and was only going to receive the letter at a later date. The facilitating effect of the method was even more evident in therapy with quarrelsome families or marital couples. Despite its apparent gimmickry, it seemed to induce a temporary capacity for respectful listening by the recipient and an opportunity for fuller description of feeling for the writer.

Finally, it should be pointed out that any psychodramatic device which effectively increases spontaneity such as this seems to, does not solve the

problem of non-spontaneity. Life is not a psychodrama. Eventually, the issue must be faced as to why the patient can be spontaneous only during the psychodrama and not the rest of the time. Hopefully some clues to the solution emerge from what comes out during the periods of relatively greater freedom during the sessions and that some transfer can be made to life situations.

REFERENCE

- Weiner, Hanna B. and Sacks, James M. "Warm-up and Sum-up." *Group Psychotherapy* 22:85-102.