



THERAPEUTIC LETTERS IN THE ALLEYWAYS

**A narrative approach to counselling
in Vancouver's Downtown Eastside**

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Narrative therapy is a collaborative and non-pathologizing approach to counselling and community work that positions the client as the expert on their own life.

As a clinical counsellor at a community health centre located within Vancouver's Downtown Eastside (DTES), I work as part of an integrated care team that provides trauma-informed primary care, home health, mental health, and addiction services to individuals who are adversely impacted by the social determinants of health. Clients who request counselling services often present with complex medical and psychosocial needs and live with trauma, street entrenchment, housing insecurity, poverty, social isolation, and discrimination.

The community is also hurting. With an increase in homelessness,

lack of affordable housing, and rise in crime, as well as being four years into a devastating opioid-overdose epidemic, the Downtown Eastside is facing many hardships.¹ Working in this setting, I often draw on narrative therapy practices.

CONTEXT FOR NARRATIVE THERAPY

Narrative therapy is a collaborative and non-pathologizing approach to counselling and community work that positions the client as the expert on their own life.² An essential aspect of narrative therapy is that people make meaning out of their lives in the form of stories. These stories are shaped by a broader context, encompassing factors such as class, race, gender, sexual orientation, and ability.³ Through a narrative lens, problems are seen as arising from social, historical, and cultural contexts, rather than as intrinsic aspects of the client's identity. Problem-saturated stories dominate preferred narratives and often recruit people into negative identity conclusions about themselves.

As a counsellor working on a multidisciplinary team that endorses the medical model, it can be challenging to deconstruct these negative identity conclusions that clients carry as reflections of the problems they bring into counselling. Thus, drawing on narrative practices in this clinical setting can be especially liberating for people subjugated by their dominant problem-saturated narratives.

Aside from its anti-individualistic approach to counselling and contextual lens to viewing problems, narrative therapy supports the practice of externalizing the problem. By drawing on the post-structuralist view of identity as relational, fluid, and

contextual, narrative practices such as externalization attempt to linguistically separate persons from "fixed" and negative identity descriptions.⁴ This is why narrative therapy often uses the slogan: "The person is never the problem, the problem is the problem."⁵ For example, in a counselling session, if a person states they identify as an addict and struggle with addiction, a narrative counsellor might ask questions such as: "When did you first notice addiction entering your life?" or "What rules or requirements does addiction have of you in order to keep its hold on you?"

THERAPEUTIC LETTER WRITING

Although there are many ways to draw on narrative therapy practices to help "thicken" preferred stories for clients, I appreciate the use of therapeutic letter writing developed by Michael White and David Epston.⁶ Therapeutic letter writing is a sensible extension of narrative therapy because stories take on added meaning and permanence when they are written down.⁷ In *Narrative Means to Therapeutic Ends*, David Epston says:

"Conversation is, by its very nature, ephemeral. After a particularly meaningful session, a client walks away aglow with provocative new thoughts, but a few blocks away, the exact words that had struck home as so profound may already be hard to recall... But the words in a letter don't fade and disappear the way conversation does; they endure through time and space, bearing witness to the work of therapy and immortalizing it."⁸

As a narrative approach to counselling in the DTES, I find therapeutic letter writing an especially relevant practice because of the complex social barriers people face

on a day-to-day basis. I might see a client one week and then not see them for a month due to multiple stressors impacting their lives. Myriad social barriers and oppressive problems such as addiction, depression, loss, and isolation can make it difficult for clients to leave their single-occupancy hotel rooms or the shelter bed they secured the night before to follow up on a counselling session. Particularly for clients like these, who may be affected by social isolation, receiving a therapeutic letter can be beneficial. White says:

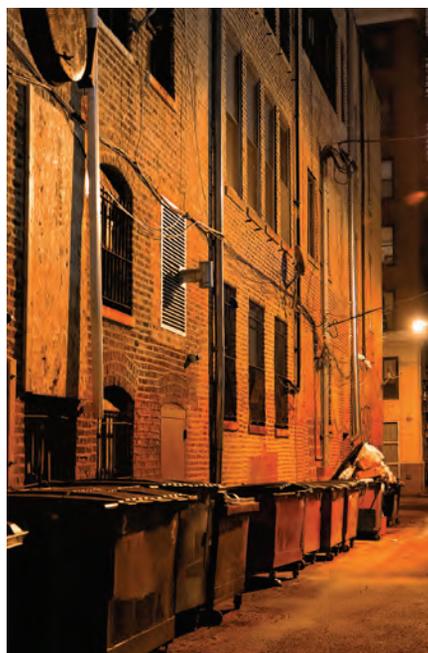
“[Clients] have a great deal of difficulty identifying who they are and have a tenuous existence — so tenuous that it always seems at risk. Certainly, their existence as persons of worth is very rarely recognized by others. For these [clients], simply receiving mail addressed to them by name constitutes a major acknowledgement of their presence in the world.”⁹

In addition to work by White and Epston, various literature supports the efficacy of therapeutic letters and how they can apply across different clinical populations. For example, studies show how letter writing can serve as a powerful tool for assisting clients in reaching therapeutic goals by enhancing a sense of personal agency and empowerment.¹⁰ Other research discusses how therapeutic letter writing can assist clients to remember particular knowledge and skills at times of crisis. Letters also serve as a way of recording the counselling session for the benefit of the client.¹¹

Another study investigated therapeutic writing practices of a small group of clinical counsellors and the experiences of the clients who received these letters. Letters were then written by the clients to the

researcher and analyzed for the value clients placed upon the lasting presence of letters, how the letters evoked a sense of curiosity and connection, how the letters helped to consolidate the therapeutic alliance and previous session content, and ways the letters facilitated change.¹²

Other benefits include: helping to assure the counsellor understands client stories; conveying and, thereby, enhancing the authentic and affectual tone of the therapeutic relationship; and extending the conversation between meetings, which further supports and reinforces preferred alternative stories. Furthermore, research indicates clients who received letters assessed the value of a single therapeutic letter to be equal or worth



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A SAMPLE LETTER TO A CLIENT

Here is an example of a brief therapeutic letter I wrote to a 55-year-old client, who, at the time, was residing at a shelter and struggling with the effects of depression and substance use were having on their life. The client provided me with consent to share this letter; any information related to their identity has been changed.

approximately three to five face-to-face counselling sessions.¹³

LETTER GUIDELINES

Suggested guidelines for crafting therapeutic letters to clients start with an introductory paragraph about the previous session to help the client remember and assure them the counsellor heard their story. Include verbatim quotes from the client, reference ways the problem is influencing the client's life, draw on externalization, and incorporate questions that help to emphasize the counter-stories to the problem, implying a sense of agency. You can also draw on humour.¹⁴

I have been using these guidelines to craft therapeutic letters for several years. I often write letters for clients I have known for a period of time, with the understanding there is a secure therapeutic alliance. Prior to a letter being crafted, clients are provided with an understanding of what therapeutic letters are and, in accordance with informed consent, are always given an option about whether they wish to receive one or not.

Other considerations include the importance of paying attention to the ethics in practice when sending letters, cultural factors, possible

Dear DG,

The other week when we discussed what the Addict voice requires of you in order to guarantee its survival and grip on your life, your participation in isolating and keeping things to yourself seemed essential. You even said, "it thrives on secrecy." So I was taken aback when you talked about ways you have been protesting against its demands on you. One of these involved deciding to go to a drop-in centre in the neighbourhood and having a chat with some of the people there about what was going on in your life and attending a support meeting so you could share some more about the ways the Addict voice has been pushing you around. To what extent do you think you have weakened the grip of the Addict voice on your life by drawing on these anti-isolation and anti-secrecy tactics? Who in your life would be least surprised by the steps you are taking in lessening the influence of the Addict voice on your life?

Looking forward to seeing you next week.

In Solidarity,

Harkamal

Clinical Counsellor at Pender

illiteracy issues, and the differential power we as clinical counsellors hold and taking that into consideration in working with individuals who may identify as vulnerable.¹⁵

As many of the clients I see are adversely impacted by the social determinants of health, including lack of secure housing, I will often personally deliver letters to clients residing in an alleyway, shelter, detox, transitional house, or their single-occupancy hotel room.

Recognizing the value of therapeutic letters written to clients struggling with the

effects of grief and loss, as well as aiding in extending conversations to those who identify as homeless,¹⁶ has been especially meaningful in my work as a counsellor in the DTES community. It is my hope that this article provides other counsellors with a better understanding of therapeutic letters and the value they can have for their clients. ■

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