

CREATIVE WRITING

ARTS FOR HEALTH

Series Editor: Paul Crawford, Professor of Health Humanities, University of Nottingham, UK

The Arts for Health series offers a ground-breaking set of books that guide the general public, carers and healthcare providers on how different arts can help people to stay healthy or improve their health and wellbeing.

Bringing together new information and resources underpinning the health humanities (that link health and social care disciplines with the arts and humanities), the books demonstrate the ways in which the arts offer people worldwide a kind of shadow health service – a non-clinical way to maintain or improve our health and wellbeing. The books are aimed at general readers along with interested arts practitioners seeking to explore the health benefits of their work, health and social care providers and clinicians wishing to learn about the application of the arts for health, educators in arts, health and social care and organisations, carers and individuals engaged in public health or generating healthier environments. These easy-to-read, engaging short books help readers to understand the evidence about the value of arts for health and offer guidelines, case studies and resources to make use of these non-clinical routes to a better life.

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INVESTOR IN PEOPLE

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FOREWORD: CREATIVE PUBLIC HEALTH

The Arts for Health series aims to provide key information on how different arts and humanities practices can support, or even transform, health and wellbeing. Each book introduces a particular creative activity or resource and outlines its place and value in society, the evidence for its use in advancing health and wellbeing, and cases of how this works. In addition, each book provides useful links and suggestions to readers for following-up on these quick reads. We can think of this series as a kind of shadow health service – encouraging the use of the arts and humanities alongside all the other resources on offer to keep us fit and well.

Creative practices in the arts and humanities offer a fantastic, non-medical, but medically relevant way to improve the health and wellbeing of individuals, families and communities. Intuitively, we know just how important creative activities are in maintaining or recovering our best possible lives. For example, imagine that we woke up tomorrow to find that all music, books or films had to be destroyed, learn that singing, dancing or theatre had been outlawed or that galleries, museums and theatres had to close permanently; or, indeed, that every street had posters warning citizens of severe punishment for taking photographs, drawing or writing. How would we feel? What would happen to our bodies and minds? How would we survive? Unfortunately, we have seen this kind of removal of creative activities from human society before and today many people remain terribly restricted in artistic expression and consumption.

I hope that this series adds a practical resource to the public. I hope people buy these little books as gifts for family and friends,

or for hard-pressed healthcare professionals, to encourage them to revisit or to consider a creative path to living well. I hope that creative public health makes for a brighter future.

Professor Paul Crawford

PREFACE

This book brings together two distinct disciplines – creative writing and healthcare, with a particular emphasis on mental health and well-being. The authors are both practitioners in therapeutic writing and bring their experiences of this practice from the real world into the pages of this book. One writes from a background in mental health; the other from a background in creative writing. Their voices chime in their strong belief in the power of creative writing as a tool to help people manage their well-being. Each voice expresses these beliefs in its own way and this freedom of expression is a principle at the heart of the various forms of therapeutic writing that this book touches on.

We have wanted from the outset not to blend our voices to create a bland flavour of writing for the reader. Instead, we have explored areas of particular interest to each of us and relevant to our own professional practices and we speak about these in our own individual ways.

We hope this book provides an overview for those new to the concept of creative writing as a well-being practice. We will take you through a brief overview of the history of some of the key development in the field of writing as a therapeutic practice and offer some definitions. We'll explore how writing can be good for you, and ways that it can help you as healthcare professionals, as writers or those new to writing. We tap into our professional practices by looking at some of the ways that we've developed our own approaches to therapeutic creative writing, cutting across mental health and menopause, and integrating other philosophical practices, such as mindfulness, into this way of working and considering the ethics that underpins this work. We hope that it might encourage some of you to pick up a writing tool of your choice and just write.

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Heartfelt thanks also go to family and friends who have supported us throughout the writing of this book.

DEFINITIONS AND A BRIEF HISTORY OF WRITING FOR HEALTH AND WELL-BEING

Writing ‘expresses things from deep within us, explores things we didn’t know we knew, felt or remembered’.
(Bolton, 1999, p. 16)

THE ROOTS OF WRITING FOR HEALTH AND WELL-BEING

The acts of reading and writing have long been recognised to have positive impacts on health and well-being. Author and poet, D. H. Lawrence, acknowledged these benefits. In 1913, he wrote to his friend Arthur McLeod, ‘One sheds one’s sickness in books – repeats and presents again one’s emotions, to be master of them’ (Boulton, 2002). The novelist Graham Greene (1980) saw writing as ‘a form of therapy’ and wondered how ‘all those who do not write, compose, or paint can manage to escape the madness, melancholia, the panic and fear which is inherent in a human situation’.

For poet and researcher, Gillie Bolton, there is no real distinction between creative writing and therapeutic writing. She describes an emotional charge that makes literature impactful and is generated by the writer crafting their work (Bolton, 1999). Writing as a

therapeutic practice can take place independently as a self-directed activity, one-to-one with a facilitator or clinician or as a group activity directed by a facilitator or clinician. Where writing for therapeutic purposes differs from writing for publication is in its focus on the benefits of the process of writing, rather than the outputs of the writing process. In engaging in writing as a therapeutic process, the writer is asked to banish their inner critic, to trust themselves, to not censor themselves as they write, but to simply write. Bolton reassures people taking part in this practice that ‘you can’t write the wrong thing’ (p. 11).

Reflection happens as we write and when we re-read what we have already written. It is an important part of the therapeutic writing process, helping us to analyse our experiences, understand how they may have impacted on us, generate new knowledge as we process our experiences and find meaning in them. Within the context of a therapeutic writing group, reflective practice involves inviting group members to share words they have put on the page or share insights into their experience of the writing process itself. It can foster self-expression, new perspectives and clarity, and help group members find ways to move forward in difficult times.

Writing as therapy has deep historical roots. It takes us back to the ancient Egyptians who practised rituals involving writing on papyrus and then consuming it as a medical remedy. Some translations of ancient Greek texts allude to the power of words for healing. In Homer’s *Iliad*, dating back to the eighth century BCE, we hear how the warrior, Patroclus, tended to his wounded friend, Eurypylus, by soothing him through storytelling, ‘trying to lift the soldier’s heart with stories’ (Fagles, 1990, p. 40). The Greek philosopher, Aristotle (384–322 BCE), recognised the cathartic power of poetry, the emotional release experienced when reading or writing poetry which results in a sense of relief. In his publication, *Poetics*, he refers to ‘tragedy’, a literary or theatrical genre, which gives the reader or spectator the chance to put themselves in the shoes of the tragic hero. By vicariously experiencing the hero’s pain, the reader also experiences empathy (Bhandari, 2021). In what could be seen as an early form of social prescribing, the Greek physician, Soranus, who practised in Rome during the Greco-Roman era, was known for recommending a dose of tragedy for patients

experiencing mania and comedy for those experiencing depression (Rojcewicz, 2004).

This introduction aims to untangle some of the practices which fall under the umbrella of creative writing as therapy. There is no clear chronological path for these developments and boundaries between individual disciplines are blurred, with many variants emerging alongside each other. Some developed in clinical settings and are also practised extensively as non-clinical practices. Taking bibliotherapy as a starting point, we will dip into poetry therapy, expressive writing therapy and journal therapy.

BIBLIOTHERAPY

Bibliotherapy, also known as book therapy, uses literature as a tool to encourage cognitive change. It gained formal recognition as a collaboration between library and healthcare professionals and has become adopted by counsellors, psychologists and social workers, particularly in the United States (Pehrsson & McMillen, 2007). The practice of bibliotherapy today has a wide remit; embracing one-to-one as well as group work, it takes place in healthcare settings with people with diagnosed mental health conditions, and in community settings with people who may be seeking support for their general well-being.

The term bibliotherapy was coined by Samuel Crothers in 1916 (Pehrsson & McMillen, 2007). Crothers, an American Unitarian minister, wrote a satirical essay, 'Literary Clinic', about a fictional institution which used books as medicine, extolling the notion that 'the true function of a literary critic is not to pass judgment on the book, but to diagnose the condition of the person who has read it' (Crothers, 1916, p. 122). Crothers asserted that each text contained particular therapeutic qualities for the reader (Miller, 2018).

We know that bibliotherapy was being used in both Britain and the United States during the First World War, with some hospitals encouraging soldiers who were suffering from post-traumatic stress to read literary texts, although it is uncertain whether the term bibliotherapy was in currency at the time (Shechtman, 2009).

By the 1940s, teacher-led bibliotherapy groups were becoming popular in some American schools. Known as developmental

bibliotherapy, this variant of the practice used literature as a tool to empower people to make meanings of life changes (Rubin, 1978). At the same time, clinical bibliotherapy was being used by mental health professionals working across a range of modalities with people experiencing emotional and behavioural issues: the psychoanalytic approach of Sigmund and Anna Freud, for example, drew on literature as a tool (Pehrsson & McMillen, 2007). Caroline Shrodes (1955) drew parallels between bibliotherapy and the psychodynamic mode of psychotherapy describing it as:

drawing upon the insights of both artist and scientist, [it] is grounded in the theory that there is an integral relationship between the dynamics of the personality and the nature of vicarious experience. It is a process of dynamic interactions between the personality of the reader and imaginative literature which may engage his emotions and free them for conscious and productive use. (p. 24)

Shrodes argued that the use of fiction helped the reader to understand motivations and consequences, offering an affective experience which is therapeutically beneficial. She developed a model of bibliotherapy in 1950 to illustrate three distinct stages that a reader passes through when reading for therapeutic purposes. The first of these she calls 'identification' or 'projection' in which readers aim to identify with a character in a book and project their own needs onto that character. This might be fictional in a novel, for example, or a real-life subject in non-fiction. This process allows the reader to develop their own self-concept and understanding of human behaviour and motivations. 'Catharsis' follows as a second stage, as readers experience a release of tension alongside a range of possible emotions, including guilt, sadness or anxiety. By the third stage, 'insight', the reader is able to begin to recognise their own motives and identify possibilities for resolving their problem.

Bibliotherapy was officially introduced into medical vocabulary in 1966 and established as a practice in many American hospitals by the 1970s, with Rosalie Brown appointed as the first Federal Bibliotherapist in America in 1976.

POETRY THERAPY

Poetry can be defined as a form of literature that attempts to stir the reader's imagination or emotions. The poet creates a poem by carefully selecting language and considering its arrangement on the page. Meaning, sound and rhythm are all important aspects of the poem. Poetry therapy uses the language, symbol and story found in poems for therapeutic purposes (Mazza, 2017). Of all forms of creative writing, the distilled format and emotional intensity of the poetic form is seen to hold particular healing qualities (Bolton, 1999). Ideas about the relationship between poetry and health are deeply rooted in history. Returning to ancient Greece, we see Apollo venerated as the god of both medicine and poetry. In more recent times, poets have highlighted the medicinal properties of their craft. Robert Graves (1922) wrote:

Poetry is no more a narcotic than a stimulant; it is a universal bitter-sweet mixture for all possible household emergencies A well-chosen anthology is a complete dispensary of medicine for the more common mental disorders, and may be used as much for prevention as cure.
(p. 125)

Pioneers in the field of poetry therapy, such as Nicholas Mazza, see it as a practice growing out of bibliotherapy. There is a gentle pivoting away from the reading of literary texts as prompts for discussion, to a focus on written responses and the creation of new literary and reflective texts.

What is it about poetry that endows it with such therapeutic benefits? Psychologist and Poetry Therapist, Geri Chavis, points to the authenticity of the poet's voice which crosses time and space and creates an 'intimate connection' with the reader or listener. She highlights the confessional nature of this voice and the 'immediacy' of the poem which brings the reader into the present, holds their attention and engages the senses, the mind and the emotions (Chavis, 2011, p. 25).

A poem takes the reader on a journey. Along the way, the reader engages with images in the poem, feelings and thoughts. Stageberg and Anderson suggest that our response to the poem is framed by

our own past experiences, conjured up by the words of the poem and shaped further by our own present mental and emotional state. This reshaping enables the reader to experience their own internal poem, which they call ‘The Poem Within’ (Stageberg & Anderson, 1952, p. 5).

A poem is a powerful creation, a concentrated form of words, rich with carefully selected language. It reflects the everyday, but also has the capacity to engage the imagination and suggest the fantastical. Metaphor and simile build images through words. Linguistic techniques, such as onomatopoeia, assonance and alliteration, create rhythm, and these repeated patterns and rhymes add a further dimension to its therapeutic potential. How words sound and feel in the mouth as we speak them can affect our feelings (Turner, 1990). Like music, poetry has kinetic potential. Its rhythm encourages movement and an embodied connection with our physicality.

Poetry therapy uses mainly poetic forms of literature. In 1928, following in the footsteps of ancient Greek physician, Soranus, Eli Grier, an American poet and pharmacist, prescribed poems for his patients. This initiative was carried out with the assistance of psychiatrists, Jack Leedy and Sam Spector. In 1959, supervised by Leedy and Spector, Grier successfully facilitated a poetry therapy group at Cumberland Hospital in New York. Leedy continued to integrate poetry into his own therapeutic group practice, eventually forming the Association for Poetry Therapy in 1969 (Sarma, 2023). A flurry of developments in the 1970s resulted in poetry therapy institutions being set up across America: the Poetry Therapy Institute in California founded by Arthur Lerner, the American Academy of Poetry Therapy in Texas by Morris Morrison and the Ohio Poetry Therapy Centre and Library by Jennifer Bosveld.

By the late 1980s, poetry therapy was gaining popularity as a therapeutic expressive arts-based practice in its own right. In 1986, Hynes and Hynes-Berry published their four-step model for poetry therapy building on earlier models of bibliotherapy. In step one, ‘recognition’, participants, supported by a facilitator, engage with a piece of literature to find a point of identification with it, ‘to see something of themselves in the work’ (Crowley, 2019, p. 34). In step two, ‘examination’, the participant explores their reactions to

the poem at a deeper level to gain an understanding of why they feel like they do. This leads to step three, ‘juxtaposition’, where the participant compares and contrasts responses to validate their initial feelings or change their response. Finally, in step four, ‘application to self’, the participant evaluates how their attitudes and behaviours are affected with the aim of integrating these insights into their future actions and behaviours.

More recently, Nicholas Mazza’s RES Poetry Therapy Practice Model identifies three separate components which can be integrated into a practice. He begins with a receptive (or prescriptive) component in which the facilitator brings a pre-existing piece of literature into the session. A poem, song lyrics or a piece of film are often used. The poem is carefully chosen and takes into consideration factors such as the emotional state and mood of the client and the theoretical approach of the practitioner (Mazza, 2017). It is important for the poem to be read aloud and heard (Chavis, 2011). The second component is an expressive (or creative) component which encourages the client to respond through writing. This can be spontaneous or unstructured writing, known as freewriting, or it can follow a more prescriptive framework. Finally, a symbolic (or ceremonial) stage encourages clients to draw on metaphor, ritual and storytelling. The role of facilitator, in both clinical and non-clinical settings, is pivotal to the poetry therapy process, making it distinct from literary criticism by encouraging clients to respond on a personal level to poems and not critique them as literary artefacts (Chavis, 2011).

EXPRESSIVE WRITING

In the 1980s, James W. Pennebaker pioneered ‘written emotional disclosure’, using expressive writing as therapy (Pennebaker & Beall, 1986). Expressive writing typically uses the written word to articulate thoughts and feelings and sensations related to emotional events (Tonnavelli et al., 2017). Pennebaker encouraged an open and subjective style of writing in this practice.

A guiding principle of expressive writing is that you express yourself openly and honestly. People who write in a cold detached manner and who quote Shakespeare,

Aristotle or Henry Ford may be fine historians and may even write a great editorial in the local newspaper. But impressive writing is not the point of expressive writing. People who benefit the most from writing are able to find a voice that reflects who they are. (Pennebaker, 2014, p. 18)

Pennebaker focussed on ways that emotional disclosure through writing can help patients with trauma recovery. His model emerged from studies he conducted in which participants in therapeutic or clinical settings were asked to write about a past trauma as a way of expressing deeply held thoughts and emotions. It required participants to write about how they felt during a distressing event, rather than simply recall an account of what happened. Pennebaker was interested in the idea that keeping secrets can contribute to physical illness and suggested that writing was akin to the 'confessional', having profound physical effects on the body and inducing relaxation.

As a comparison, a control group was asked to write about neutral topics in an objective way. Pennebaker et al.'s (1988) findings, which have been replicated and validated by subsequent researchers, suggest that expressive writing results in significant improvements in various biochemical markers, indicating physical and immune functioning. There are suggestions that the positive impacts of Pennebaker's study indicate that it is the act of being disinhibited in disclosing trauma through writing that causes positive physiological results on the body (Baikie & Wilhelm, 2005). However, positive outcomes were found in follow-up studies where participants were asked to write about imagined traumas. Even though these were purely fictional pieces of writing in which there was no requirement for participants to disclose personal experiences, they still demonstrated significant improvements in physical health (Greenberg et al., 1996).

JOURNAL THERAPY

Journal therapy or journalling is used as a nonmedical intervention for improving well-being. Distinct from the process of diary-keeping, journalling seeks to provide a vent for inner thoughts,