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"There Is No Map and There Is No Road": Theorising Best Practice in the Provision of Creative Writing Therapy[i]

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Abstract
A host of recent studies[ii] have shown that creative acts such as writing have significant psychological, social, and emotional benefits. In the past few decades many healthcare settings have implemented creative writing groups as a complement to more traditional medical interventions for a wide variety of illnesses. However, the relative novelty of creative writing therapy, coupled with its conflicting artistic and medical aims, may mean that a writer who is considering leading such a group might be unclear as to what her role entails: whether she is primarily a teacher, mentor, or therapist; how much control she should exert over the patients' creative output; the type of feedback, if any, she should give, and how to respond to upsetting or disturbing writing. This paper explores how various experts, from both artistic and medical backgrounds, have theorised what constitutes best practice in creative writing therapy, focussing specifically on the treatment of mental illness. The paper concludes that, as with more traditional medical interventions, creative writing therapy will work differently for each individual – indeed, for some, it may have adverse side-effects. As such, a practitioner must adopt an intuitive, empathetic, flexible approach, practising intense and constant self-reflection, and allowing patients their autonomy while still actively nurturing their development.

Keywords: creative writing, healthcare, therapy, mental health, illness, identity, poetry, depression, arts therapy, care

Many established authors have remarked upon the cathartic and therapeutic nature of creative writing. Graham Greene, the novelist, playwright and critic, described writing as a way of escaping "the madness, the melancholia, the panic fear which is inherent in the human

condition" (Greene xx). The poet and author Sylvia Plath wrote in her journal: "[when I write, the] fury [that] jams the gullet and spreads poison […] dissipates, flows out into the figures of the letters: writing as therapy?" (Plath, *Journals* 413-4). Ernest Hemingway, when asked if he had an analyst, replied: "sure I have. Portable Corona number three" (Berman 49). Recent studies have shown that creative acts such as writing have significant psychological, emotional, social and physical benefits (see Lepore and Smyth), and in the past few decades many healthcare settings have implemented creative writing groups as a complement to more traditional medical treatments. This essay will focus primarily on creative writing in regards to mental illnesses such as anxiety and depression, but it is worth mentioning that creative writing groups have also been implemented for clients suffering from ailments as diverse as asthma, dementia and rheumatoid arthritis (Lepore and Smyth 4). A creative writing tutor working in healthcare is in a uniquely privileged position which can be incredibly rewarding but also requires intense and constant self-reflection. While many of the skills required to teach in a clinical context are the same as those utilised in more traditional arenas, it is undeniable that working in a medical setting raises distinctive challenges and issues which must be negotiated skilfully and sensitively. As with more traditional medical interventions, creative writing therapy will not work the same way for everyone; indeed, for some people it may have adverse side-effects. This essay will explore several issues concerning provision of creative writing in a clinical setting, beginning with the difficulties encountered when trying to evaluate an artistic discipline through a scientific lens, and moving through the cumulative effects this initial clash of discourses entails. This paper will also examine how various practitioners and theorists – from both arts and medical backgrounds – have dealt with the unique challenges associated with the provision of writing in healthcare.

Firstly, however, it may be useful to sketch the origins of the practice. Writing therapy stems from "the psychotherapeutic tradition of using expressive therapies to relieve ailments associated with traumatic experiences" (Lepore and Smyth 3). This approach was pioneered by Sigmund Freud and the physician Joseph Breuer, who, over a century ago,

developed the now-famous psychoanalytic 'talking cure.' This technique was based on the theory of 'abreaction': "an emotional release or discharge after recalling a painful experience that had been repressed because it was consciously intolerable" (Erwin 30). Despite being a part of this larger history of psychotherapy, the use of writing as a clinical tool is still relatively new, and is as such still being theorised and evaluated. One possible reason for this delay in development is the vast difference in the language employed by the medical and artistic spheres. Whilst medical discourse consists of empirical evidence and concrete terminology, creative writing therapy tends to be discussed in terms of abstract concepts such as "selfhood" (Bolton 30), the "soul" (Flint 146), the "inner landscape" (Flint 148); adjectives such as "organic" (Bolton 129) and "holistic" (Flint 145) are commonly used. This nebulous language sits uneasily with the sphere of the sciences, so much so that the two disciplines may initially appear antithetical. As Gillie Bolton summarises: "a busy clinician may not automatically agree that an arts care practice […] is relevant to a care context […] [and] an arts professional may be wary of an arts practice which seems to talk about itself in any terms except the artistic" (Bolton 15). This problem is compounded by the fact that creative writing does not lend itself to empirical, quantifiable outcomes. These problems in communication pose a significant obstacle to the provision of creative writing courses in clinical contexts, as such discourse can "generate or limit the very funding and management structures which enable writing in health and social care activities to take place" (Bolton 15). In the absence of quantifiable outcomes, proving the validity of creative writing in health and social care is a difficult task – and "[funders] want monitoring, measuring and those damn statistics" (Patterson 10).

It would be an exaggeration, however, to claim that the two disciplines cannot meaningfully collaborate. Although creative writing therapy is perhaps viewed as slightly abstruse by some healthcare professionals, many practitioners have spoken of its significant benefits. Gillie Bolton quotes the General Manager of Dudley Family Health Services as saying: "as an ex-army man I view art in primary health care as being a bit like the invention of radar – intangible and impossible to

understand at first but now we can't do without it!" (Bolton 161). Within the medical profession, there have been calls for healthcare to become more 'humanised,' for the provision of care to become less clinical and mechanistic. As Anne Anderson states: "the inadequacies of the rational scientific method have increasingly become the concern of nursing theorists. Closs […] argues that there is a need to move away from the cold rationalism and empiricism of science in favour of an intuitive, empathetic, and aesthetic approach" (Anderson 17). Anderson suggests that writing therapy may be a way of combating the impersonality of medical treatment – of developing the empathetic, interpersonal links between healthcare practitioner and patient. This humanising ability, the way in which writing allows each patient to express their individual experience, is possibly one of the most vital aspects of creative writing therapy. As Maureen Freely states, writing "can get people to express the things that are most important to *them*, in their *own* words. It can get them to challenge the masterplots that define them" (Freely 85). Through writing, the client can break out of the role of 'patient' – a homogenising label which subjugates individual personalities to their illnesses – and express their own identity.

As a result, the fact that creative writing therapy is somewhat intangible and organic in nature may prove a benefit, rather than a hindrance, within the medical sphere, bringing something more personal to the patient experience. However, the fairly elusive nature of the practice, the relative novelty of the field, and the rather vague terminology by which it is characterised may intimidate the potential writing tutor, who may feel unsure as to what is expected of them. What, for example, is the main goal of creative writing therapy? Is it merely a "diversional activity for boring afternoons" (Sampson 15)? Should the patients aim to create 'art'? If so, should the teacher offer writerly feedback? Is the writing for the benefit of the medical staff, in order to give them further insight into the patients, or is it to be confidential? Creative writing therapy may involve any of these objectives. It is, by nature, an organic and multi-faceted discipline, which shifts according to various factors – such as requirements set by the funding body, the illnesses being dealt with, and the environment in which the writing is taking place. As such,

the practitioner must be flexible, and, to an extent, intuitive in their approach. Despite this, teaching creative writing in a clinical context requires many of the same skills as teaching in a more traditional setting. As with courses in the classroom or community, a facilitator working in healthcare "needs to be not only a good writer […] but also a good 'presence,' capable of holding a group […] together, of reading the situation for its possibilities and potential, and of enthusing people about what is going on" (Hartill et al. 113). A tutor must be willing to listen to students, to engage in meaningful dialogue with them, to manage the group dynamic so that each individual voice is given expressive space, and to nurture creative potential through offering appropriate support and guidance.

However, working in a clinical environment undeniably magnifies and intensifies many of the issues encountered within more traditional arenas, particularly when working within the sphere of mental health care. Of course, the tutor's role and responsibilities will vary widely depending on the aims and context of the group; a class which is merely 'diversionary' and which focuses solely on light, descriptive writing will require a very different approach to a course which encourages patients to express themselves through autobiography, for example. In the former, a tutor may act simply as a facilitator, providing interesting and entertaining stimuli for the class and offering supportive feedback, whereas in the latter a tutor may have to deal with a vulnerable patient presenting them with an extremely personal and painful piece of writing. In this case, it will most likely be necessary for the tutor to have a degree of counselling training, "some [...] psychodynamic theory […to] help the writer understand what might be going on when strong feelings are expressed" (McLoughlin 182). McLoughlin suggests that "such training also gives an appreciation of the importance of maintaining the boundaries of time and space, and of the dynamics between the staff and the clients in health care" (182). Of course, it is vital that the writing tutor does not attempt to undertake a role for which she is not qualified, and is aware of the correct referral procedure to follow if she is particularly concerned about a student's well-being. However, her primary functions are essentially the same as those of a tutor in a more traditional context: to "inspire […] her

students to do their best work, to help them improve their writing, and to raise questions for further writing" (Berman 36).

The question of potentially delicate subject-matter raises another pertinent issue – that of 'healthy' and 'unhealthy' writing. Some theorists argue that, while writing can be beneficial, not all writing is salubrious. "The pen is mighty," Maureen Freely claims: "it can heal and redeem and transform. It can also maim and kill" (Freely 79). The idea that expressing oneself can be actively harmful may seem counter-intuitive, given that we are accustomed to the Freudian model of abreaction. However, this perspective may find credence through the number of writers who have taken their own lives, such as Sylvia Plath, Anne Sexton, Ernest Hemingway and Virginia Woolf. What makes the deaths of these artists all the more dismaying is that each of them had written of the psychological benefits of creative writing. In addition to Plath and Hemingway's statements included in the introduction to this essay, Virginia Woolf wrote, after completing *To the Lighthouse:* "I suppose that I did what psycho-analysts do for their patients" (McGee 73). Anne Sexton taught poetry at a private mental institution in 1968 (Colburn 3), stating that "poetry led me by the hand out of madness. I am hoping to show others that route" (Berman 187). However, writing was ultimately unsuccessful in alleviating their illnesses, and, it could be contested, may have been actively psychologically harmful. Both Plath and Sexton, for example, wrote poetry which glorified and glamourised suicide – Plath's poem "Edge," written six days before her death, describes taking one's life as an act of fulfilment and completion: "The woman is perfected. Her dead / body wears the smile of accomplishment" (75). Sexton, in "Wanting to Die," describes suicide as "a drug so sweet / that even children would look on and smile. / To thrust all that life under your tongue! – / That, all by itself, becomes a passion" (98). Such writing may act to consolidate destructive thought patterns, crystallising them on the page and causing the patient to dwell on them, if not actively idealising them. Furthermore, in the context of a writing group, shared recollections of suffering may create a 'triggering' response wherein vulnerable readers find themselves re-traumatised. Such an experience evidently violates the sense of safety and security that a writing group should aim to develop.

Is it the tutor's responsibility, therefore, to limit such potentially 'unhealthy' art? Gillie Bolton, a specialist in the field of creative writing in healthcare, claims that the tutor should not curb the clients' freedom of expression. In the introduction to her book *The Therapeutic Potential of Creative Writing: Writing Myself*, Bolton claims that the client "can't write the wrong thing" (11). Although she acknowledges that there may be "painful or even intensely distressing" parts of a patient's work, she claims that "unfortunately, these will be the right things at that time" (11). According to Bolton's methodology, a tutor should not attempt to give feedback, or otherwise impose any other restrictions on the clients' writing. A teacher is, primarily, a facilitator; there to "support the writers in their own personal explorations and expressions" (128), whether that be through poetry, fiction, or autobiography, without judgement or criticism. This approach does have significant benefits. For one, it gives the client control and autonomy, important in a situation where, perhaps, their illness has stripped them of independence. It also allows them to be exploratory, without fear of assessment – no restrictions are placed on them as regards to subject matter, form, spelling or punctuation. This may be liberating and encouraging to clients who have no previous experience in writing.

However, there are potential problems to this approach, the most pertinent being the issue of content discussed above. Bolton seems to suggest that *all* writing is healthy and beneficial, when, in fact, writing can be incredibly dangerous. Another issue with Bolton's approach is that it throws into question the value of the tutor. If the sole aim of the group is free expression without feedback, why not simply encourage patients to keep diaries instead? Thirdly, if one was feeling particularly cynical, one could view this approach to teaching as absolving the tutor of any moral responsibility. Naturally, potential teachers may worry about lack of appropriate training when dealing with troubled clients, and may occasionally feel unqualified to deal with issues explored in patients' writing. However, it is my contention that tutors are in a unique position of trust and intimacy with patients, which may allow them insights into the clients' conditions which cannot be achieved by more traditional healthcare methods. Thus, the tutor has a degree of responsibility to their

clients' well-being. This is not to say that tutors should take on the role of healthcare specialist, but that they should be open to the possibility of seeking appropriate help when they have cause for concern. By viewing all writing as healthy, however, the tutor has no moral responsibility to intervene when a patient's writing becomes potentially troubling.

In contrast to Gillie Bolton's non-restrictive approach is the theory of 'programmed writing' brought to prominence by Luciano L'Abate, a professor of psychology at Georgia State University. L'Abate suggests that writing can be a useful therapeutic tool, but claims that without proper structure its efficacy is compromised and its success cannot be accurately monitored. L'Abate has pioneered the use of 'workbooks': forms, sheets or handouts containing "systematically written instructions (exercises, prescriptions, questions, tasks) for a specific topic" (L'Abate 3). These assignments, once completed, are "scrutinised by the therapist who then provides corrective feedback […]. Generalisations, distortions, deletions and other errors in thinking are pointed out by the therapist and worked through" (Bolton 204). Gillie Bolton loathes this approach to writing therapy, claiming that it is "didactic" and "lacks respect for the client and any writing they create" (Bolton 204). She states that one of the most powerful benefits of her style of writing therapy is that it allows patients a sense of control over their own symptoms and illness, whereas L'Abate's workbooks create further reliance on medical intervention, "[tying] the client even more securely to the therapist's apron strings" (Bolton 204). L'Abate recognises that his approach represents "the most structured extreme" (L'Abate 4) of creative writing, and acknowledges that workbooks are an "unabashedly mechanistic, completely American, technology based on a catalog [*sic*] of 'solutions' – in other words, given a psychological condition clinical, nonclinical, criminal or chronic, there is (or […] will be) a workbook to deal with it" (L'Abate and Kern 243). However, L'Abate claims that 'programmed writing' is as close as creative writing therapy will ever get to an empirical model – and considering the problems of clashing artistic and medical discourses, and the desire for potential funders to see measurable results, such an approach certainly has its benefits. It also recognises the responsibility of the writing facilitator towards the well-being of the client.

It may be argued that a combination of these approaches is necessary. Creative Writing therapy is, as we have seen, a multi-faceted, fluid, organic, and intuitive discipline. As such, a more dynamic and flexible approach may be required – one which acknowledges the power of creative writing to harm as well as to heal, but which is not as formal and restrictive as the 'workbook' approach suggested by L'Abate. As with any medical intervention, what works for one client may not be effective for another. Some patients may thrive on guidance and set tasks, whilst others will be happier writing in a looser and more autonomous manner. Maureen Freely, the novelist, journalist and professor, claims that whilst aiming to "guide [her students' writing] process through honest *writerly* responses" in her therapeutic classes, simultaneously tries "to put them in charge. The final decision should always be theirs" (Freely 83). Freely states that her job is "put out the choices [the clients] have and outline the consequences" (83). She advocates the benefits which may come from constructive, respectful, writerly feedback, which does not focus on the content of the writing, but rather encourages patients to look at other elements of the craft. Freely gives an example of a girl who self-harmed, and whose every story ended in a mutilation. Freely, "instead of talking about the *content* of her stories, […] asked her to look at their *shape:* in particular, what happened in her stories just before they ended" (84). After Freely drew the student's attention to the stories' recurrent narrative features – particularly the change in point-of-view before the climax of the tales – the student began to explore other plots. "My student still writes some pieces that end in mutilation, but she is not stuck inside the one story anymore. […] It was by looking at her *narrative technique* that she was able to see she had choices" (85). Freely recognises that writing to please someone else – as would be the case with L'Abate's textbooks – can lead to pressure and self-censorship. As such, she does not encourage patients to write "healing plots," but instead gives honest, tactful responses, which focus on 'safe' elements of the writing such as form and narrative structure. This approach enables clients to explore the issues that they wish to tackle whilst still establishing boundaries and recognising the responsibility the tutor has towards the patients' well-being. Freely's approach is thus intuitive, flexible, and individually

tailored to the needs of each individual. It treats each clients' writing as valuable and worthy of respect, without censoring the tutor in their responses. In this way, the dignity of the patient is preserved, and the tutor can make the most of their writerly experience in order to help the patient in their journey.

Fundamentally, despite the differences between Bolton, L'Abate and Freely's approaches, the essential elements of creative writing therapy remain constant. The basic means by which a writing group benefits a client is simply through the creation of a space in which patients can express themselves to a listening audience, and the ability to listen carefully is, without doubt, the most essential quality for a writing therapy tutor. A teacher's attentive, responsive support is essential for patients whose already vulnerable self-esteem is now being invested in a creative effort. It is of the utmost importance that the tutor recognises the courage required to share any writing, let alone that which deals with difficult or personal topics, and genuine, specific, careful praise is essential. If the patients are ready for constructive technical criticism – and their readiness must be judged intuitively by the tutor herself – then gentle, encouraging responses, which focus on 'safe' elements of the writing such as form and narrative structure, can help the patients sharpen their writing skills, equipping them with the tools to better express themselves. As Jeffrey Berman states, "technical discussions of writing provide another kind of safety, helping students to realise that language can not only *convey* crisis but also *contain* it" (36). By focussing on the technical aspects of their work, and strengthening their writing both stylistically and grammatically, the patients can gain a sense of power and control over their own narratives. This approach encourages progression and development without invalidating the clients' feelings. In this manner, the tutor can support the students in their healing processes without overstepping her role.

Any piece of shared creative output represents an act of bravery, an individual offering up a piece of themselves for scrutiny – and when such an offering comes from an already emotionally or psychologically vulnerable person, the group leader must be capable of reading the situation skilfully and responding with the utmost sensitivity. It is the

tutor's responsibility to create a safe and supportive environment in which clients can explore the issues which are important to them. Many writers, clinicians and theorists have attempted to define what such an environment consists of, and their approaches differ vastly – from the prescriptive and scientific approach of Luciano L'Abate to the more laissez-faire method of Gillie Bolton. As with more traditional medical interventions, however, there is no 'one-size-fits-all' method of writing therapy. As such, a tutor should not cling to an overarching doctrine, but treat each patient with dignity, as a unique individual with unique strengths and challenges. Although her main duties may be simply to listen, encourage, and praise, so much depends on the tutor's empathy, tact, perceptiveness, attentiveness, and intuition. By nurturing the patients' creative development, giving them the skills to shape their own narratives, offering them expressive space, and listening closely to their experiences, a tutor can become a powerful ally in the clients' battle with mental illness. Although such claims are not easily quantifiable, I contest that, when used correctly, writing can truly build self-esteem, exorcise inner demons, make sense of chaos, alleviate loneliness, illuminate, comfort and heal.

Notes:

[i] "I am alone here in my own mind. / There is no map and there is no road. / It is one of a kind. Just as yours is." Quoted from Sexton, *The Complete Poems.* 594.
[ii] For many scientific examples of the diverse benefits of creative writing, see Stephen J. Lepore and Joshua M. Smyth. *The Writing Cure: How Expressive Writing Promotes Health and Emotional Wellbeing.* Washington: American Psychological Association, 2002.

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