

## Writing a Safe Space

*Words are, of course, the most powerful drug used by mankind.* - Rudyard Kipling<sup>1</sup>

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### **Abstract:**

Writing has long been considered a useful tool for exploring emotion, and writing is used considerably as a form of therapy for those dealing with mental health issues. Previous research into writing as therapy has illustrated its benefits, but discussions around ensuring client safety and the dangers of using this method have been neglected. This paper explores how and whether writing as therapy should be used when dealing with clients who suffer from mental health problems, specifically depression and self harm. The paper draws on prior research undertaken in the field as well as my own experiences of writing and depression to examine the dangers inherent in therapeutic writing when used by those without the suitable training, as well as the many benefits that therapeutic writing can bring. The paper also discusses the ambiguities surrounding how writers exploit, control and manage emotion on the page, and how this can be used to move beyond writing as therapy into the realm of published author.

As readers we have all been affected by texts we have read. I can recall vividly how upset I was at Beth's death in *Little Women* and how much I cried when Pepper was put down in *The Saddle Club*. The written word has extraordinary power over those who read it and so it seems safe to assume that it holds the same power over those who write it, whether that is through the desire to ensure the technical accuracy of a piece or a directly emotional response.<sup>2</sup> It is this I want to examine in the course of the paper; if writing has the power to evoke strong emotions in those using it, and writing is being used as a form of therapy for clients dealing with issues such as depression, low self esteem and eating disorders, how can we ensure they remain in a safe place – that the emotions evoked by the act of writing aren't too overwhelming?

In this paper I refer to both therapeutic writing and writing therapy. For the purpose of clarity, I define therapeutic writing as writing done by individuals with no prior knowledge of therapeutic practices, to give voice to their emotions and make themselves feel better. I define writing therapy as a practice facilitated by writers or therapists in group or individual sessions using set exercises and to a specific aim.<sup>3</sup> Writing as a therapeutic process seems to have existed for centuries. Shakespeare,

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<sup>1</sup> Said in a speech Kipling made to the Royal College of Surgeons in London in 1923

<sup>2</sup> Flaubert, for example, was 'sick into my chamber-pot' when he wrote about Madame Bovary's poisoning; Plath drew on her experience of mental illness in much of her poetry. The experiences of both writers are transferred to the reader through the written word.

<sup>3</sup> Much could also be said about various definitions of writing, from Joyce Carol Oates' 'species of exploration and transgression' to Stephen King's 'a way back to life'. This discussion, however, requires more space than I am able to afford it here.

in *Macbeth*, suggests that giving voice to sorrow, writing down the source of one's feelings, will provide some relief:

Give sorrow words: the grief, that does not speak,  
Whispers the o'er-fraught heart, and bids it break.<sup>4</sup>

while Graham Greene, in *Ways of Escape*, writes that:

Writing is a form of therapy: sometimes I wonder how all those who do not write, compose, or paint, can manage to escape the madness, the melancholia, the panic fear, which is inherent in the human situation.<sup>5</sup>

Of course, it is not just professional writers who are able to use the written word as a therapeutic means. The use of writing in hospitals, prisons, care home and community centres has grown in the UK over the last fifteen or so years<sup>6</sup>, but writing as a therapy is not yet recognised<sup>7</sup>, and definitions of writing therapy still vary from practitioner to practitioner.

### **The Benefits of Therapeutic Writing**

Studies over the past twenty years have demonstrated the beneficial effects that writing about stressful or traumatic experiences has on physical and emotional health. In Pennebaker & Beall's 1986 study, 46 college students were asked to write for fifteen minutes over four consecutive sessions. The students were assigned to write one of four types of essay. The control subjects wrote about everyday things like their shoes or the room they were sitting in while trauma-emotion subjects wrote about an upsetting experience and described the feelings they had about it. Trauma-fact subjects described an upsetting experience in a narrative fashion, concentrating on the event rather than their feelings and trauma-combination subjects both described an upsetting event and reported the feelings they had about it. Students' physical symptoms, including headache, racing heart, tense stomach, and moods, such as sad, guilty, content, as well as pulse rate and blood pressure were measured before and after writing.

Of the 127 trauma essays written, 27% dealt with the death of a close friend, family member, or pet; 20% involved boyfriend/girlfriend problems (usually the breaking of a

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<sup>4</sup> Shakespeare William: *Macbeth*, Penguin Popular Classics, 2007, III iv24

<sup>5</sup> Greene, Graham: *Ways of Escape*, Simon and Schuster, 1980, p.285

<sup>6</sup> The MA in Creative Writing and Personal Development at Sussex University was created in 1996, and was the first MA to include modules on writing as a therapeutic tool. The MA course is now no longer running, raising further questions about professional development and accreditation for those wishing to become writing therapists and limiting the debate on the therapeutic potential of writing.

<sup>7</sup> Flint, Rose, Hamilton, Fiona and Williamson, Claire: *Core Competencies for Working in the Literary Arts for Personal Development, Health and Well-being*, 2004, Lapidus, at <http://lapidus.org.uk/resources/fiona2.doc> (accessed 4/4/10)

relationship); and 16% centred on fights among or with parents or friends. Other percentages of topics were, major failure, such as not being elected cheerleader (8%); public humiliation, such as overhearing friends laughing about them (8%); leaving home to go to college (7%); being involved in car accident (5%); an alcohol or drug problem (5%); their own health problems (4%); sexual abuse, such as incest or rape (3%); and other, or unclassifiable (13%).<sup>8</sup>

The students who wrote about their traumatic experiences reported significant benefits in their physical health four months later, with less frequent visits to the student health. More importantly, however, they also felt that the experiment had a long-lasting effect on them. Some of the responses given by students include:

*Trauma-emotion subjects:* It helped me think about what I felt during those times. I never realized how it affected me before.

It helped to write things out when I was tense, so now when I'm worried I sit and write it out ... later I feel better.

I had to think and resolve past experiences ... One result of the experiment is peace of mind, and a method to relieve emotional experiences. To have to write emotions and feelings helped me understand how I felt and why.

*Trauma-fact subject:* It made me think a little deeper about some of the important parts of my life.

*Trauma-combination subjects:* It made me think a lot—But I'm still in the same situation.

If one writes down things that worry one, there is a tendency to feel better.

Although I have not talked with anyone about what I wrote, I was finally able to deal with it, work through the pain instead of trying to block it out. Now it doesn't hurt to think about it.<sup>9</sup>

Pennebaker and Beall (1986) believed that intentionally inhibiting behaviour, thoughts or feelings placed stress on the body. As time went on and those behaviours, thoughts or feeling were inhibited further, the level of stress built up, increasing the probability of stress-related illnesses. Indeed, the results of their study do seem to show that 'writing about earlier traumatic experience was associated with both short-term increases in physiological arousal and long-term decreases in health problems.'<sup>10</sup>

Gillie Bolton also believes that writing can bring a wealth of benefits to those who engage with it:

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<sup>8</sup> Pennebaker, J. W. & Beall, S. K.: Confronting a traumatic event. Toward an understanding of inhibition and disease in *Journal of Abnormal Psychology*, 1986, Vol. 95 (3), p. 277

<sup>9</sup> Pennebaker & Beall, Confronting a traumatic event. Toward an understanding of inhibition and disease in *Journal of Abnormal Psychology*, 1986, Vol. 95 (3), p. 279

<sup>10</sup> Ibid, p. 280

Writing is different from talking; it has a power all of its own[...] It can allow an exploration of cognitive, emotional and spiritual areas otherwise not accessible, and an expression of elements otherwise inexpressible. The very act of creativity – of making something on the page which wasn't there before – tends to increase self-confidence, feelings of self-worth and motivation for life.<sup>11</sup>

When I suffered from depression I dealt with how I felt by writing. I wrote short stories and poetry, always in the third person, describing some nameless girl and the emotions she encountered. While I didn't realise it at the time, what I was doing was taking part in the process of therapeutic writing. I drew from my own experiences when writing these stories, detailing the feelings and emotions I had gone through in dealing with my depression and self harm. While it didn't stop either of these it certainly helped to see those experiences put on paper. It didn't distance me from them, but made them clearer in my mind, and easier to accept. The process of writing, to me, has always seemed to make things more understandable. Writing about my feelings enabled me to take a step back from them and they became more ordered. They were constrained by things like punctuation and grammar. They were bordered by the margins and lines on the page. In some way they were like wild animals, suddenly captured and caged, if not tamed. And I wonder whether one of the important things about therapeutic writing – one of the reasons it helps so many people – is that it offers an element of control. Are people drawn to writing down how they feel because simply seeing it on the page makes it easier to understand?

Two years ago I set up a website to provide information and support to people who self harm.<sup>12</sup> After my own experiences of writing about my illness I included a writers' corner on the site, where people who used the website and message board could upload poetry and stories they'd written about their experiences. The message board also contains a forum for sharing creative writing.<sup>13</sup> Each of the pieces posted deal with the member's experiences of mental illness and the majority of comments made by posters suggest that writing the piece, and then publishing it online in a 'safe' environment (the message board itself is members-only and most active members know each other in some capacity), helped them to deal with their emotions. I believe that one of the reasons for this is the control it gives the writer over their feelings. Before I began this paper I posted a question about using writing as a therapeutic

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<sup>11</sup> Bolton, Gillie: "Introduction: writing cures" in Bolton, Gillie, Howlett, Stephanie, Lago, Colin and Wright, Jeannie K. (eds): *Writing Cures An introductory handbook of writing in counselling and therapy*, Brunner-Routledge, 2004, p.1

<sup>12</sup> <http://www.scar-tissue.net>

<sup>13</sup> <http://www.scar-tissue.net/forum/viewforum.php?f=7> accessed 4<sup>th</sup> April 2010.

tool to the message board and each of the responses given suggested that there were benefits to writing about depression.<sup>14</sup> One member, in particular, said:

Most of my work is darker in nature because when I'm in a bad way or depressed I write. I have to get the thoughts out of my head and onto paper. Like if I write it down then the ink will lock the thought away from me forever. I feel that writing is a therapy of sorts. Cheaper than a [therapist] and certainly more creative.

I have, on occasion, taken some of my worst feelings, suicide in particular, and written the thoughts down. I've then taken the papers to a quiet place and burned them (in a steel bucket so the ashes don't go every place). If I can destroy the papers then the thoughts mean nothing, and can't hurt anymore.

I need to write, I don't feel whole without it. That is my therapy.<sup>15</sup>

The act of burning the paper on which her feelings were written gives her some control over them. While they will, invariably, come back, for the duration of the burning and probably for some time after, those thought can't hurt.

One of the other benefits to the forum is that the, invariably positive, responses given by other board members boost the self-esteem of the original poster and helps show them that they are not alone in their feelings. This acceptance is important not only in making the board member feel better about themselves, but in validating the responses of the original poster, the act of therapeutic writing is confirmed as a technique which helps.

Research into other organisations aimed at providing support to people dealing with mental illness also shows that therapeutic writing is encouraged. The Basement Project's *Self Harm Helpbook* suggests writing about significant life events, good and bad, as a way of understanding reasons for self harming.<sup>16</sup> The introduction to Bristol Crisis Service for Women's *Rainbow Journal* suggests that writing about our problems and feelings can help us 'sort them out in our heads'<sup>17</sup> and provides ample space for young people to write their thoughts, as well as examples of poetry from other young people who self harm.

### **The Need for Safety in Therapeutic Writing**

Unlike art or drama, however, writing has not been validated as a form of therapy and therefore isn't governed by the guidelines and ethical frameworks of those which

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<sup>14</sup> <http://www.scar-tissue.net/forum/viewtopic.php?t=13984> accessed 4<sup>th</sup> April 2010

<sup>15</sup> <http://www.scar-tissue.net/forum/viewtopic.php?t=13984> accessed 4<sup>th</sup> April 2010

<sup>16</sup> Arnold, Lois and Magill, Anne: *The Self-Harm Help Book*, The Basement Project, 2007

<sup>17</sup> Lucas, Catherine: *The Rainbow Journal for Young People who Self-Injure*, Bristol Crisis Service for Women, 2007

have. This means that it is much more open to (unintentional) poor practice, lack of adequate boundaries and unethical actions.

Celia Hunt says:

Facilitating therapeutic writing is not easy; it's not something we automatically know how to do, unless we have training and experience in healthcare or pastoral work.<sup>18</sup>

Yet many writers who choose to enter the field of writing therapy are ill-equipped to deal with clients who may be going through depression, bereavement, abuse, illness or the many other reasons why a client might wish to engage with therapeutic writing.

I spoke earlier of the need to ensure that a) clients using therapy remain in a safe place and that b) the emotions evoked by the act of writing aren't too overwhelming, and it is this I wish to return to now. What do I mean when I talk about safety in writing therapy? Specifically, I am referring to the client's state of mind when engaging with therapeutic writing. I draw my use of the word 'safety' from my experiences as a message board administrator. I have a responsibility to ensure that members remain as safe as possible when browsing the forums and a list of rules are provided that members are expected to follow, including:

- Do not post asking for methods of self-injury or describing them in detail.
- Do not post about weights, amount of weight gained or lost, clothing sizes or other information.
- Do not post wound or scar dimensions, number of wounds or scars, or number of stitches received.
- Do not post the contents of an overdose, or any other information.
- Don't post suicide threats or notes.
- Do not make threats to self harm or hurt yourself in any posts.<sup>19</sup>

The point of developing these guidelines is to ensure that members using the forums will be able to manage the information they read. If they come across a post with a trigger warning<sup>20</sup> for sexual abuse, for example, they can avoid reading that post and avoid triggering a memory of child abuse in their past. Safety is an important part of running the message board as I have no way of telling when members are affected by something they've read or seen. By implementing and enforcing guidelines I can create a safer space for issues to be discussed.

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<sup>18</sup> Hunt, Celia: Accreditation to work with the Literary Arts in Developmental and Therapeutic Contexts, 2004, Lapidus, at <http://lapidus.org.uk/resources/Accreditation.doc> (accessed 4/4/10)

<sup>19</sup> <http://www.scar-tissue.net/forum/viewtopic.php?t=3>

<sup>20</sup> A piece of text in the subject header line which warns of graphic or disturbing material that may distress readers. \*SU Trig\*, for example, warns that suicidal feelings are discussed in the body of the post.

My counselling diploma also introduced me to the British Association of Counselling and Psychotherapy's ethical framework for counsellors and psychotherapists.<sup>21</sup> The introduction of these guidelines, which include ensuring client confidentiality, acting in a trustworthy manner and avoiding sexual, financial and emotional forms of client exploitation, gives counsellors a set of rules to follow to ensure that clients remain as safe as possible. Clients suffering from bereavement, for example, may be vulnerable to an abuse of trust. The BACP's framework helps to prevent that abuse from happening. By implementing and enforcing guidelines, both on the message board and in my counselling sessions, I can create a safer space for issues to be discussed.

Therapeutic writing is not governed by BACP rules, but many professionals working in the field believe it is still important to define the parameters of the role at the beginning of a session. A tutor telling adults attending the sessions that he or she is not there as a counsellor or a therapist but as a writing tutor, for example, places the session firmly in the context of writing for personal development, rather than writing therapy. It also believes that it is important to set basic ground rules, covering things like confidentiality, respect, and the fact that 'we are responding to words on a page, not the person behind them'.<sup>22</sup>

With that in mind, then, and given that we've seen therapeutic writing can bring enormous benefits to clients engaging with it, how can writing therapy pose a danger? One of the ways in which tutors may inspire students to write is to take into the session objects or pictures, have the students discuss what they mean and then write about them. One tutor I am aware of took into a session a photograph of a bridge, expecting the students to see it as a metaphor for change, travel and growth and to write a piece accordingly. Instead, several of the students wrote about suicide.<sup>23</sup> This, for me, clearly illustrates the dangers inherent in using writing therapy when there is no basic training and no guidelines to follow. As someone who has experience of depression, the first thing I would think of if I saw a picture of a bridge is suicide. Someone who doesn't have those experiences, however, and who hasn't received any formal training in writing therapy, could potentially create an unsafe space for the client by introducing an object or image which has a negative

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<sup>21</sup> [http://www.bacp.co.uk/ethical\\_framework/ethics.php](http://www.bacp.co.uk/ethical_framework/ethics.php)

<sup>22</sup> Said by a therapeutic writing tutor in an MA in the Teaching and Practice of Creative Writing seminar, Cardiff University 10/3/10. I have removed the tutor's name from this paper.

<sup>23</sup> An example given by a therapeutic writing tutor in an MA in the Teaching and Practice of Creative Writing seminar, Cardiff University 10/3/10. I have removed the tutor's name from this paper.

connotation in the client's mind. For a client who has recently attempted suicide, a photograph of a bridge could bring back the feelings they experienced leading up to that attempt and trigger them to returning to that frame of mind. The writing therapist may not realise that the client is feeling this way and allow them to leave the session feeling unsafe.

Another writing exercise which illustrates the care a writing therapist needs to take in a session is one used by Gillie Bolton – re-storying past events. She believes that if writing about a problem or situation can be illuminating, rewriting the same episode can be even more empowering. Some of the suggestions she gives for how this can be done are to:

- Write the story from the point of view of one of the characters
- Retell the story with a different ending or focus
- Rewrite the story with the focus of control/power altered<sup>24</sup>

While this method may be appropriate for some kinds of experiences, for others it is less so. Asking a victim of child sex abuse, for example, to re-story the events they've experienced is likely to throw them back into the frame of mind they were in at the time of the abuse. The process of writing the event down makes it more likely for them to remember the physical actions, and their emotional state, in great detail. Reliving a trauma such as that, when dealing with a writing therapist who has had no training, will leave the client in an unsafe position, dwelling on events that they are unable to change, yet also unable to forget.

Of course, it is important to remember that in dealing with writing therapy we are dealing with individuals. Not everyone is going to react in the same way when faced with potentially upsetting memories. Even clients who have suffered a negative reaction to one form of stimulus (a photograph of a bridge) may react in a very different, even positive, way if they are shown the same image the following week. As Flint, Hamilton and Williamson (2004) say:

Encouraging a client to write from their experience or imagination *can* unleash very deeply held feelings. Whilst this is the therapeutic value of creative writing, the client *may* need to be skilfully supported to move forward from a position of pain and distress. A writer who has no knowledge of therapeutic interventions *may* be unable to assist a client either to face raw and difficult emotions or to integrate them into the whole self.<sup>25</sup>

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<sup>24</sup> Bolton, Gillie: *The Therapeutic Potential of Creative Writing*, Jessica Kingsley Publishers, 1999, p. 123-124

<sup>25</sup> Flint, Hamilton and Williamson (2004), <http://lapidus.org.uk/resources/fiona2.doc> (accessed 4/4/10). Emphasis mine.

It is impossible to entirely prevent negative experiences in the course of a therapeutic writing session. There are scores of objects and images which could potentially trigger an unpleasant or distressing memory, and there is no way to determine which one will. But an understanding of client safety and a recognition of which objects or images are the ones most likely to trigger strong emotions is imperative in ensuring as safe a space as possible for the client.

Having completed the first stage of a counselling diploma I am aware of issues such as boundaries, client confidentiality and good practice. I am aware of how dealing with clients who have experiences similar to my own can be distressing to both myself and the client, and am also aware of how my understanding and experiences of issues such as depression can help my relationship with a client. However I am not a therapist. Writers who run sessions in hospitals, prisons and care homes are not therapists. Yet the work they do has an extremely strong therapeutic dimension to it. How, then, can we ensure that we handle clients correctly when their writing evokes painful or frightening memories? How do we make sure that we don't plunge clients into emotional crises? How do we ensure that writers are aware of issues like transference and projection and work to prevent them?

Celia Hunt talks about accreditation for writers wishing to work with the literary arts in developmental and therapeutic contexts, but goes on to say that she is

not so concerned in this discussion with the issue of a 'writing therapy' [...] For me, a writing therapist is someone who has undergone a therapeutic training of some kind and who uses the literary arts with clients as the main therapeutic intervention or one intervention amongst others. Personally I am not in favour of people calling themselves 'writing therapists' if they haven't undergone a formal therapeutic training. I am not against the development of a writing therapy, but believe that it is important to distinguish between 'writing therapists' and what we might call 'literary arts practitioners' when thinking about issues of accreditation<sup>26</sup>

The accreditation process Hunt (2004) refers to would be primarily for those writers who are not published or not fully established, yet wish to work in health and social care settings. As mentioned earlier, writing therapy, is not a recognised therapeutic process so some form of accreditation would make it easier for those who are not yet established as writers, and who do not have prior health or social care training, to find paid work. The problem seems to be, however, that many writers wishing to

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<sup>26</sup> Hunt, <http://lapidus.org.uk/resources/Accreditation.doc> (accessed 4/4/10)

become writing therapists go down the creative writing MA route, rather than a counselling or psychotherapy training route. Hunt confirms this, saying that many of the queries she received regarding the Sussex University MA in Creative Writing and Personal Development were about whether the qualification obtained as a result of completing the programme would qualify students to work in health and social care.

### **The Future of Therapeutic Writing**

With so many students becoming interested in working as writing therapists, would it make sense for writing therapy to be recognised as a therapeutic process and for accredited courses, guidelines and ethical frameworks to be devised? One advantage of accreditation, other than making it easier for practitioners to gain work, is that it would create a means of regulating practice and ensuring vulnerable people are better protected. Another advantage is that it gives support and supervision to writers working in the field. I know from running a message board that it is important to be able to talk to a friend or colleague after dealing with a distressed board member. It would be much more difficult to keep myself in a safe place without having that outlet, and the same applies to writers working in a therapeutic context. But by far the most important reason for providing training courses for those interested in writing therapy is that it ensures the safety of those clients who engage with therapeutic writing.

The USA's National Association of Poetry Therapists asks for a background in both psychology and literature as a minimum requirement of becoming an accredited poetry therapist.<sup>27</sup> The British Association of Art Therapists usually requires full members to hold a recognised post graduate qualification in art therapy.<sup>28</sup> It seems strange, then, that the only criteria currently in place for those interested in writing therapy is an ability to write. Implementing requirements like those of the NAPT and the BAAT would ensure that those entering the field of writing therapy have both the therapeutic and authorial experience to be able to lead clients as safely as possible through the therapeutic journey.

Flint, Hamilton and Williamson (2004) list what they believe the ideal requirements for writers working in healthcare to be. Included in this list is that the writer is a practising writer developing their art, has completed an approved counselling or therapy course

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<sup>27</sup> Field, Victoria: On Becoming a Poetry Therapist, date unknown, Lapidus, at <http://lapidus.org.uk/resources/Poetry%20Therapist.doc> (accessed 4/4/10)

<sup>28</sup> <http://www.baat.org/aboutbaat.html#membership>

and has understanding of psychological dynamics, appropriate boundaries and the necessity of supervision, and has personal experience of the therapeutic benefits of writing.<sup>29</sup> While they do not specify whether the approved counselling or therapy course should be at introductory, diploma, undergraduate or graduate level, I agree that those working as writing therapists do need some element of training. As I have detailed in the course of this paper, clients using therapeutic writing will have differing needs and responses to stimuli. A writing therapist without prior experience of, for example, depression, eating disorders, child abuse, and without counselling or therapy training is unlikely to be able to recognise when a client is being triggered.<sup>30</sup> They are also less likely to be able to help the client to deal with those feelings and ensure that he or she moves on to a safer space. Having said this it is also important to recognise the experience and knowledge which writers can bring to the therapeutic table. I have done a counselling diploma but I am not a certified counsellor. I have, however, been able to help many people on the message board by talking about my own experiences and the ways of coping I have developed. A fine line has to be drawn between ensuring client safety and preventing writers with no formal experience but useful life experience from moving into therapeutic writing.

### **Beyond Writing as a Therapeutic Process**

The process of writing therapy offers different things to different people. For some it is a means of understanding why they feel the way they do; for others it is about controlling thoughts and feelings they thought they had no control over. Some clients who use writing therapy want to move on from the experiences that have caged them. Others write in order to help others who may be in similar situations.

I have already spoken about the posting of therapeutic writing to message boards and the positive responses this can generate. In a similar way, the sharing of work created in therapeutic writing groups is an important part of the healing process. Being able to talk about experiences and feelings with others who are dealing with them allows group members the chance to share a common ground, further develop coping mechanisms and say how they feel without worrying that it will upset or offend.<sup>31</sup> It also offers group members the chance to let each other know that they aren't alone and that someone is listening.

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<sup>29</sup> Flint, Hamilton and Williamson, (2004) <http://lapidus.org.uk/resources/fiona2.doc> (accessed 4/4/10)

<sup>30</sup> Reminded of past experiences or feelings and left feeling unsafe as a result.

<sup>31</sup> While many users of the message board I run could speak to 'real life' family or friends, they worry that it would place an unfair burden on them. Venting frustrations or talking about difficult feelings with a group of people experiencing similar things removes this worry and allows for a more open dialogue.

If sharing work in smaller groups can have this effect, it seems a logical next step to share the work with larger groups. Many books have been written either as a result of therapeutic writing or from the realisation that the author has something important that needs to be shared, and these have found a wider audience.<sup>32</sup> Reading and writing are about connections – to other people and the wider world as much as to our ‘inner selves’ – and Judith Thwaite, co-editor of *Patchwork: An Anthology of Poetry from the Christie Hospital*, recognised this need for connection when she was a patient:

I was in the out-patients [ward at Christie Hospital] with pad and pen trying to escape into a world of words far away from Manchester when I looked round and instead of slumped anonymous shapes around me I saw others like me – a veneer of conformity, doing the expected outward gestures but inside raw and afraid. Just as one can cry oneself dry, I had poured out my hurt onto paper. Perhaps others could find this a cathartic experience.

I went home determined to send out a message to other patients. I printed notes which I penned throughout the hospital on my next visit and waited for some response. Within days, letters came with poems and please for them to be published. It was just my intention to begin a group, but here was a need to get thoughts into a more permanent form.<sup>33</sup>

Gillie Bolton reinforces the important role that publishing work can play. ‘Publication and readings can be a vital element in the writing process. Patients writing poetry, stories and some autobiography are often writing for an audience, in a similar way to a professional writer. Not all of it will be great art but a great deal of it has much to offer a reader.’<sup>34</sup> The point is therapeutic writing does not need to be a great work of literature; it simply has to offer something to both the reader and the writer. The role that publishing and ‘professional’ writing can play in this lies in giving the writer the space, time and tools to read their words as an editor. The ability to take a step back from the words on the page and analyse their effectiveness gives the writer a chance to reflect on their experiences in a different way. The process of transforming a text from therapeutic writing to publishable work necessarily creates distance – from both the text and the experiences that led to its creation. That distance is valuable in aiding the healing process.

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<sup>32</sup> See, for example, Elizabeth Wurtzel, *Prozac Nation* (Quartet Books Limited, 1995), Susanna Kaysen, *Girl Interrupted* (Virago Press, 1995), Nell Casey (ed), *Unholy Ghost: Writers on Depression* (Perennial, 2002), Sara Dunn, Blake Morrison and Michele Roberts (eds), *Mind Readings: Writers’ Journeys Through Mental States* (Minerva, 1996) or Sally Brampton, *Shoot the Damn Dog: A Memoir of Depression* (Bloomsbury Publishing Plc, 2009).

<sup>33</sup> Bolton, *The Therapeutic Potential of Creative Writing*, p. 169

<sup>34</sup> *Ibid*

## Conclusion

The benefits of writing therapy appear to be proven. Certainly, in my own experience, writing has been both a crutch which allowed me to keep going through many dark times, and a transformative tool which allowed me to make sense of my feelings. Many clients who have written poems or stories purely for therapeutic means have turned them into literature, had them published and have reached out to others beyond those who have experienced the same thing. As Hemingway wrote '[t]here is nothing to writing. All you do is sit down at a typewriter and bleed.'<sup>35</sup> Given the context of this paper, the irony in that statement is clear. But is it enough that clients engaging in therapeutic writing simply sit and bleed (write)? Does this alone lead to the improvements in thought and behaviour that are reported benefits of therapeutic writing? Will 'bleeding' onto the page instead of cutting open an arm really be enough to prevent self harming behaviour referred to earlier in this paper? It can be argued that what Hemingway meant, and what many professional writers have discovered, is that 'authentic writing [means] translating emotional experience onto the page.'<sup>36</sup> Translation, here, is the key word. To translate something is to make sense of it – it is the 'conversion of something from one form or medium into another'<sup>37</sup> Therapeutic writing is the process of translation. It is the initial pouring of feelings onto the page with no conscious idea where the words will lead. In the process of therapeutic writing the writer begins to make sense of their feelings, but what appears is raw; a rough draft. Only through the editing and refining process can the essence of the emotional experience appear on the page.

Therapeutic writing can be transformative. Writing the reasons behind wanting to self harm can enable a client to recognise their triggers and adopt new patterns of behaviour in which to deal with them. Writing a story about a girl suffering from depression can give the client some distance from those feelings of depression. But is it enough to simply write? Does there need to be a more complex interaction between the client, the writing therapist and the words on the page? Are certain sorts of reading and writing more effective than others?

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<sup>35</sup>Flanders, Jefferson: Ernest Hemingway's "Hills Like White Elephants": icebergs, raisin bread, and the short story, 2009, Wordpress, at <http://jeffersonflanders.wordpress.com/2009/10/29/ernest-hemingways-hills-like-white-elephants-icebergs-raisin-bread-and-the-short-story/> (accessed 4/4/10)

<sup>36</sup> Flanders, Jefferson: Ernest Hemingway's "Hills Like White Elephants": icebergs, raisin bread, and the short story, 2009, Wordpress, at <http://jeffersonflanders.wordpress.com/2009/10/29/ernest-hemingways-hills-like-white-elephants-icebergs-raisin-bread-and-the-short-story/> (accessed 4/4/10)

<sup>37</sup> Oxford English Dictionary at [http://www.oxforddictionaries.com/view/entry/m\\_en\\_gb0877800#m\\_en\\_gb0877800](http://www.oxforddictionaries.com/view/entry/m_en_gb0877800#m_en_gb0877800) (accessed 13/4/10)

Therapeutic writing is the subjective writing of the diary entry or the journal, its intention to make the author feel better than they did before they started writing. The process of translating this into a work of literature to be shared with others requires what Celia Hunt and Fiona Sampson call 'reflexivity'.<sup>38</sup> Reflexivity is a different process to reflection. It 'involves putting something out in order that something new might come into being. It involves creating an internal space, distancing ourselves from ourselves'.<sup>39</sup> From the subjectivity of therapeutic writing, the client can move to a more objective point of view. Analysing the use of words, the placement of images and the content of the text, can not only enrich the client's writing and allow them to develop a stronger writing identity, it can also lead to a 'changed sense of self'.<sup>40</sup>

As I have hoped to make clear in the course of this paper, there are clear benefits to the use of therapeutic writing. The nature of the work being undertaken, however, means that the safety of both clients and writing tutors is of paramount importance. Many writers and healthcare professionals have advocated using creative writing to deal with mental health issues, past traumas and emotional experiences, but until a clear system exists in which to do this, we are left treading rather murky waters. In writing this paper I have left many questions unanswered. It is my hope that in posing these questions, as well as laying bare my own experiences of creative writing and depression, I will open a space for a much-needed dialogue to take place both within the field of creative writing and across subject-area boundaries into social sciences, psychology, healthcare and so forth.

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<sup>38</sup> Hunt, Celia and Sampson, Fiona: *Writing Self and Reflexivity*, Palgrave, 2006, p. 4

<sup>39</sup> *Ibid*

<sup>40</sup> Hunt and Sampson, *Writing Self and Reflexivity*, p. 6

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