

The power of writing

Writing within the safety of a therapeutic relationship can provide a powerful tool to support clients to work with a wide variety of presenting issues. **Julia Bueno** talks to Britain's leading exponents of therapeutic writing, Gillie Bolton and Jeannie Wright

Not so long ago, one of my clients arrived unusually enthusiastically. 'After our session last week, I went home and wrote a long letter to my sister,' she told me. 'I didn't send it, but it really helped to clear my head. It made me realise how much of what I felt was not about her after all, but my ongoing struggles with feeling inadequate. I told her about the letter, and we then had a brilliant heart to heart that sorted out loads.'

My client seemed to have done her own 'writing therapy' here, whatever that may be, and her feedback reminded me of a number of valuable writing exercises I had completed during my training and had since forgotten. I now realise I have been unnecessarily anxious that writing as a therapeutic intervention requires a specialist knowledge, or even a literary flair. Neither is true it seems. Writing therapy in all its various guises may yet to be mainstream in the UK, but in an age of increasing online therapeutic work and short-term models, it strikes me as a potentially powerful additional tool for us all.

Defining writing therapy is tricky – from the outside, it can look very like creative or reflective writing or 'journaling', or even poetry writing, or blogging. Written homework assignments from

CBT or CAT therapies could also be described as such. It may now even encompass the growing trend of all text-based therapy that uses the internet, including emails and online messaging. Private practitioners and organisations alike are increasingly using these methods – the Samaritans' email service has grown each year since it began in 2002. Whether the research and thinking behind writing therapy grafts onto this online work has yet to be thoroughly explored in the literature. I'm more interested here in thinking about using writing as a possible addition to all interventions used in individual work (although of course writing therapy can flourish in a group setting).

Dr Gillie Bolton, a renowned 'writing practitioner' and author of many books on the subject of writing for reflective and therapeutic purposes, describes the subtle differences between creative and therapeutic writing: 'Therapeutic creative writing offers personal, explorative and expressive processes, similar to creative writing's first stages... whereas literary writing is oriented towards products of as high quality as possible, therapeutic writing is generally aimed at an unknown relationship.'¹

Of course many authors describe their experience of positively working through emotional issues in their fiction – Edward St Aubyn, Martin Amis and Beryl Bainbridge included, along with scores of memoir and autobiography writers. Ultimately, it doesn't matter how you describe the idea of writing to your clients – the goal of self-expression, via fact or fiction or both, has the potential to be very positive. It may even be that a client feels more comfortable writing fiction than fact, just as a client engaging in art, dance or psychodrama therapies may prefer to engage with their imagination to work something through.

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Self-disclosure without anyone knowing

I wonder if the practice of 'creative writing' may even be more palatable to our British culture too? I've found that information on writing groups in prisons, hospitals, addiction clinics, schools, universities and in private homes can be found relatively easily, but they are unlikely to be described as 'therapeutic' in any way. Kate Thompson is a faculty member of the Center for Journal Therapy in Denver and teaches courses for its associated Therapeutic Writing Institute. She is also a BACP senior accredited supervisor and counsellor, affiliated with the New School of Psychotherapy and Counselling in London. In a radio interview² she talks generally about her experience of using journals with individual clients at a GP practice. She reflects upon the introversion of the British culture and wonders if 'because journal writing is self-disclosure without anyone knowing, this is a natural and comfortable way for the British people'. She notes the further cultural difference of writing groups: 'In the UK they tend to be run by writers making a living out of them. The emphasis is more on the product over the process.'

Indeed, writing for therapy (and creatively) is more mainstream in the USA, where there has been a strong tradition of writing in self-development or educational groups and communities since the 1970s. James Pennebaker, a social psychologist based in Texas, and his colleagues have led the field of this research. Since the 1980s he has explored the link between emotional disclosure and writing and health. The Pennebaker paradigm, as it is now called, has been widely used in expressive writing experiments, and involves participants writing about traumatic or emotional experiences for three to five sessions, often over consecutive days, for 15–20 minutes per session (with prescribed writing instructions).³ These enquiries suggest that trauma writing can reduce psychic and physical symptoms, after only five sessions, and with nobody other than the author reading their work.

Another pool of ongoing research and thinking in the field can be found in Finland, where the Finnish Association for Bibliotherapy (founded 1981) is housed, the first association of its type in Europe. Biblio/poetry therapeutic work continues to flourish in education, counselling, rehabilitation, social work and professional development in Finland, and the University of Helsinki also runs programmes. Another thriving pocket of interest clusters in Amsterdam, with the online Interapy programme running since 1996. Evidence from randomised controlled trials means the Dutch Department of Health acknowledged the method as an evidence-based treatment for psychological disorders, and it is now fully covered by Dutch health insurance.

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Building an empirical base

The story is very different in Britain. Jeannie Wright, director of counselling and psychotherapy programmes at the Centre for Lifelong Learning at Warwick University, has written: 'Writing is not an established complementary therapy like art or music therapy, not widely recognised in British counselling and therapy circles and seriously underresearched in practice.'⁴ This is echoed by L'Abate and Sweeney in their call for more research in their edited volume *Research on Writing Approaches for Mental Health*.⁵ I would have thought that most of us know about the power of writing things down, just as the ancients knew, but, along with scores of other ways of working therapeutically, we have yet to build our empirical base.

I spoke with Dr Gillie Bolton about this potential for more research, and the likelihood of positive results by broadening the context of research. She has pursued her own with Arts Council funding at King's College London into the ways therapeutic writing benefits dying patients. She told me: 'Pennebaker's research was generally instrumental, with participants writing in a booth in a clinical setting. They don't reread, redraft or keep what they wrote and would often put their writing into a box to be analysed by an anonymous researcher. This misses out the context of writing in groups or with someone else, and the potential of learning how sharing with others can help, or the potential of the power of the redrafting process.'

Bolton went on to talk about the power of writing, as opposed to talking: 'Writing comes from somewhere deeper than talking, and is also a completely different process. We may use everyday language but we put it together differently on paper. When you

talk, you are aware of who is listening and that words can't be forgotten. However, the paper will accept anything you write and it is up to you as to when and if you share it or read it back. It is a private communication with yourself and you listen after you write, when you choose. This delayed interlocution is tremendously powerful as it may allow you time to cope with what your mind poured out. And some things may need redrafting to feel right, which is again an important step.'

This reminded me of a client who brought me an unsent letter to her father, written a few years back. She had shoved it behind a painting on the wall, forgetting about it entirely until our work together jogged her memory. She took some further time to read back what she had written, originally in great distress. She could digest it then, and reflect on how her feelings had changed over time, first on her own and then with me.

The page doesn't judge

I also spoke with Jeannie Wright about her own dedication to using writing in her therapy work. 'Despite research,' she told me, 'no one really knows why writing helps us. There are lots of ideas. I think there's a meditative quality to the process – it causes us to pause and slow down. The page doesn't judge us and the process is private and individualistic. I worked in Fiji, where the collective is very important, and there was something very powerful for people to bring their own writing to a group – they could be autonomous with it.'

Indeed, many researchers have noted the greater client control writing promotes within the therapeutic relationship – the client can explore whatever, whenever and with whoever after it is written. He or she may also experience more freedom to define an experience too as there isn't another person or persons in front of them waiting or expecting. Unlike my client who brought her unsent letter to me, I have also had many clients who write letters or journals and keep them well away from me.

Wright has run scores of workshops over the years, many with Bolton, and they have collaborated on another book together, published earlier this year, *Reflective Writing in Counselling and Psychotherapy*.⁶ While this is aimed at the therapist practitioner using writing to develop personally and professionally, both authors told me it is easily adaptable for use with clients. 'It's also a rare person who doesn't get it,' Wright said. 'There's something intuitive about writing, and Gillie and I make a deliberate point about not using jargon or talking technically when we run our groups. We don't lecture "about" writing for therapy – we much prefer to focus on the experiential.'

Indeed, we humans spontaneously write when we want to get something difficult 'out': this seems to be intuitive. My nine-year-old son has long left notes lying around about his worries or rages. My sister turns to list-writing when anxious, and the gates of Kensington Palace became swamped under the weight of notes and poems in the wake of Princess Diana's death.

The broad potential use of writing with various presenting issues also reflects the eclectic theoretical background writing therapy could possibly be pinned to. Gestalt practices, CBT homework tasks, psychodynamic and humanistic work can all use writing exercises. Wright explained how she and Bolton 'thought long and hard about keeping the book pluralistic theoretically... no theory can claim the practical exercises included'.

Wright also advocates the vital role writing can play in supervision, whatever your theoretical background. 'I can vouch

for the time and money saved through my writing before and after supervision. Reflective writing is the cornerstone of any professional development, especially any therapy where we work with words. I find writing before supervision clears my head during the process, it allows me to capture particular words and indeed afterwards to highlight important things. I think it increases the effectiveness of supervision.' Wright routinely asks clients on assessment if they keep diaries or write letters, or would consider doing so, and if not, why not.

Exercises to try

I asked both Bolton and Wright to share three writing exercises that someone like me (ie a relative novice in the field) would find easy to use in my practice. Of course, as with all interventions, it's a good idea to have experienced using them yourself before trying them out. Bolton suggests:

1. The six-minute 'free-write' (or 'mind-dump' as it is called elsewhere), where you splurge on the page for six minutes whatever comes to mind. This opening strategy gets the pencil (or cursor) moving over a potentially scary blank page and can be useful alone or as a precursor to other exercises. It may even store pressing worries for later.
2. Writing a fairy story. Starting with 'Once upon a time' and going with it (maybe setting a scene if it helps)... 'It's astonishing what the world of archetypes can bring up,' Bolton says.
3. Writing a letter to an 'inner mentor'. 'Our culture seems to emphasise the inner critic but writing to our inner mentor enables us to hear our positive and joyful sides, the life force within us. People can be amazed to discover this.'

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Wright adds:

1. Lists: such as asking a client who struggles with owning or expressing anger to bring 20 things that make her/him angry. This may be good with 'new' writers as they are relatively familiar and undemanding exercises to do – no paragraphs, sentences or constructions.
2. Unsent letters: such as one written to a person in conflict.
3. Future coaching exercises: such as describing where you will be in five years' time.

Writing may not always be helpful, of course. One client of mine found her journal writing depressing in itself. 'Reading back what I write seems to trap me further into negative thinking. I hate reading back the relentlessly gloomy words,' she told me. I suggested she try something different – writing to her 'inner mentor', yet she struggled to feel authentic in the process, so we gave up. It isn't for everyone, and indeed, there is some debate as to whether writing can encourage unhealthy rumination – another area for more research. Wright cautions me too: 'It may be that if someone is writing about something particularly traumatic, it can lower their mood, but this is usually short-lived. And of course, experience is needed if a client is psychotic.'

But writing within the safety of a therapeutic relationship makes an important difference here, as one would hope that it would be able to contain any unhelpful fall-out. ■

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Find out more

Gillie Bolton's website is a wealth of information on therapeutic and creative writing, research, training information and further reading. www.gilliebolton.com

Metanoia now runs an MSc in Creative Writing for Therapeutic Purposes with Bristol University. www.metanoia.ac.uk