

## Carolyn Jess-Cooke Conference Paper

### **Voice and Witness: Rethinking creative writing pedagogy for recovery from mental illness**

Creative writing interventions for mental illness are on the upsurge, and not a moment too soon: as of 2015, depression is the leading chronic condition in Europe.

This paper focuses on pedagogical approaches to creative writing in recovery from mental illness. I propose a rethinking of the ways in which writing is used, and propose a refined approach that draws upon creative writing techniques of voice and “bearing witness”.

My argument, as both practitioner and creative writing tutor, is that the self always shows up on the page, and that *creative* modes of writing should be considered as well as expressive writing. The disparity that exists between writing-as-therapy and creative writing is interrogated here via case studies from writing projects lead by Writing for Recovery and the Military Writing Network. I want to reach towards more interaction across disciplines so that the benefits of *creative* writing for mental health might be more fully explored going forward.

I use Carolyn Forché's conceptualisation of 'voice' and 'witness' here, both in the way she uses it to describe a form of capturing, translating and expressing experience, and particularly the way in which she describes witness as 'not

mimetic

narrative...not simply an act of memory [but] the manner of an ethical or political act.'<sup>1</sup> Similarly, Alice Miller describes an 'enlightened witness' as a person who has identified the consequences of child abuse", and is therefore able to help others

who

have never had the reality of their dysfunctional environment completely acknowledged or taken seriously. An 'enlightened witness' can be a writer as well

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a clinical psychologist, and Miller identifies the act of reading a piece of autobiographical writing as a form of witnessing. Witness is therefore understood

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a mode of recognition, translation, validation, and a pathway to accepting a traumatic history. Language is key to achieving or bearing witness, however, and

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facilitates constructive memory-making.

The case studies I'll go on to discuss both the ways that writing achieve this witness, and the specific pedagogical practices and environmental conditions that proved beneficial for participants. Ultimately, what I wish to propose is a case for not only using writing as an intervention for mental illness, but enabling participants to become creative writers. There is a difference between these two approaches. In fact, there is a huge amount of tension between writing-as-therapy and creative

writing, and I'd like to argue for a readdress of this tension with a view to understanding how we can make writing interventions much more effective and beneficial for patients. Conversely, creative writing that is *not* used as an intervention for mental illness can profit from an engagement with therapeutic approaches. I'll go on to discuss one literature organization in particular who met with challenges during a creative writing workshop for young people which forced them to think carefully about how to embed writing-as-therapy within the workshops.

**I'll begin with some statistics.**

In 2015, mental illness poses a significant global problem. Depression is the leading chronic condition in Europe.<sup>2</sup> Mental illness is the largest single cause of disability and represents 23% of the national disease burden in the UK. Also the main cause of sickness absence in the UK, mental illness accounts for 70 million sick days and costs the British economy £70–£100 billion per year. The Chief Medical Officer's 2013 Annual Report drew attention to the increasing problem of mental illness, particularly in terms of healthcare provision: an estimated 75% of people suffering from mental illness receive no treatment at all. Stigma prevails, with shame and discrimination a frequent characteristic of social perceptions of and responses to mental illness. Suicide is an all-too frequent outcome. The report also noted that, despite the increase of mental illness and the noted impact upon the economy,

there continued to be a drastic failure to provide adequate funding and resources for mental health.

Since the 1960s there have been many efforts around the world to tackle mental illness via arts therapies. Creative writing in particular poses an attractive adjunct therapy, not least because it requires very few resources: a writing tutor and/or exercises, a meeting room, paper, and pen. Since the 1980s creative writing interventions (commonly referred to as 'the writing cure') have been employed successfully in various therapeutic contexts to assist with recovery, such as expressive writing,<sup>3</sup> journal writing, control writing,<sup>4</sup> narrative therapy, fictionalized autobiography,<sup>5</sup> reflective writing, and poetry therapy<sup>6</sup>. Speaking of their own pilot writing workshop for therapeutic purposes, King, Neilsen and White suggest that the writing workshop participant's 'identity as a [*creative*] *writer* is reinforced, rather than their identity as a person with an illness' (their emphasis).<sup>7</sup>

Celia Hunt's seminal work on writing for therapy identifies creative writing as a development tool that enables transformative learning, and as a crucial part of psychodynamic approaches to learning and education.<sup>8</sup> Pauline Cooper has spent the best part of a twenty-year career in occupational therapy devising UWaT ('Using Writing as Therapy') as an intervention for therapists and wellbeing facilitators. In a recent paper Cooper proposes an important distinction between creative writing and UWaT: '[UWaT involves the] gaining of self-knowledge, with loosening or understanding of stuckness [where creative writing is] a means to a product and encouraged aspirations to publication, with need for feedback and importance of the 'Writer' title/role.'<sup>9</sup>

On closer look at some uses of writing in therapy, it is possible to identify the creative process as offering emotional and psychological resilience and enhancing cognitive development. One of James Pennebaker's earlier studies involved groups of students who were asked to write about a traumatic event that they had kept secret. Students were told to 'really let go and explore your very deepest emotions and thoughts... All of your writing will be completely confidential'.<sup>10</sup> Pennebaker's instruction to students not to stop writing once they began seems a significant part of the process, and reflective reports showed long-term improvements in mood. One must wonder, however, whether it was the freewriting approach or the reflection on the experience that achieved the elevated mood. Either way, in 2002 Pennebaker concludes that 'the essence of the writing technique is that it forces people to stop what they are doing and briefly reflect on their lives.'<sup>11</sup>

This is clearly a positive outcome, yet I argue that teaching participants to be creative writers, and to understand their identity less as participants in a writing program or mental health service users than as *writers*, has much more potential for long-term benefits and change. Much of the research devoted to creative writing interventions makes a clear distinction between therapeutic writing and creative writing.

Bolton *et al* make the following distinction: 'the focus of therapeutic writing is upon *the processes* of writing rather than the *products*.'<sup>12</sup> Bolton goes on to distinguish between therapeutic writing and creative writing (or what she calls 'writing as an art form') by stating that in therapeutic writing,

Writing as an art form necessitates an awareness of all these at some stage.

Therapeutic writing need never respond to the needs of these forces.<sup>13</sup>

I would argue that what is described as ‘therapeutic writing’ here is actually creative writing, if one is to understand that many creative writers (both students and published professionals) engage in such ‘initial stages’ of writing ‘free from criticism, or freewriting. Furthermore, in a pilot writing project for people participating in psychosocial rehabilitation programmes in Brisbane, Robert King *et al* recount workshops which employed a life writing ‘theme’ but which were technically instructive, and provided feedback and guidance on how to write creatively.<sup>14</sup> As Murphy and Neilsen put it, ‘life-narratives are more therapeutically effective if *guided* to be written according to fundamental “effective writing” aesthetic conventions – such as having a regard to coherent structure in the narrative, the avoidance of cliché [...] and writing in one’s own voice’ (their emphasis).<sup>15</sup>

The ‘products’ of writing as art as indicated by Bolton *et al* are arguably in the form of a piece of finished work, a developed, edited piece that falls into a recognisable form (poetry, short story) and genre. I would argue, however, that a completed piece of work is a significant part of building self-esteem, and therefore contributes to wellbeing. In other words, if creative writing is to be distinguished from therapeutic writing on the basis of its emphasis on the creation of ‘products’ instead of ‘process’, I find this link rather tenuous. The attention drawn to the potential of writing as therapy has resulted in numerous writing modalities and categories – life writing, expressive writing, narrative therapy, and so on – that seem somewhat to ‘belong’ solely within therapeutic contexts, but I argue that we can understand much more about the potential of writing – both as therapy and art – by examining the similarities between each.

These similarities are most visible in descriptions of the 'self' (therapeutic writing) and 'voice' (creative writing). In *Therapeutic Dimensions of Autobiography in Creative Writing*, Celia Hunt talks about writing a novel over the course of five years, which proved challenging in terms of finding the right 'voice' for the book. Later, she recounts engaging in psychotherapy: 'to my surprise, [I] found myself involved in a process that was in many ways similar to the process of writing my autobiographical novel.'<sup>16</sup>

In creative writing, we talk about 'voice' as that ethereal, mystical must-have, the thing that makes any piece of writing compelling and authentic. 'Voice' is the 'self on the page', to use Hunt and Sampson's term, and it is interesting that much attention is given in literature on therapeutic writing to creating an identity and finding (or 'recovering') the self via writing. I would argue that the act of writing is also irrevocably intertextual, that whether for therapeutic or artistic purposes the act of writing is also the act of reading, of text-making. Whether engaged in a life writing exercise as part of a process of recovery from mental illness or writing a 900-page historical fantasy novel, the writer is always appropriating language and textuality. The writing of the self cannot exist without language and awareness of other writing. Just as a fictional novel can draw heavily upon autobiography, so too can autobiography draw upon the strategies and echoes of fiction.

Many creative writers write as a form of meditation, as a subconscious way of reflecting upon their lives, and as a form of self-discovery, if not self-therapy. Bestselling novelist Matt Haig took to writing after suffering from a nervous breakdown, and has stated publically that 'writing became a kind of therapy. A way of externalising things. [...] The process of writing, combined with an increase in self-

esteem that being published gave me, has helped more than I can say. It was a defense mechanism. It gave me purpose. It might have even saved my life.'<sup>17</sup>

Likewise, In her autobiography *Why Be Happy When You Can Be Normal?*, Jeanette Winterson (2012) describes how she came to know her own identity through writing. As an adopted child, she gradually came to realise that she could write her own story rather than live the story of her adopted mother:

*'It's why I am a writer – I don't say "decided to be", or "became". It was not an act of will or even a conscious choice. To avoid the narrow mesh of Mrs Winterson's story I had to be able to tell my own'* (Winterson, 2012, p 5).

My argument, as both practitioner and creative writing tutor, is that the self always shows up on the page, and that *creative* modes of writing should be considered as well as expressive writing. The disparity that exists between writing-as-therapy and creative writing is interrogated here, and I want to reach towards more interaction across disciplines so that the benefits of creative writing for mental health might be more fully explored going forward.

I'll begin by discussing the Writing for Recovery project, carried out in East Sussex in 2012 and involved engaging mental health service users in creative writing workshops. The workshops were lead by a woman named Sam, both a service user and an experienced writer and facilitator. Sam began the workshops by establishing ground rules, including a confidentiality agreement to ensure the safety, wellbeing and confidence of participants, and that anything raised within the group was not discussed outside it. A further agreement was that the sharing of written work would be voluntary, with no one being pressured to do this. It was understood that anyone



could leave the room without explanation, and participants were reassured they would not be judged on spelling, grammar or punctuation, or writing the wrong thing (Bolton, 2000). They were encouraged to explore the practice of writing without restriction or feeling intimidated by the writing of others within the group, in order to find their own writing style and their own 'voice'.

What is most interesting about this project is that although the workshop exercises focused on freewriting and personal narratives to develop confidence, the role of the reader was emphasised in the course of developing a personal voice. Sam encouraged the group to think about the ethic of sharing and expressing individual stories, and the impact this could have on the imagined reader. Such readers might be service users who, as a consequence of reading stories, gain insight into or inspiration about their own circumstances. They might be equally be students or mental health professionals who achieve new understandings and empathy from engaging with the work of the students. If we interrogate this method a little more closely, we understand that the 'process' of this form of therapeutic writing turns towards the product-driven mode of creative writing. The work that is produced is framed in such a way as to help others.

### **Identity-building**

The Writing for recovery project similarly identified the disempowerment and reductionism caused by social stigma and engagement with mental health services that care dehumanizing and negative, rendering participants as 'service users' instead of human beings. Patients find themselves defined almost exclusively by

their mental health, “themselves reduced to symptoms and diagnoses, defined in terms of their deficits and understood primarily in terms of what they can’t do and what they cost society.” Taylor et al describe this as ‘narrative entrapment’.

“Engaging in creative biographical writing allows people, individually and in community, to challenge the victimhood that comes with having biographies imposed on them.” I argue that this dual approach, drawing upon therapeutic and creative writing practices, needs further unpacking and research for future pilot studies of writing interventions, particularly in terms of the emphasis on creating work that may be read by others to empower them and enable them to find their own identity and voice. The outcomes of the project included participants viewing “recovery more as a positive social and personal journey and engagement despite the possibility of continuing mental health problems.

*‘Turning experience of suffering into stories is a defence against suffering in silence... where comfort, reassurance and support is gained by sharing suffering stories with others’* (Grant et al., 2012a, p 847).

My second case study is the Military Writers Network, which was established by Siobhan Campbell in 2009 and which explores how creative writing can help veterans cope with issues relating to combat stress. Working with Combat Stress UK (the registered mental health charity for veterans), the MWN ran a series of four writing workshops over a period of three months in 2011/12 at Combat Stress, a therapeutic environment for veterans who are mainly PTSD survivors. Notably, the workshops were held in a venue deemed safe and familiar by the participants; the clinical presentation of Combat Stress veterans causes them to avoid unfamiliar situations and the loss of self-confidence can affect the ability to

develop creative potential, and this was countered by running the workshops at the Surrey treatment centre with which they were already familiar. The workshops had a clear outcome from the start, which again involved an 'imagined reader': an anthology of poems and short stories was to be published on the heel of the workshops. Says Siobhan Campbell, "The methodology developed to work in creative writing workshops with survivors diagnosed with PTSD symptoms entailed an adaptation of the creative writing pedagogy in use at graduate level in the UK. Accessing creativity can act as an antidote to the rigid thought patterns that keep trauma-related negative appraisals so fixed. The role of 'rescuer' or anything aligned to it was to be avoided by the creative writing convenor as any such displacement can interfere with ongoing therapy. We therefore developed a set of writing exercises and writing prompts which could fit the agreed aims (see attached) and which would not preclude these writers from producing crafted work, the best of which might be publishable." The workshop was monitored using a questionnaire based on the Ryff six factor model of psychological well-being to assess whether such creative writing workshops can be considered in support of the CBT therapies in use by clinicians.

The pedagogical approach devised in these workshops amalgamated cognitive therapy and creative writing strategies to formulate "creatively-based-thinking". I would go a step further and describe this combination of process and product focused writing along the lines of Stephanie Vanderslice calls 'process narrative, or metacognitive reflection, whereby participants engage in the act of writing by redrawing, or rewriting, the boundaries of their identities as creative

writers.<sup>18</sup> The Note that the Writing for Recovery project aimed to create an opportunity for service users to reflect on their mental health experiences, and to explore and develop their individual and relational identities through engaging in creative writing, or to facilitate the development of creative tools needed to write personal stories in order to work through and make better sense of difficult times, events and issues in their lives, *in the ongoing pursuit of preferred identities* (Frank, 1995; 2010a; Grant, 2012a; 2012b; Grant and Zeeman, 2012).

Now, research into the processes by which identity is made and developed through writing has of course been explored, particularly by Celia Hunt. In her most recent study, Hunt delineates dialogic exercises, reflexive writing that creates dialogue between past and present or indeed fictional selves, 'using the self as source'. Hunt also explores Freewriting, or semiotic exercises = subverts cognitive control, draws the past into the present. 'Freewriting, by switching off left hemisphere functions of language, disrupts linear thinking and the tendency to remain with familiar, often unexamined ways of being. It tricks the psyche into allowing hidden thoughts and feelings to emerge, often in the form of metaphors or images.'

Further research remains to be done into the benefits of 'therapeutic' approaches within creative writing programmes and pedagogy; however, a model which allows the writer to engage cognitively with the self on the page, and which prioritizes the wellbeing and cognitive development of the writer will facilitate empowerment and better writing. The long-term outcome is in the manner of what Dreyfus and Kelly describe here:

‘The task of the craftsman is not to *generate* the meaning, but rather to *cultivate* in himself the skill for *discerning* the meanings that are *already there*’ (their emphasis).<sup>19</sup>

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<sup>1</sup> Carolyn Forché,

<http://www.poetryfoundation.org/poetrymagazine/article/241858>

<sup>2</sup> *Mental Health Strategy for Scotland 2012-2015*, 9781780459950

<<http://www.scotland.gov.uk/publications/2012/08/9714>>, 3.

<sup>3</sup> J. W. Pennebaker and Sandra Beall, ‘Confronting a traumatic event: Toward an understanding of inhibition and disease,’ *Journal of Abnormal Psychology*, 95: 3, Aug 1986, 274-28.

<sup>4</sup> See L. Schwartz and D. Drotar, ‘Effects of written emotional disclosure on caregivers of children and adolescents with chronic illness’, *The Journal of Pediatric Psychology*, 29: 2, 2004, 105-18.

<sup>5</sup> See Celia Hunt, *Therapeutic Dimensions of Autobiography in Creative Writing* (Taylor & Francis, 2008).

<sup>6</sup> See Celia Hunt and Fiona Sampson, *The Self on the Page: Theory and Practice of Creative Writing in Personal Development* (Jessica Kingsley, 1998).

<sup>7</sup> Robert King *et al*, ‘Creative writing in recovery from severe mental illness,’ *International Journal of Mental Health Nursing* 22, (2013) 444–452 (451).

<sup>8</sup> Celia Hunt and Linden West, ‘Learning in a border country: Using psychodynamic ideas in teaching and research’, *Studies in the Education of Adults*, 38: 2, Autumn 2006, 160-177. See also Jack Mezirow, *Transformative Learning in Practice: Insights from Community, Workplace and Education* (Jossey-Bass, 2009).

<sup>9</sup> Pauline Cooper, ‘Writing for depression in health care’, *British Journal of Occupational Therapy*, April 2013 76: 4, 191.

<sup>10</sup> J. W. Pennebaker and C. K. Chung, ‘Expressive writing and its links to mental and physical health’, ed. H. S. Friedman, *Oxford handbook of health psychology* (New York, NY: Oxford University Press), 2007, 417-437 (436).

<sup>11</sup> J. W. Pennebaker, ‘Writing, social processes, and psychotherapy: From past to future’, eds, S.J. Lepore and J.M. Smyth, *The writing cure: How expressive writing promotes health and emotional well-being* (Washington, DC: American Psychological Association), 281-291.

<sup>12</sup> Bolton *et al*, *Writing Cures: An Introductory Handbook of Writing in Counselling and Therapy* (Routledge, 2004), 5

<sup>13</sup> Bolton *et al*, *Writing Cures: An Introductory Handbook of Writing in Counselling and Therapy*, 2.

<sup>14</sup> Robert King *et al*, ‘Creative writing in recovery from severe mental illness,’ *International Journal of Mental Health Nursing* 22, (2013) 444–452.

<sup>15</sup> Ffion Murphy and Philip Max Neilsen, ‘The Potential Role of Life-Writing Therapy in Facilitating “Recovery” for Those with Mental Illness’, *Media and Culture Journal*, 11: 6 (2008), 17.

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<sup>16</sup> Hunt, *Therapeutic Dimensions of Autobiography in Creative Writing*, 187.

<sup>17</sup> Matt Haig, 'Suffering from Depression', *The Telegraph* 15 April 2015 <  
<http://www.telegraph.co.uk/health/wellbeing/10758065/Suffering-from-depression-It-was-touch-and-go-but-Ididnt-jump.html>>, Accessed 6<sup>th</sup> January 2015.

<sup>18</sup> Vanderslice, 'The Lynchpin in the Workshop', 119.

<sup>19</sup> Hubert Dreyfus and Sean Dorrance Kelly, *All Things Shining: Reading the Western Classics to Find Meaning in a Secular Age*, Simon & Schuster, 2011, 20.