

Research on Creative Writing & Therapeutic Effects

*College Students *AWA

Although the health and healing effects of writing have been documented in the literature, most of the studies have focused primarily on individuals writing alone. This formative evaluation is a component of an intervention reported elsewhere. The evaluation describes the experience of low-income youth and college students ($n = 7$) writing in a group during a 10-week workshop. The results revealed the development of protective processes of self-esteem, self-efficacy, coping strategies, social support, and cultural connections. In the weekly 2-hr writing sessions, using the Amherst Writers and Artists method, participants were encouraged to write their stories in their own voices in response to prompts, followed by reading aloud and positive feedback. At the end of the 10 weeks participants were interviewed about their experience within the group and outside the group. Analysis of interviews revealed two themes that emerged from the experience of writing together: connection to self through feelings, reflection, and behaviors; and connection to others through learning and empathy. The results suggest that writing in a group using a specific approach facilitated emotional catharsis, increased self-knowledge, coping strategies, and understanding and appreciating of others. (Chandler, 2002)

*Adolescents *AWA

PURPOSE: To describe the rationale, content, and results of a group creative writing program to increase adolescent self-esteem and self-efficacy. **METHODS:** Subjects were low-income, at-risk minority youth ($N = 11$). Free writing in response to specific exercises, sharing their own stories in their own language, and responding to their peers were used daily for 2 weeks as part of the high school English class. The program was oriented toward health rather than problems, with the content created by the adolescents. **FINDINGS:** The opportunity to tell their own story, in their own language in a safe, structured setting with positive feedback led to higher self-efficacy and self-esteem. **CONCLUSIONS:** This study suggests that a writing intervention focused on building self-in-relation self-esteem and the four aspects of self-efficacy resulted in increased sense of well-being. (Chandler, 1999)

*Young Adults *AWA

BACKGROUND: Adverse childhood experiences (ACEs) are correlated with risk behaviors of smoking, disordered eating, and alcohol and substance abuse. Such behaviors can lead to significant public health problems of chronic obstructive pulmonary disease, obesity, liver disease, and hypertension, yet some individuals do not appear to suffer negative consequences but rather bounce back. **OBJECTIVE:** To pilot the feasibility and potential efficacy of the Empower Resilience Intervention to build capacity by increasing resilience and health behaviors and decreasing symptoms and negative health behaviors with young adults in an educational setting who have had ACEs. **DESIGN:** A two-group pre–post repeated measures design to compare symptoms, health behaviors, and resilience and written participant responses. Each session began with brief guided mindfulness meditation. The meditation was followed by checking in with each participant’s response to homework exercise. Next, a 10-minute weekly educational topic was presented, such as personality assets, resilience, ACE, physical health,

preferred future, and social support. In the first session, and in the informed consent document, participants were assured they would not be expected to talk about their individual past. After each topic was presented, participants responded to the topic in writing using the Amherst Writers and Artists method. This group writing method consists of an initial freewriting to a prompt followed by inviting each individual to read her writing while other participants actively listened. The listeners were asked to respond to what was strong about the writing (Schneider, 2003). The final activities included assigning homework and the closing ritual. During the closing ritual, each participant verbally affirmed one of the following: (a) something they learned during the session, (b) an appreciation of what another participant said in the session, or (c) appraisal of what they would have been helpful in the session (Chinn, 2001). RESULTS: There was a statistically significant cohort by time interaction for physical activity in the intervention group. There was no significant change in risk behaviors or resilience score by cohort. Young adults in the intervention group reported building strengths, reframing resilience, and creating support connections. CONCLUSIONS: An increase in health behavior is theoretically consistent with this strengths-based intervention. Evaluating this intervention with a larger sample is important. Interrupting the ACE to illness trajectory is complex. This short-term empower resilience intervention, however, holds promise as an opportunity to reconsider the negative effects of the trauma of the past and build on strengths to develop a preferred future. (Chandler et al., 2015)

*Adolescents *AWA

Purpose: To explore what resilience means to adolescents and whether the Resiliency Scale can accurately measure resilience. Researchers have identified that resilience in children and adolescents may lead to psychosocial maladaptation and psychopathology in adulthood. Further research is necessary in order to understand what resilience is in adolescence and to identify those at risk for psychosocial problems.

Design: A triangulated research design was used to explore the concept of resilience in adolescents. This small pilot study, conducted in 1997, had a purposive sample of 51 10th-grade and 11th-grade volunteers from one inner-city, vocational high school in New England.

Methods: A researcher-developed demographic tool was used to explore the environment of adversities to which students were exposed. Wagnild and Young's Resiliency Scale was used to measure adolescents' perceptions of their resilience. Focus groups, structured and unstructured interviews, and written stories were used to gather phenomenologic data. The qualitative component of the study consisted of a free-writing exercise patterned after the Schneider (1993)* WRITE method whereby individuals get in touch with their feelings and thoughts by writing in response to a stimulus. The WRITE method has been used for 10 years with such populations as abused women and troubled adolescents, who have had little opportunity to express themselves and need to be heard. The method has been shown to foster development of self and other awareness and has facilitated the development of self-esteem and self-efficacy in participants. In this study, the intent was to provide stimuli that would allow adolescents to tell their stories about surviving and overcoming adversities in their lives. The primary facilitators in the study participated in a 22-hour training program to learn the WRITE method and the co-facilitators attended an 8-hour training workshop.

Findings: A change began to occur within the focus groups in the second week. By day seven of the qualitative exercise, participants demonstrated a significant improvement in their ability to express their words, creativity, and thinking. Those who had been drawing now began to write; those who never wanted anyone to hear their songs now shared the words; those who had skipped class now attended regularly. A sense of “community” appeared to be developing with the participants supporting each other, helping one another through some of their emotional experiences during the reading of their stories. They appeared to begin to trust themselves, a few of their classmates, and the facilitators. For those focus groups in which the English teacher participated, there was a change in the student-teacher dynamic with both parties feeling more inclusionary. Teacher feedback from these groups depicted an improvement in academic performance for the class members; something that was not expected given their past academic performances. Participants made such statements as: “I’m not afraid to say what I have to say anymore.” “I find I’m not much different [from] anyone else.” “I have learned so much from everyone about how I might handle things differently.” “I feel I am not alone.” “I think I really am smart.” Qualitative analysis of the writings and focus-group discussions helped to reveal evidence of connections, mutuality, and trust. Given these findings, it was decided to repeat the administration of the Resiliency Scale to examine whether the students’ perception of their resilience changed. The post-test scores found higher resilience ratings by the adolescents moving from an overall Adolescent Resilience pre-test mean score of 5.3 to 5.8 (.009), male versus female scores moving upward also. But boys (6.1) still perceived themselves as more resilient than did girls (5.6), and a resilience scores of Caucasian adolescents moved upward from 4.9 to 6.4, $p < .01$ at the conclusion of the 2-week study. We speculated that the change could be related to the support systems that developed during this pilot study and the positive effect of consistent and trustworthy adults who valued what the adolescents had to say

Conclusions: This study of resilience in adolescence shows the need for further research; the investigators question whether resilience is really a healthy state, and wonder if similar interventions are necessary for both “resilient” and “vulnerable” adolescents. (Hunter & Chandler, 1999)

*Refers to Pat Schneider, the founder of the AWA method.

*AWA *Nurses

The aim of this study was to pilot test a group-writing intervention to decrease negative workplace behaviors. The creative writing component of the intervention is based on the AWA method and consists of five phases: (1) an explanation of the writing group method, (2) an introduction to the exercise, (3) 20 minutes of writing, (4) an invitation to read their writing aloud, and (5) the group listens and comments on what is liked and remembered. The writing exercise was led by one of the researchers. A short introduction to a topic or a visual cue was offered to the group as a point of “focusing” to start the writing exercise. For example, on week 1, a baseball, a book with the name “Mother” on it, a screwdriver, and a pen were placed on a surface for all to see before writing. Other examples of items placed before the participants included a box of tissues, paper clips, and a calendar on week 2, and a stuffed eagle and a chicken on week 3. The choices for visual cues were serendipitous since the intent was for the

writing to create the themes that were shared at the individual and group level. None of the focusing opportunities specifically addressed workplace oppression or empowerment issues. The focusing topics and activities were intended to be ambiguous because the researchers were pilot testing the feasibility of the process of the intervention and were being faithful to the AWA writing method. The AWA method assumes the writer will bring the story where it needs to go. The writing itself does not need to be about oppression, silence, or healing. The belief is that writing a personally relevant story can produce the effect of self-knowledge, personal awareness, and voice.

The participants were asked to write for 20 minutes, and after they finished, everyone, including the researchers, was invited to read aloud what they had written. Participants and researchers took part in commenting on what they liked and remembered about each person's writing. There were explicit directions given that feedback was not intended to analyze or be critical but to give feedback about the person's response to the writing. The experience ended with a shared dinner. The pilot test demonstrated that cohesive and supportive relationships developed and allowed nurses to talk about important topics. The participants suggested that a writing group would be a forum that could be used by staff development educators to encourage nurses to support each other and develop their voices. (DeMarco et al., 2005)

*AWA *Nurses

Chandler et al report on a collaboration of three nursing professors to develop a writing approach that empowers students to express their opinions in personal and professional nursing practice. The intervention was intended to encourage reflection and support for increasing personal and professional self-esteem, voice, and positive identity.

With research suggesting that the act of writing in a group increases voice, facilitates self-esteem, and overcomes silence, we adapted the AWA method of writing in a group to fit within the workshop (Schneider, 2003). We knew from previous research with the AWA method that healing can occur through the process of writing by facilitating a release of words that allows participants to develop a positive self-image (Chandler, 2002). Alien (2000) asserted that "there is connection between the ability to build a coherent story and the sense of self-esteem and effectiveness which underlie a strong sense of identity" (p. 283). Writing can become more powerful when shared with others. Belenky, Clinchy, Goldberger, and Tarule (1986) found that, for reflection to occur, oral and written forms of language must pass back and forth between persons who both speak and listen. The AWA method was originally developed with the goal of empowering the lives of participants through developing their voice.

All participants reported having a positive experience overall. Although participants frequently commented on their nervousness and insecurity at writing and reading in a group, they reported that they became comfortable and enjoyed sharing their insights. Participants commented that receiving positive feedback was a surprising experience in their lives as nurses and graduate students. "This [the workshop] was a rare opportunity to sit, reflect and listen to each other." When the opportunity was offered to take time to write from and hear their own inner voices,

participants reported that problem solving, protection, and connection occurred. One issue that was raised in post-intervention comments was frustration that the writing was not focused on nursing but was open-ended. The intervention, however, was not designed to specifically focus on nursing issues and participants' work life, but to decrease silence and develop voice. This approach was somewhat confusing to participants although several commented that a bond had been created between them by sharing stories from their personal and professional lives. Finally, participants recommended that the intervention be extended to students and staff nurses in all types of health care settings, particularly those who work in hospitals. (Chandler et al., 2005)

*Breast cancer *Women *Non-AWA

Transitioning to breast cancer survivorship can be challenging, yet there are few community-based supports. Writing is a promising psychosocial intervention, but most studies have evaluated independent writing. In contrast, our qualitative study (n=12) explored women's experiences in a community-based workshop. The analysis of workshop recordings, journals, and interviews resulted in three themes: (a) Sharing in safe spaces, (b) Seeking permission and balance, and (c) Fear and uncertainty. The themes document unmet needs related to the emotional impact of breast cancer, as well as the potential of community-based writing to enhance well-being. Such programs may address gaps in cancer survivorship care by providing safe spaces for emotional expression, while supporting participants in the crafting of new narratives focused on well-being. (Thomas et al., 2017)

*Women *AWA

ABSTRACT This article describes the use of writing and poetry in a group of women parenting sexually abused children. Sponsored by the Orange County Department of Social Services in Chapel Hill, North Carolina, the ongoing class, led by a child therapist and Orange County's parenting social worker, consisted of between six and ten women parenting sexually abused children. Social workers observed that expressive writing paired naturally with group dynamics to help the women focus on their children's sexual abuse. Poetry helped them go deeper into their feelings than they had done before. As the women lowered their anxious feelings, their thinking became clearer. This led to more constructive problem-solving and more protective planning about their own and their children's behavior. The group leaders also saw other constructive changes in some of the women's parenting skills, such as in making decisions and in setting boundaries. The women ranked the use of writing and poetry as more helpful in dealing with emotional issues than oral presentations of their stories in earlier classes. (Tilly & Caye, 2005)

*Women *Mid-Life *AWA

Midlife represents a complex developmental stage with long term implications for health and wellness. It is a time that holds special significance for the current generation of "baby boom" women who have been socialized by the events and circumstances of a unique historical period that differs substantially from that of previous generations. Despite its significance, a combination of gaps and distortions has made midlife an empty place in the life cycle, subject to myths and stereotypes that marginalize aging women and render them invisible. In large measure, a broad social discourse about midlife has been superseded by a narrow biomedical

discourse about menopause. This study utilizes an innovative application of narrative inquiry, based on practical knowledge derived from everyday experience, to elicit a holistic, contemporary model of women's health at midlife. An integration of individual, reflective writing and collective story-telling in small group settings establishes connections and differences that encourage women to find their own voices and become the recognized experts of their own lives. The specific approach to group context and narrative writing planned for this study originated with Patricia Schenider, founder and director of Amherst Writers and Artists' Institute of Amherst, Massachusetts. The methodology is consistent with principles of participatory action research that promote individual emancipation and social change. Findings indicate that women seize upon midlife as a point of departure from the past, and attempt to reconstruct traditional beliefs and practices about work, family, and aging as well as their own health in ways that reflect their current reality. The concept of being "at risk" for certain diseases, as a consequence of possible genetic predisposition, appears as a central concern. Women particularly appreciate the relational aspects of the group process, which offers mutual support, shared knowledge, and validation of experience. (Puzan, 1997)

*Adolescents *Non-AWA

Although empirical investigations on the Creative Self have historically started with a focus on self-esteem, the literature on its relationship with creative performance remains thin and inconsistent, with estimated relationships ranging from moderate and negative, to strongly positive. Discrepancies may be explained by the domain-specificity of both creativity and self-esteem that have been widely overlooked in this line of work. Therefore, this study explores the multivariate relationships between creativity in three domains (Music, Literary-Verbal, Graphic) and self-esteem in seven domains (e.g., Academic, Emotional) among 170 adolescents. Creative productions were scored by four raters, and latent consensus in each domain captured using a multi-informant latent-consensus model in SEM. This model was further extended in a structural model revealing that (a) creativity is mainly domain-specific, and (b) the contribution of domain-specific self-esteem on domain-specific creativity greatly varies according to both the domains of creativity and self-esteem. Up to 30% of the variance in creative performance was explained by "domain-relevant" self-esteem facets, and a moderate contribution of creative self-esteem across creativity domains. In the story-writing task, two domains of self-esteem were distinctly and uniquely related to creative performance: academic and future self-esteem. Here too, the "domain-relevance" hypothesis provides solid ground to interpret these observed associations. Indeed, the story-writing task was perhaps the most "scholastic-like" task of the three creative tasks investigated because the domain of expression and format resemble typical writing production tasks that adolescents routinely experience in school settings. As such, the (modest) contribution of academic self-esteem appears predictably domain-relevant. Perhaps less expected, was its association with future self-esteem. It is possible that the fictional component of creative story-writing is somewhat domain-relevant with future self-esteem, reflecting one's (positive) projection of self in the future, that adolescent may build-upon in creating narrative fictions (e.g., Dollinger & Clancy, 1993). Results are discussed in light of several important methodological directions for this line of work, as well as its implications for creativity-based

interventions designed to support positive self-esteem development in adolescence. (Barbot, 2020)

Non-Research Sources

*Breast Cancer *AWA

A Healing Journey: Writing Together Through Breast Cancer is a book by, about, and for women who live with breast cancer, and for those who care about them. It is also for professionals in the healing arts who increasingly are looking to writing as a healing methodology. And it is for writers, teachers of writing, and workshop leaders who want to know how effectively to use writing as a healing practice with persons experiencing life-threatening illnesses. (Bray, 2004)

*Sexual abuse and assault *AWA

Writing Ourselves Whole is a collection of essays and creative writing encouragements for sexual trauma survivors who want to risk writing a different story. Each short chapter offers encouragement, experience, and exercises. Sections focus on writing as a transformative practice, embodying our story, how to write trauma without retraumatization, writing joy and desire, and more.

How to change your life: When you can find language for the stories that are locked inside, you can change your life. Talk therapy can only go so far for the millions of Americans struggling in the aftermath of sexual abuse and sexual assault, as well as for their partners, families, and caregivers. Survivors of childhood sexual trauma are strong and vulnerable enough to bear witness to each other's truths, to share and learn new languages for our experiences, to throw over the simplistic "victim" and "survivor" narratives that permeate mainstream media in favor of narratives that are fragmented, complicated, messy, and ultimately more whole. (Cross, 2017)

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