

The benefits of therapeutic writing in acute psychiatric units

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Abstract

This article outlines the flexible approach developed by a writing practitioner when leading therapeutic writing groups in four psychiatric units at one NHS trust. The author outlines five techniques used during the workshops and considers the benefits to patients, presenting some reflections from patients who attended the groups. Some techniques, especially mindful writing and positive writing, are aimed more at short-term effects which are helpful in acute psychiatric units – such as bringing calm, decreasing anxiety, increasing mental focus or lifting mood. Other techniques may have more long-term effects, such as broadening cognitive focus, reframing unhelpful thoughts and ideas, insight and improved self-expression. The aim of the article is to encourage mental health nurses, occupational therapists and activities coordinators to suggest therapeutic writing to patients and to encourage ward managers to consider introducing writing groups at their units.

Background

A range of writing techniques can be therapeutic for inpatients in acute mental health units. Adaptable writing techniques can be used in writing groups to tailor writing exercises to individual needs and give participants a choice over the format and content of the writing.

Research has shown that writing can improve mental and physical well-being, but further investigation is needed into how and why writing works. As a recent evidence review shows (Nyssen et al 2016), most of the research carried out so far has involved individual, expressive writing described by Pennebaker and Beall (1986). Usually the research subjects have been directed to write about negative life events, for example Graf et al (2008), Krpan et al (2013) and Smyth et al (2008), but many practitioners believe it is not necessary to write about negative emotions or events to benefit from writing – people can also benefit from writing which inspires happiness or joy (King 2002).

The Cumbria Partnership NHS Foundation Trust provides community and mental health services across the county. In 2009, it launched an initiative, along the lines of the BBC's *Dragons' Den* aimed at encouraging innovation. The trust invited all staff to bid for pump-priming funding for innovative projects. The shortlisted projects were then presented to a panel of four dragons (trust directors), and half a dozen projects were finally selected to receive funding from the trust and sponsorship by one of the four dragons. One of the supported projects was a Year of Writing, which included workshops and events (Ross 2011) and resulted in the introduction of therapeutic writing sessions into one acute psychiatric ward at the trust's Carleton Clinic, near Carlisle. Since the project ended in March 2010, regular therapeutic writing sessions have continued and extended to three other units.

Writing can be therapeutic for someone who is recovering in hospital from a mental health crisis, but a different therapeutic writing approach is needed in acute psychiatric units compared with community settings where the approach used can include longer and deeper pieces of writing, and more challenging exercises such as writing about a difficult relationship or an argument from the other person's viewpoint. Reasons for this include the more severe symptoms encountered in psychiatric inpatients and the frequently observed reluctance to

engage with group activities. The writing activities must be enjoyable so participants will be encouraged to attend the groups and flexible enough to be tailored to symptoms and inspire people to write what they want and need to write.

There are many books and research articles on therapeutic writing, but there has been relatively little published on using writing therapeutically in acute psychiatric settings. A number of general therapeutic writing books were helpful when developing the writing activities for acute inpatients, such as Adams (1990), Philips et al (1999), Bolton et al (2006), as well as articles by researchers such as Laura King (2002). I was also influenced by some mainstream psychological therapies, in particular mindfulness-based cognitive therapy (Segal et al 2013) and narrative therapy (Payne 2006).

Techniques, such as perspective shift writing, will have longer term effects by broadening cognitive focus, reframing (for example, writing one's thoughts about experiences, events and ideas so as to introduce more positive ways of thinking about them), providing insight, or improving self-expression. Whereas other techniques, especially mindful writing and positive writing, are aimed more at short-term effects which are especially helpful in acute psychiatric units, such as bringing calm, decreasing anxiety, increasing mental focus and improving mood.

Therapeutic writing sessions

My hope is that my therapeutic writing groups will inspire people to take up writing as a regular practice between sessions and when they leave hospital. I bring along the writing inspiration and guide discussions, but I am also part of the group; I write with the other participants and read my writing to the group (if appropriate).

There are posters in each unit advertising the sessions and inpatients tend to refer themselves – although some people attend because they have been encouraged to do so by an occupational therapist or other clinician. Participation is voluntary and people are free to leave before the end of the session. Some people attend week after week, whereas some only participate in one session, or for part of a session. This means that membership of the groups varies widely from week to week. In any one session there could be one or two people who have been participating for several weeks, plus one or two others who have come along for the first time. Also the participants vary in their symptoms, diagnoses, intellectual ability and stage of recovery when they join the group, so the plan for each session and the writing activities have to be adaptable. Leaders of therapeutic writing groups in an acute psychiatric unit must be able to think quickly and adapt or completely abandon their plan to suit the patients present on the day.

The writing sessions typically comprise:

- Introductions, purpose of session, reassurances not to worry about spelling, grammar, handwriting and punctuation.
- A short writing exercise such as mindful writing (writing a description either of how you feel right now, or of something you can see in the real world, without adding any judgements, thoughts or interpretations) or free writing (writing down whatever comes into your head as fast as you can, without stopping to correct any mistakes such as spelling, punctuation and grammar).
- Reading aloud and group discussion.
- A longer writing exercise.
- Reading aloud and group discussion.
- Completion of evaluation forms.
- An optional third writing exercise depending on participants and time remaining.
- Reading aloud and group discussion.
- Suggestions for writing between sessions and confirmation of next group.

Participants are under no pressure to read aloud, but in practice almost everyone does at some stage. Feedback suggests that the companionship in the group, the sharing of thoughts and the group discussions, contribute greatly to the benefits for participants.

Settings

Acute intensive ward

Hadrian – a 26-bed, high risk, needs-led, acute psychiatric ward for working age adults. Sessions take place in an activity/craft room, and have been attended so far by between one and seven patients. A typical session in Hadrian comprises 25 minutes of writing exercises (duration 5-15 minutes each) and 25 minutes of reading aloud and group discussion, with a further ten minutes being taken up with introductions, reassurances, explanations and evaluation. Group participants at Hadrian have the broadest range and severity of symptoms of the four units. This means I use most of the exercises in my therapeutic writing toolbox at one time or another, depending on who attends the sessions.

Psychiatric intensive care unit

Rowanwood – a ten-bed psychiatric intensive care unit (PICU). The people in this unit can find it difficult to sit still and concentrate for more than a few minutes and they can have low tolerance for other inpatients. The one-hour sessions in the PICU will often comprise 20-30 minutes of writing and discussion with one patient, followed by a similar one-to-one with a second patient. The sessions take place in the open dining area, which means that participants and staff who need to accompany patients who require constant observation, can freely come and go from the writing table. Occasionally two or three people will sit down together to write, but more often there is little or no overlap in the times people spend at the table. Inpatients in the PICU are generally difficult to engage in group activities, so it is helpful the writing sessions happen in an open part of the unit. For example, one week someone might briefly pause next to my table to see what I have brought along as writing inspiration. The following week the same person might sit on an adjacent table where they are able to watch and listen without committing themselves to participation. Then on the third week they might sit with me for a few minutes and, with luck, do some writing. It is of paramount importance to adopt a calm, relaxed, no-pressure approach in the PICU. Descriptive writing exercises such as mindful writing about the real world are the most helpful in this unit because they can bring patients into the real world and the present for a time, help with mental focus and help them be calm.

Older adults' unit

Oakwood – a 12-bed, needs-led, frail/vulnerable ward. Participants in the sessions are mainly older adults with memory problems. Sessions take place in the dining room and last about 30 minutes. Typical writing exercises used in Oakwood employ objects or pictures to encourage writing about positive or neutral memories, or to engage the imagination and inspire conversation.

The Acorn Centre

The Acorn Centre – a ten-bed rehabilitation unit for men with complex mental health needs. Sessions take place in an activity/craft room, typically last 30 minutes and are attended by one or two people. The next week's plan tends to be made in collaboration with the participants, such as selecting poems to read and discuss or write about.

Five writing techniques

Different kinds of writing can clarify thoughts and feelings, shift perspective, promote relaxation and help with mood, positivity, self-expression and mental focus. Flexible writing exercises are best for acute mental health settings as the exercises can be tailored to individual needs, as well as giving participants choice over the format and content of their writing. The idea behind most of the exercises I use is to inspire participants to write whatever they want and/or need to write at that time.

Writing techniques I find helpful in acute psychiatric settings include:

- Mindful writing – writing in the moment about something in the real world (mindful descriptive writing), or about how you feel physically/mentally right now (mindful expressive writing).
- Positive writing – about the past, present or future.
- Creating fictional characters – for example, inspired by a photograph or an object.
- Perspective shifts – writing from another viewpoint to change your own perspective.
- Writing in response to published poems – poetry therapy.

Mindful writing

Mindful writing can be particularly helpful in acute psychiatric settings. Mindfulness is increasingly being incorporated into mental health treatments (Segal et al 2013). It is important when writing mindfully to write in the present moment and only to write descriptively, without adding judgements or inferences. When done in this way, mindful writing can be calming, and it will bring the writer into the present moment and the real world for a while.

Mindful descriptive writing is about something in the real world – it is the technique I use most often, especially in the PICU. Mindful descriptive writing is like a writing meditation and it is the one writing technique which can be helpful for anyone, with or without a mental health condition. A typical instruction would be: write to describe what is around you right now. Don't add thoughts, associations, feelings – just write a description. But do include more than what you can see, for example, you might write about the taste of your coffee, the sounds the birds are making, the scent of the flowers, how the garden wall feels under your fingers. A variation on mindful descriptive writing I often use in the PICU is writing to describe a photograph, such as a landscape photograph cut from a calendar.

Mindful expressive writing involves writing non-judgementally about how you feel in this present moment. A typical exercise would be:

- Take five minutes to write about how you feel physically. Starting at your toes and moving up, write about how each part of you feels. Hot or cold? Comfortable or uncomfortable? Tingly? Relaxed? Painful?
- Now write for five more minutes about how you feel emotionally and mentally right now.

Sometimes I combine mindful expressive writing with metaphor, for example: 'What kind of weather are you right now?' which makes the exercise easier to do. Mindful expressive writing is a technique I use more often in Hadrian, acute psychiatric ward for high-risk adults, than in the other units, and generally with people with who have severe symptoms.

Positive writing

When people are mentally unwell they can become focused on the negative and forget about times when things have gone well. Positive writing can contribute to a more realistic (rather than negatively skewed) viewpoint and increase motivation and positivity. Examples of positive writing include: writing about the positive side of a situation; writing in the present tense about an outcome they hoped for, as if it had just been achieved; and writing about positive memories.

Creating fictional characters

The idea behind encouraging someone to create and write about a fictional character is to temporarily shift the person's focus away from themselves and their problems and onto another person. Various prompts can be used to inspire the creation of a fictional character, perhaps a selection of personal possessions, swatches of fabric or hats. A typical exercise would be to choose a person from a selection of photographs – preferably people who are engaged in activities such as sitting outside a café, reading, making something. Give the person a name and write about who they are, what they do, who they live with and where. Write about them doing an activity.

Perspective shifts

Writing from another point of view can provide insight and a more helpful perspective. For example: you could write about a significant event or conversation that happened recently from the point of view of the other person present, or of a person (possibly imaginary) who was outside the conversation, but who overheard everything. Or you could write an unsent letter to anyone you choose in any time period. You can write to someone real or imaginary, living or deceased. You can even write to a past, present or future you.

Poetry therapy

Reading published poems can work well, especially in a group. A typical exercise would be to select two or three poems covering a similar subject area and read them aloud. Preferably each poem is read twice, by two different people, so that different voices and interpretations can be heard. The poems are briefly discussed, then participants each choose a poem, or a line from a poem, to use as writing inspiration.

Evaluating the sessions

There is no body of evidence to tell us what types of writing are the most effective to use with psychiatric inpatients, so I have developed my own practice. This makes it all the more important to evaluate the groups to ensure the sessions are effective and safe. It also helps me to make improvements. I have developed evaluation forms based on expectations of the benefits writing sessions may bring to patients in psychiatric units and partly on comments from patients about what they think the benefits to be. The most recent evaluation given to patients (258 forms were returned) asked whether they had enjoyed the group (86% said yes); whether attending the group made them feel any better (88% said yes); and what they thought that writing might help with. Self-expression (88% agreed), mood (84% agreed), relaxation (83% agreed), and reducing anxiety (77% agreed) came out on top. Many patients say that sharing writing, thoughts and ideas with a group and the sense of companionship that developed are important benefits of attending the sessions.

Reflections on individual patients

Sometimes a patient has something going on in their life that would be a good thing to write about. When I worked with Betty, who has a personality disorder, she talked a lot about her grandson. I suggested that she write a letter to him from her future self, at a time when she is well, to tell him how much he inspired her to get well. Betty's daughter has put the letter away in a box until the grandson is old enough to read it.

Mick was in hospital because of worsening symptoms of paranoid schizophrenia. Mick did not find writing easy and he wrote and said little in the three writing groups he attended during his time in hospital. He seemed shy and nervous in the groups. The exercise that

worked for Mick was when he created a fictional character inspired by a picture. Mick chose a quirky photograph of a young woman with scarlet hair and a magnifying glass held to one eye. He wrote about the young woman as if she were a friend who needed to talk to him about her relationship problems. Mick brought the character to life and wrote with empathy about his friendship and support for her. Reading aloud and discussing participants' writing is an important part of the sessions. On this occasion, Mick felt able to read his writing aloud to the group and he received positive feedback from the others as a result. This was the only time I saw him smile.

Gladys was recovering from a manic episode when I had a one-to-one session with her. She told me part way through the session her mother had died that morning and she had been unable to get out of hospital to see her before she died. We talked a little more and Gladys mentioned that she had happy memories of her mother. I abandoned the second writing exercise I had planned and suggested instead that she write about one of those happy memories, which she did. She said afterwards that she had found the exercise comforting. We ended the session after this and Gladys went straight to her named nurse to tell him how much she had loved writing about her mother.

For several months, Anthony, Linda and Susan were regular attenders of the weekly session in the Hadrian unit. We all enjoyed writing and sharing thoughts and looked forward to the weekly meetings. Anthony, an architect in his late forties, had little in common with the other patients in the unit and, before joining the writing group, he spent most of his time alone in his room, trying to read, but lacking the necessary concentration. Anthony taught me that someone can be capable of writing beautifully, but be so severely depressed that almost everything they write shifts from neutral or positive to negative within a few lines. With someone like Anthony, who may be in a period of entirely negative thinking, I have found the best approach is to use exercises based on creative writing. The exercises which worked well for Anthony during his time in psychiatric hospital included: free writing in two-minute bursts using word prompts; creating a fictional character then writing them into a story; writing in response to published poems; and writing a collaborative poem. Anthony said he enjoyed the weekly writing group and it gave him respite from his demons, relief from anxiety and companionship. Joining the writing group encouraged Anthony out of his room and introduced him to some fellow patients.

Conclusion

Most of the research carried out about therapeutic writing has involved writing by people who have not been guided by a session or group. Many participants say that sharing in a group and the sense of companionship are important benefits of attending the sessions. The groups are not simply about the writing.

The writing techniques described here are different to those in most research studies, which have usually asked healthy volunteers to write expressively about negative life events. Past trauma sometimes appears in participants' writing, but this is not deliberately by design. Directing participants to write about trauma is not appropriate for therapeutic writing groups in psychiatric units led by a writing specialist rather than a psychological therapist. When leading therapeutic writing groups in acute psychiatric units, techniques primarily need to be enjoyable to encourage engagement. Exercises should also be tailored to the severity and nature of symptoms and they need to be flexible enough to inspire people to write what they want and need to write – in the way they choose to write it.

Five different writing techniques have been described. Mindful writing can be calming, increase mental focus, and bring the individual into the present moment and the real world for a while. It can be either expressive (writing non-judgmentally about how you feel in this present moment) or descriptive (writing to describe something in the 'real world').