Feeling your way: affect in psychotherapy and creative writing from the perspective of the client-writer

Andrea Jean Torres
This study asked: What do the affective experiences of engaging in psychotherapy and engaging in creative writing have in common, as perceived by the client-writer? The subjective experience of six “client-writers,” individuals who self-identified as both creative writers and current or former psychotherapy clients, were explored to determine whether being in a typical psychotherapy session and in a typical creative writing session involved similar feelings and affective processes. Study findings showed that expressing feelings, accessing the unconscious, making discoveries, exploring and/or learning about oneself, and using creativity were common to both creative writing and psychotherapy; releasing energy, developing insight, identifying and/or resolving conflict, solving problems, and taking risks were also often common to both activities. In addition, many participants reported that being in an altered state of consciousness, or “in the zone,” was a frequent and optimal experience in both creative writing and psychotherapy. Also, participants’ “knowing” when therapy was “working” or, similarly, when their writing was “right” appeared to involve a virtually ineffable “feedback loop” of receiving, evaluating, and acting upon subtle affective information—a process one study participant described as “feeling my way.” For both psychotherapy and creative writing, negative feelings often prompted engagement. Implications for theory, clinical practice, and education, as well as directions for future study, are discussed.
FEELING YOUR WAY:
AFFECT IN PSYCHOTHERAPY AND CREATIVE WRITING
FROM THE PERSPECTIVE OF THE CLIENT-WRITER

A project based upon an independent investigation, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

Andrea J. Torres
Smith College School for Social Work
Northampton, Massachusetts 01063
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CHAPTER I
INTRODUCTION

If we could at least discover in ourselves or in people like ourselves an activity which was in some way akin to creative writing!

Freud, Creative Writers and Day-Dreaming

Fascination with the unique connection between creative writing and mental health goes back at least to the ancient Greeks (Bacigalupe, 1996, Jensen & Blair, 1997; Spaniol, 2001). One of the earliest publications exploring the relationship between creative writing and psychology was Freud’s Creative Writers and Day-Dreaming (Freud, 1908/1989). Freud, well known for having a deep and abiding love of literature, used his professional interest in the mind’s capacity for phantasy as the “lens” through which he explored the subject, and posited that both creative writing and child’s play were forms of that mental activity. (Interestingly, some 80 years later, literature as play became a widely examined concept in western literary criticism (Barthes, 1975; Kermode, 1973)). Freud’s essay went on to discuss phantasy and child’s play and did not dig much deeper into the phenomenon of writing. He did return, years later, to the study of the creative writer as the subject of psychobiography (Freud, 1989, pp. xxxix, xlii; Gornick, 1987). Nevertheless, Creative Writers and Day-Dreaming injected Freud’s
unique brand of enthusiasm into the question of the relationship between creative writing and the human mind.

Since the time of Freud, language and writing have been linked with psychology and psychotherapy in countless ways, in both theory and practice, ranging from linguistics to storytelling, from poetry to letter-writing, from the idea of finding one’s own “voice” to that of understanding the other. Two of the most important areas in which the concepts of writing and therapy have joined are Lacanian psychology and narrative therapy.

French psychoanalyst, psychologist, literary theorist and philosopher—and maverick student of Freud’s—Jacques Lacan believed that Freud’s thinking on “the interpretation of dreams, neurotic symptoms, and (Freudian) slips . . . all . . . derived from a revolutionary way of understanding language and its relation to experience and subjectivity (Mitchell & Black, 1995, p. 195).” With the conviction that “the determinative dimension in human experience is neither self (i.e., ego) nor relations with others, but language” (Mitchell & Black, p. 195), Lacan seized Freud’s concept of free association as the cornerstone upon which he built his own school of thought, which held that language is psychotherapy and psychotherapy is language. In practice, the Lacanian approach to psychotherapy looks to the language used by the client—for example, specific words or phrases repeated during a session or in numerous sessions, or words used in various ways or with various meanings and associations—for opportunities to guide the client in entering and exploring his or her psyche and meaning-making (Rogers, 2007).
Narrative therapy (White, 2004; White & Epston, 1990), largely developed by Michael White and David Epston, also interconnects the ideas of therapy and creative writing from both theoretical and practical perspectives. The approach uses the concepts of storytelling and “authoring” both as a metaphor or framework for understanding the psychotherapy client’s subjective experience, and as a therapeutic tool that empowers the client to “re-write,” whether on paper or in spoken therapy, his or her lived experience, from a new perspective, into one that can be held, understood, and used to effect change. Much work has been done on the creation of narratives as a way of externalizing problems, building on strengths, and instilling hope for change (Buckley & Decter, 2006; Carey, 2002; Diamond, 2000; Keeling & Bermudez, 2006; White, 2004), which are central components of narrative therapy. In related work, significant research has been done on the psychotherapeutic value of creating narratives in written form (Pennebaker, 1997; Pennebaker and Seagal, 1999).

Lacanian thinking and narrative therapy are just two of the many areas of psychology into which language and writing have wended their way. Writing has come to be used by many practitioners as a tool in, or a supplement to, therapy with children, adolescents, adults, the elderly, HIV patients, posttraumatic stress sufferers, employees who have lost their jobs, and many others. Extensive research has been conducted on the therapeutic benefits of such forms of writing as journaling (Stone, 1998), letter-writing (Bacigalupe, 1996; Bennion, 1998), free writing (McKinney, 1976), expressive writing (Gortner & Pennebaker, 2006; Leavitt & Pill, 1995), poetry therapy (Longo, 2008; Silverman, 1977), and bibliotherapy (Lickorish, 1975; Talerico, 1986), among others. In fact, the use of writing for therapeutic purposes has become so widespread among the
general public in the United States that a plethora of popular self-help volumes recommending various kinds of creative writing as beneficial to one’s mental and/or physical health are readily available (Baldwin, 2005; Bolton, 1999; Hunt, 2008; Lepore & Smyth, 2002; Metcalf & Simon, 2002; Pennebaker, 2004).

Much has been written about the connection between psychotherapy and creative writing, primarily from the perspective of the theorist or practitioner. Much less has been studied, particularly from the point of the client-writer (that is, the individual who is or has been both a creative writer and a psychotherapy client) about what psychotherapy and creative writing have in common that makes them so beneficial to mental health.

Neurobiology may soon be able to contribute valuable information on the subject. Cutting-edge technology known as functional magnetic resonance imaging (FMRI), which allows scientists to view real-time brain activity in human beings as they carry out tasks (Bradley, 2006) and is already having important implications and uses in the field of psychotherapy in general, and social work in particular (Applegate & Shapiro, 2005), may soon show us how brain activity during psychotherapy looks in comparison to brain activity during creative writing, and help us better understand why creative writing has proven so beneficial to mental health.

However, at present there is a gap in research on the subjective experience of the client-writer. Thus, the purpose of this study was to address the question: What do the affective experiences of engaging in psychotherapy and engaging in creative writing have in common, as perceived by the client-writer?

In order to shed light on this question, I conducted a qualitative, inductive, exploratory study. Since little research currently exists on the study question, I used
flexible methods research, the emphasis of which is the discovery of new phenomena. In order to fully explore this new phenomenological territory, I used induction, a process whereby data collection and analysis precedes theory. In congruence with flexible methods research, I created an interview guide containing semi-structured, open-ended questions to gather narrative data from study participants. During interviews, I recorded data by digital audio recording and note-taking.

Through a combined convenience sample-snowball sample process of recruitment, six individuals who self-identified as non-professional creative writers (writers of novels, short stories, poetry, plays and/or creative nonfiction), had been in individual therapy for a period of at least one year, and met other participation criteria were selected and partook in a 60-minute interview. The four-part interview consisted of open-ended questions regarding the participant’s affective experience during a typical psychotherapy session, affective experience during a typical creative writing session, and the participant’s subjective comparison of those two kinds of experiences, as well as a set of more directed questions asking whether the participant had gone through, in either psychotherapy or creative writing, any of ten specific affective experiences. Throughout the interview, the participant was free to elaborate on, or decline to respond to, any question.

With appropriate steps taken to protect the confidentiality of the study participants, data was collected and analyzed, using “grounded theory” (Anastas, 1999, p. 424) to guide data coding and analysis.
Expected findings, drawn from the related literature, included client-writer reports that:

- some feelings and processes were common and fundamental to both the experience of being in psychotherapy and the experience of doing creative writing;

- psychotherapy and creative writing were beneficial and/or gratifying in similar ways;

- some of the difficulties encountered in engaging in psychotherapy (such as resistance) and in engaging in creative writing (such as “writer’s block”) were similar in nature and feeling;

- they had explored or struggled with similar themes or issues in both psychotherapy and creative writing, despite the fact that the content, directness of approach, and work mode of each of those endeavors might have differed dramatically;

- the functioning of the subconscious, and their relationship with it, were similar in both pursuits.

Possible unexpected results included client-writer reports that their experiences of psychotherapy and creative writing were so fundamentally different from one another as to make comparing the two of limited, if any, value in shedding light on the respective activities or the feelings and processes associated with them. Differences might be
revealed in such areas as motivation to engage in the activity, challenges faced while engaging in the activity, issues addressed during the activity, the role of, or the participant’s relationship with, the unconscious while engaging in the activity, or benefits or rewards of engaging in the activity.

It was hoped that, in addition to offering participants the opportunity to explore their own affective experiences of psychotherapy and creative writing, and any dynamic relationship between the two, this study would directly impact the development of this neglected area of research, provide valuable information that may encourage and allow clinicians to make better use of creative writing in their therapeutic treatment of clients across theoretical models, and convey the need for the pursuit of further study of creative writing and its relationship to mental and physical health. Finally, it was hoped that this research might shed some light on Freud’s appeal for “an activity which was in some way akin to creative writing” and even suggest the possibility that, in creating psychotherapy, Freud may have devised the very answer—or at least an answer—to his own query.
CHAPTER II

LITERATURE REVIEW

There has been much written about the connection between psychotherapy and creative writing, primarily from the perspective of the theorist or practitioner. Much less has been studied about the commonalities in those activities, particularly from the point of view of the client-writer, that is, the individual who is or has been both a writer and a psychotherapy client, which is the focus of the present study.

Fascination with the unique connection between creative writing and mental health goes back at least to the ancient Greeks (Jensen & Blair, 1997; Spaniol, 2001; Bacigalupe, 1996). However, one of the earliest publications exploring creative writing’s connection with psychology, and the launching point of much of the work in that field, is Freud’s *Creative Writers and Day-Dreaming* (Freud, 1908/1989). Freud was well known to have a deep and abiding love of literature, both prior to and after publishing that essay. However, as one of his professional interests at the time of its writing was the mind’s capacity for phantasy, it was that “lens” through which he explored his subject. He focused on creative writing and children’s play as both forms of the same elemental human activity of phantasy. (Interestingly, some eighty years later, literature as play became a widely examined concept in western literary criticism (Barthes, 1975; Kermode, 1973). The essay went on to explore that line of thinking and did not dig much deeper into the phenomenon of writing. Freud did return, years later, to the study of the creative writer as the subject of psychobiography (Freud, 1989, pp. xxxix, xlv; Gornick, 1987).
Nevertheless, *Creative Writers and Day-Dreaming* injected Freud’s unique brand of enthusiasm into the question of the relationship between creative writing and the human mind. A “golden nugget” from that seminal work is its author’s wish: “If we could at least discover in ourselves or in people like ourselves an activity which was in some way akin to creative writing!” (Freud, 1908/1989, p. 436) The present study posits that engagement in psychodynamic therapy is an activity that is, in fact, “akin to creative writing.”

**Theory**

Freud’s *Creative Writers and Day-Dreaming* has contributed to the thinking of psychoanalysts from a variety of theoretical backgrounds who have considered the relationship between creative writing and psychology. Editors Person, Fonagy, and Figueira (1995) compiled a valuable collection of essays on Freud’s paper by an impressive group of psychology and psychotherapy theorists. In her comments on the volume, Person noted that Janine Chasseguet-Smirgel (1995), a follower of the Kleinian belief that the unconscious consists of object relations about which phantasies develop as “psychical activity,” held that creative writing can be seen as act toward “achieving one’s ego ideal—merging with the mother” (Person et al., 1995, p. xix) and that “real artistic creation must be accompanied by ‘the capacity to communicate with the most primitive layers of the unconscious’” (p. xviii). Infante’s (1995) thoughts on fantasy and artistic creation were placed in the context of Hanna Segal’s view of the impulse to create as “specifically related to the Kleinian depressive position and the need to repair the destruction in the internal world or to recover the lost objects” (Person et al., 1995, p.
Infante went on to discuss ways in which creative expression, similar to dreaming, “often represents the fulfillment of repressed wishes or an attempt to work through traumatic or mourning situations” and “sometimes serves to convey a message” (p. xvi). Person also noted the view of Joseph Sandler and Ann Marie Sandler (1995) that the writer, through his capacity for primary identification and oscillation of his boundary between self and other is simultaneously able “to project and identify with those aspects of his self and objects, and to experience the relationships between them, as represented in what he has written.” (In Person et al., 1995, p. xvii)

Ronald Britton (1995), in this same volume critiquing Freud for not having differentiated between fantasies that were always unconscious and repressed “wish-fulfilling narratives,” explored “the truth-seeking function of some fiction and the truth-evading function of other fiction” (Person et al., 1995, p. xvi).

From a theoretical standpoint, the conception that the independent experiences of psychotherapy and creative writing have much in common can be seen as largely grounded in the work of French psychoanalyst and psychologist (as well as philosopher and literary theorist) Jacques Lacan. Early in his career a devote follower of Freud, Lacan (Lee, 1990; Mitchell & Black, 1995) developed a school of thought that held that language is psychotherapy and psychotherapy is language. In describing Lacan’s relationship to Freudian thought, Mitchell and Black wrote that Lacan believed “Freud’s greatest methodological contribution [was] free association” (p. 199) and that, furthermore,
For Lacan, the essential Freud was the pre-1905 Freud, whose concerns were the interpretation of dreams, neurotic symptoms, and (Freudian) slips. Lacan argued that Freud’s understanding of all these phenomena derived from a revolutionary way of understanding language and its relation to experience and subjectivity. (Mitchell & Black, p. 195)

Mitchell and Black went on to characterize how Lacan viewed ego psychology and object relations:

Both ego psychology and object relations theories are based on fundamental (and complementary) misreadings of Freud in which the ego and object relations are given priority, Lacan believed; the determinative dimension in human experience is neither self (i.e., ego) nor relations with others, but language. (p. 195)

Committed to Freud’s discovery of free association as a cornerstone of psychoanalysis, Lacan believed that it was language that formed the structure of the human psyche. Shane Bradley (2006) cites Paul Kugler’s explanation that both Jung and Lacan have demonstrated the insistence of the letter in the unconscious. Their work bears witness to the fact that it is language, not the ego, that places demands upon us, language who calls us for literary exaltation, that insists we speak. (p. 290)

Acknowledging that, “In doing psychotherapy, we speak; words and meaning are the primary tools with which we work” (p. 290), Bradley went on to describe how the work of psychotherapy is understood from the Lacanian viewpoint:
Lacan is placing the analytic event as a linguistic event. He is shifting language from the tool of the analyst to the essence of the analysis . . . . dialogue is not the tool of psychotherapy, but a constitutive framework within which it operates (Bradley, p. 290).

Although Lacan’s unorthodox theory and dense writing ultimately proved daunting to some, his thinking continued to be developed and implemented in psychoanalysis and psychotherapy by such theorists and practitioners as Lacanian psychotherapist and author Annie Rogers (2007). According to Rogers, the Lacanian approach to psychotherapy looks to the language used by the client—for example, specific words or phrases repeated during a session or in numerous sessions, or words used in various ways or with various meanings and associations—for opportunities to guide the client in entering and exploring his or her psyche and meaning-making. It is no surprise that linguists (Burke & Bradley, 2006; Fine, Pollio, & Simpkinson, 1973; Holmes, 2004; Owen, Giese-Davis, Cordova, Kronenwetter, Golant & Spiegel, 2006) have also focused on the importance of language and word usage in psychotherapy. In fact, Mitchell and Black (1995) revealed that

According to Lacan, an appreciation of Freud’s real meaning is impossible unless one is grounded in the turn-of-the-century linguistics of Ferdinand de Saussure as well as the contemporaneous (to Lacan) linguistics of Roman Jakobson and the structural anthropology of Claude Lévi-Strauss, all icons in Lacan’s French intellectual milieu. (p. 195)
Another line of theoretical thought relevant to the present work is based in the idea of narrative. Narrative therapy (White, 2004; White & Epston, 1990), largely developed by Michael White and David Epston, interconnects the ideas of therapy and creative writing from both theoretical and practical perspectives. The approach uses the concepts of storytelling and “authoring” both as a metaphor or framework for understanding the psychotherapy client’s subjective experience, and as a therapeutic tool that empowers the client to “re-write,” whether on paper or in spoken therapy, his or her lived experience, from a new perspective, into one that can be held, understood, and used to effect change. Much work has been done on the creation of narratives as a way of externalizing problems, building on strengths, and instilling hope for change (Buckley & Decter, 2006; Carey, 2002; Diamond, 2000; Keeling & Bermudez, 2006; White, 2004), which are central components of narrative therapy. In related work, significant research has been done on the psychotherapeutic value of creating narratives in written form (Pennebaker, 1997; Pennebaker and Seagal, 1999).

Yet another approach through which to understand the working of the mind, mental health, and effective psychotherapeutic practices is that of neurobiology (Applegate & Shapiro, 2005; Bradley, 2006; Meissner, 2007). In Foregrounding Language: On the Relationship Between Therapeutic Words and the Brain (2006), Bradley tackled the interconnectedness of the emotional and psychological response to poetry, the Lacanian concept of psychotherapy as language, and observable brain activity in human study subjects, including mental health patients. Bradley made a strong argument for the interrelatedness of those perhaps seemingly disparate phenomena. He wrote, “While language and psychotherapy have an intimate relationship in the symbolic
and functional realm, we are beginning to identify some observable relationships between psychotherapy (constituted by language) and the brain.” Bradley brought into the discussion how the relatively new technology of functional magnetic resonance imaging (FMRI) is able to provide real-time images of an individual’s brain activity under various circumstances and has been used to demonstrate correlations between given tasks or experiences and specific brain activity. This technology is being applied to a vast range of research and is already having important implications and uses in the field of psychotherapy in general, and social work in particular (Applegate & Shapiro, 2005). FMRI and other advances in neurobiology are not only beginning to be able to correlate psychotherapeutic treatment with improvement in patients across a number of psychiatric disorders (Bradley, 2006; Kumari, 2006), they are also shedding light on such subjects as the psychotherapeutic phenomenon of transference (Gerber & Peterson, 2006) and how the mind perceives the other (Bradley, 2006). It appears likely that future neurobiological research may be able to show us how brain activity during psychotherapy looks in comparison to brain activity during creative writing, and may shed light on why creative writing has proven so beneficial to mental health. Thus, ironically, advances in neurobiology are both helping to close the gap of knowledge in human psychology—and psychotherapy in particular—and, at the same time, underscoring the gap in knowledge in areas such as that addressed by the current qualitative study.

**Writing Used in Therapy**

Writing has come to be used by many practitioners as a tool in, or in conjunction with, psychotherapy, with such wide-ranging categories of clients as adults
and the elderly (Henkin and Walz, 1989), adolescents (Zeiger, 1994), children (Burns, 2007), HIV patients (Nye, 1995), employees (Wright, 2005), posttraumatic stress disorder sufferers (Smyth, Hockemeyer, & Tulloch, 2008), and many others. Extensive research has been conducted on the therapeutic benefits of such forms of writing as journaling (Stone, 1998), letter-writing (Bacigalupe, 1996; Bennion, 1998), free writing (McKinney, 1976), expressive writing (Gortner & Pennebaker, 2006; Leavitt & Pill, 1995), poetry therapy (Longo, 2008; Silverman, 1977), and bibliotherapy (Lickorish, 1975; Talerico, 1986), among others. Bacigalupe (Bacigalupe, 1996) centered on in-session joint writing by client and therapist. Among the less conventional uses of the client’s creative writing are narrative therapist Meekums’ (2005) work on creative writing as an assessment tool for psychotherapists and Schultz’s (2006) study of creative writing as a method for conducting qualitative research, a concept also explored by Furman (2004). The use of writing for therapeutic purposes has become so widespread among the general public in the United States that a plethora of popular self-help volumes recommending various kinds of creative writing as beneficial to one’s mental and/or physical health are readily available (Baldwin, 2005; Bolton, 1999; Hunt, 2008; Lepore & Smyth, 2002; Metcalf & Simon, 2002; Pennebaker, 2004).

**Related Qualitative Studies**

Studies exploring questions that were similar, though not identical, to those of the present work and, thus, contributed to the context of this research, include those of Doyle (1998), Furman (2004), Goodwin (1996), Griffin (2002), Jensen and Blair (1997), Lauer and Goldfield (1970), Pennebaker and Seagal (1999), Risk (2004), and Talerico (1986).
Lauer and Goldfield (1970) focused on the benefits of creative writing within the psychotherapeutic setting, comparing the experiences of patients in writing groups from an inpatient psychiatric ward, a youth drug study unit, and a psychiatric outpatient clinic. The study demonstrated that creative writing was beneficial to members of all three groups, although it was found to be generally “more successful for the inpatient groups, where it was part of an extensive treatment program, than for the outpatient groups, where it was often the sole treatment” (p. 251). Among the outpatient subjects, the two group members who were engaged in individual as well as group therapy “seemed to derive the greatest value from creative writing” (p. 251); it was further noted that one of those patients, “who had been in individual therapy for many years and was at an impasse in treatment, showed striking progress in individual treatment after starting creative writing” (p. 251). This study shed light on the significant therapeutic benefits that can come from creative writing; however, its scope was limited to creative writing within the psychotherapeutic setting (and within a group format) and did not include an examination of what features, if any, the subjects found to be common to the experiences of both psychotherapy and writing. In addition, the researchers “strove for an atmosphere of informality, warmth, and spontaneity” (p. 248), which included their participating in the writing exercises along with the study subjects, which comprised a major difference from the way in which the present study was designed and conducted.

Jensen and Blair (1997) explored “the relationship between creative writing and mental wellbeing” (p. 525) through the study of a writing group in urban Scotland whose fourteen voluntary members were former users of mental health services. The study elicited valuable data regarding conflict that the group expressed between wanting, on the
one hand, to produce high quality pieces of writing and, on the other hand, to experience
“the cathartic expression of thoughts and feelings” (p. 525); in addition, the authors
reported the unexpected results that “the group expressed deep feeling of being
stigmatized due to their mental health problems” (p. 528). This study was similar to the
present study in that its subjects were adults, were writers who had received mental
health services (although it is not known whether those services included psychotherapy),
and were writers “by choice.” However, among its several differences from the present
study, the two most dramatic were its aim to obtain a group result rather than results from
individuals and its data collection methods. In addition to a semi-structured, open-ended
interview of the writing group facilitator only (as opposed to interviews of all the writers,
as were conducted in the present study), the researchers also observed the writers during
the group’s meeting and used the Nominal Group Technique (NGT) (p. 527), which
involved a group discussion of three general questions about positive, negative and
improvable aspects of the group. The authors explained that, “The NGT produced a
group [Jensen and Blair’s italics] result, which was desirable in that the research group
functioned not as a collection of individuals but as a dynamic group” (p. 527), but
acknowledged that “the NGT did not lend itself to deep exploration of experience and
attitudes,” (p. 527) of the kind that was sought by the author of the present study.

Pennebaker and Seagal (1999) conducted ongoing research over the course of ten
years with control and experimental groups to study the mental and physical health
benefits of writing about emotional experiences. The findings, “replicated across age,
gender, culture, social class and personality type” consistently demonstrated that “writing
about important personal experiences in an emotional way for as little as 15 minutes over
the course of three days brings about improvements in mental and physical health”, and validated the premise of their work that “the act of constructing stories is a natural human process that helps individuals to understand their experiences and themselves” (p. 1243). Pennebaker and Seagal’s research differed significantly from the present work in that their subjects were exclusively individuals who had experienced trauma (p. 1245) and, in nearly all cases, the writing generated and studied was about the subjects’ own lived experiences. Importantly, in one Pennebaker study, in which previously traumatized students were asked to write about an imaginary trauma rather than something they had experienced directly . . . . results indicated that writing about someone else’s trauma as though they had lived through it produced health benefits comparable to a separate group who wrote about their own traumas. (p. 1246)

That finding, which can be seen as shedding light on the writing about one’s own experience versus “imaginary” experiences of the “other,” appears to bring researchers a bit closer to the study of creative writing, its inner workings, and what it might have in common with the process of psychotherapy, and, as such, points to the need for the work in the area of the present research.

Research into the experience of writing, and creative writing in particular—from the writer’s point of view in connection with psychology and psychotherapy—is limited. Included in such work are two self-studies conducted by Cheryl Griffin (2002) and Rich Furman (2004), respectively. Griffin explained that her work “trace[d] and explore[d] multiple uses of creative writing in my personal analysis, illuminating the development of
analytic phases and process” during “the first three and a half years of my analysis” (p. 413). Furman stated that his work “address[ed] the affective experience of a son’s response to his father’s cancer through a qualitative study involving the use of autobiographical poetry as data” (p. 162). Certainly both studies differed from the present work in that they were in-depth, self-conducted single-subject case studies and that the creative writing (primarily poetry in both cases) is considered largely in terms of its therapeutic effects, for Griffin in the context of psychotherapy and for Furman as “a measure of self-therapy” (p. 162). By contrast, the current work, which studied multiple individuals who considered themselves to be both creative writers and psychotherapy users (“client-writers”), focused on the experiences of creative writing and psychotherapy as independent from one another, for the purpose of identifying features common to each of those discreet activities. However, the investigations of both Griffin and Furman provide valuable insight into the writer’s relationship with his or her own creative writing. Furthermore, the works shed light on the kinds of thoughts or concerns a client-writer might have about the two experiences, their perceptions of similarities and differences in the experiences, and the possible relationship between them. Similarly, the work of Risk (2004) and Talerico (1986), both from the areas of creative arts and creativity, illuminated aspects and outcomes of the creative experience that would seem to have bearing on that of the psychotherapy process as well. In the abstract of her study *Psychotherapy as a Creative Art: A Comparative Analysis of the Processes of Therapy and Creativity* (2004), Risk stated,

> painting, poetry, dance and movement, crafts, storytelling, etc., can be used therapeutically to help people enhance their lives. As Rhyne illustrates this point:
Art experience is for personal growth, and [sic] for education, and [sic] for increasing awareness, and [sic] perceptiveness and [sic] creativity and [sic] a sense of personal identity, and [sic] for much more—and [sic] all of these are intrinsic parts of the whole therapeutic process. (p. 3180)

Talerico (1986) wrote in his abstract:

Therapy based on creative expression—including bibliotherapy, poetry, writing, and music therapy—encourages expression of feelings, confidence through risk-taking, communication with the unconscious, development of new insights, resolution of conflict, reduction of anxiety, and rechannelling of psychic energy for problem solving. (p. 229)

Talerico’s work was of particular interest, as the types of experiences he held are “encouraged” by “creative expression” correspond closely to the line of questioning I developed (independent of Talerico’s work) to comprise the interview guide for my own work.

The research of Emily Dodge Goodwin (1996) was similar to the present work in that it included in-depth interviews of six subjects and focused, as she states in her study’s abstract, “on relationships between narrative and therapeutic processes.” However, while her subjects included writers, among other types of “story-tellers,” her work was conducted not from the perspective of the client, as in the present work, but from that of “‘narrative practitioners’—those who tell/write/act out/teach/witness/appreciate stories and story-telling in their roles as psychotherapists, teachers, writers, actors, story-tellers, and oral historians” (p. 4603).
From the world of fiction writing, Charlotte L. Doyle’s study, *The Writer Tells: the Creative Process in the Writing of Literary Fiction* (1998), offered a unique, in-depth look at the subtleties of the creative writing process based on interviews of five published fiction writers. Her work provided fascinating and valuable insight into how creative writers conceptualize their creation of literary “worlds,” with particular focus on the mindset of the writer at various stages of writing. While Doyle’s work contributed to the context in which data from the present study about subjects’ creative writing experience was understood, it left unexplored the feelings, or affect, of the subjects before, during, or after their writing, as well as how that experience might compare with that of being a client during a psychotherapy session.

Jason Shinder’s *Tales from the Couch: Writers on Therapy* (2000) also bears mentioning. While not an academic work, his collection of essays by well-known writers about their experiences in therapy offered a fascinating look into why those individuals entered therapy and what they did, or did not, gain from the experience. Although most of the authors did not specifically address the emotions or processes they went through before, during, and after either the typical therapy session or the typical writing session, or compare those two experiences, which is the topic of this thesis, their personal observations about “points of connection” between writing and therapy were nonetheless insightful, compelling, and eloquently expressed, and provided a valuable “window” into the subjective experience of the client-writer.

Clearly, enormous research has been conducted in areas adjacent to and overlapping that of the present work. The present work owes a great debt to the authors of the current body of knowledge about the processes and interconnection of creative
writing and psychotherapy, which has contributed greatly to the development of this work and the understanding of the results it has produced. Nonetheless, a gap remains in the study of what it is about creative writing and psychotherapy that make those two experiences so compatible. While further investigation in this area is necessary and, one believes, forthcoming, it is hoped that the present work has shed some light on the inner workings of those two “cousins” of the mind.
CHAPTER III
METHODOLOGY

The purpose of this study was to answer the following question: What do the affective experiences of engaging in psychotherapy and engaging in creative writing have in common, as perceived by the client-writer? In order to shed light on this question, I conducted a qualitative, inductive, exploratory study. Since little research currently exists on the study question, I used flexible methods research, the emphasis of which was the discovery of new phenomena. In order to fully explore this new phenomenological territory, I used induction, a process whereby data collection and analysis precedes theory. In congruence with flexible methods research, I created an interview guide containing semi-structured, open-ended questions to gather narrative data from study participants. During interviews, I recorded data by digital audio recording and note-taking.

Sample

I interviewed six individuals who self-identified as creative writers and also had been in individual psychotherapy for a period of at least one year (subjects need not have been in therapy at the time of the interview). For this investigation, I originally had planned to obtain a convenience sample (Anastas, 1999, p. 286) by contacting the leaders of community writers’ groups in Central Connecticut and Western Massachusetts for the purpose of obtaining study participants from among those groups. However, as a result
of contacts made by word of mouth, outside of community writers’ groups, at the start of
the recruitment process, a snowball sample—a technique that can be used in conjunction
with a convenience sample (Anastas, 1999, p. 289)—emerged. Despite that modification
in the sampling method, all of the subjects selected for this study met the participation
criteria established in the original study proposal, thus ensuring that the results of this
investigation still held to its original goals. This type of sample may have introduced a
“volunteer bias” that was impossible to assess or define (Anastas, 1999, p. 286), as well
as reflected or magnified biases in the original sample by virtue of some of the subjects
sharing personal or professional networks (Anastas, 1999, p. 289) and a common
educational and occupational background. Some, though not all, of the subjects were
members of writers’ groups, which was not a participation criterion; all were therapists (5
psychotherapists, 1 occupational therapist) and women, neither of which was a
participation restriction, although either may have introduced biases of the above-
mentioned type.

Individuals who indicated interest in participating in the study needed to meet the
following inclusion criteria:

- be eighteen (18) years of age or older;
- self-identify as a creative writer, as defined below;
- be, or have been, in individual psychotherapy for a period of at least one (1)
  year at some time after the age of eighteen;
- be mentally capable of understanding and responding to a set of semi-
  structured, open-ended questions;
• be physically capable of participating in a 45- to 60-minute interview, during which three or more “rest breaks” would be provided;
• speak and understand English, since no translator would be available;
• have done creative writing in English;
• have conducted psychotherapy in English;
• be able to meet at a public library or other convenient and appropriate location of the subject’s choosing located within a driving time of approximately two (2) hours from my home, so that an in-person interview could be conducted;
• agree to participate in the study.

To qualify as a “creative writer,” the interested volunteer must have been a full- or part-time, beginning or experienced, published or unpublished writer of novels, short stories, poetry, plays, and/or creative nonfiction. Creative nonfiction, as defined in the *Creative Nonfiction Journal*, included memoir, literary journalism, and personal essay. Excluded from the study were individuals who self-identified as traditional journalists, technical writers, or writers exclusively of traditional letters and/or personal journals or diaries. Also excluded were *professional* creative writers, that is, individuals for whom creative writing constituted a paid career and/or was the primary source of income.

Since I was conducting a flexible method study with a very small sample, I depended on replication logic rather than sampling representativeness for the validity of my conclusions (Anastas, 1999). While it is impossible to study demographic subgroup variation systematically when numbers in each subgroup contain only one or two people standing in for large groups (Anastas, 1999, p. 276), I nonetheless tried to recruit
participants who self-identified as people of color, gay, lesbian, bisexual and/or transgender for the purposes of including perspectives from nondominant cultures.

Individuals who met all selection criteria and agreed to participate in the study were emailed two copies of a consent form (see Appendix A) that further described the nature of the study, the risks and benefits of participation, and the federal regulations that would be met to protect their confidentiality. Once individuals had signed both copies of the consent form and returned one of those copies to me, I telephoned or emailed them to schedule interviews.

Ethics and Safeguards

To protect the confidentiality of study participants, I labeled interview notes and digital audio recordings with pseudonyms. In addition, I locked informed consent forms, interview notes, and digital audio recordings in a file drawer during the thesis process, where they will remain for the next three years, in accordance with federal regulations. After such time, I will either destroy the above-mentioned material or maintain it in its secure location until it is no longer needed, at which point it will be destroyed. Finally, I did not use demographic data to describe individual participants; rather, I combined demographic data to describe the subject pool in the aggregate. In this way, study participants were not identifiable in the final report.

Benefits for participants included the following opportunities: voicing their personal concerns and experiences in psychotherapy, creative writing, and any dynamic relationship between the two, particularly as regards affect; directly impacting the development of a neglected area of research; providing valuable information based upon
which clinicians may, in the future, make better use of creative writing in their psychotherapeutic treatment of clients across theoretical models; and conveying the need for the pursuit of further study of creative writing and its relationship to mental and physical health.

Risks for participants included the possibility that some of the interview questions could trigger negative thoughts and feelings, and that, although I maintained strict confidentiality, I might not have been able to fully guarantee anonymity (for example, if a participant mentioned his /her involvement in the study to someone else, it would have been difficult for me to control with whom that information was then shared). I created a referral sheet of psychotherapy resources in each of the regions of Connecticut and Massachusetts in which study participants lived and/or worked, and emailed the geographically appropriate referral sheet to each participant before conducting the interview.

*Data Collection*

I planned to do in-person, semi-structured interviews of approximately 45 to 60 minutes in length. I chose interviewing because it is the flexible methods research design generally employed to investigate a phenomenon that has not been previously studied or has been poorly understood (Anastas, 1999, p. 353). Considering the lack of literature on the subjective experiences of engaging in creative writing and in psychotherapy, interviewing was an appropriate data collection method for this study. The interview was to be semi-structured so that I could ask certain questions to elicit information around themes, while keeping the questions open-ended enough so that respondents could
discuss their own individual experiences, reactions, and responses to whatever extent they chose.

My interview guide began with a few questions that collected demographic data, specifically: age, race, gender, sexual orientation, level of education achieved, and background information about the subject’s experience in psychotherapy and in creative writing. The complete Demographics Questionnaire is presented in Appendix B. Although the sample was too small to examine demographic subgroup variation with any systematic confidence, I was nonetheless alert to whether there were any patterns within subgroups that might be pervasive enough to suggest further study. The content questions of my Interview Guide were broken down into the following themes:

The client-writer in psychotherapy

- What the client-writer expects and experiences in the psychotherapy session, in terms of processes and affect.
- Emotional/affective experiences that stimulate the client-writer to actively engage in psychotherapy or to resist engagement.
- The meaning and value the client-writer assigns to engaging in psychotherapy.

The client-writer in creative writing

- What the client-writer expects and experiences in the creative writing session, in terms of processes and affect.
- Emotional/affective experiences that stimulate the client-writer to actively engage in creative writing or to resist engagement.
The meaning and value the client-writer assigns to engaging in creative writing.

The client-writer’s subjective comparison of psychotherapy and creative writing

- How psychotherapy and creative writing are experienced as being similar or different.

- Dynamic interaction or relationship between psychotherapy and creative writing; how each affects the other.

- Advantages and/or disadvantages of being a creative writer in therapy and a psychotherapy client doing creative writing.

- The client-writer’s experience of creative writing as “therapeutic” and of psychotherapy as “creative.”

Processes and affect that, in the client-writer’s experience, characterize engagement in both psychotherapy and creative writing.

I believe that information on these themes enabled me to answer the study question: What do the affective experiences of engaging in psychotherapy and engaging in creative writing have in common, as perceived by the client-writer? The complete Interview Guide is presented in Appendix C.

Data Analysis

I recorded the narrative data via digital audio recordings during interviews. In addition, I took notes during interviews in order to capture verbal and body expression. After interviewing, I transcribed the interviews verbatim from the recordings.
I used the Grounded Theory Model to guide my data coding and analysis. According to this model, the researcher “opens up” the data by assigning provisional codes to all the indicators discernable in the data (Anastas, 1999, p. 424). That is, I started by picking out themes and coding them. My next step was axial coding, or identifying concepts in the data and relationships among the concepts. Then, as the model suggests, a core concept emerged, at which point I restructured the coding to relate to the core concept. I began the process of coding manually by using the Code Book.

DISCUSSION

Expected findings, drawn from the related literature, were as follows: Client-writers were expected to report that:

- some feelings and processes were common and fundamental to both the experience of being in psychotherapy and the experience of doing creative writing;
- psychotherapy and creative writing were beneficial and/or gratifying in similar ways;
- some of the difficulties encountered in engaging in psychotherapy (such as resistance) and in engaging in creative writing (such as “writer’s block”) were similar in nature and feeling;
- they had explored or struggled with similar themes or issues in both psychotherapy and creative writing, despite the fact that the content, directness of approach, and work mode of each of those endeavors might have differed dramatically;
the functioning of the subconscious, and their relationship with it, were similar in both pursuits.

A possible unexpected finding was that client-writers would report the experiences of psychotherapy and creative writing to be so fundamentally different from one another as to make comparing the two of limited, if any, value in shedding light on the respective activities or the feelings and processes associated with them. They might report that what motivated and/or challenged them in psychotherapy, for example, was completely different from what did so in creative writing; that what was beneficial or rewarding in the one was not so in the other; that the experiences of psychotherapy and creative writing were uniquely different in the purposes they serve, the issues they addressed, and/or the manner in which they were conducted. Client-writers might report that, by chance or design, the issues they worked on in therapy were, even at their deepest level, different and separate from those about which they wrote. They might consider that certain features of creative writing—for example, the “control” the writer has over such elements as character, setting and plot, or the “public-ness” of material that is intended to be published and broadly read—significantly differentiated creative writing from psychotherapy. They might consider the role of, or their relationship with, the subconscious to be negligible in, say, creative writing, but, conversely, an essential ingredient in psychotherapy.

There is no question that I bring considerable passion and bias to the study question. I have been a creative writer since childhood (most actively from 1994 through 2004), was a high school English teacher from 1981 to 1982, and was a member of a writers’ group for ten years. I have also participated in psychotherapy, both individual
and group, for a significant number of years. Undoubtedly, my extensive experience as a creative writer, a psychotherapy client, or both is a potential bias. Throughout the process of conducting this study, I did my utmost to continually identify my own presumptions, expectations, reactions, and interpretations in order to minimize their effect(s) on the data and its interpretation. Recall Bias may have occurred if questions being asked prompted participants to remember things and report them in a certain way. Another possible bias, known as Response Bias, may have occurred as the result of the number of individuals who agreed to participate in this study (N=6) differing from the total number of individuals who were asked to participate (N=11). One might question whether there was/were some inherent difference(s) between individuals who agreed to participate in the study and those who did not, and, if so, whether that might have skewed the study results. For example, perhaps individuals who did not participate in the study had less time to spend on creative writing and so would have had less experience from which to draw on in describing their experience of the creative writing process. Alternatively, perhaps individuals who did not participate in the study used the time they might have spent doing the interview writing instead and, thus, would have had more experience from which to draw on in responding to interview questions. Or perhaps those individuals who did not participate had less money to spend on the materials necessary to do creative writing than those who did participate and, therefore, had not been as able to participate in the creative writing process as they would have liked and, thus, did not feel qualified to participate in the study. Another possible bias that may have occurred, which I tried to avoid by clearly delineating the definition of “creative writer,” was that individuals who did, in fact, meet the study criteria for being “creative

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writers” but who did not feel comfortable, or “worthy of,” using the term “creative writer” to identify themselves may have excluded themselves from the study when, in fact, they might have been qualified participants. Similarly, despite the effort to recruit subjects in a way that would minimize the likelihood of any potential volunteer feeling stigmatized because of having been in psychotherapy, it might have been possible that some individuals excluded themselves from the study because they did not want to run the risk of being discovered to have received mental health treatment.

I planned to analyze the data for alternative explanations for similarities in client-writers’ subjective experiences of being involved in psychotherapy and in creative writing. I also intended to be aware of whether such characteristics as participant occupation, level of education, gender, age, or other, possibly unexpected, factors contributed to their experiences and/or perceptions of the two activities.

This study was limited in its generalizability because of the small sample size (6) and because the participants were limited to individuals who were, or had been, psychotherapy clients and also self-identified as creative writers. More specifically, the results of this study would not necessarily be applicable to psychotherapy clients who engaged in certain other types of writing, such as technical writing or traditional journalistic writing.

It was hoped that the study would furnish information that could be applied to the enhancement and encouragement of the use of writing, and particularly creative writing, with clients both inside and outside the fifty-minute therapy session; that could be helpful in giving both clinicians and theorists greater understanding of how creative writing, psychology, and the subconscious are fundamentally connected; and that would
encourage further investigation into how creative writing benefits mental and physical health.
CHAPTER IV

FINDINGS

This chapter presents the findings of this study. A demographic profile of the study participants is provided. The format of the Interview Guide used during the participant interviews is then explained. Each question of the Interview Guide is presented, followed by a brief summary of participant responses to that question and a few representative samples or excerpts of the responses. Finally, other findings gleaned from responses to more than one question, as well as unexpected findings, are reported.

In this thesis, the terms “psychotherapy” and “therapy” are used synonymously to indicate insight-oriented, psychodynamic “talk therapy,” unless otherwise noted. The terms “creative writer” and “writer” are used synonymously to indicate a writer of novels, short stories, poetry, plays, and/or creative nonfiction (e.g., memoir, personal essay), unless otherwise noted; within the same definition, the terms “creative writing” and “writing” are used synonymously, unless otherwise noted. I would like to acknowledge once again that, because of the small sample used in this study, the study findings should be considered in light of their qualitative value, and with the awareness that their quantitative value is limited and inconclusive until such time as it is verified across a quantitatively significant number of participants.
Demographic Profile of Study Participants

The sample for this study was comprised of six individuals who self-identified as both creative writers and insight-oriented, “talk” psychotherapy clients (though not necessarily in therapy at the time they were interviewed); some participants had also engaged in other types of therapy (e.g., body-oriented, “bioenergetic,” art therapy). All six participants were female, three of whom self-identified as Caucasian; three other participants chose not to self-identify on the basis of race. Three participants self-identified as Jewish; a fourth self-identified as “American Hash;” two chose not to self-identify on the basis of ethnicity. Participant ages ranged from 38 to 72 years, with an average age of 59.5 and a mean of 55. All of the participants were therapists who had completed graduate studies and had been in practice between 8 and 30 years. Three participants held Master of Social Work degrees; a fourth held a Master’s degree in Counseling Education, as well as a Master of Fine Arts degree in writing; a fifth held a Master’s degree in Therapeutic Recreation; the sixth held a Ph.D. in Psychology. The total number of years (after the age of 16) that each participant had been a client in individual therapy ranged from 4 to 15.

The total number of years that each participant had been doing creative writing, and/or self-identified as a creative writer, ranged from 1 to 34. Three participants had begun creative writing prior to entering therapy; two while in therapy; one between courses of therapy; none began after terminating therapy. Three participants indicated that they had been keeping journals before they started creative writing. Three of the six participants reported writing novels; three reported writing short stories; three poetry; one plays; all six reported writing creative nonfiction, such as memoirs or personal essays;
two participants reported also writing nonfiction. Four of the six participants reported having had their creative writing published; one of those four was to have a nonfiction book published within the year. A fifth participant reported having had a nonfiction book published, but no creative writing. The sixth participant reported not having had any of her creative writing published, although she did report that she writes a blog that appears on her professional website. Among the work reported published were one novel, five books of poetry, two memoirs, numerous shorts stories (one participant had as many as 40 stories published), and personal essays (one participant had published approximately 15). Three participants reported having had their creative writing published in literary journals and two in anthologies. In addition, five of the six participants reported participating, either currently or in the past, in one or more creative writing groups and/or workshops (in which writing was done during and/or between meetings); two participants were also writing workshop leaders.

All of the six participants reported never having been asked by a therapist to write anything during or between sessions. One participant stated that she had learned about a writing technique called *proprioceptive writing*, developed by Linda Trichter Metcalf and Tobin Simon (Metcalf & Simon, 2002) and discussed briefly in the Literature Review chapter of this thesis, which the participant had sometimes used for therapeutic purposes on her own but not as an assignment by a therapist or during a therapy session. Another participant had shown her creative writing to her writing therapist, with whom she was working specifically on writing-related issues. The same participant had seen a “life issues” therapist who had requested to see her creative writing. Five of the six participants reported never having received anything written from a therapist during or
between sessions. One participant reported having received personal notes in birthday cards from her therapist; another reported receiving one or two letters from her therapist after termination of therapy.

*Interview Guide Format*

In order to gather a variety of data on participants’ subjective experiences, the interview was structured around four sections of open-ended questions, as follows:

Section 1 – Participant’s Experience as a Psychotherapy Client (9 questions); Section 2 – Participant’s Experience as a Creative Writer (11 questions); Section 3 – Participant’s Comparison of the Psychotherapy and Creative Writing Experiences (8 questions); and Section 4 – Participant’s Evaluation of Specific Processes and Their Associated Feelings in the Psychotherapy and Creative Writing Experiences (11 questions).

The first two sets of questions, regarding the participant’s experience in a typical psychotherapy session and in a typical creative writing session, respectively, were designed to elicit information on each of those activities relatively independent of one another. Given, however, that the participants had been made aware, through the Informed Consent Form, of the comparative nature of the study, it is possible that some bias in their responses may have occurred from that knowledge.

The third set of open-ended questions did, in fact, ask participants to compare various aspects of their experiences of engaging in therapy and in creative writing, focusing primarily on mental processes and affective experiences.

The final set of questions was, again, designed to explore whether specific experiences were common to both psychotherapy and creative writing. However, in this
section, I had predetermined the types of processes and affect on which I wanted participants to comment; in addition, I asked them to comment on any kinds of processes and/or affect that I had left out. Since the types of processes and affect asked about were predetermined by me, the questions in this section were, of course, somewhat more directed than those of the previous sections. It is possible that, in naming the processes and affective experiences to be considered by participants, Section 4 questions may have increased participant bias. However, the findings from this fourth set of questions were also hoped—and found—largely to corroborate data gathered in earlier parts of the interview, as well to point to important areas of experience that had been only implied, or even omitted, by participants up to that point, but which, in fact, do occur and, thus, appear to warrant future study.

Interview Guide Questions

This section presents the Interview Guide questions that were asked of participants in Sections 1 through 3 of the interviews, a brief summary of the kinds of responses garnered for each question, and some representative samples of responses. When quoting participants’ remarks, I have used italics to reflect emphasis that, in my judgment, the speaker placed on her words at the time of the interview. I have placed in brackets any explanatory notes of my own that I have felt necessary to insert within quotations to clarify the speaker’s meaning. In a few cases, some participants chose not to answer a given question because they felt they had covered the subject in their response to one or more earlier questions; in those cases, I have provided short excerpts from the previous response(s) that seem applicable to the current question.
1. During a therapy session, how do you do therapy?

Summary: Each of the participants described, in her own words, the way in which her psychodynamic therapy sessions were generally conducted. For all participants, the therapy approach was insight-oriented, fairly client-centered, and followed a format in which the participant often began the session by raising a topic of discussion. In their responses to both this question and the next (regarding the kinds of topics addressed in therapy), participants also gave some indication of their particular therapy goals and styles, as well as those of their therapists. For example, two participants indicated that free association was part of their therapy experience. One participant indicated that how much her therapist spoke during the session varied, while another reported that her therapist’s approach was to do “very little talking.” What participants sought from therapy included, but were not limited to, “support,” to have their thoughts and feelings “accepted,” catharsis, clearer understanding and improved articulation of their thoughts and feelings, and the gaining of a desired “emotional sense.”

- . . . you bring up anything you want to discuss. It’s almost like whatever is most on your mind and sometimes it’s just accepted without much comment at all [from the therapist] and other times there’s a question [presented by the therapist] that makes you dig a little deeper in your thought process . . . . you have to be able to put [what’s on your mind] into words that someone else is going to understand, which sometimes helps you sort it out in your own mind. And, of course, the questions sometimes make you think.
• . . . usually what I’m doing is coming in with a specific concern, but more usually it’s a general theme that I’m exploring in my life at the time . . . . [I] bring in something that I know but don’t know—something that’s kind of unclear . . . and use the therapy to try to gain clarity on that. So, whether it’s insight or an emotional sense that I’m trying to get a hold of—sometimes it’s cathartic—just releasing emotion . . . And sometimes I’m just looking for support . . . . usually it’s working through something that I don’t quite know yet in an articulate way and trying to figure that out.

• . . . fairly client-directed, free associative, 50-minute hour once a week . . .

• . . . the therapist did very little talking and a lot of waiting for me to say things and then think about, out loud, things that I was saying and feeling and observing about my own observations . . .

2. During a therapy session, what types of things do you talk about?

Summary: Five of six participants reported talking about significant relationships; the sixth participant implied the same. Other topics typically discussed included recent events; personal history; family members and dynamics; career issues; miscellaneous “worries;” and the more general “what’s going on in my life.” One participant reported talking about the bodily sensations she was experiencing during the therapy session, as well as what the talking itself felt like.

• . . . what’s going on in my life currently and how that represents whatever dilemma I’m struggling with . . . . also . . . my past history, family dynamics
and that kind of thing. So, it’s usually one or both of those and then how I feel about those things.

- I probably spent most of my time talking about relational issues related to my history. . . . mostly it was around trying to get away from relationships . . . .
- . . . mostly the things I talked about were relationships. And then, of course, it went back to my parents, because you have to go there—it always seems to relate. But the triggering issue was always relationships.
- . . . observing body sensations, feelings, responses to people that I care about, and worries, expressing worries.
- . . . I talk mainly about my relationships. When I was younger, I think I talked about my relationship with my husband, the issues of carving out some area of self apart from a family, and now relationships with adult children and adjustment to being a widow, and having a life, and frustrations with writing career.

3. How do you feel before a therapy session?

Summary: Responses covered a broad range. Feelings before a session could be “positive” (e.g., “high,” “eager,” “looking forward with enjoyment”), “negative” (e.g., “anxious,” “scared,” “fear[ful]”), variable, or a combination of positive and negative. One participant reported experiencing only positive feelings; three reported only negative feelings; one reported the possibility of having negative or positive feelings before any given session; and one reported having both negative and positive feelings before any given session.
• . . . when I was in therapy, for much of the time I was anxious before [the session]—not because of the therapy, but because things would have been going on in the week.

• Scared. I would always get anxious. I don’t know—I didn’t know what was going to happen and what I was going to feel.

• Before a session, I usually feel rushed, because I’m usually running late.

• . . . it was sort of grounding, in that it gave me a—a high, that I knew I was going to get to deal with something.

• Before [a session], I’m a little keyed up, but often eager.

• There’s no universal answer to that because sometimes it would be one way and sometimes another—but I guess the range would be to heavily anticipating the session, thinking about what it might be like, looking forward to it with enjoyment or fear, depending on what I though I might be talking about.

4. **How do you feeling during a therapy session?**

Summary: Responses covered a broad range of feelings. Two of six participants reported experiencing only “positive” feelings during therapy. Three participants reported experiencing both “positive” and “negative” feelings during therapy. One participant reported experiencing either positive or negative feelings during therapy. No participant reported experiencing only negative feelings during a therapy session.

• . . . very comfortable with the person [therapist] I was dealing with, and I felt—I even had to guard [my words] very little—I could say almost anything.
When I was looking for a therapist, I had gone to one person that, I was like [participant makes gagging sound] “Oh, no. No, no! I’m not going to be able to relax and do what needs to be done.” And so, one session with that therapist was more than enough.

- During a therapy session, I think I’m pretty present [aware of and experiencing the present moment – Interviewer’s interpretation]. So, you know, I—I probably feel a lot of different things. Often a sense of sadness or emptiness . . . but sort of present . . . . I’m not anxious or worried or concerned. I’m not in my head thinking, “What should I talk about?” I’m just kind of there, you know? So, I’m often feeling a range of emotions.

- . . . I almost always felt very relieved to be there, and sometimes anxious that there wasn’t enough time—you know, worried that I wasn’t going to get to everything, or resolve things.

- During the sessions I felt scared.

- During the session, I think I felt, again, a real range of emotions, depending on where I was with what I was talking about; how attended to I felt—or not; how much I was struggling with what I was trying to say . . . . my therapist did not help me with that very much, as part of the therapy was to be allowed to stew in my own juices. So, you know, it could be—I would say there was a fair amount of anxiety during the session about what I was going to do with it, whether I was going to use it well enough.

- During [the session], I felt a little pressured because I do find I’m articulate, I get it all in, but I also enjoy—which is connected to writing—being able to
put my feelings and thoughts into words. So there’s quite a level of pleasure in that process, because it’s up my alley.

5. How do you feel after a therapy session?

Summary: Responses covered a broad range. Feelings after a session could be “positive” (reported by two of six respondents), “negative” (reported by one of six respondents); a combination of “positive” and “negative” (reported by two of six respondents), or “positive” or “negative” (reported by one of six respondents).

- . . . the feeling of affirmation, I had been able to make things safer; maybe I got some input back that was affirming. Sometimes I had a direction to go between then and the next session.

- . . . after a therapy session, I often feel . . . pretty drained, pretty sad. It was hard for me . . . just kind of left with a lot of feeling . . . . Oftentimes I’m tired.

- . . . and then I would leave anxious. I would say anxiety [chuckle] is my mode. And then after therapy, I would have different experiences. Sometimes I really felt . . . sort of transported to a different part of myself, or a different way of being, which was much more . . . you know, Zen. Just more relaxed. Much more perspective. Calm. Calm. And sort of hopeful . . . [With other therapists I saw after that] I never felt the degree of the same—of anxiety and change that I felt [with the therapist under discussion].

- . . . [after the therapy session] was, again, a real variety. Sometimes I could be feeling really good about what had happened; other times, very sad about
leaving, feeling like it’s going to be a long time until the next one [session], or feeling mad at my therapist for something he did or didn’t do for me.

- And afterward, I feel happy . . . you know, so you feel very good. I’ve been heard, if I have a good therapist.

- . . . often it was in Manhattan and I would walk out and I would feel very disoriented—because I felt that he [my therapist] was helping me see things from the different, limited vision I had had.

6. What kinds of emotional experiences are conducive to your engaging in therapy?

Summary: Five of 6 participants reported being most likely to engage in therapy when they are experiencing strong negative emotions, such as depression or anxiety; the sixth participant implied the same, citing “the state of my marriage,” which subsequently ended in divorce, as the precipitating factor in her entering therapy. One participant reported that, although negative feelings do motivate her to engage in therapy, she enjoys the therapeutic engagement whether she is feeling “positive” or “negative;” at this point, she referenced being a therapist herself and enjoying being “in the other chair” (i.e., being the client). Two participants reported relationship problems as precipitating entry into therapy; similar reports were made by other participants in response to later questions. Two participants reported being most likely to engage in therapy specifically when they are able to realize that they have a problem and that therapy would help. Two participants reported that having a “good therapist” was an important factor in their being able to engage in therapy; similar statements were made by other participants in response to later questions.
• . . . one of the big things is the attitude of the therapist. During the session, I was very comfortable with the person [therapist] I was dealing with, and I felt—I even had to guard [my words] very little—I could say almost anything . . . . I’m . . . going to able to relax and do what needs to be done.

• . . . the kinds of experiences that are conducive to engaging in therapy are authentic ones. So, it doesn’t matter specifically what the emotion is as long as it’s authentic . . . . if I do have to back to work afterwards, for example, I might be less likely to go into my experience, and then it’s less authentic and I’m not as engaged. Or, if there’s a place I don’t want to go, then I’m sort of in therapy in a resistant way. I’m still engaged in the therapy but it’s kind of resistant. Also, I think [it] depends on the therapist; I’ve had good therapists who, even when I’m being resistant, I feel engaged.

• I don’t know that there’s a particular emotional experience that would be more conducive or not. I’m more motivated [sic] when I have the time and the perspective to realize it would be helpful to me . . . . I’m more likely to go when I have troubles, you know? Like, the happier I am, the more content, I guess is the expression—the less motivated I am to go. Would it not be useful at those times? It probably would be . . . . I would like to be in therapy now, and have felt that this whole year. . . . But I haven’t pulled it off, and I think I’m just not troubled enough, or something. You know, life is too positive. I need to be more troubled! [laughs]

• What kinds of emotional experiences are conducive to my engaging in therapy? Miserable ones. [laughs]
• I was recognizing that I was in a place of difficulty and that I would benefit from talking with someone.

• . . . whenever there is anxiety—conflict, not knowing quite where to—how to take the next step . . . I mean depression . . . I’ve always felt, you know, an eagerness to engage in therapy . . . I kind of like . . . sitting in the other chair. Oh, I love the attention. I love receiving the attention that I feel like I could give other people.

7. What kinds of emotional experiences make engaging in therapy difficult?

Summary: Reasons participants gave for difficulty engaging in therapy included having an incompatible therapist, little time to devote to therapy, distractions of worklife, resistance to addressing specific issues, not being “troubled enough,” being “too depressed,” reacting to a stigma of being in therapy as emblematic of being “not right.”

One participant indicated that, despite having to address tough issues, she has never experienced significant difficulty in engaging in therapy (“I’ve always felt, you know, an eagerness to engage in therapy.”).

• When I was looking for a therapist, I had gone to one person that, I was, like [gagging sound] “Oh, no. No, no! I’m not going to be able to relax and do what needs to be done.” . . . . There’ve probably been a couple of times when I was hesitant to bring up subjects, and yet, when I did bring them up, there was no barrier. It was gone.

• . . . not wanting to come into contact with certain insights that might make me, I don’t know, have to take responsibility for where I am, or something—if I’m
blaming other people, if I’m not living the life I want to and so it’s those kinds of things.

- . . . I got clinical depression [due to a combination of a death in the family, illness, and menopausal symptoms]. I couldn’t move . . . . that was really a physical problem. I was just—my body fell apart . . . . I couldn’t drive . . . . And I was very anxious . . . . that was very hard for me, to got to therapy.

- . . . the aspect of it that made therapy difficult for me initially, and maybe both times, is the stigma that I perceived about therapeutic process being an emblem of being “not right.”

- I think I’m just not troubled enough, or something. You know, life is too positive. I need to be more troubled!

8. What kinds of outcomes do you generally expect from a psychotherapy session and do you generally obtain them?

Summary: Five of six participants reported feeling “relief” of emotional and/or physical symptoms. Five of six reported gaining insight (also described as “clarity” or “direction”), although one of the four reported having gained insight in the past, but doubted she would do so if she were presently in therapy. One participant stated that her focus was more on the therapeutic process than on outcomes; she further indicated that, although she had obtained in individual therapy sessions some of the insight she expected, she had not experienced through any of the courses of psychotherapy in which she had engaged the kind of change or happiness she had expected and desired. One participant indicated she expected to gain some tools for comforting herself. Another
indicated she expected validation in the forms of being understood and having her feelings seen as normal or appropriate.

- Primarily one of relief of things, but also, in the other direction, developing direction for myself.
- Well, I would say two things: some insight and some relief of symptoms, which for me often include anxiety.
- I don’t think I think about outcomes. I think, for me, I’m more focused on the process and, again, just wanting to—well maybe it’s wanting to—to come to an articulation of something I want to become clearer. So, that might be the outcome that I seek . . . and I do think that I generally obtain that . . . . Not per session, [but from] . . . a course of therapy, I expect change, happiness, a sense of feeling lighter—and I haven’t obtained that in therapy.
- What I got from [my therapist] I never expected! You know, he was like this spiritual master. But if I were to go [to therapy] now, I would expect to get some relief from, sort of, emotional pressure. But I wouldn’t expect, at this point in my life, with all I’ve been through and what I understand from my work [as a psychotherapist, creative writer, and writing workshop leader], any insights. I feel like those come way more when I’m alone—if they come.
- I think I was looking for comfort and for some tools to create comfort for myself. [I got that] in a piecemeal way. I wasn’t always feeling that, but overall I was feeling that.
• Increased clarity and a lessening of anxiety—some feeling of being understood at a deeper level, having my feelings—a range of feelings—accepted and seen as normal or appropriate, and justified.

9. What meaning (emotional, psychological, or other) does psychotherapy hold for you? What do you most value about psychotherapy?

Summary: All six participants indicated, either explicitly or implicitly, that one of the most valued aspects of the psychotherapy experience was the relationship with the therapist. Four of the six participants indicated that the opportunity to gain insight into oneself was also one of the most meaningful aspects of therapy. Terms used to describe gaining insight into oneself included “feeling that I understand what I am trying to say;” “get[ting] to know myself more;” “growth in my understanding;” “coming to see things somewhat differently;” and “insight.” One participant described gaining insight into herself as “challenging my narrative,” a phrase commonly, though not exclusively, associated with the theory of narrative therapy, with which the participant may have been familiar through her profession as a psychotherapist). Important to receive from the therapist were validation, guidance or facilitation in the search for self-understanding or insight, and simply “to be heard” or “paid attention to in a really special way.” Other very meaningful aspects of psychotherapy mentioned included experiencing “space for myself” and “healing.”

• . . . the feeling that I understand what I am trying to say. And that, in some way, it’s been validated. That it’s been accepted as being a logical feeling that a person might have.
• What I value is the fact that it’s space and time set aside for me to get to know myself more. And to have somebody who is—who’s sort of expert at facilitating that . . . . for me it’s much harder without someone who’s offering a slightly different perspective . . . . So, that’s the value of it for me—is that space that’s created for me to be in touch with myself.

• I think at least two things. One would be the relationship [with the therapist]. I find the relationship healing, only because I—because of my own particular history. So, having somebody there with me is pretty significant and somewhat parental . . . . And then . . . the growth in my understanding. That’s more intellectual, almost. But just coming to see things somewhat differently or challenging my narrative.

• People are so isolated in our culture . . . . so, the value [of psychotherapy] is that it can fill in that gap, if you have someone who’s listening to you, hopefully very well, and reflecting back to you, hopefully well, done with some insight that can help you . . . . and to be heard—to be really heard . . . . that’s the most important thing . . .

• I most valued the relationship with the therapist. You know, the sense that I was being paid attention to in a really special way.

• I value, I guess—it overlaps with what I value in a friendship, which is to be seen in some range of complexity and . . . to have a positive self-reflection.
Section 2 – Participant’s Experience as a Creative Writer (11 questions)

1. When did you begin creative writing? Before entering therapy, while in therapy, after terminating therapy, or between courses of therapy?

Summary: Three participants began creative writing prior to entering therapy; two began while in therapy; one began between courses of therapy; none began after terminating therapy. Three participants indicated that they were keeping journals before they started creative writing.

- [I began writing] primarily after I started using the computer. Prior to that I would occasionally jot down some of my thoughts. But I got to the point that I found that sitting at the keyboard was very, very therapeutic . . . . part of that grew out of trying to write a couple of difficult letters . . . . And I was doing this prior to therapy . . . just pour[ing] out whatever was up, whatever was bothering me. It was my way of dealing with things when I needed to sort them out . . . . Then I was involved with the creative writing group [doing creative nonfiction] . . . . I was taking care of my mother [and grandchildren]. I felt like I was learning what it was like to be a member of the “sandwich generation.” I sort of hoped that I could put this in a format that I could give to other people . . . . I was looking at doing it as a book.

- The most accurate answer is that I began two years ago [between courses of therapy] . . . . I can remember writing something in kindergarten or first grade and loving it. But after that, my writing was mostly academic . . . . At some point while I was in therapy, maybe six years ago, I started journaling . . . .
just needed to write and I wrote and wrote and wrote . . . . There was a situation going on in my life that I just felt like I couldn’t hold in . . . kind of separate from therapy. [I began creative writing] right before I entered my last [course of] therapy.

- I’ve always written . . . since I was young. I wrote in journals for many, many years. I returned to [creative writing] more formally only after my youngest kid went to college . . . eight or ten years ago . . . . toward the tail end of my therapy period [i.e., while in therapy] with the one person I went to off and on for many years,. I went into it just for fun and then within . . . four years, I started sending things out. And I had a very good response very quickly, so it became a fairly serious endeavor.

- . . . when I was in sixth grade, [I wrote], “When I grow up, I want to be a poet.” I began writing when [I was going through a divorce] and [a non-therapist personal advisor] told me I was a writer . . . . I went to [a writing] workshop and my whole life turned around. I started writing poetry. I had a book published in a couple years. And then I had five books published. I was probably in therapy [i.e., began creative writing while in therapy], but it wasn’t significant . . . . The creative writing was the therapy—it just made everything else okay.

- I began doing some kind of creative writing from when I could start to write. I think I began to think of myself as a writer when I was in my adolescence . . . way before [entering therapy].
I became a writer [before entering therapy] . . . around age 31 or 32, when I went to live with my parents in a therapeutic commune [a community that included a school] for disturbed teenagers and wrote a book based on it.

2. Why do you write?

Summary: All six participants directly or indirectly referred to “feelings” that, for various reasons, they sought to experience and/or “handle” through creative writing. Four participants reported feeling the “need” to write; two reported feeling that they “had to” write. Two participants reported writing in order to “sort out” or “figure out” something; two specified seeking catharsis through writing. Three reported writing for enjoyment (“I always liked it”) or as “play.” Other reasons included “to be known” by an “audience,” to understand oneself and others better, to retain personal memories, to “find” one’s “voice,” to gain a greater sense of self-assertion, and to experience a sense of “control” over characters and situations, as contrasted with the lack of “control” one has “in the real world,” and because “I love to observe . . . people and their relationships.”

- I feel the need to write. When I have something to communicate or something to sort out.
• I started with journaling and then turned to a blog\textsuperscript{1}. So it’s actually on the Internet, people can find it. And something shifted for me when I had the idea of an audience. It was different than just writing in my journal . . . . the answer to why I write is something like “to be known.” Now, probably nobody ever visits my blog and sees it [i.e., reads it], but it doesn’t matter. The idea is that someone could, and that gives me a sense of, like, somebody could know this about me . . . . When I first started with my journal, it was a little more compulsive in that I just had to do it; I had no choice; I had something that I had to get out; I had a lot of feelings. But, you know, it started to kind of merge into that wanting to be known.

• [I was] motivated to prove [a particular individual] wrong—that I wasn’t going to not be a writer; I decided I was going to be a writer . . . . But originally the motivation was more, you know, just to do it because I’ve always like it, not to necessarily make a career out of it. And then I think it just grew from there . . . . my own need to figure things out or talk about them.

• Why do I write? I have to. This year I decided I’m not going to write except if I’m with my [writing workshop] students, because I’ve just been writing so long and I’m tired of it—and who needs to write? It didn’t last at all. I just

\textsuperscript{1} Defined by Merriam-Webster (online) as: a Web site that contains an online personal journal with reflections, comments, and often hyperlinks provided by the writer; short for Weblog.
felt—I just got an idea for a book and now I write almost every day. I don’t know if I’m writing as well [as in the past], but I don’t care.

- I write to know myself better. I write to commune with other people. And it’s a form of play, or puzzle-making, for me.
- I love to observe and be aware and attentive to both my environment and particularly to people and their relationships, and to be able to figure out a way to combine that and shape it and make it interesting and appealing, plus utilize important memories of my past, which I don’t want to leave totally . . . [to] forget—so that gets put in there . . . . It was a way of finding my own voice, instead of listening only to other people’s voices. I think it came partly out of the women’s movement and a greater sense of self-assertion, in a way. I was trained partly as a woman, partly as a therapist, to enable other people to express themselves. And I didn’t have such an arena for self-expression . . . . When you’re in the world, you don’t have control over other people, and in writing you do.

3. What do you write about?

Summary: Topics of writing included relationships, fantasies, desires, needs, loss, issues/problems, feelings in general, as well as “anything that hits me,” “everything under the sun,” and “things I need to communicate.” Four participants reported writing about interpersonal relationships (among other topics), between or among both real people (frequently the participant’s own relationships with family members) and fictional characters; one specified writing about “my relationship with myself.” Each of three
participants reported writing about her respective mother, particularly in the context of the mother’s death. The two participants who wrote specifically about experiencing her mother’s death commented on the therapeutic value of the writing: “I used it a lot like therapy,” “that was the only way I got through it—with the writing.” All six participants referenced feelings, or affect, in their responses to this question. Affect-related words used in responses included: “need,” “wish,” “grappling,” “brave,” “write authentically about your feelings,” “to the bone” [reference to raw feelings], “crying all the time” [while writing], “I’ve felt the same way,” “not selfish,” “things that matter to me,” “important,” “issues or problems or feelings or loss,” “she was very vivid to me,” “interested me,” and “friendships.” One participant also discussed what she called the “muddy line” between fiction and “creative nonfiction” or “autobiographical fiction.”

- I write about the things I need to communicate.
- I have three different columns that I write . . . for my website. For my blog, sometimes it overlaps, or I’ll put the same thing. But it’s usually, like, anything that hits me. I like descriptive writing. I describe what I see or what I’m experiencing. Sometimes it’s about something I’m grappling with . . . usually that’s sort of around relationships, or my relationship with myself. The third kind of category is my fantasies . . . of, you know, my perfect home or my ideal partner, or just what I wish my life looked like in the moment. . . . Once in a while it [poetry] feels like the only way I can describe what I want to describe—that I can’t describe in prose. I don’t consider myself a poet, but every once in a while I will write something that falls into the realm of poetry.
• I started off writing almost all memoir—like poems first, and then prose. So I used it a lot like therapy, in the very beginning. And I think my mother died right as I was starting to write . . . . So I wrote a lot, a lot about growing up with her . . . . I started to write the first book of short pieces. And then I started a novel . . . and that really wasn’t memoir-like. So, it was a really different tack . . . . I wrote a bunch of short stories . . . . some were autobiographical, but a lot weren’t. A lot were just kind of fantasies . . . .

[The following remarks regard how the participant categorizes her writing.]

So, my first novel, which is all these little vignettes, I think I would have to call it—it’s not creative nonfiction I don’t think, because there’s so much imagined as opposed to really known. So I call it autobiographical fiction. You know, that’s where the muddy line is.

• I write about myself all the time. I have really tried to do fiction; I have tried writing in the voice of another person—and I finally realized . . . . [it’s] all self-development . . . . the only thing I can write authentically about. But if you’re brave enough to write authentically about your feelings, deeply enough—other people—it’s for everyone. For example, I wrote a memoir about my mom passing and that was the only way I got through it—with the writing. It was very, you know, to the bone—like, “I wish she’d die now, I can’t stand it anymore”—crying all the time. I’ve had people call me out of the blue say, “Thank you for writing that. I’ve felt the same way” kind of thing. So, I’ve finally learned it’s not selfish . . . because I think novelists write about themselves, too. It’s just more disguised.
• I write about everything under the sun. I really have no special thing that I would say, “This is why I write.” But I guess I write about things that matter to me. It feels like an important kind of play.

• I write mainly about relationships and clearly about issues or problems or feelings or loss coming out of—I think it’s first a way—I think Virginia Woolf said that writing is a way of—a woman writes through her mother\(^2\). And I think that [my mother] was my first subject matter. And it is still—each decade, or each age I go through, I rework or come to a new relationship with my mother, and who my mother was—because she died when I was eighteen. So she had a—she was very vivid to me at eighteen, so it’s sort of exploring who she really was, as I see her now from an adult’s point of view. And then, so, relationships between women have always interested me. Friendships.

The first story [of mine] that got published in *Feminist Magazine* was [about] a friendship between two older women . . . and then it [what I write about] gets far afield, you know—further afield. And you’ve used—tapped into a lot of your early material. You start expanding your horizons.

4. *Describe your writing experience.*

Summary: In general, participants responded to this question in terms of emotions they experience when writing; only one participant also reported in terms of writing courses and retreats in which she has participated and her publishing career. Affect-related words

\(^2\) I have tried, unsuccessfully, to verify the source of the quote referenced.—AJT
and phrases used in response to this question included: “wanting,” “challenging,” “it just flows,” “a freeing experience,” “I feel pretty alive,” “satisfied,” “even if I don’t love what I wrote,” “very cathartic,” “emotional,” “trepidatious,” “nervous,” “confident,” “critical,” “judgmental,” “value,” “even if you weren’t feeling that,” “rare that [writing] is easy,” “feeling my way,” “fun,” “permission-giving,” “awful,” “expanding to me as a person,” foolish,” “stupid,” “smart,” “feeling like a beginner, like a jerk, like a waster of time,” “it’s not pleasant,” “good,” “very pleasurable,” “ecstatic.”

In addition, three participants discussed, to varying degrees, their tendencies to be critical of their own writing, how that can negatively affect the writing experience, and efforts they have made to minimize that tendency. Two participants discussed encountering difficulty in writing. One writer described her writing experience, much of which occurs during writing group sessions, as “social” rather than “solitary,” primarily because, as she explained, “you’re always working alone, but you’re sharing as you go along, and being listened to as you go along.” The role of the unconscious in writing was touched on by one participant, who stated that her writing is “an unconscious process—feeling my way.” The role of the unconscious was discussed further in responses to later questions.

• . . . I probably have two distinct experiences. One is . . . wanting to get myself into the discipline of writing. So sometimes I force myself to sit down and write. And sometimes it feels like that throughout the whole thing. Sometimes it feels like I have nothing to write about . . . . So, that can be a little challenging before [writing]. But almost always, once I get an idea, it just flows. And so when I write, it’s a freeing experience. I can sometimes be
critical or feel like this isn’t really worthy of putting [publishing] anywhere. But still, especially because writing is just a thing for me [something I do for myself and no one else], it’s mostly just freeing. I really don’t have any expectations. It’s the one place in my life that I don’t ever edit myself. In interactions with people and everything else, I’m constantly editing . . . . When I write, I don’t care about that. Even if it’s writing an email. So, there’s something about writing that’s very freeing for me. And that’s usually the case almost always as I’m writing. So I feel pretty alive. And after I write, I often feel very satisfied . . . . Even if I don’t love what I wrote, I—I don’t know—I either come to some new understanding or have just filled a page with something, which is sometimes my goal. So, it’s been a satisfying experience for me.

• . . . they [the early memoir pieces about her mother] were very cathartic, emotional pieces for me—I didn’t really think of them as going beyond my own need to figure things out or talk about them. It was almost like journalistic—you know, like for your journal. But then—it’s like, right in the workshop [during which the members wrote]—I wrote once a week and I was very trepidatious. I was very nervous in the beginning. I felt, like, everybody else—you knew what they were doing, and I didn’t know what I was doing. And, of course, over time you get more confident. I think working in a workshop helped me get a lot of feedback, because, you know, I had a very critical, judgmental voice, and a lot of—you know, with myself about my writing. And everybody has that—But, you know, if you read it right away,
when you’ve written it, and people say, “Oh, this—I noticed this,” or “This stayed with me,” then you start to see some value in it, even if you weren’t feeling that [yourself, prior to the listeners’ feedback].

• I’m a writing group junkie [writes in four groups, one of which she leads]. I think it’s really an unusual way to be a writer—because most writers have a solitary routine to their writing. So I might be unusual in your study in terms of how social writing is for me. Because I’m working—you’re always working alone, but you’re sharing as you go along, and being listened to as you go along, and that’s really not common.

• It’s rare that my writing experience is easy in the beginning . . . . I take a long time hibernating [sic] a story . . . . I’m not as prolific as I wish . . . . [there are] some stories that seem to spring . . . other stories that gestate for years and years . . . . in an unconscious process—feeling my way . . . . Getting it out that first time is never that much fun or easy . . . . Also, there’s a permission—giving . . . that you have to work out, that it the story] is awful, that it doesn’t make sense . . . . This is something that’s been very expanding to me as a person, as opposed to my training as a clinician—[to be] somehow very accepting of being foolish and stupid. Because, as an adult, one tries to be smart . . . So, writing means feeling like a beginner, like a jerk, like a waster of time . . . . it’s not pleasant, I don’t think, that first part. After that, the shaping, the reformulating, the editing myself is good. It’s very pleasurable.

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3 Writing is done during, not between, the group meetings.
The inserting of new ideas, the letting—opening my mind to some additions—it is ecstatic [sic].

5. How do you feel before you write?

Summary: Participants reported having feelings ranging from anxiety to pleasurable anticipation, including what one participant called “normal—like I’m in my normal life.” One participant reported feeling both negative and positive anticipation simultaneously. Two participants reported fairly “neutral” feelings (“like I ate too much,” and “like I want to] get it all, get it out of the mind and onto the screen or onto the paper”). Another participant anticipated later questions and, thus, compared her pre-writing feelings to those she typically experiences before a therapy session.

- Sometimes it feels like I have nothing to write about . . . . So, that can be a little challenging before [writing].
- Before I write, I feel normal. I don’t feel, “Oh, my God, I’m going to go to the therapist” and—relief. I don’t feel that about writing. I don’t think, “Oh, I’m going to feel better when I come out of this session.” But, I like it [writing], so I feel—you know, I look forward to it. And I look forward to it because I go into a zone . . . . So, okay, so, I anticipate with pleasure—like I’m in my normal life. I’m not preparing psychologically, the way I might be to go to the therapist. . . . I used to think, “What am I going to write about?” I don’t. At a [writing] workshop I don’t. You know, now that I’m working on a novel, I know what I’m going to work on.
- Before I write, I can sometimes feel like I ate too much.
• [Before I write, I want to] get it all, get it out of the mind and onto the screen or onto the paper.

• Before I write, I often have a pleasurable sense of anticipation.

• It’s rare that my writing experience is easy in the beginning . . . . getting it out that first time is never that much fun or easy . . . . Also, there’s a permission–giving . . . that you have to work out, that it [the story] is awful, that it doesn’t make sense . . . . [I have to be] somehow very accepting of being foolish and stupid. Because, as an adult, one tries to be smart . . . . So, writing means feeling like a beginner, like a jerk, like a waster of time . . . . it’s not pleasant, I don’t think, that first part.

6. How do you feel during writing?

Summary: Responses to this question were extensive, complex, and multivalenced. Three participants reported feeling extremely positive during writing; one reported often feeling negative during the first-draft writing but extremely positive during editing; two participants reported being unaware of their emotions while in the midst of writing. While all participants seemed to have a clear and precise sense of what the “during-writing” experience was like, not all seemed to find it easy to articulate that sense. Participants varied in how they approached the question, some using more than one approach within their response. Three participants described the activity, using such phrases as “It’s the one place in my life that I don’t ever edit myself,” “I just write and write,” and “the shaping, the reformulating, the editing myself . . . . The inserting of new ideas, the letting—opening my mind to some additions.” Two participants characterized
the process, with words such as “it just flows,” “it’s a freeing experience,” and “it’s very pleasurable.” Two participants chose to describe their emotions, with words such as “encouraged,” “ecstatic,” and “I’m getting something accomplished” (as in, “I feel a sense of accomplishment”), while two other participants denied having any “feelings” at all while they were writing (“I don’t feel much. I’m just doing it,” and “I’m not really aware of what I’m feeling”). One participant explicitly used the Freudian concepts of the unconscious and free association in describing the during-writing experience, as well as cited language itself as determining her mental state (“I let myself be transported by language”).

Three participants described the during-writing experience as a kind of altered state of consciousness, using concepts such as “I go into a zone,” “I’m just in the story,” “during writing, I’m just in it,” “... you lose your consciousness of self. You’re just in the experience; you’re not observing.” One participant’s description illustrates the struggle some had in articulating what seemed to be a kind of amorphous experience or feeling: “While I’m writing, I’m just not there. I’m usually so inside what I’m doing, that I—it’s very—I don’t—I’m not really aware of what I’m feeling, because it’s just not—I’m inside it.”

One participant described the during-writing experience as “related” to both “making art” and having sexual intercourse, but (at that point in her response) distinctly different from engaging in psychotherapy. In fact, during her response, that participant, of her own accord, explored similarities between the during-writing and during-therapy experiences, and went back and forth in her thinking, as seen in her statements: “So, now I’m thinking I do sometimes have that [‘in the zone’ experience] with therapy, too.” “In
the zone . . . I don’t compare it to therapy.” and “So, I think I have also had that in therapy, with this one [therapist] who happens to be a Buddhist—and I’m a meditator.”

- During the writing, I feel like—encouraged. I’m getting something accomplished.

- . . . once I get an idea, it just flows . . . . it’s a freeing experience. You know, I can sometimes be critical or feel like this isn’t really worthy of putting [publishing] anywhere. But still . . . it’s mostly just freeing . . . . It’s the one place in my life that I don’t ever edit myself.

- I look forward to it [writing] because I go into a zone. So, now I’m thinking I do sometimes have that with therapy, too. In the zone . . . I don’t compare it to therapy. I compare it to art—making art. And to sex. Those are the three things that relate for me . . . . So it [being “in the zone”] is this kind of unconscious—you lose your consciousness of self. You’re not watching yourself writing, or making art, or making love. You’re just in the experience; you’re not observing. So, I think I have also had that in therapy, with this one guy [therapist] who happens to be a Buddhist—and I’m a meditator . . . .

Often, I go into a workshop . . . and just let the person who’s leading it—or if I’m just going to write by myself—I use words. You know, there are
prompts⁴ people use that get into your unconscious a little bit, they just kind of—you free associate from those. So, when I’m going to write, I let myself be transported by language, a few words, a poem, whatever. And then I go into the zone—most of the time . . . Most of the time—which is different than when I rewrite or do revision—any of that stuff. . . . When I start to revise, I’m not in that unconscious zone and it doesn’t sound as good! . . . So, that’s how I feel during it [writing]—I’m in the zone, meaning totally not—I’m just in the story. I just write and write, you know, an hour, two hours, whatever it is.

• And during writing, I’m just in it—I don’t feel much. I’m just doing it.
• While I’m writing, I’m just not there. I’m usually so inside what I’m doing, that I—it’s very—I don’t—I’m not really aware of what I’m feeling, because it’s just not—I’m inside it.
• . . . Getting it out that first time is never that much fun or easy . . . . After that, the shaping, the reformulating, the editing myself is good. It’s very pleasurable. The inserting of new ideas, the letting—opening my mind to some additions—it is ecstatic [sic].

⁴ Phrases, poems, or other short pieces of writing provided orally and/or in written form by a writing group leader as a helpful “launching point” or point of inspiration from which members may choose to get started writing during the session. My source for this definition is my personal experience in a writing group that uses prompts.
7. How do you feel after you write?

Summary: Four of six participants reported experiencing positive feelings after writing; two participants reported experiencing positive or negative feelings, depending on how they judged the quality of what they had written. Two participants reported feeling that they had reached a new understanding of something. One participant’s response included a reference to “knowing” that what she had written was “right,” what she referred to as “having a tiger by the tail . . . . it’s got some energy and some “go” to it.”

- I often feel very satisfied . . . . even if I don’t love what I wrote . . . . [I have] come to a new understanding or have filled a page with something, which is sometimes my goal.

- When I read aloud what I’ve written, I often have feelings about it, whether they’re pleased or sad or whatever.

- Then, afterwards . . . that’s different than therapy, too. I’ll either feel high, like after good sex, if it—if I really like what I wrote, I’m really excited; I’m sort of like, “Wow—how’d that happen?!” You know, it feels like it didn’t come from you. Like something wrote itself through you. And you get a real high. Or I’ll feel very, very self-critical and judgmental, and angry at myself. You know, which I know is bullshit, but I’ll do it anyway. And then I’m kind of like, “I’m never going to be a good writer,”’’ blah, blah, blah, blah. So that’s different [from therapy]. I don’t come out of therapy saying, “Oh, I’m such a terrible person!” I might think I’m stupid, but I don’t—it’s not quite—it’s not like performance. And writing has a little bit of that: you either did it well or you didn’t do it well. So it’s different [from therapy].
• And after, I usually feel better—not always, but usually . . . yeah, almost always, actually . . . [elaborating on “better”] I feel like I’ve understood something—or I’ve been able to put it on the back burner.

• After I write—I can forget about it! [reflecting a sense of accomplishment and relief]

• I think I know after I write—I call it having a tiger by the tail. If it’s—I can feel at some level whether it’s got some energy and some “go” to it. And then I feel good—no matter what the feedback, I feel some level of confidence.

8. What kinds of emotional experiences are conducive your writing (prompt or stimulate you to write)?

Summary: A certain degree of negative emotion (e.g., sadness, loneliness, longing) seemed to prompt writing in several participants. Two reported that experiencing primarily negative feelings is conducive to their writing. Two others reported being stimulated to write by either negative feelings (such as loneliness) or positive feelings (such as reading good writing). Two participants cited having the appropriate time and/or place to write as conducive to writing. In addition, one participant reported that her connection with water (swimming, the fluidity of water, and its meditative influence) was conducive to writing.

• I guess things that I regard as problematic . . . . that I’ve got to sort out. And then sometimes it can be observing something someone else has done or that I’ve seen. Like with my grandchildren.
• One [kind of emotional experience] that yields my best writing is longing—when I’m longing for something. That’s when I love to write. It’s what started me writing in the first place . . . . there’s a tension and dilemma there, too, because it’s not always a great place for me to be, to be longing for what I don’t have. And so, when I’m more psychologically pulled together, my writing isn’t as good. And that’s you know, sort of frustrating. So, longing, desire—sometimes a sadness that is sort of about deep sadness, like, say, again, unfulfilled need and not connecting. My poetry comes from those—those moments of longing. It comes more from a place of “I really want to write,” or “I have to write,” as opposed to “this is the time I set aside.”

• Difficult emotional experiences [are conducive to my writing]. I think happiness is [not conducive] in a way. It’s really hard to write something [when] you’re just happy. I mean, how do you make it interesting? I always tend to write through hard times. Except that clinical depression time [when participant was too depressed to write, as discussed in an earlier response].

• I guess what makes it easy is having quiet. And a routine, I think. There are certain places in this house where I go to sit, [where I can] recreate the sort of psychological state similar to [what I’m writing about].

• One of the things I notice is reading something that is really good, that is in the general realm of how I write and what I write about—so that motivates me, it inspires me, it says “this is worthwhile,” “this is interesting,” “this is beautifully done,” “Maybe I could do that—I want to try,” you know? So, that’s conducive. I think loneliness has been conducive . . . . my children are
grown up and my husband has died . . . . Swimming was very good . . . . It was meditative. It was just the right sort of—it was alone, it was something fluid about the water. Water, I think—[is] suspended, constructive. And it’s a connection . . . in a different medium.

9. What kinds of emotional experiences make writing difficult for you?

Summary: One participant reported experiencing no significant difficulty in writing, stating, “I’ll put down anything . . . . because it can be changed.” Two participants reported that other obligations, particularly work-related responsibilities or activities that are of a “practical” or “mundane” nature, create obstacles of both time and mental state that make creative writing difficult. One participant reported that having to be “emotionally stable” in order to work with her psychotherapy clients, as well as having to channel her emotions into that work, tends to make writing more difficult and the output “more superficial.” One participant described a “dilemma” whereby being in what she considered a more psychologically healthy condition seemed to make her creative writing “not good,” whereas being in a what she considered a less psychologically healthy condition seemed to produce writing of a better quality. Another participant reported sometimes experiencing “resistance to writing itself,” particularly during revision, which she tentatively attributed to a sense of “shame” about the quality of her writing and described as analogous to feeling ashamed of one’s bowel movements. Other conditions that made writing difficult included having one’s submissions for publication rejected; not being paid for one’s writing; not being “in the zone”— described in earlier responses as the optimal mental state for creative writing; and experiencing an imbalance in
“solitude and sociability,” that is, feeling too isolated from others or, conversely, too socially engaged with others.

- I don’t really find it difficult. I’ll put down anything so there’s just something there. Because it can be changed.

- [What makes writing difficult is] Emotional stability, you know, when I have to . . . pull myself together because I have my own therapy clients all day . . . . when I have to call insurance companies and, you know, do my accounting, and go to the mailbox, and all the practical stuff—that interferes with writing, for me . . . . You know and, again, the dilemma for me is that when I’m longing, it’s usually because—it’s sort of the opposite of being in a place of accepting my life as it is. And yet, that’s a good thing for me to be working on. So when I [am working on] that, I feel like my writing is not good. And it’s a different flavor. It’s a little more superficial . . . it’s still creative writing, but moves out of the personal realm a little bit more.

- [What makes writing difficult is] When I’m too preoccupied with bullshit, which is a lot of the time. . . . paperwork . . . . When I’m home and I have all these responsibilities . . . . There are two things. One is, literally, the obstacles to time. But the other is the resistance to writing itself . . . . And I think that’s like . . . shame? I don’t know what word to use. There’s a kind of . . . inner . . . inhibitor. That’s not about starting me writing. That’s like once I’m in—like when I’m in a novel, you know, when I’m in a zone where I carry around this feeling like it’s not that good. I just, you know, it’s like anything you resist that it isn’t going to feel right. It doesn’t feel very good to go . . . . The
idea of revision I hate—some people love it—because I have to go and see this yucky thing I hate. It’s like going to see your poop in the toilet . . . . I think that would be the biggest, you know [obstacle to writing] . . . . When I start to revise, I’m not in that unconscious zone and it doesn’t sound as good!

• I’ve been lonely, but I think sometimes too lonely—and too lonely means I have to—I think I’m very divided as a writer, and as a person, between sociability and solitude. And if I feel too much solitude, I will increase my connections and then I don’t have time to write. So it’s a certain—that was kind of just the equilibrium . . . . now I go to the [local college] gym and I watch TV and I watch the news and I’m totally anxious—and it’s not as conducive.

10. What kinds of outcomes do you generally expect from a creative writing session? Do you generally obtain them?

Summary: Three of six participants reported having high expectations of themselves during a writing session—in particular, high expectations of the quality, quantity, and ease of writing. Two of those three participants stated they make a conscious effort to lower their expectations to avoid disappointment and to “suspend judgment” of themselves. One of those participants indicated in a previous response that her writing usually “flows,” which generally makes the experience positive, while the other participant previously reported that writing a first draft was usually a difficult and unpleasant experience but that editing was very easy and enjoyable; both participants, however, indicated that they were apt to be disappointed about not writing “enough” in
any given writing session. The third participant with high expectations did not report making any effort to lower her expectations, which were that what she wrote “be perfect . . . sing to me . . . [be] not so cognitive . . . have some ‘juice’ to it.” That participant, anticipating a later question, judged the processes of psychotherapy and creative writing often to be “exactly the same experience” in that they both occurred when the participant is “in the zone,” in “a less critical, less intellectual place . . . that’s so not conscious . . . you’re just in what’s happening right then and something exciting can happen.” That participant also indicated in an earlier response that she did not always obtain the outcome she desired from a writing session. All three of participants indicated experiencing some disappointment on some occasions at one point or another in the writing process. A fourth participant reported that, although she usually expected the outcome to be a good piece of writing, “beyond that . . . I’m looking . . . to be completely absorbed in what I’m doing,” feeling “less attached to” the written product than to the writing process, which she said usually “come[s] easily.” A fifth participant also indicated valuing process over product, stating in an earlier response, “I don’t know if I’m writing as well, but I don’t care about [that].” Finally, one participant did not respond to this question, though in response to a different question, she indicated she was rarely disappointed in her writing process or product because, as she stated, “I’ll put down anything so there’s just something there—because it can be changed.”

- I try to go in with the only expectation of—that I can write something that makes some sense, that I can put words on the page. You know, certainly I’m happier when I have that sense of satisfaction, when I read it over and think, “This is pretty good.” But I don’t expect that every time—although I
probably do feel disappointed the times that I don’t like what I have to say or it’s short, because I don’t have more—that kind of thing.

- I really have high expectations, so I expect to come out with something . . . perfect . . . . It’s this feeling of having something sing to me. I expect to come out with something that’s not so cognitive, that has some “juice” to it. It probably happens—enough; you know, fifty percent, sixty percent [of the time] . . . . When I’m in that zone, I can’t seem to get to the singing place . . . . [my writing is] just cognitive, and that’s not too good. . . . I think to be in the cognitive area works a lot if I’m writing a nonfiction piece. But when I’m trying to write fiction, I think my strongest suit is this potential to go to a less critical, less intellectual place—like my ability to make visual art, which is all about that. That’s so not conscious. I don’t feel clunky there. It’s all in your body. You just trust your arm and your hand . . . . So, when I make those worlds . . . .I’m just not worried about how it should look. But with writing I might be more like that. And I’d say the same for therapy. That’s exactly the same experience . . . as with writing. There are times when you’re in a session, as a client, when you’re just not judging yourself so much—you’re just in what’s happening right then and something exciting can happen. It’s very similar, that part. The “juicy” session. You know when there are moments—I can feel that as a therapist, too.

- I’m looking to create a piece that is either finished or on its way to being something good. But, beyond that, the experience I’m looking for is to be completely absorbed in what I’m doing. And I’m less . . . maybe less attached
to the outcome than I am to enjoying the process of writing. Very, very, very rarely does it not come easily. I’m quite lucky in that way.

- If I’m editing and revising and poking around, I will have a goal to complete . . . to go through the story, from the beginning to the end, and give it my attention and fuss over it. If I’m writing fresh, you know, I try not to have too many expectations, because I’ll be terribly disappointed because I don’t write a lot at a time. So I try to suspend judgment—if it’s a paragraph and it starts me going, or it says something I wanted—You know, I’ve had to learn a lot of self-acceptance and imperfection.

11. What meaning (emotional, psychological, or other) does creative writing hold for you? What do you most value about creative writing?

Summary: Gaining insight into oneself and sharing feelings and knowledge with others were the two most valued aspects of creative writing. Four of six participants indicated, either explicitly or implicitly, gaining insight through writing (although one participant stated that “knowing myself more” was only “a side effect to my writing”). Other terms used to describe gaining insight included gaining “perspective,” “get[ting] in touch with a larger reality beyond the one we usually walk around with,” and “feel[ing] most clearly.” Four of six participants indicated, either explicitly or implicitly, the importance of the sharing of oneself through writing, using terms such as “revealing . . . what I know;” “communicating to others . . . a view of the world that you want them to know;” “connect[ing] with other people most strongly;” and creative writing being “a very
powerful mode of expression . . . [having] an impact.” In addition, one participant reported that creative writing had a “healing” effect.

- . . . it sort of is a way of keeping sane, not letting something get out of proportion, by dealing with it and then being able just to relax and forget about it.

- What I value is . . . having that space where I’m able to go into myself . . . . I think there’s a side-effect to my writing of knowing myself more, but it’s not what I value about [writing] or expect of it. . . . I’m already comparing with therapy, [which] is the space to kind of go inward and deep, and know myself. With writing, it’s like, “This is what I already know and now I’m revealing it.” . . . . what I value is that space to . . . go inside and think, “What do I want to reveal today?” I think that is the meaning it holds for me: that I can have a space to put myself out there in the world. And also a space to not edit myself, to not feel I have to be anything other than who I am.

- I think creative writing, as a vehicle, is a very powerful mode of expression. So, if you want to have an impact—you know, it has a lot more impact than art—than visual art. I think of it as a way of communicating to others whatever’s important—maybe a view of the world that you want them to know. But that can be visual art, too—but more . . . . I don’t know . . . . It’s kind of sharing your perspective and feeling—it’s kind of egotistical, but it’s assuming you have something to say that’s worth other people spending their time.
There’s something incredibly mystical about what happens when you put [pen to paper]. . . . there’s a magical thing that happens between the head, the arm and the pen. . . . the imagination enters. . . . And I think God enters, whatever God is. Because I think imagination has a lot to do with that—because we don’t know what God is. So, that’s the meaning it has for me—is that people. . . . conjure up memories, which I think are important for us to have to become whole. They help you heal wounds, which are important to make you whole. And . . . writing helps you get in touch with a larger reality beyond the one we usually walk around with. To me, it’s kind of almost a religion. But it always has been—reading poetry and writing. . . . It’s as if we were on a mountain top and could see really far—that’s what I feel is creative about it. . . . I can tell when I’m writing really well. . . . When something good starts happening, I feel it. And mostly—well, I don’t know. For some reason, I think at this point in my life, I just like whatever I write. I don’t really judge it anymore. I don’t know—maybe it’s some—I don’t really care. But, I don’t think I’m writing as well as I was, but I don’t care. But, I wouldn’t have said this ten years ago.

It’s the way in which I feel that I feel most clearly and connect with other people most strongly. So there’s a—I mean, I’m not a religious person, but there’s something religious in aspects about it.

The meaning is a tangible piece of work, a tangible thing, rather than a relationship. And the other part of my goal—that’s sort of an interior one—
the other one is to make something lovely, to use language well, and that it should be appealing—attractive, beautiful . . . art.

Section 3 – Participant’s Comparison of the Psychotherapy and Creative Writing Experiences (8 questions)

1. In your experience, in what ways do psychotherapy and creative writing differ?

Summary: [NOTE: In some cases, participants did not clearly separate their responses to this question and the next (How are psychotherapy and creative writing similar?). I have attempted to separate them here, but have been unable to do so completely. In any case, the questions, as well as the responses, are linked conceptually and, thus, can and should be considered in light of one another.] All participants identified differences between creative writing and psychotherapy. Two participants explicitly described writing as something that is done alone, as compared with therapy, which is done with someone else, namely, the therapist. Other similar kinds of distinctions included those of being in one’s own “space” when writing, versus being in someone else’s “space” while in therapy (although a similarity in having “space” set aside in order to do something for oneself was also identified as a similarity between writing and therapy); telling one’s story “alone” in writing, versus having a therapist “join [the client] in telling the story”; writing as involving “internal” processes and products versus therapy as involving “external” processes and products; “healing through challenging your narrative internally” in writing versus “healing through relationship” in therapy; writing as generating a product that is “outside oneself,” that “can have a life of its own” versus
therapy as generating a product that involves “becoming a [different] person.” Two participants also explicitly distinguished between a kind of “pressure to perform” in therapy that does not exist in writing. One participant expressed that in the statement, “[In therapy] I’m always focused on trying to make myself better . . . . With writing, I’m not focused on that. The goal [in writing] isn’t to change me—it’s to reveal me.” The other participant described the therapist as “expecting someone, something from you” and feeling compelled to “say something . . . . even if I didn’t feel like saying anything,” as compared with writing, in which “[if] nothing comes to me, and then I don’t want to write, I can just get up and go.”

- There are a lot of ways in which they [writing and therapy] feel different for me. . . . [W]riting has been more therapeutic for me because in therapy . . . I’m always focused on trying to make myself better, trying to eat healthier. With writing, I’m not focused on that. The goal isn’t to change me—it’s to reveal me. And I think that’s a more useful discipline for me right now.

- Obviously, the relationship—you’re not alone in therapy and you’re very alone in writing. Although you have a relationship with the reader, so maybe that’s similar—it’s a little stretch . . . . When you have a relationship with the reader, the reader is not coming back at you, other than as a critical voice, if you have that inner critical voice anyway. But, I think with a therapist, there’s a real other person who’s going to join you in telling the story and maybe nudge your perspective a little bit—so there’s an active “other”. . . . that makes it very different [from writing]—it goes someplace different . . . . It’s healing in a totally different way; it’s healing through relationship. And
writing is more healing through challenging your narrative internally. One’s an external nudging and one’s an internal nudging. But they both use dreams, and they both use that kind of unconscious state, I think, if you’re in good treatment.

- When you’re writing, you’re more alone with yourself, obviously. Even if you’re in a group, you’re not interacting with someone or looking at someone. So, it’s a more solitary activity. You’re in a space that is either yours or more neutral than you are when you’re in a psychotherapist’s office. . . . I think that has a different effect, like you’re in someone’s space. And they’re expecting someone, something from you—at least, this is how I felt. It would be very hard for me to just go to a psychotherapist’s office and just sit there, even if I didn’t feel like saying anything . . . I’d try to say something. But, if I sit down and I write and nothing comes to me, and then I don’t want to write, I can just get up and go. In my creative writing group [that she leads] people pay—and I think that does help. It motivates people to do better and try harder . . . . in that it devotes [sic] a chance to get closer to the truth of who you are.

- In psychotherapy, the product is not something that’s not outside oneself. You know, the product, as I see it, is becoming a person that is more at ease in the world, becoming a person who’s more able to be connected to other people well, to be more flexible somehow in life. It’s not an “out there” product. In writing, there is a product, potentially, which is a piece of written material that has a lot—that can have a life of its own. There also, certainly, is writing that does not have a product attached to it, and I engage in that kind
of writing a lot. And I value it highly. There are some people who do not.
You know, who are writing as part of their—they’re making a living writing, they want that article to be done. . . . So, for me there’s a lot of similarity [between therapy and writing] because process is . . . a big part, and there’s not an outward product that’s so important.

2. *In what ways are psychotherapy and creative writing similar?*

Summary: All participants identified similarities in creative writing and psychotherapy. One participant identified the importance of “process,” particularly over “product,” as one of the greatest similarities between writing and therapy. Aspects of the process which that participant felt were common to both activities included exploration, mystery, discovery, “surprises,” a “puzzling out of patterns,” “a cultivation of patience,” “aesthetic pleasure,” and the addressing of questions about oneself and one’s role in “a bigger piece that you’re working on.” The importance of process was echoed by another participant, who emphasized the use of the unconscious, free association, and dreams “to understand things” in both writing and psychotherapy. That participant also characterized both processes as “narration,” which can be created and revised. One participant identified as common to both activities “that sense of space for myself,” which is “creative in a kind of disciplined way . . . . [and] in an active way.” Another participant explored the relationships (in terms of both similarity and difference) among the writer, the client, and the “other” as it occurs in the forms of the reader, the “inner critic,” and the therapist.

- I think that probably what’s similar comes up for me is just that sense of space for myself, and space that’s creative in a kind of disciplined way. . . . So, it’s
not that I don’t have that in other places, but it’s different than reading or even just sitting with my thoughts because there’s something that’s a little more active. So, it’s kind of space for myself in an active way.

• . . . you have a relationship with the reader, so maybe that’s similar—it’s a little stretch . . . . because you are talking to someone, ultimately, when you’re writing. You’re assuming others will read this. It’s not like writing in your journal. And even when people write in their journals, they’re, you know, imagining someone will read their journal—that the journal’s going to some day turn into a wonderful book. Someday it’ll be a classic. But, nonetheless, it is different. It’s the same and different. . . . The similarities are that they have the potential for healing, you know, through—almost through both, you know, the same free association. Getting a new take, a new narrative, on an old story. Allowing our, you know, unconscious, almost dreams, to see the light of day, and using those to understand things. It is like a dream-state, I would say. That’s what similar—you know, dreams.

• I think there’s a lot of similarity, in the sense of an exploratory process being part of both things; that has a rhythm to it that is a little mysterious; and that has surprises along the way, coming to things that you didn’t expect—that you didn’t set out looking for. And I think there’s some aesthetic pleasure in both processes that is very hard to describe that has to do with the shape of discovering something. In the therapy, there’s a lot of puzzling out of patterns of communication, patterns of family life that get iterated and reiterated in various ways, and, “What is my part in that? Where am I going to fit? How
am I going to shape what my part is?” And in writing you’re thinking on a lot of levels about not just what you’re writing at the moment, but “How does it fit into a bigger piece that you’re working on?” “What is the shape of your whole venture as a writer?” You know, “What are you trying to do?” “What’s the story about really?” “What’s this poem—how’s this poem connected to what I did before?” Yeah, I think one feeds the other, in either direction. Part of it is, like, there’s a cultivation of patience in both pursuits—like waiting for the right words to come, trying different words until you have the words that fit right, trying different ways of telling the same story and feeling what the effect of having a different version is—that’s all part of both writing and therapy.

3. Have you experienced any dynamic interaction or relationship between psychotherapy and creative writing? For example, has being in therapy affected, or played a role in, your writing? Has creative writing affected, or played a role in, your therapy?

Summary: All participants reported experiencing dynamic interaction between psychotherapy and creative writing. Four participants observed a general “back and forth” of influence between the two. One participant described the occurrence as “infrequent,” while another stated that therapy and creative writing often “are completely connected” for her. Two participants reported that therapy affects their writing more than writing affects their therapy. Three participants indicated that interaction between writing and therapy creates potential for, and can facilitate, change in themselves. One participant stated that her interest in such “existential questions” as “Who am I?”
emerged through psychotherapy and “did then carry over to writing.” Another asserted that “associative thought” is “a key piece” of both creative writing and “good therapeutic process.” A third participant reported that “that zone”—an optimal, somewhat “altered,” state of conscious in which she often finds herself during a therapy session—is similar to “the zone” in which she does her best writing, and that being able to get into “that zone” in therapy has helped her to do so in creative writing as well.

- I think there’s a back and forth, because both of them [psychotherapy and creative writing] in some way are affecting me, possibly changing me. And the topics that I’m touching on are similar in a given time. . . . my writing is always informed by what’s going on in my life at the time. What am I feeling? What did I notice? . . . they’re related in that way. . . . If I have a new insight in therapy, I’m probably more likely to then go back and write about it. . . . That happens less with the-writing-to-the-therapy. . . . I guess I have less insight [in writing] . . . . [The writing comprises] something that now needs to be wrapped up because it’s already—the closure’s already there, in the writing itself.

- I’ve had lots of different, you know, sort of overlaps with them. . . . One: the book I’m just finishing is about . . . . a therapist and a client, from two points of view. So, in that way, they’re completely connected, and everything I have done as a client and a therapist, you know, is in there. . . . Two: I’ve been at workshops about using writing in therapy . . . . I think being in therapy has helped me to go into that zone in writing—because I can do it in a session. And learning about dreams, as a client first and now using them as a therapist,
has helped me create that feeling in my writing. And how does my writing affect [my therapy]? People really accept that therapy has affected my story about my history. I think writing my first book about—and my mother dying—really affected my view of what my growing up was like. So, it was therapeutic. It probably affected how I talk in therapy. That’s the different take on my mother . . . and my relationship to her.

- I think being in therapy with a great therapist opened me up in a way that allowed me to write. But I truly believe I would have gotten there [become a writer] anyway. . . . therapy opened me up to myself. Because I wasn’t writing when I started it [therapy] and I became interested—more interested in who I am and how I got to be this way and what I do with it—those existential questions, which did then carry over to writing. I think the reason creative writing is so exciting is because you’re learning something, you’re discovering things.

- That is a great question because you could answer it many, many, many kinds of ways. But I’ll answer it this way, which is that, for me, and for many writers that I know, the process of associative thought is a key piece of writing and it certainly is a key piece of a good therapeutic process.

- I am surprised how infrequently [creative writing and psychotherapy] interact with one another . . . . sometimes I’ll be talking to my therapist and I’ll recognize a little piece or shred, and I’ll want to say, “Oh, just like my character said,” or something. But it tends not to overlap so much. . . . I don’t
“therapize.” I don’t bring to my therapist problems of the content of my writing.

4. As a psychotherapy client, are there any advantages or disadvantages in being a creative writer? Has being a writer helped or hindered your experience in therapy?

Summary: All participants reported that being a creative writer was an advantage to them as psychotherapy clients. Several of the reasons or examples they gave related to their facility with and enjoyment of language as a “medium” of self-expression. Two participants explicitly stated that the pleasure and interest they take in using language enhances their experience of both writing and therapy. One participant believed that her ability to create a scene in words “help[s] the therapist to make sense of and see or understand or feel what I’m experiencing.” Another participant directly connected her affective experience during the therapy session with her ability to write, stating that because she is “used to putting . . . thoughts into words . . . . Vague feelings lose their vagueness.”

- It [being a writer] hasn’t hindered my [therapy] experience. You know, I’m sure it’s helped me . . . . I started writing, you know, and then went into therapy . . . . writing doesn’t take care of all of it. I ultimately need therapy. And so, if there are things that are being either stirred up in my writing or even as I’m kind of finding closure [through writing] . . . if anything, it helps. . . . I don’t think [there are any disadvantages] at all.
• . . . there are advantages because [as a writer] you are used to putting your thoughts into words. Vague feelings lose their vagueness. . . . And I don’t think it [being a writer] has hindered [my therapy experience] in any way.

• . . . I think [creative writing and psychotherapy] can be very connected and I really think it would be great if more therapists told their clients to go to writing workshops.

• I think it [being a creative writer] very much enhances your experience as a client—and also as a therapist—because the medium is language. And so, if you take interest and pleasure in the details of language, then both of those processes [psychotherapy and creative writing] have all sorts of very interesting nuance.

• Oh, yes. [As a therapy client] I think I can get around—I can put in 50 minutes—like a short story. I can cover in a fairly concise way—because I think about it a little ahead of time. I think I can communicate and articulate what’s happening and give the scene and throw in some, you know—and help the therapist to make sense of, and see or understand or feel, what I’m experiencing. . . . I do like the challenge—the verbal challenges that—and I had been in other kinds of therapy—way back, movement therapy, which doesn’t use words. But I like words, you know, I like language, so I bring that to it.
5. As a creative writer, are there any advantages or disadvantages to being in psychotherapy? Has being a psychotherapy client helped or hindered your creative writing experience?

Summary: Four participants reported that being in psychotherapy definitely had benefited their creative writing experience. One participant discussed the potential negative effects of therapy on writing, stating that “If [therapy] siphons off . . . feeling and intensity, maybe that is not so good . . . . if you talk everything out [in therapy], I think you do possibly lose some steam [in your creative writing].

- I think as a creative writer, it’s definitely an advantage to me being in therapy, because the more work I’m able to do outside of sessions, the more in touch I’m able to be with myself. You know, either the more I can bring in [to therapy], or the faster it goes, or something . . . . Writing helps me be a therapy client. And I imagine that’s the same thing, like if I were painting or doing something else. Anything that gets me in touch with me helps with therapy.

- . . . learning about dreams, as a client first and now using them as a therapist, has helped me create that feeling in my writing.

- I think being in therapy with a great therapist opened me up in a way that allowed me to write. . . . Therapy opened me up to myself . . . . I became . . . more interested in who I am and how I got to be this way and what I do with it—those existential questions, which did then carry over to writing.

- If it [therapy] siphons off a certain amount of feeling and intensity, . . . may that is not so good . . . . It [therapy] maybe hinders [creative writing], and I
think—I try to go [to therapy] less [frequently], not weekly at all, because if you talk everything out [in therapy], I think you do possibly lose some steam [in your creative writing].

6. In what ways, if any, do you consider psychotherapy and creative writing to be similar in how they benefit you?

Summary: In response to this question, and/or similar previous ones, all participants indicated they had experienced a range of similar benefits from psychotherapy and creative writing. Here, several participants commented on similarities of the two processes in terms of their facilitating exploration of, and insight into, oneself and others, as well as self-expression. One participant identified such similar affective experiences as feeling more open, able to “reveal” herself, “vulnerable . . . . vibrant and alive.” One participant pointed out similar potential “deficits” of both processes, which she called, collectively, “the ‘dither factor,’” referring to the potential for some people to become “overly observant [of oneself] . . . indecisive . . . caught up in the tangle of complexities” when involved in either psychotherapy or creative writing.

- . . . in terms of me being in touch with myself, me knowing myself . . . . that sense of being able to reveal myself from a more vulnerable place . . . and the benefits for me that come from that . . . kind of loosening up, hopefully feeling a little more vibrant and alive, which is always my goal.
- For me, they both explore complexity and that’s what I’m interested in . . . as a creative writer, you’re exploring your own [life], but also your characters’
lives. And in therapy, you’re exploring the same thing. You understand the people in your life better, and yourself.

- Well, it’s probably obvious by now that I have completely bought the benefits of both, hook, line and sinker . . . . [P]erhaps the deficits, going in either direction, have to do with the “dither factor.” You know, the people who cultivate observing their thoughts, whether it’s verbally or on paper, can be overly observant, overly indecisive, overly caught up in the tangle of complexities. I don’t feel that to be a detriment, but I can see how that might be a different story on the same process. A little too much navel-gazing.

7. In what ways, if any, would you describe your creative writing as “therapeutic?”
Your psychotherapy as “creative?”

Summary: All participants reported that their therapy has been creative. Five of six participants reported that their writing has been therapeutic; the sixth stated that, while creative writing “can be very satisfying . . . it creates a lot of problems. . . . you can be full of failure.” One participant discussed how storytelling occurs in therapy, another how “therapy” occurs in storytelling. The thinking of one participant, who described how the telling, retelling, and “revising” of one’s “story” in psychotherapy is creative, seemed to be informed by her professional knowledge of narrative therapy. Other topics touched on in responses to this question included different therapeutic approaches (e.g., art therapy, Jungian therapy, Gestalt therapy); the therapeutic power of creating narrative and the power of writing to help one gain a sense of control over the “uncontrollable;” and the roles of affect (e.g., feelings of patience, disappointment, satisfaction, success,
failure) and of the unconscious, particularly the “associative process,” in both psychotherapy and creative writing; and the collaborative aspect of therapy.

- Writing has been very therapeutic for me. . . . How about therapy? . . . in stating and looking at issues and problems, you also start creating ways of dealing with them.

- . . . [C]reative writing is definitely therapeutic for me . . . because it gives me the experience of being free. So I have a sense of how that feels and I want more of it, so I’m likely to take it into other areas of my life. I have a sort of sense, again, of satisfaction, and seeing that I have some talent. So, all of that has been really therapeutic for me. And psychotherapy—I choose therapists who are creative . . . I want to get away from my tendency to analyze myself, to go into a very intellectual place, and so I’ve chosen therapists who are specialists in art therapy, Jungian therapy, Gestalt therapy. And so my [therapy] experience has been creative. . . . I think I myself have a block when it comes to . . . believ[ing] I can create my own life. And so, I’m very good at helping other people do that, and in my writing I think I start to do that. . . . [therapy] has been less creative than I’d want it to be.

- [Therapy is creative] because you’re telling a story—so it’s the same [as creative writing]. You know, you’re telling a story and then you’re retelling the story, and then you’re retelling it yet again, and you’re looking at it from every facet, and you’re revising it, and yeah, it’s very creative. And you’re also . . . putting two minds together, yours and the therapist’s, to envision, you know, to conceptualize—just like in art—images of what life could be or
what, you know, possibilities there are . . . there’s a lot of creative imagining that goes on in therapy, about how it could have been and how it will be, that I think expands your personal, you know, sort of limited scope. In that way, it [therapy] is creative. [In response to an earlier question, this participant stated, “writing my first book . . . was therapeutic.”]

- I think creative writing is definitely therapeutic. And psychotherapy can be creative, if you have a very skilled and imaginative, wise [therapist].

- Yes, very much so. Both, both [creative writing is therapeutic and psychotherapy is creative]. Writing is therapeutic in that it allows you to be in command of uncontrollable material. When you write, you really stay the hand of time. You can get inside, either through fiction or memoir, or whatever your route is, you can remake a situation that—to suit yourself, and it’s powerful and tremendously satisfying. . . . Being in therapy teaches you, basically, the tools that are so useful as a writer: to, again, be patient, to stay with a thought or feeling or a sensation longer than you might ordinarily so that you can see what else is there. It teaches you how to accept that associative process as likely to be fruitful. It helps you tolerate the things that you get with therapy, which aren’t always pleasant. And it familiarizes you with disappointment, so that you can bear disappointment and not be all blown down by it.

- I don’t think—creative writing is not that therapeutic. I’d say it can be very satisfying; it can be sort of ecstatic [sic]; it can be heavy—but it creates a lot
of problems. [participant chuckles] If you’re after success or accomplishment, you can be full of failure [laughs again].

8. Do you use writing as a tool in therapy, either during sessions or as an assignment your therapist might give you?

Summary: This question duplicated a question asked of participants on the Demographic Questionnaire. As, mentioned earlier, all participants stated that they never had used writing as a tool during a therapy session or as an assignment by a therapist. However, one participant had learned about, and occasionally used on her own, a writing technique called proprioceptive writing (Metcalf & Simon, 2002), about which she had the following remarks.

- [The word] proprioceptive is actually a biology term that has to do with what plants do—they always grow toward the light, their roots grow downward, their tips grow downward. It’s a—it’s like a natural pull. And what they [Metcalf and Simon] have developed is a procedure to explore your thoughts and feelings, and ask questions of a certain nature about what you’re thinking and feeling—and also how to break through your own personal cliché system to get to the ways in which your own thoughts cover your deep thoughts. I’ve learned that [technique] and I’ve used that sometimes . . . . not to make a piece of writing, but as a therapeutic process, if I’m feeling upset by something or if I have a problem I want to untangle. You always start with a feeling in your body and you describe it. I believe that the person who first developed [this technique] and started using it, developed it out of a personal crisis and found
that the writing was very therapeutic for her and wanted to share that . . .

[T]his couple [its developers] has really marketed it very successfully . . .

[T]hey are not writing for product—they are writing for therapeutic process . .

. . . [There is a lot of] emphasis right now on how important cultivating mindfulness is in being successful in therapy—that’s true in writing as well.
So I think there’s something about the state of the brain when it’s focused . . .

Section 4 – Participant’s Evaluation of Specific Processes and Their Associated Feelings in the Psychotherapy and Creative Writing Experiences

*In what ways, if any, have you experienced the following processes and associated feelings in creative writing? In psychotherapy? The processes asked about were: 1) **taking risks**; 2) **expressing feelings**; 3) **accessing, or communicating with, the unconscious**; 4) **making discoveries**; 5) **exploring/learning about yourself**; 6) **developing insight**; 7) **identifying/resolving conflict**; 8) **releasing energy**; 9) **solving problems**; 10) **using creativity**; and 11) **other**.*
As can be seen in the bar graph below (Figure 1), many, if not all, of the processes and their associated feelings asked about were reported as being experienced in both creative writing and psychotherapy. Expressing feelings, accessing the unconscious, making discoveries, exploring and/or learning about oneself, and using creativity were reported by all participants to occur in both creative writing and psychotherapy. All participants also reported releasing energy through therapy, and nearly all (5 of 6) reported doing so through creative writing as well. Nearly all (5 of 6) reported developing insight through both therapy and creative writing. Nearly all (5 of 6) reported identifying and/or resolving conflict, as well as solving problems, through psychotherapy; 4 of 6 reported doing so through creative writing. In a slight reversal, 5 of 6 reported taking risks in writing, while only 4 of 6 reported doing so in psychotherapy.

Figure 1: Summary of Results from Section 4 - Comparison of Processes and Their Associated Feelings Experienced in Psychotherapy and Creative Writing
In the “Other” category, the following was reported, each by a different participant:

- “very relational” (both activities)
- “healing” (both activities)
- “feeling of freedom” (creative writing only)
- “for me, this is tied to the women’s [liberation] movement” (creative writing only)
- “digging deep” (psychotherapy only)
- “my draw to therapy comes out of my character” (psychotherapy only)

While most of the processes and feelings asked about in this set of questions had been previously mentioned by participants in response to earlier questions, there were some processes/feelings that participants had not mentioned in earlier responses. An example of such a process/feeling is risk taking, which, in this Set 4 question, many participants confirmed was part of both psychotherapy and creative writing, but which only one participant had mentioned in an earlier response. The observed confidence, certainty, and absence of hesitation with which the participants responded to these Set 4 questions point to the validity of their responses. Furthermore, these questions do seem to have accomplished their intended goal, which was to gain information about participants’ experience of specific processes and feelings in therapy and creative writing whether or not they had been mentioned earlier. However, further research would need to be conducted in this area to rule out bias that may have resulted from suggesting processes and/or feelings to participants, as was done in Set 4 questions.
Other Findings

Other findings included the following:

- *Commonalities in Feelings Before/During/After Psychotherapy and Creative Writing*. Responses to these questions were so nuanced and complex that, other than the experience of anxiety, they pointed to few specific emotions that were clearly common to both therapy and writing, whether before, during, or after either activity. For each of the six situations asked about, both positive and negative feelings were reported. In general, feelings were fairly evenly distributed across a range that included “positive,” “negative,” “positive and negative,” and “positive or negative.” It was notable, however, that for the before-writing experience, two participants associated neither positive nor negative feelings with their “need” to write. In addition, no participant used only negative words to describe either the during-therapy or the during-writing experience. Also significant was the fact that, for the during-writing experience, two participants reported being unaware of having any emotion at all; this and responses to other questions as well indicated that the absence of emotion while writing was perhaps a common, though not requisite, feature of being in the reported optimal state of consciousness for creative writing known as “in the zone.”

Perhaps the most striking commonality among participant experiences before, during and after psychotherapy and creative writing was the
occurrence of anxiety. Negative feelings reported during those activities were frequently those of anxiety. Anxiety was reported in virtually all six of the situations discussed, though not by every participant. Anxiety typically experienced included anticipatory anxiety (felt prior to an event) and performance anxiety (pressure to perform well), which sometimes overlapped.

Anticipatory anxiety was experienced by some participants before a therapy session due to not knowing, or being fearful of, what might be discussed or felt during the session, or due to aspects of the presenting problem itself rather than the prospect of discussing or having feelings about it. In at least one case, the anticipatory anxiety around not knowing what to expect before a therapy session carried over into the session itself. Performance anxiety was reported to be experienced by some participants before, during, and after writing (though not always by the same participants) around the fear of not writing well enough, not writing enough pages, struggling to write at all due to writer’s block, and/or generally not meeting one’s high expectations of oneself. Performance anxiety during therapy was also reported by two participants, one in regard to a fear of not “us[ing therapy] well enough,” and the other in regard to being “in a psychotherapist’s office . . . you’re in someone’s space. And they’re expecting someone, something from you.”

Anxiety experienced after therapy was also reported around difficult emotions that were stirred up during the session, feeling rushed or not having enough time to cover or resolve issues during the session, and having to wait a long time until the next therapy session.
Commonalities in Expected Outcomes of Psychotherapy and Creative Writing.

These questions yielded few commonalities in expected outcomes of therapy and writing. However, a stunning commonality was reported by one participant who responded “outside” the delineated question and directly compared the processes of psychotherapy and creative writing, which she concluded were often “‘exactly the same experience’ in that they both occurred when the participant was “in the zone,” in “a less critical, less intellectual place . . . . that’s so not conscious . . . . you’re just in what’s happening right then and something exciting can happen.” In addition, being focused on process rather than “outcome” per se was reported by one participant in regard to psychotherapy and two participants in regard to creative writing. Within the question of expected outcomes of psychotherapy, there was much commonality among participant responses. All but one participant expected to gain relief from emotional and/or physical symptoms, and all but one expected to gain insight into themselves and/or others. Within the question of expected outcomes of creative writing, there was also some commonality among participant responses. Three reported having high expectations of themselves, in terms of both product (e.g., the quality and quantity of their work) and process (e.g., ease of writing). Two of those participants made efforts to lower their expectations to avoid disappointment. As mentioned above, two participants reported focusing largely on process over product with regard to creative writing. Finally, one participant did not respond to this question, though in response to a different question, she
indicated she was rarely disappointed in either the product or process of her writing because she knew she could go back later and edit what she had written.

• *Commonalities in Most Meaningful/Valued Aspects of Psychotherapy and Creative Writing.* In both psychotherapy and creative writing, gaining insight into oneself and others was considered one of the most valued aspects of the experience. For each of those activities, four of six participants indicated insight was extremely meaningful. Having “space for oneself” and experiencing “healing” were also mentioned as important with respect to both activities. In the psychotherapy experience, all six participants indicated the client-therapist relationship was highly valued. In the creative writing experience, four of six indicated that sharing one’s feelings and knowledge with others was highly valued.

• *Negative Feelings as Conducive to Both Psychotherapy and Creative Writing.* Negative feelings were reported to be conducive to engaging in both psychotherapy and creative writing. Five of six participants reported being most likely to engage in therapy when they are experiencing strong negative emotions (the sixth participant implied the same, though did not state it explicitly). Words used by participants to describe such negative emotions included “miserable,” “troubled,” “in a place of difficulty,” “anxiety,” “conflict,” “depression.” Similarly, a certain degree of negative emotion
seemed to prompt writing in several participants. Two reported that experiencing primarily negative feelings is conducive to their writing. Two others reported being stimulated to write by either negative or positive feelings. Words used by participants to describe negative emotions conducive to writing included “problematic,” “longing,” “deep sadness,” “unfulfilled need,” “not connecting,” “difficult emotional experiences,” “hard times,” “loneliness.” One participant stated, “It’s really hard to write something [when] you’re just happy.” Another stated that too much “emotional stability” made writing difficult for her.

• **Relationship Issues Central to Both Psychotherapy and Creative Writing.**

Relationship issues were reported to be central to both the psychotherapy experience and the creative writing experience. Five of six participants reported talking largely about significant relationships during the typical therapy session; the sixth participant implied the same. At least two participants reported that relationship problems precipitated their entrance into therapy. Four participants reported writing about interpersonal relationships (among other topics) between or among either actual people (frequently the participant’s family members or “significant others”) or fictional characters; one specified writing about “my relationship with myself.” Of particular importance to the creative writing experience was the relationship with the mother. Each of three participants reported that her mother—and, in particular, her mother’s death—was an important subject and/or motivation
for writing. Of particular importance to the psychotherapy experience was the relationship with the therapist. All six participants indicated, explicitly or implicitly, that the relationship with the therapist was among the things most valued or meaningful about psychotherapy. In addition, two participants reported that having a “good therapist” was an important factor in their being able to engage in therapy.

- The Concept of the Other in Psychotherapy and Creative Writing. The concept of the “Other” was touched on in numerous responses and in a variety of ways. In some cases, the reference fell clearly within the topic of creative writing, in other cases, within the topic of psychotherapy, and in still other cases, was used in connection with both creative writing and psychotherapy. The concept of the Other also was implied in connection with concepts related to the self, such as writing as a solitary endeavor (as opposed to a group or “social” activity), gaining insight on one’s own (as opposed to doing so in therapy), feeling lonesome (as opposed to feeling socially connected with others), and finding one’s own “voice” (as opposed to defining one’s identity—as a writer, wife, mother, etc.—based on the needs of others).

Some of the ways in which participants conceptualized and discussed the Other in connection with the creative writing experience included the following: in terms of the implied “audience” that has Internet access to the blog one has written; the implied reader for whom one writes; the actual reader who will eventually read the written work; the “inner critic” or self-
judgmental “voice” that can make writing difficult through, for example, “writer’s block;” co-members of a writing group or workshop who are Others both as fellow writers and, in a different role, as the readers, or “listeners,” to whom one reads one’s own work aloud and from whom one receives feedback; publishers who accept or reject submitted works; others, actual, fictitious, or some combination thereof, about whom one writes; Other as constituted by memories of oneself and/or others; individuals who played significant roles, whether beneficial or detrimental, in one’s development as a writer; the unconscious as Other, which is simultaneously connected with and separate from the writer’s consciousness and is integral to the writing process; and the writing itself as Other, as, for example, when participants differentiate their “other” successful writing from their more common, less satisfactory writing, as we understand the term “It” refers to in the statement “It sings to me,” or the term “the tiger” in “I’ve got the tiger by the tail”; and as a distinction between writing experiences, as in “there are some stories that seem to spring; and there are other stories that gestate for years and years,” or “[one part of my goal in writing] is a tangible piece of work, a tangible thing, rather than a relationship. And the other part of my goal, that’s sort of an interior one, is to make something lovely, to use language well—and that it should be appealing, attractive, beautiful . . . art.” The concept of the Other also came into play in participants’ descriptions of the writing-self, as differentiated from the non-writing self, in terms of both how one sees oneself and how one interacts with others. For example, one participant said,
[My creative writing] is the one place in my life that I don’t ever edit myself. In interactions with people and everything else, I’m constantly editing, or feeling like I can’t come across too smart, or I don’t want to look too bossy, or whatever it is. When I write, I don’t care about that . . . . [Writing gives me] a space to not edit myself, to not feel I have to be anything other than who I am [my italics].

Another participant described how writing helped her to define herself, differentiate herself from the Other, as well as gain a sense of control over the Other:

[Writing] was a way of finding my own voice, instead of listening only to other people’s voices [my italics]. . . . I think it came partly out of the women’s movement and a greater sense of self-assertion . . . . I was trained partly as a woman, partly as a therapist to enable other people to express themselves . . . . I didn’t have such an arena for self-expression. [W]hen you’re in the world, you don’t have control over other people, and in writing you do. And so you can make your characters do and say anything you want when you can’t have that effect on other people.

Another participant had a similar perspective:

Writing . . . allows you to be in command of uncontrollable material. When you write, you really stay the hand of time. You can get inside,
either through fiction or memoir, or whatever your route is, you can remake a situation that—to suit yourself, and it’s powerful and tremendously satisfying.

Some of the ways in which participants conceptualized and discussed the Other in connection with the psychotherapy experience included the Other as therapist; the Other as family member or other individual with whom one has a significant relationship; the Other as a member of society with whom one comes into contact.

Participants also conceptualized and discussed the Other in terms of different, and often interdynamic, aspects of the self, such as the self as writer and the self as psychotherapy client, as conveyed in one participant’s statement, “One feeds the other,” referring to how each benefits the other. Another participant said,

*In therapy, I often feel very . . . like a little kid* [my italics], like, sort of vulnerable, the one who’s messed up, who’s there crying and you know . . . Writing feels different . . . . And so I do feel like, again, because I don’t edit myself there [*in the writing*], *I do have more of a connection with my own voice* [my italics].

A different conceptualization of the Self and Other in the writer’s voice was given by a participant who stated that, after writing,
If . . . I really like what I wrote—I’m really excited. I’m sort of like, “Wow—how’d that happen?!?” You know, *it feels like it didn’t come from you . . . Like something wrote itself through you*” [my italics].

Yet another participant compared the “products” and “processes” of psychotherapy and creative writing with respect to the Self and Other, as follows:

Well, I guess that *in psychotherapy, the product is not something that’s outside oneself* [my italics]. You know, the product, as I see it, is becoming a person that is more at ease in the world, becoming a person who’s more able to be connected to *other* [my italics] people well, to be more flexible somehow in life. You know, it’s not an “out there” product. *In writing, there is a product, potentially, which is a piece of written material that has a lot—that can have a life of its own* [my italics].

- *The Role of the Unconscious in Psychotherapy and Creative Writing.* As psychodynamic therapy is understood to involve the client’s talking to uncover feelings of which he or she has been hitherto unaware, and one criterion for participation in the study was that the individual had been a client in psychodynamic therapy, it was understood that all participants had had some psychotherapeutic experience in which the unconscious had come into
play. None of the questions in Sections 1-3 asked specifically about the use or role of the unconscious in either the participant’s psychotherapy or creative writing experience; nor was the term “unconscious” used in any of those questions. Nonetheless, the concept of the unconscious, if not always the term, did enter participants’ discussion with regard to the psychotherapy experience, the creative writing experience, and commonalities in the two.

*The Unconscious in Psychotherapy.* One participant’s reference to free association in her description of a typical therapy session (“a fairly client-directed, free associative, 50-minute hour once a week”) implied that use of the unconscious was part of her psychotherapy experience. In general, participants said little about the specific ways in which the unconscious comes into play in therapy. They tended to speak more about putting their feelings into words and gaining insight into themselves than about the unconscious sources from which such feelings or insight might have come. The greater amount of discussion regarding the unconscious came with respect to creative writing or to similarities in psychotherapy and creative writing.

*The Unconscious in Creative Writing.* References to the role of the unconscious in creative writing came chiefly through participants’ descriptions of their mental state when engaged in writing. Although all of the participants seemed to have a clear and precise sense of what being satisfyingly (and, for some, unsatisfyingly) engaged in writing was like, as
evidenced by their cogent responses, as well as their observed body language, facial expressions, rapidity and sureness with which they responded, apparent familiarity with the phenomenon they were describing, and confident tone of voice, the language and images (often metaphors) used to describe what they experienced during writing were somewhat less precise and carried the feeling that perhaps there did not exist language to directly or adequately articulate the experience of being fully engaged in creative writing. In some cases, participants attempted to describe what was *not* happening during writing, such as “I don’t feel much,” and “I’m just not there.” Other descriptions contained an element of physicality, as when one participant compared writing to “making art” and “making love,” or of structure, as when participants described being “in” or “inside” something when writing, or of location, as in being in “a less critical, less intellectual place” when writing. Some descriptions invoked concepts of magic, mysticism, or mystery; two participants referenced something akin to a “religious” experience. Perhaps a subcategory of creative writing, and one particularly difficult for participants to describe, though obviously intimately known, was the moment when they “knew” they had the “right” words and that the writing “succeeded.” Furthermore, many of the descriptions of the during-writing experience seemed attempts to depict a kind of altered state of consciousness and, whether implicitly or explicitly, included the involvement of the unconscious.
Participant descriptions of the creative writing experience included the following:

- [Some aspects of writing are] an unconscious process—[I am] feeling my way.

- I go into a zone . . . . I compare it to art—making art. And to sex. Those are the three things that relate for me . . . . this kind of unconscious—you lose your consciousness of self. You’re not watching yourself writing, or making art, or making love. You’re just in the experience; you’re not observing . . . . [During a writing workshop] you free associate from [words provided by the workshop leader to prompt writing, which] get into your unconscious a little bit . . . . I let myself be transported by language . . . . And then I go into the zone—most of the time . . . . So, that’s how I feel during it [writing] . . . I’m just in the story. I just write and write, you know, an hour, two hours, whatever it is.

- [During writing, I’m just in it—I don’t feel much. I’m just doing it.

- While I’m writing, I’m just not there. I’m usually so inside what I’m doing that I—it’s very—I don’t—I’m not really aware of what I’m feeling, because it’s just not—I’m inside it.

- . . . a less critical, less intellectual place—like my ability to make visual art, which is all about that. That’s so not conscious. I don’t feel clunky there. It’s all in your body. You just trust your arm
and your hand . . . So, when I make those worlds . . . I’m just not worried about how it should look. But with writing I might be more like that.

- . . . completely absorbed in what I’m doing.
- . . . that space where I’m able to into myself.
- There’s something incredibly mystical about what happens when you put [pen to paper]. . . . there’s a magical thing that happens between the head, the arm and the pen. . . . the imagination enters . . . And I think God enters, whatever God is . . . because we don’t know what God is . . . [Writing] help[s] you heal wounds . . . writing helps you get in touch with a larger reality beyond the one we usually walk around with. To me, it’s kind of almost a religion. But it always has been—reading poetry and writing. . . . It’s as if we were on a mountain top and could see really far.
- I’m not a religious person, but there’s something religious in aspect about it.

References to the functioning of the subconscious when writing is difficult included the following:

- When I start to revise, I’m not in that unconscious zone and it doesn’t sound as good!
- The other [obstacle to writing is] resistance to the writing itself . . . I think that’s like . . . shame? I don’t know what word to use.
There’s a kind of . . . inner inhibitor . . . when I’m in a zone where I carry around this feeling, like, it’s not that good . . . It’s like anything you resist, that it isn’t going to feel right. It doesn’t feel very good to go . . . I hate [revision] because I have to go and see this yucky thing I hate. It’s like going to see your poop in the toilet.

- I take along time hibernating [sic] a story . . . there are some stories that seem to spring. And there are other stories that gestate for years and years . . .
- [Sometimes my writing is] just cognitive, and that’s not too good.
- Yeah, you know if it is singing to you. And if it’s not, it’s like, “What a waste of time.” And, you know, “I can’t believe I did that.”

Another part of the creative writing experience, which could be considered another state of “altered consciousness,” was that in which the author “knows” that he or she has found the “right” words and that the writing has “succeeded.” Participants tended to use metaphor to describe that phenomenon; they seemed to be trying to describe what that particular altered state of consciousness felt like, because it was experiencing that unique feeling that indicated to them that they had attained the desired goal in their writing. Thus, the metaphor used seemed to be chosen to elicit a feeling
similar to that of having accomplished the writing goal. Their descriptions were as follows.

- I’ll . . . feel high, like after good sex, if it—if I really like what I wrote, I’m really excited. I’m sort of like, “Wow—how’d that happen?!?” You know, it feels like it didn’t come from you. Like something wrote itself through you. And you get a real high.

- I think I know after I write—I call it having a tiger by the tail. If it’s—I can feel at some level whether it’s got some energy and some “go” to it. And then I feel good—no matter what the feedback, I feel some level of confidence.

- It’s this feeling of having something sing to me. . . . something that’s not so cognitive, that has some “juice” to it.

- I can tell when I’m writing really well . . . . When something good starts happening, I feel it.

- . . . waiting for the right words to come, trying different words until you have the words that fit right . . . feeling what the effect of having a different version is like.

Commonalities in the Role of the Unconscious in Psychotherapy and Creative Writing. Participants made the following statements about how they felt the unconscious comes into play in both the psychotherapy experience and creative writing experience.
• I’m thinking I do sometimes have that [“in the zone” experience that I have with writing] with therapy, too . . . . I think I have also had that in therapy, with this one guy [psychologist] who happens to be a Buddhist—and I’m a meditator.

• . . . therapy . . . . is exactly the same experience. . . as with writing. There are times when you’re in a session, as a client, you know—when you’re just not judging yourself so much—you’re just in what’s happening right then and something exciting can happen. It’s very similar—that part. The “juicy” session. You know where there are moments—I can feel that as a therapist, too.

• . . . both [psychotherapy and creative writing] use dreams and they both use that kind of unconscious state, I think, if you’re in good treatment.

• There also, certainly, is writing that does not have a product attached to it, and I engage in that kind of writing a lot. And I value it highly. . . . So, for me there’s a lot of similarity [between that kind of writing and psychotherapy] because process is . . . a big part [of both], and there’s not an outward product that’s so important.

• [Psychotherapy and creative writing are] the same and different . . . . The similarities are that they have the potential for healing, you know, through—almost through both, you know, the same free association . . . . Allowing our, you know, unconscious, almost
dreams, to see the light of day, and using those to understand things. It is like a dream-state, I would say. That’s what similar—you know, dreams.

- I think there’s a lot of similarity [between psychotherapy and creative writing] in the sense [that both have] a rhythm to [them] that is a little mysterious . . . . coming to things that you didn’t expect—that you didn’t set out looking for. And I think there’s some aesthetic pleasure in both processes that is very hard to describe that has to do with the shape of discovering something.

- I think being in therapy has helped me to go into that zone in writing—because I can do it in a [therapy] session. And learning about dreams . . . .

- . . . for me, and for many writers that I know, the process of associative thought is a key piece of writing and it certainly is a key piece of a good therapeutic process.

- The Use of Affect-Related Language in Describing the Experiences of Psychotherapy and Creative Writing. Some findings on participants’ use of affect-related language to describe negative feelings in the psychotherapy and creative writing experiences were reported earlier in this chapter (see section on Negative Feelings as Conducive to Both Psychotherapy and Creative Writing). In fact, participants used a wide range of affect-related terms when describing their subjective experiences, whether negative, positive, or
otherwise, of both of therapy and writing. For our purposes, use by participants of the word *sense*, as in *I have the sense that* or *it gives me a sense of*, will be understood to refer to a feeling—that is, an *affective experience*, *sensation*, or *awareness*. Similarly, the use of the word *experience*, as in *writing gives me the experience of being free*, will be understood to refer to an *affective* experience. Following are examples of affect-related language used by study participants (where such terms appear within a sentence, I have italicized the affect-related word or words).

Affect-related language used in connection with psychotherapy:

- If [therapy] siphons off a certain amount of feeling or intensity, maybe it’s not so good . . . . if you talk everything out [in therapy], I think you do possibly lose some steam [in your writing].

- Being in therapy teaches you, basically, the tools that are so useful as a writer: to, again, be patient, to stay with a thought or feeling or a sensation longer than you might ordinarily so that you can see what else is there.

- . . . [writers in therapy] are used to putting [their] thoughts into words—vague feelings lose there vagueness.

- I’ve always felt eager to engage in therapy. I love the attention.
Affect-related language used in connection with creative writing:

- I’m just in the story.

- During writing, I’m just in it.

- While I’m writing, I’m just not there. I’m usually so inside what I’m doing, that I—it’s very—I don’t—I’m not really aware of what I’m feeling, because it’s just not—I’m inside it.

- Creative writing is definitely therapeutic for me . . . because it gives me the experience of being free. So, I have a sense of how that feels and I want more of it, so I’m likely to take it into other areas of my life. I have a sort of sense, again, of satisfaction and of seeing I have some talent.

- Writing allows you to be in command of uncontrollable material . . . You can remake a situation that—to suit yourself, and it’s powerful and tremendously satisfying.

- [Writing] was a way of finding my own voice, instead of listening only to other people’s voices. . . . I think it came partly out of the women’s movement and a greater sense of self-assertion . . . .

[W]hen you’re in the world, you don’t have control over other people, and in writing you do.

- I don’t think—creative writing is not that therapeutic. I’d say it can be very satisfying; it can be sort of ecstatic [sic]; it can be heavy—but it creates a lot of problems. [participant chuckles] If
you’re after success or accomplishment, you can be full of failure
[laughs again].

- I think I know after I write—I call it having a tiger by the tail. If
  it’s—I can feel at some level whether it’s got some energy and
  some go to it.

- . . . [writing something perfect] is this feeling of having something
  sing to me . . . not so cognitive, that has some juice to it . . . . like
  my ability to make visual art . . . . I don’t feel clunky there. It’s all
  in your body. You just trust your arm and your hand . . . . I’m just
  not worried about how it should look . . . .

- There’s something incredibly mystical about what happens when
  you put [pen to paper]. . . . there’s a magical thing that happens
  between the head, the arm and the pen. . . . writing helps you get in
  touch with a larger reality beyond the one we usually walk around
  with . . . . It’s as if we were on a mountain top and could see really
  far. . . . I can tell when I’m writing really well . . . . When
  something good starts happening, I feel it.

- [writing] is the way in which I feel that I feel most clearly and
  connect with other people most strongly . . . there’s something
  religious in aspects about it.

- But if you’re brave enough to write authentically about your
  feelings, deeply enough—other people—it’s for everyone . . . It
  was very, you know, to the bone . . .
Affect-related language used in comparing psychotherapy and creative writing:

- . . . trying different words until you have the words that fit right; trying different ways of telling the same story and feeling what the effect of having a different version is—that’s all part of both writing and therapy.

- [Writing and therapy offer] exactly the same experience . . . . You’re just in what’s happening right then . . . . The juicy session. You know when there are moments—I can feel that as a therapist, too.

- [When I write], I go into a zone . . . . I’m thinking I do sometimes have that [in the zone experience] with therapy, too.

- . . . making art. And to sex. Those are the three things that relate for me . . . . So it [being “in the zone”] is this kind of unconscious—you lose your consciousness of self. You’re not watching yourself writing, or making art, or making love. You’re just in the experience; you’re not observing. So, I think I have also had that in therapy . . .

- Both [therapy and creative writing] have benefited me in terms of knowing myself and that sense of being able to reveal myself from a more vulnerable place . . . . And the benefits for me that come from that, which are really kind of loosening up, hopefully feeling a little more vibrant and alive, which is always my goal.
Unexpected Findings Related to the Therapist Experience

An area of unexpected findings that bears mention here is that of participant reports related to the therapist’s experience and perspective. As described in the Methodology chapter of this thesis, the participants in this study were therapists as well as psychotherapy clients and creative writers; in some cases, they were also leaders of creative writing workshops. Although they were asked to consider and respond to questions from the points of view of the psychotherapy client and the creative writer, there were a few instances in which they added remarks that were about, or reflected, their experiences as therapists and, in some cases, as leaders of writing workshops. Those findings are presented because, although they do not directly relate to the specific questions under study, they emerged from an investigation which, as a whole, certainly has implications for clinical practice, including the therapist experience. Please note that, for some of the participant quotations given below, I have highlighted in bold those parts that directly relate to the therapist experience.

On the therapist's experience of being “in the zone” during the therapy session and “knowing” when therapy is “working”:

- There are times when you’re in a session, as a client, when you’re just not judging yourself so much—you’re just in what’s happening right then and something exciting can happen. It’s very similar [the psychotherapy
experience and the creative writing experience], that part—the *juicy* session.

You *know* when there are moments—I can *feel* that as a therapist, too—when that connection [between therapist and client] is really vibrating.

*On the understanding and use of dreams by the therapist as helpful in creative writing:*

- And learning about dreams, as a client first and now using them as a **therapist**, has helped me create that feeling in my writing.

*On the value of listening as a skill necessary for both the creative writer and the therapist, and how being a therapist who listens well benefits the writer:*

- I think, as a therapist, one has to be a very good listener. There is a shaping, but you have to beware of not shaping so much. You’re interpreting—it’s also what I like about going to the therapist. [As a therapist], I like to feel like I try to give the person [client] their story, a sense of their life story and a reflection of who they are. And writing, for me, is sort of the other side of that coin.

- Being in therapy [as a psychotherapy client] pushes the limits of what you thought you knew, pushes you to look at more unconscious elements, like dreams and motivation, which helps totally in writing stories about people—and acknowledging the various reasons we do things and the various things we’re aware and unaware of. Definitely. **And being a therapist [psychotherapist] helps, too . . . .** I think it’s the same thing. I mean, I just
think it’s one step more, because if you’re spending your whole day looking at unconscious motivation and helping people make the unconscious conscious, and listening to stories, how can that not help you be a better writer, you know?

On the value of language and writing to the therapist as well as the client:

- I think [being a writer] very much enhances your experience as a client—and also as a therapist—because the medium is language. And so, if you take interest and pleasure in the details of language, then both of those processes [psychotherapy and creative writing] have all sorts of very interesting nuance.

On creativity as an aspect of the therapist’s work:

- [Working as a therapist] is very creative. The act of understanding dynamics and motivation is a creative leap for the therapist, too [that is, as well as for the therapy client and the creative writer]. You know, at that level of empathy—to be empathic is to be a little bit on the creative side—very much so, I think. And, you know, putting things together and coming to possible interpretations supports the process of [therapy].

On the psychotherapist’s use of his or her unconscious during the therapy session:

- If you’re sitting with a client, your unconscious is totally active—or very much so. You can’t deny that it’s in play.
On the therapist's use of writing with her clients and the potential of creative writing to draw out psychological issues:

- I don’t do it [use writing] like a workshop. I don’t have people write in the hour, although—I specialize in adolescents and college age, so I do use—I have them write, like this week I [had them] make a list with me of things that they want from their families, from their—you know, whatever, to use as guides. I find that their writing—you know, I don’t write them—I have them write them. I think it somehow gives more legitimacy to their needs. And then they use those lists, often either to bring the families in or to write them a letter, whatever—so, yeah. I, you know, I often suggest and have people bring back a homework. You know, write a letter to your dead dad, bring it in. I always—I do a lot of eating disorder stuff, a lot of sort of needing people to journal as, you know, one of the resources for them: bring in their writing; lots of journaling about their eating and their emotions. But writing is pretty standard fare [in eating disorder work and work with adolescents and young adults]. But I don’t use that kind of creative writing—although I have thought of getting trained. There’s a kind of training they teach around here [she names the training organization]—it’s formatted and I know a number of people who teach that. So, you know, I thought of getting trained as a workshop leader and then running writing workshops and having both the skills of the therapist and the writer. Because writing workshops often, when you’re writing, bring up psychological stuff.
On the use of creative writing by the creative writing workshop leader to provide workshop members not only writing benefits, but psychological benefits as well.

- I had a [woman] in my workshop who came—I’ve had many people come that were recommended by therapists to come [participate in the writing workshop I lead]. And one of them was a wreck—[participant mentions the type of trauma the woman had experienced], she walked in like this [demonstrates posture], she wrote in code—I had no idea what she was writing about. And she was just limp. And after a while I said, “We need to talk.” And I had a conference with her in my yard—we were sitting outside. And I said to her, “I have no idea what you’re writing about. You’re in a really safe place and you can write whatever you want to.” And she wrote in detail the story of her whole life. She climbed out of her depression and got her MFA in writing and now she teaches college. It [writing] saved her life. And there was another woman who . . . had been in therapy, and she went on and studied writing. So, I think it [creative writing and mental health] can be very connected and I really think it would be great if more therapists told their clients to go to writing workshops. And, again—it’s one thing for me to tell you that [for example] my uncle molested me when I was—you know. But if you have ten people there listening and being listened to themselves [as they read the stories they’ve written], you know . . . [another valuable dimension is added].
On the personal value of working through obstacles to writing, in the context of being an adult and a trained clinician:

- It’s rare that my writing experience is easy in the beginning . . . . getting it out that first time is never that much fun or easy . . . . There is permission-giving to be—that you have to work out [the story], that it’s awful, that it doesn’t make sense. And you have to—and this is something that’s been very expanding to me as a person, as opposed to my training as a clinician—[you have to be] somehow very accepting of being foolish and stupid. Because, as an adult, one tries to be smart and to write . . . as an adult and as a therapist. So, writing means feeling like a beginner, like a jerk, like a waster of time.
CHAPTER V
DISCUSSION AND CONCLUSIONS

This investigation asked the question: What do engaging in psychotherapy and creative writing having in common, in terms of affective experience and process? The findings of the study shed some light on that question, as well as produced some unexpected findings that raised a number of questions.

Findings of Affect and Processes

Common to Both Psychotherapy and Creative Writing

The findings of this study suggest that many of the same kinds of feelings and processes are, in fact, experienced in both creative writing and psychotherapy. All of the study participants reported that expressing feelings, accessing the unconscious, making discoveries, exploring and/or learning about oneself, and using creativity typically occurred during both creative writing and psychotherapy sessions. Nearly all the participants reported that releasing energy, developing insight, identifying and/or resolving conflict, and solving problems frequently occurred in both the writing and the therapy experiences. Risk-taking was also identified by some participants as common to both experiences.
The above findings may shed light on human beings’ general fascination with the unique connection between creative writing and mental health, a fascination that goes back at least to the ancient Greeks and was particularly explored by Freud (1908/1989) in *Creative Writers and Day-Dreaming*. These findings suggest that creative writing and psychotherapy share fundamental elements, both of affect and cognition, and, furthermore, that by increasing our understanding of the one we may increase our understanding of the other.

*Findings Supporting the Therapeutic Benefits of Creative Writing*

It has been thought for some time that the act of writing can have therapeutic benefits to individuals who suffer from physical and/or emotional symptoms. The research of Pennebaker (Pennebaker, 1997, 2004), among others, demonstrated the therapeutic value of writing about one’s own emotionally traumatic experience, as well as that of an imagined *other*, and delved into why that might be the case. In particular, that work indicated an association between the improvement of symptoms and the use of language that reflects the writer’s willingness to experience and explore his or her own (chiefly negative) emotions, and his or her having reached some level of self-understanding, self-acceptance, and hopefulness. Those findings are supported in a number of ways by the present work, which focused specifically on the act of *creative writing*, whether in close connection with oneself, as in such cases as memoir, creative nonfiction, or poetry, or in somewhat greater separation from the self, as in, for example, fiction.
First, five of the six participants in this study reported that that they did, in fact, experience the act of creative writing as very therapeutic across a variety of experiences and life stages, and as a supplement to, or in place of, psychotherapy. Indeed, five of six also reported that gaining relief of emotional and/or physical symptoms was a common outcome of creative writing, while, at the same time, all six reported that expressing feelings was an integral element of their creative writing in general.

Second, whereas participants in Pennebaker’s work were directed to write on difficult experiences about which they had negative feelings, participants in the present work reported that they were often spontaneously drawn to creative writing when they were experiencing negative feelings. Furthermore, the creative writing in which the participants engaged was frequently on the subject of, or otherwise closely connected with, the negative feelings they were experiencing at the time. Thus, it appears that there may be a two-way correlation between experiencing negative feelings and engaging in writing, such that not only does the expression of negative emotion through writing yield a decrease in symptoms, but also that individuals experiencing negative emotions may actively desire, and even “seek out,” expression of those emotions through writing as a form of self-therapy. (Brief follow-up on this finding identified qualitative research conducted by Morgan (2005) in her dissertation, *Through the Looking Glass: An Exploration of Mild Depression as a Motivational Factor for Creative Writers*, which showed that “an element of melancholy may serve as a motivational catalyst to prompt the active choice to write. . .”) Were that the case, it would certainly provide support for Pennebaker’s reported link between the improvement of symptoms and the use of language that reflects the writer’s experience and exploration of negative emotions.
Such a correlation would also support those who believe that writing, and perhaps creative writing in particular, ought to be more widely offered to therapy clients, across approaches, as an option for seeking relief of symptoms, as well as working through and solving problems or dilemmas.

*Findings Supporting Increased Client Insight Through Creative Writing*

Given that many people enter therapy for help other than the relief of symptoms, it was not surprising that the relief of symptoms was only one of several outcomes of creative writing reported by the participants in the present study. All six participants reported *exploring and learning about themselves* through creative writing, and five of six reported *gaining insight* through creative writing, both of which would seem to support that aspect of Pennebaker’s work that correlates symptom relief with the writer’s having achieved some degree of self-understanding and self-acceptance. Again, such findings also support the argument for therapists’ offering writing as an optional tool or resource for their clients.

In fact, the experiences discussed above—the relief of symptoms, the expression of emotion, the exploring and learning about oneself, and the gaining of insight—were reported by participants in the present study as being *common to both psychotherapy and creative writing*. Moreover, 66.7 percent to 100 percent of participants reported that also common to both psychotherapy and creative writing were *accessing, or communicating with, the unconscious, making discoveries, identifying and resolving conflict, solving problems, releasing energy, using creativity, and taking risks*. The finding of such a
broad range of similarities between the psychotherapy experience and the creative writing experience suggests that the connection between those two activities may be deeper than first thought and may extend beyond a cause-and-effect relationship between the act of writing and the reduction of symptoms.

It is also worth noting that all three of the participants who had engaged in creative writing during writer’s group meetings (as opposed to only between meetings) described that mode of writing as social and very important to their writing experience.

We are reminded of the work of Lauer and Goldfield (1970), who studied creative writing done during the meetings of each of three therapy groups within a hospital setting and focused on the writings by individual group members and the outcomes of those experiences, but did not address the possible social interactions of the writers or the benefits that may have resulted from the group or social aspect of the writing exercise. That present finding suggests that perhaps the use of creative writing in therapy groups should be further studied for its potential to increase symptom relief and to otherwise enhance clients’ psychotherapy experience.

**Findings Supporting Psychodynamic Theory and Practice**

The findings of the present work may support other areas of clinical theory and practice. Two areas in which this may be readily seen are the Lacanian and narrative therapy approaches.

Lacanian (Lee, 1990; Mitchell & Black, 1995) theory is built on the premises that language forms the structure of the human psyche, that “the determinative dimension in
human experience is . . . language” (Mitchell and Black, p. 195), and that “language is psychotherapy and psychotherapy is language.” Lacanian psychotherapists (Rogers, 2007) frequently look to the client’s use of language in, for example, free association and the unconsciously repeated use of words or phrases, for opportunities to guide the client in entering and exploring his or her psyche and meaning-making. The findings of the present study, which suggest that accessing the unconscious, as well as exploring and learning about the self, are integral parts of both the creative writing experience and the psychotherapy experience, appear to support the Lacanian idea that language is central to the makeup of the human psyche and the understanding of the human experience. More particularly supportive of Lacanian thinking were the perceptions by this study’s participants that language itself was of unique importance to both creative writing and psychotherapy. That idea was most eloquently expressed in the following participant statements, the first two regarding the use of free association:

“... for many writers ... the process of associative thought is a key piece of writing and it certainly is a key piece of a good therapeutic process.”

and

The similarities [in psychotherapy and creative writing] are that they have . . . the same free association.

and the third regarding the use and enjoyment of language as a medium of self-expression that runs through both writing and psychotherapy:

I think it [being a creative writer] very much enhances your experience as a client—and also as a therapist—because the medium is language. And so, if you
take interest and pleasure in the details of language, then both of those processes [psychotherapy and creative writing] have all sorts of very interesting nuance.

The findings of this study are also strongly supportive of narrative therapy. Narrative therapy (White & Epston, 1990; White, 2004), largely developed by Michael White and David Epston, interconnects the ideas of psychotherapy and creative writing from both theoretical and practical perspectives. The approach uses the concepts of storytelling and “authoring” both as a metaphor or framework for understanding the psychotherapy client’s subjective experience, and as a therapeutic tool that empowers the client to “re-write,” whether on paper or in spoken therapy, his or her lived experience, from a new perspective, into one that can be held, understood, and used to effect change.

Fundamental to both the theory and practice of narrative therapy is the belief that the creation of narratives is a way of externalizing problems, instilling hope for change, and building on strengths (Buckley & Decter, 2006; Carey, 2002; Diamond, 2000; Keeling & Bermudez, 2006; White, 2004). The subjective experiences reported by the participants in the present study provided strong support for the principles of narrative therapy and its practice. That support was found not only in such participant statements as “I used [writing about my mother’s death] a lot like therapy” and “[writing about my mother’s death] was the only way I got through it,” but also in participant descriptions of creative writing as a kind of re-authoring of life experiences and relationships that can carry with it deep and lasting effects, as seen in the following remarks:
• [In both therapy and creative writing] you’re telling a story—so it’s the same. You know, you’re telling a story and then you’re retelling the story, and then you’re retelling it yet again, and you’re looking at it from every facet, and you’re revising it, and yeah, it’s very creative. And you’re also . . . putting two minds together, yours and the therapist’s, to envision, you know, to conceptualize—just like in art—images of what life could be or what, you know, possibilities there are . . . there’s a lot of creative imagining that goes on in therapy, about how it could have been and how it will be, that I think expands your personal, you know, sort of limited scope.

• . . . writing is . . . healing through challenging your narrative internally.

[Therapy] is an external nudging and [creative writing] is an internal nudging.

• The similarities [in psychotherapy and creative writing] are that they [offer] . . . . Getting a new take, a new narrative, on an old story.

• People really accept that therapy has affected my story about my history. I think writing my first book about—[about] my mother dying—really affected my view of what my growing up was like . . . . That’s the different take on my mother—and my relationship to her.

• [My mother] was my first subject matter. And it is still—each decade, or each age I go through, I rework or come to a new relationship with my mother, and who my mother was—because she died when I was eighteen . . . . She was very vivid to me at eighteen, so it’s sort of exploring who she really was, as I see her now from an adult’s point of view.
It appears likely that such information about the subjective experience of the client-writer may be helpful to theorists, practitioners, and clients—whether connected with Lacanian, narrative, or other approaches to dynamic psychotherapy—in better understanding the psychotherapy and creative writing experiences and in making increased use of creative writing as a tool for healing and self-enlightenment.

*Unexpected Findings: Being “In the Zone,”*  

*The Affect of “Knowing,” and “Feeling My Way”*

Two of the most intriguing questions that arose from this investigation of the role of affect in psychotherapy and creative writing were

1. **What is the nature of being “in the zone”—that optimal, altered state of consciousness in which participants claimed to do their best writing and, in some cases, to do their most productive, exciting, and satisfying psychotherapeutic work?**

2. **What is the nature of “knowing” when a piece of creative writing is “right” or when psychotherapy is “working”?**

Why are those questions important?

First, *all* of the participants identified the experience of having been “in the zone,” in one way or another, when doing creative writing. Being “in the zone” was generally characterized in terms of *affect*—whether the *presence* of affect, such as feeling “ecstatic” or having the sensation of “being free . . . I have a sense of how that feels and I
want more of it,” or the absence of affect, as expressed in such statements as “I don’t feel much. I’m just doing it” and “I’m not really aware of what I’m feeling.” Being “in the zone” was also described in terms of external activities, such as “I just write and write,” and internal processes, such as “it just flows,” both of which, in the contexts of the respective conversations in which the statements were made, carried with them connotations of positive emotions.

Second, several participants associated being “in the zone” with being engaged in both creative writing and psychotherapy, which may be an indication that those activities share an even more fundamental quality which, in both cases, causes the “in the zone” condition.

Third, involvement of the unconscious appears to be another important link between creative writing and psychotherapy as seen in some participants’ characterization of being in the zone as a particular kind of altered consciousness or a connection with the unconscious. (As narrative therapy does not use the idea of the “unconscious,” but rather that of “prior ideas” or “prior stories,” discussion here of the accessing or the role of the unconscious would not directly apply to that therapy approach; however, discussion of an “altered consciousness” during creative writing—and perhaps during the therapeutic “re-authoring” process—certainly could be applicable.) Several participants referred to the use of free association in both activities. The unconscious was referred to with regard to creative writing in such statements as, “[Writing is] this kind of unconscious—you lose your consciousness of self,” and “[When I write, I] go to a less critical, less intellectual place . . . . That’s so not
conscious.” Most striking was one participant’s description of how she experienced being “in the zone” in both psychotherapy and creative writing:

[In this regard, creative writing and psychotherapy are] exactly the same experience . . . . There are times when you’re in a [therapy] session, as a client, when you’re just not judging yourself so much—you’re just in what’s happening right then and something exciting can happen. [They are] very similar . . . . The juicy session.

Being “In the Zone”

A limited amount of follow-up on this unexpected finding shed light on the meaning and nature of being “in the zone.” The term may be familiar to some, as it was to me, as a sports-related colloquialism denoting an individual’s physical and mental condition during athletic activities, which is characterized by the body’s being warmed up, the mind’s being relaxed, the physical effort involved in performing the activity becoming painless, and the capacity for endurance being at a maximum. Although the expression “in the zone” was not found in standard dictionaries, Encarta Dictionary, found on the Internet, defined that phrase as follows: “performing an action, especially playing a sport, extremely well with intense focus (informal)” (http://encarta.msn.com/dictionary_/zone.html).

*Discovery and Invention* (1997), developed the concept of “flow,” the experience of a state of consciousness that includes having

*Clear goals . . . Concentrating and focusing . . . on a limited field of attention . . .*

* . . A *loss of the feeling of self-consciousness*, the merging of action and awareness. *Distorted sense of time* – our subjective experience of time is altered. Direct and immediate *feedback* (successes and failures in the course of the activity are apparent, so that behavior can be adjusted as needed). *Balance between ability level and challenge* (the activity is not too easy or too difficult). A sense of personal *control* over the situation or activity. The activity is *intrinsically rewarding*, so there is an effortlessness of action.” (*The Psychology Wiki*, http://psychology.wikia.com/wiki/Flow).

Csikszentmihályi and others have studied “flow” across a wide range of activities and conditions, including writing (Schere, 1998; Steen, 2004), sports (Jackson, S., & Csikszentmihályi, M., 1999), high school students’ engagement in the classroom (Shernoff, D., Csikszentmihályi, M., Shneider, B., & Shernoff, E., 2003), and flow as experienced in adolescence (Schmidt, J. A., Shernoff, D. J., & Csikszentmihályi, M., 2007). The study of flow experienced during music composition and improvisation (Bengtsson, Csikszentmihályi & Ullén, 2007) has included the use of functional magnetic resonance imaging (FMRI) to study brain activity of pianists during those activities.

It appears that the experience of the current study’s participants of being “in the zone” may be very closely related to Csikszentmihályi’s “flow” phenomenon and may
bear further exploration in terms of its therapeutic benefits, what it may tell us about the nature and value of the unconscious, and what it may reveal to us about the connection between the brain and the mind.

*The Affect of “Knowing”*

The findings of this study indicated that the experience of “knowing” something may be connected with affect, that is, with a *feeling* that something is *right*. That connection was widely observed in participants’ reports about the creative writing experience and less widely, but just as notably, with regard to the psychotherapy experience.

With regard to creative writing, several participants reported having experienced particular moments when they “knew” their writing was “right,” when they had found the right word or phrase or had otherwise succeeded in their writing. Those moments were frequently described in terms of feelings. Participants stated, for example,

- *I know* after I write . . . . I can feel at some level whether it’s got some energy and some *go* to it.
- *I can tell* when I’m writing really well . . . . When something good starts happening, I feel it.
- There’s something incredibly mystical about what happens when you put [pen to paper]. . . . there’s a magical thing that happens between the head, the arm and the pen.
- *I’ll . . . feel high . . .* if I really like what I wrote, I’m really excited. I’m sort of like, “Wow—how’d that happen?!”
• something that’s not so cognitive . . .
• . . . you have the words that fit right.

Sometimes the feeling of “knowing” was expressed through metaphor, as in the following participant statements.

• I call it having a tiger by the tail.
• It’s this feeling of having something sing to me. . . . you know if it is singing to you.
• [the writing] has some 
  
  juice to it.
• [the writing] has got . . . some go to it.
• there’s something religious in aspects about it.
• [It’s] like after good sex . . . you get a real high.
• [I]t feels like it didn’t come from you. Like something wrote itself through you.

With regard to psychotherapy, participants spoke less frequently, but with no less certainty, about “knowing” when the therapy was “right,” or “working,” and frequently described the experience as being similar to that which occurs in creative writing. For example, participants stated:

• there’s a cultivation of patience in both pursuits [psychotherapy and creative writing]—like waiting for the right words to come, trying different words until you have the words that fit right, trying different ways of telling the same story and feeling what the effect of having a different version is—

  that’s all part of both writing and therapy. [My italics]
There are times when you’re in a session, as a client, when you’re just not judging yourself so much—you’re just in what’s happening right then and something exciting can happen. It’s very similar [the psychotherapy experience and the creative writing experience], that part—the *juicy* session.

“Feeling My Way”

Again, we can perhaps enhance our interpretation of “knowing” by considering it in the context of Csíkszentmiháli’s work. Csíkszentmiháli holds that a critical aspect of “flow” is the receiving of “direct and immediate feedback.” It appears possible that *both creative writing and psychotherapy involve a process in which the individual engaged in the activity is continually receiving “direct and immediate feedback,” in the form of feelings—or affective experience—which the individual, consciously or unconsciously, then evaluates to determine whether what he or she is doing is “right,” or “working,” and should be continued. Such a process would explain why one participant described writing as an experience of “feeling my way,” which I interpreted as meaning continuing along in the activity without knowing for sure where that path would lead or whether the outcome would be positive, but nonetheless having a strong and ongoing feeling—a feeling upon which one then acted—that continuing in the present fashion would result in reaching a desirable destination.

Proprioceptive writing, developed by Metcalf and Simon (2002) using the metaphor of the body’s proprioceptive ability to “know” where its various parts are (for example, one’s ability to know the position of one’s arm without having to look at it), employs a similar but deliberately conscious “feedback loop”: a recursive process of...
writing and reflection in which “reflection is a spontaneous response to whatever feeling or idea you are expressing. . . . a natural gesture that allows you to elaborate your thoughts and examine their meaning in the light of emotion and reason” (pg. 18).

Through proprioceptive writing “you gain new information from your reflections . . . you make adjustments. Your point of view shifts. Your perspective deepens. Your personal intelligence expands. In this mental movement you sense your vitality” (p. 18). The report by Metcalf and Simon of how users of proprioceptive writing describe that process sounds very much like Csíkszentmiháli’s description of “flow” and even uses many of the same words our study participants used to describe the “altered state of consciousness” in which they do their best creative writing and psychotherapy, as both clients and therapists:

- All the metaphors we’ve heard people use to convey the effect of Prioprioceptive Writing on a sheer feelings level are ones of movement: expansion, uplift, transport, being born [sic] into or thrust into, in the flow, in the zone—and all follow from your ability to reflect imaginatively on your own thinking. (p. 19)

The findings of this study, as well as the work of Csíkszentmiháli, and Metcalf and Simon, suggest that a recursive affective process of “feeling one’s way” may be fundamental to both the creative writing and the psychotherapy experience: that the continual measuring and evaluating of affect is elemental to both of those activities.
Although participants were asked to consider and respond to the interview questions only in terms of their experiences as psychotherapy clients and creative writers, there were a few instances in which participants offered unsolicited comments in connection with their work as therapists. Although those results were not specifically sought in this study, they bear mentioning because the study as a whole certainly has implications for clinical practice, including, of course, the therapist experience. Participants touched on a wide variety of therapist experiences, which included the therapist’s use of writing in her work with her clients as well as such unanticipated topics as: the therapist’s being “in the zone” during the therapy session and “knowing” when therapy is “working;” the psychotherapist’s use of his or her own unconscious during the therapy session; creativity as an aspect of the therapist’s work; the value of listening as a skill necessary for both the therapist and the creative writer; the value of language and writing to the therapist; and the value of working through obstacles to writing, in the context of being an adult and a trained clinician. Although those therapist experiences were not further explored in the present study, they raised intriguing questions that will surely stimulate future study regarding the subjective experience of the therapist and its implications for clinical practice.
Study Strengths and Limitations

Strengths

Some of the more important strengths and limitations of this investigation lay in its methodology and sample pool. I conducted a qualitative, inductive, exploratory study. Since little research currently exists on the study question, I used flexible methods research, the emphasis of which was the discovery of new phenomena. In order to fully explore this new phenomenological territory, I used induction, a process whereby data collection and analysis precede theory. In congruence with flexible methods research, I created an interview guide containing semi-structured, open-ended questions to gather narrative data from study participants. During interviews, I recorded data by digital audio recording and note-taking.

The research approach described above allowed me to carry out an in-depth, largely participant-centered study of the subjective experience of individuals who had engaged in both psychotherapy and creative writing. Those activities have long been known to provide therapeutic benefits, although the mechanisms by which they do so have not been fully understood, nor has a great deal of research on participants’ subjective experience of those activities been conducted. This study allowed me to capture first-hand, detailed reports of participant experiences, provided participants latitude in responding to interview questions, as well as the opportunity to develop and communicate thoughts and questions that I had not considered or anticipated, and allowed me to ask follow-up questions. As a result, the study generated a wealth of new
and nuanced findings, as well as opened up a number of subtopics for future investigation.

The open-ended style of the questions asked in this study provided participants great freedom in how they responded, including the opportunity to expand and deepen their understanding of the interview questions, and of the broader topic under inquiry, by making connections between individual questions, and, in some cases, elaborating on previous responses based on new thinking stimulated by subsequent questions.

The use of in-person interviews was also important to this study. That technique not only allowed participants to ask me questions of clarification, but also allowed me to observe participants’ body language as they processed and responded to my questions. That was of particular importance in the case of the Set 4 questions, in which I could observe participants’ instant reactions as I suggested processes that might be present in their experience of psychotherapy and/or creative writing: The tone of voice, facial expression, body movement, and immediacy with which each participant responded to my naming a given process allowed me to gauge her relative familiarity with that process and her sense of certainty in her response. That information was especially useful in providing concise corroboration (or contradiction, though that occurred rarely, if at all) of data gathered in earlier, less “directed” questions.

Strengths of the sample pool included, of course, their experience as both psychotherapy clients and creative writers, which allowed them to gauge similarities and differences in those two activities. As writers, they were familiar and comfortable with developing and conveying their thoughts in words; an additional advantage in that regard was their ability, and even tendency, to use metaphor to convey emotions and
experiences involved in the activities under investigation, some of which can be difficult to describe in more “direct” terms. Some unexpected benefits came from the participants being therapists as well as therapy clients. As therapists, they were able to use the concepts, perspective, and language of the field of therapy to process, enrich, and communicate their thoughts and observations. In addition, on occasion they spoke not only to the client experience, but to the therapist experience as well, raising questions, for example, about the therapist’s experience of being “in the zone” during a therapy session, or “knowing” when the session was going well or following a particularly valuable or productive line of thought. Such unexpected results presented new and fascinating areas for future study. It should be noted, too, that my own identity as a creative writer, therapy client, and new therapist may have allowed me to better understand my participants’ experiences and, thus, their responses.

Finally, the personal benefits of this investigation to me and, in my estimation, the study participants were that we each enjoyed the interview experience and learned more about our psychotherapy, our creative writing, and ourselves, as well as one another, in the process.

Limitations

This investigation also had some limitations. As a qualitative rather than quantitative study, and one that involved only six participants, it was able to shed light on a number of areas and suggest directions for future study, but was unable to provide statistically significant data based on a large number of subjects. In addition, due to the time constraints and format of the interview, only a relatively small number and type of
questions could be asked, as opposed, for example, to a quantitative survey of the type in which large amounts of time were not spent in discussion with the respondents. For those reasons, the validity and/or applicability of the findings across a greater number, or broader spectrum, of people could be seen as limited.

The study also contained the potential for a number of biases resulting from individual or collective characteristics of members of the sample pool that could not necessarily be corrected or even identified. Areas of potential bias that could be identified include the participants all being women, all being therapists (five psychotherapists and one recreational therapist) and thus having similar educational and professional backgrounds, and all having been recruited, in part, through a snowball process that drew from a loosely connected network of individuals from the same geographic and socioeconomic region (however, whether participants actually knew one another was never determined, as their identities were kept anonymous). For example, it was not required that participants be in therapy at the time of the interview; had their psychotherapeutic experience occurred years prior to the interview, their memories of the experience could have been poor and/or biased due to the passage of time and other intervening experiences. Had participants not engaged in creative writing relatively recently, their memories and reports of the experience could have been similarly poor and/or biased. Also, whereas, as described earlier in this chapter, all the participants being therapists proved a strength of the study, that characteristic could also account for important biases. It is possible that participants’ being accustomed to “thinking like therapists” could have prejudiced their responses, bringing to mind particular memories, observations, thoughts or feelings that fit into, were triggered or influenced by, or were
expressed in terms of pre-existing psycho-therapeutic theory or practice models. In such a case, the participants’ familiarity with the concepts, perspective, and/or language from the field of therapy could have been a deficit as well as an asset.

The open-ended nature of the questions asked also could have introduced bias. Although all participants were asked identical questions, I could have introduced bias in the way I initially conceived and phrased those questions, or in how I clarified them if asked to do so by a participant. Certainly, bias may have resulted from my naming specific processes and affective experiences in the Section 4 questions of this study, in that participants’ thinking may have been unfairly guided toward certain experiences and emotions; giving participants the opportunity to suggest “other” processes or affective experiences may not have sufficiently countered any bias that occurred in that section of the interview. Furthermore, in contrast to the assessment made earlier in this chapter, my own identity as a creative writer, therapy client, and new therapist also could have introduced bias unbeknownst to me. One could even argue that because the interview experience was, apparently, positive for all concerned, both the participants and I could have been unfairly biased due to our positive mood and attitude.

Overall, this investigation proved valuable in its ability to shed light on its subject and serve as a foundation for further study, but also left room for improvement.
Implications for Clinical Practice

The findings of this study carry a variety of implications for clinical practice, which focus on the therapist experience as well as the client experience. Certainly the findings suggest that the use of creative writing has the potential to benefit therapy clients in areas including, but not limited to, reducing symptoms, as well as processing difficult material (including, where appropriate, trauma), gaining insight, working through conflict, solving problems, developing, strengthening and listening to one’s “voice,” clarifying thought, accessing material in the unconscious, and self-soothing. Creative writing also connects with and supports aspects of narrative therapy, offering the client the opportunity to “externalize” his or her experiences, thus “calming” anxiety, gaining new perspectives on issues, finding hope, and possibly initiating or continuing the process of “re-viewing” and “re-authoring” aspects of his or her life “story.” Creative writing may be particularly valuable to the client as a powerful, and empowering, way of imaging and, in a sense, creating “others,” be they other selves or incarnations of significant others, who possess desired characteristics (for example, an increased capacity for, and ability to express, openness, courage, acceptance, patience, anger, love, and so on). Imaginings of new relationships, both with the self and with others (including, for example, the therapist), may emerge through creative writing. Creative writing may offer an easier, more comfortable, or more productive technique for working on difficult material during the therapy session, or working with clients who are less able or at ease expressing themselves orally.
Engaging in creative writing also may enhance the client’s therapy experience by providing insight that can then be brought into the therapy session and may engender in the client a sense of confidence and even boost motivation. Of course, the therapist can gain invaluable information if the client allows the therapist to read his or her writings, which may convey emotions and thoughts that might not otherwise have emerged through the “talk” of “talk therapy.” The client-therapist relationship may also benefit through the use of creative writing, either through, again, the client’s allowing the therapist to read (or listen to) his or her writings, or even through the client and therapist writing together during the session. Such use of writing may result in a strengthening of the client-therapist relationship, perhaps even opening it up to new areas of growth and expression.

The findings of this study also suggest that creative writing may be useful not only in working with individuals, but for working with therapy groups as well, providing members with the opportunity for increased sharing and for developing greater openness, vulnerability, mutual understanding, and “voice” in a group, as well as the exploration and strengthening of relationships. The findings further suggest that therapists ought to consider recommending to their clients participation in short- or long-term creative writing groups, of which there are various types and styles.

Findings regarding the potential benefits of creative writing have implications not only for clients, but for therapists as well. Therapists may benefit from engaging in their own creative writing, whether as self-care, to increase their effectiveness as therapists, to deepen their insight into their roles as therapists or into the issues faced by their clients, to stimulate and explore new areas or methods for working with clients, or to gain a
better understanding of their own psyches. The value of practicing psychotherapy and creative writing, their dynamic interplay, and their potential benefits, particularly to the therapist, are insightfully and eloquently explored by psychotherapist, writer and speaker Mary Pipher in her book Letters to a Young Therapist: Stories of Hope and Healing (2003).

Finally, the process through which this study took its participants may serve as a reminder to clinicians of the importance of being able to empathize with the client’s experience of being a client—and that one of the best ways to do that may be to recall and reconnect with one’s own client experience, as these participants did.

*Implications for Therapist Education and Training*

The findings of this study may have implications for the education and training of therapists. The introduction of creative writing by students into teaching methodology could enhance student learning. Engaging in creative writing might help students in: understanding the concept of empathy and its role in therapy; exploring various meanings of the “other;” learning about transference and counter-transference, and exploring aspects of their own experiences and personalities that might predispose them to encountering particular kinds of countertransference; experimenting with writing as a method to use with clients who are less comfortable or adept at oral expression; training in the practice of narrative therapy and/or other therapy approaches; processing aspects of client sessions that occur in the course of training internships (for example, as a supplement to the “process recording”); thinking about the richness and various uses of
language (for example, metaphor) in the therapy session; experiencing “making the unconscious conscious” through engaging in and examining one’s own creative writing; and increasing self awareness and understanding.

Implications for Future Research

The results of this study have implications for future research in a variety of areas. This investigation identified a wide range of processes and types of affect present in both psychotherapy and creative writing; each of those processes and affective experiences is certainly “rich” enough to be individually “mined” through future research for greater understanding of its particular role and value in therapy and creative writing, and a deeper understanding of the relationship between those two activities. Further research into the use of metaphor in both psychotherapy and creative writing could benefit our understanding of such areas as the use of language in therapy, styles of client communication, the value of empathy, transference and countertransference, and the therapist’s use of self. The findings of this study also point to the value of neurological research into the commonalities of brain function during psychotherapy and creative writing, which may shed light on the therapeutic effectiveness of those activities, both individually and in conjunction with one another, as well as on the nature and role of the “other” and of such phenomena as being “in the zone,” “knowing” that something is “right,” and “feeling one’s way” during the processes of psychotherapy, creative writing, and other human activity. Finally, further research into the similarities and differences in
psychotherapy and creative writing may help us discover more about the ever-fascinating connection between the brain and the mind.

**Conclusions**

The findings of this study provided “grist for the mill” in our thinking about a number of subjects, including the long-held human fascination with the connection between creative writing and mental health; the theories and practice of Lacanian and other psychodynamic approaches, as well as narrative therapy; and ways in which we may use creative writing as part of, or as adjuncts to, the practice of psychotherapy.

However, further study would be needed to validate or refute the findings presented here. For example, a study using a sample pool that does not include predominantly mental health therapists might validate some of the findings of the present study, while identifying those that may have resulted from an occupational bias of the participants. Similarly, future work might eliminate or minimize participant bias that may have resulted from the naming of processes and affective experiences in the Section 4 questions of the present study. In addition, more in-depth research could be conducted into the client-writer’s experience of any of the many emotions and processes that were touched upon in the present study, to gain more precise, nuanced, and useful data.

Clearly, the findings of this study portray the experiences of being *in the zone* and of *knowing* when something is *right* or *working* as positive, and, in some cases, even emotionally, psychologically, and/or physically therapeutic. As such, those findings may shed light on our understanding of how both creative writing and psychotherapy function,
and, perhaps, on how we as healthcare practitioners may optimize those processes to enhance the experience of the psychotherapy client. These findings may also expand our theoretical thinking of psychotherapy. Finally, they may encourage further neurological research into the workings of the human brain and its connection with the human psyche.
References


Carey, M. (2002). What the wildman, the dragon-arguing monster and camellia the chameleon taught me about externalizing conversations. The International Journal of Narrative Therapy and Community Work, 4, 3-11.


Appendix A

CONSENT FORM

Dear Potential Research Participant:

My name is Andrea Torres, and I am a graduate student at Smith College School for Social Work in Northampton, Massachusetts. I am conducting a study on how individuals experience the process of creative writing as compared with that of psychotherapy. Your perspective is important and valuable to further the development of research on ways in which creative writing may be beneficial to mental health. This study is being conducted in partial fulfillment of the Master’s of Social Work degree at Smith College School for Social Work, and for future presentation and publication on the topic.

You are being asked to participate because of your unique perspective as both a psychotherapy client and a creative writer. If you choose to participate you will be asked to answer a brief demographic questionnaire and return it to me, as well as participate in a 60- to 90-minute interview. In the demographic questionnaire, you will be asked for some general information about yourself. The interview itself will ask you to share aspects of your experiences and perspectives regarding processes and feelings that occur during the “writing session” and the “psychotherapy session.” You will be asked to characterize your experiences, but will not be required to disclose specific information regarding the content of your psychotherapeutic or writing experiences. The interview will allow for you to elaborate on any of the questions and/or insert any additional comments you may have on the subject at the end of the interview.
All identifying information on the demographic questionnaires or in my records will be removed from the data. In this way, confidentiality will be kept when transcribing and recording the data from the interviews. I will be the main handler with the collection of data including transcripts; any person assisting with transcription of the interview will be required to sign a confidentiality agreement. I will keep the transcripts and questionnaires for three years, consistent with federal regulations. During this time, questionnaires and transcripts will be kept in a locked cabinet. After the three year period has expired, all material will be destroyed. The data will be used for my thesis, and may be used for future presentations and publications.

There will be no financial benefit for participating in this study. However, participation will allow you to share your experiences as a creative writer and a psychotherapy client in a safe and confidential manner. Your contributions will provide important information that may be utilized by mental health professionals.

There are some potential risks of participating in this study. The questionnaire will ask about such things as your thoughts and feelings when you are participating in a psychotherapy session and when you are doing creative writing, which may elicit concerns or personal experiences about the nature and quality of your psychotherapy and/or creative writing experiences. You have the right to not answer any question on the questionnaire or during the interview without any repercussions. A list of referral resources, obtained from the Psychology Today and Health Care Hiring websites’ directory of therapists in your area, is included with this consent form should you like to
speak to someone further about the feelings that come up for you before or after the interview.

You have the right to withdraw from the study at any time before, during, or after the completion of the interview, until November 14, 2008, when the report will be written. If you have any questions or concerns, you may contact the Chair of the Human Subjects Review Committee of the Smith School for Social Work at (413) 585-7974.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION, THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS, AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Thank you for your time. I greatly look forward to having you as a participant in this study.

_________________________________________   _______ ___________
Signature of Participant       Date

_________________________________________   _______ ___________
Signature of Researcher       Date

If you have any questions, are considering participating in the study, or wish to withdraw from the study, please contact:

Andrea Torres
20 Deepwood Drive
South Windsor, CT 06074
(860) 212-6513
atorres@email.smith.edu

Please keep a copy of this for your records.
Appendix B

DEMOGRAPHIC QUESTIONNAIRE FOR CLIENT-WRITER/ THERAPIST

(All information will be kept strictly confidential and all identifying information will be omitted from the thesis.)

Name: _______________________________
Age: ________________________________
Race(s)/Ethnicity (ies): __________________________________
Gender (Sexual Orientation-Optional) _____________________
Education/area(s) of study: _________________________________
Estimated number of years (total) in individual psychotherapy since the age of 16 (need not be in therapy at the present time): ________________
Estimated number of years as a therapist: ________________
Estimated number of years you have been writing and/or have considered yourself a writer: ______
What types of creative writing do you do? (Please check all that apply)
_____ Novels  _____ Plays
_____ Short stories  _____ Creative nonfiction (e.g., memoir, personal essay, literary journalism)
_____ Poetry
_____ Other __________________________________________

Has your writing ever been published? (If so, please explain briefly.) ________________
_____________________________________________________________________________
Has your therapist ever asked you to write anything during or between sessions? If so, please explain. ____________________________________________________________

____________________________________________________________________

____________________________________________________________________

Has your therapist ever written anything to or for you during or between sessions (other than administrative items, such as invoices, appointment cards, etc.)? If so, please explain.  
____________________________________________________________________

____________________________________________________________________
Appendix C

INTERVIEW GUIDE

I. Experiencing the Psychotherapy Session

A. During a therapy session
   1. How do you do therapy (in your own words)?
   2. What types of things do you talk about? (*Please respond in general terms; please do not give specific names or diagnoses.*)

B. How do you feel
   1. Before a therapy session?
   2. During a therapy session?
   3. After a therapy session?

C. What kinds of emotional experiences
   1. Are conducive to your engaging in therapy?
   2. Make engaging in therapy difficult for you?

D. What kinds of outcomes do you generally expect from a psychotherapy session? Do you generally obtain them?

E. What meaning (emotional, psychological, or other) does psychotherapy hold for you? What do you most value about psychotherapy?

II. Experiencing the Creative Writing Session

A. When did you begin creative writing? Elaborate if necessary.
   1. Before entering therapy?
   2. While in therapy?
3. After terminating therapy?
4. Between periods of therapy?

B. With regard to creative writing
   1. Why do you write? (be as broad or specific as you like)
   2. What do you write about? (be as broad or specific as you like)
   3. Describe your writing experience (in any terms you like)

C. How do you feel
   1. Before you write?
   2. During writing?
   3. After you write?

D. What kinds of emotional experiences
   1. Are conducive to your writing (prompt or stimulate you)?
   2. Make writing difficult for you?

E. What kinds of outcomes do you generally expect from a creative writing session? Do you generally obtain them?

F. What meaning (emotional, psychological, or other) does creative writing hold for you? What do you most value about creative writing?

III. Comparing Psychotherapy and Creative Writing

A. In your experience,
   1. In what ways do psychotherapy and creative writing differ?
   2. In what ways are they similar?
B. Have you experienced any dynamic interaction or relationship between psychotherapy and creative writing? For example,

1. Has being in therapy affected, or played a role in, your writing?
   Please explain.
2. Has creative writing affected, or played a role in, your therapy?
   Please explain.

C. As a psychotherapy client, are there any advantages or disadvantages in being a creative writer? Has it helped or hindered your experience in psychotherapy?

D. As a creative writer, are there any advantages or disadvantages in being in psychotherapy? Has it helped or hindered your experience as a writer?

E. In what ways, if any, do you consider psychotherapy and creative writing to be similar in how they benefit you?

F. If what ways, if any, would you describe your

1. Creative writing as “therapeutic”?
2. Psychotherapy as “creative”?

G. Do you use writing as a tool in psychotherapy, either during sessions or as an “assignment” between sessions?

1. If so, in what way(s)?
2. How effective has using writing in therapy been?

H. In what ways, if any, have you experienced the following processes, and associated feelings, in your own experience of 1) psychotherapy and 2) creative writing? (See answer forms on next pages).
In what ways, if any, have you experienced the following processes, and associated feelings, in *psychotherapy*?

<table>
<thead>
<tr>
<th>Taking Risks</th>
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<tbody>
<tr>
<td>Expressing feelings</td>
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<tr>
<td>Accessing, or communicating with, the unconscious/ subconscious</td>
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<td>Making discoveries</td>
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<td>Exploring/learning about yourself</td>
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<td>Developing insight</td>
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<td>Identifying/resolving conflict</td>
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<td>Releasing energy</td>
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<td>Solving Problems</td>
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<tr>
<td>Using creativity</td>
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<tr>
<td>Other</td>
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</tbody>
</table>
In what ways, if any, have you experienced the following processes, and associated feelings in *creative writing*?

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<thead>
<tr>
<th>Process</th>
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<tbody>
<tr>
<td>Taking Risks</td>
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<td>Other</td>
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</tbody>
</table>
March 26, 2008
Andrea Torres
Dear Andrea,
Your revised materials have been reviewed and they are fine. We are therefore now able to give final approval to your study.

*Please note the following requirements:*

**Consent Forms**: All subjects should be given a copy of the consent form.

**Maintaining Data**: You must retain signed consent documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments**: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal**: You are required to apply for renewal of approval every year for as long as the study is active.

**Completion**: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.
Good luck with this very interesting project.

Sincerely,

Ann Hartman, D.S.W.

Chair, Human Subjects Review Committee

CC: Joan Laird, Research Advisor