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Adrienne M. Ero-Phillips  
*St. Catherine University*

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The Healing Properties of Writing for Persons with Mental Health Issues

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A thesis submitted in partial fulfillment of the requirements for the degree of  
Master of Arts in Occupational Therapy

May 2015

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Dedication



To

Deep feelers

Dreamers

Mothers

Children

Healers

Writers

Storytellers

Artists

Poets

Dancers

Lovers

and

Visionary Spirits



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### Abstract

The purpose of this study was to examine therapeutic writing through the experiences of persons with mental health diagnoses from the perspectives of occupational science and occupational therapy. Personal writing is the use of the writing process to cultivate and express fulfillment and contentment. This qualitative study was the third phase of a larger research endeavor on the healing properties of writing by the principal investigator. A phenomenologically-based study was designed utilizing interviews as well as inductive and deductive analysis by two previous student researchers in 2010, with additional sub-questions on how writing affects societal issues by the current student researcher in 2014. These sub-questions were added to explore the role of root narratives in the healing process and their contributions to wellness and personal writing. A sample of six persons with mental health diagnoses was recruited primarily through Tasks Unlimited, Inc. a mental health organization. Participants were interviewed about their participation in personal writing and its relation to personal expression, health and wellness, and quality of life. The study found writing to be very therapeutic; there are many healing properties of the personal writing process including clarity of mind, reduced depression and anxiety, and cathartic release. Writing helped people gain self-awareness, facilitated creative self-expression, increased insight and empathy in social relationships, and connected people to spirituality and purpose. The results were then synthesized with findings from previous students in order to produce a robust set of evidence for publication. Therapeutic writing is a viable tool that can be used to facilitate healing within mental health interventions in occupational therapy and other allied health professions.

Key words: therapeutic writing, occupational therapy, personal writing, mental health

## The Healing Properties of Writing for Persons with Mental Health Issues

### **Introduction**

Writing is one of the oldest forms of human communication technologies. The power of writing is in its pragmatism and efficiency and in its ability to simultaneously imbue meaning beyond logic. Written words are evolved symbols that attempt to capture the *essence* or *soul* of the idea that the word represents (Elbow, 1998). For centuries, humans have been using this ancient custom as a way to record human (hi)stories and complex systems in order to communicate and circulate knowledge and ideas.

Along with recording human existence, the occupation of writing also embodies inspiration and imagination and has infinite potential to heal and transform personal life situations. Writing can be a powerful tool for self-evaluation and expanded awareness. Personal writing is the use of the writing process to cultivate and express fulfillment and contentment. The occupation of personal writing can have salutary effects on health. Revealing these properties, particularly in relation to mental health issues, is the main focus of this research.

This qualitative research study seeks to illuminate the therapeutic aspects of the writing process for people with mental health diagnoses. Previously, researchers have gathered knowledge about the “lived experience” of people using personal writing as a therapeutic strategy for mental health (Pennebaker, 1997; Pennebaker & Seagal, 1999; Vrielynck, Philippot & Rimé, 2010). Additional research is needed to illuminate how the writing process can be beneficial as an intervention for persons with mental health diagnoses, specifically within allied health professions.



In 2008, the principal investigator began the first phase of research through a heuristic process, where she analyzed 30 years of her own personal writing. She then conducted the second phase of the project, in which she recruited a sample of nine lifetime writers from the general population again utilizing a heuristic methodology (Haertl, 2015). This third phase stemmed from the discovery that over half of the lifetime writers had a mental health diagnosis. In 2010, two previous student researchers conducted interviews of six people with mental health issues (Haselhuhn, 2010; Morgan, 2010). In 2014, the current student researcher conducted six more interviews to expand the data set for publication and contribute a systemic lens to the occupation of personal writing and mental health. A phenomenological philosophy and methodological approach was utilized to gather data, describe findings, and gain understanding of the use of writing as a tool to manage mental health issues.

The literature review will explore previous research on therapeutic writing, the different forms it can inhabit, and the physiological, psychological, and emotional benefits of the writing process. It will also outline central aspects of writing like creativity and spirituality as well as how it relates to mental health and occupational therapy in order to elucidate the healing properties of the occupation of writing. The methods will further describe the purpose, population, and procedures for data collection and analysis. Within the results section, the outcomes of the inductive and deductive data analyses will be explained. The discussion of findings and conclusion will expound upon the implications for occupational therapy, limitations, and the future research needed. The knowledge gained from this study will be applicable to therapeutic interventions of allied health professions such as occupational therapy (OT).

## Literature Review

### Occupational Science

According to the *Occupational Therapy Practice Framework: Domain and Practice (3<sup>rd</sup> ed.)*, occupation is central to the profession of occupational therapy and can be defined as daily life activities that “result from the dynamic intersection of clients, their desired engagements, and the context and environment” (American Occupational Therapy Association [AOTA], 2014, p. S3). Occupational therapy (OT) seeks to support and guide clients towards health, well-being and participation in their occupations (AOTA, 2014). According to Hocking (2009), occupational science studies occupation by looking at aspects of the occupation itself (e.g., writing), as opposed to studying people actually engaging in them (e.g., observing people as they write). Occupational science literature provides information about the capacities it takes to perform a given occupation, the cohorts of people who participate (in this case people with mental health diagnoses), what outcomes can be assessed (self-disclosure, self-awareness, self-expression, reduction in symptoms of depression etc.) and the meanings of the occupations to the people who engage in them. Sociocultural, political, and environmental aspects and the occupation’s relation to well-being are also described in occupational science research (Hocking, 2009).

Occupational therapy and occupational science emphasize the necessity of multiple occupation-based solutions. This literature review on the therapeutic benefits of writing will demonstrate personal writing as an important occupation-based solution that may be implemented within mental health occupational therapy interventions. The following paragraphs will discuss (a) the occupation of personal therapeutic writing, (b) the physiological, psychological, and emotional benefits of personal writing, (c) will delineate

journaling, story, and poetry as important types of writing and (d) will communicate the significance of its creative and spiritual aspects. This information supports the use of writing as an effective, evidence-based tool in mental health occupational therapy.

### **The Occupation of Writing**

For the purposes of this study, personal writing was defined as any writing occupation that brings personal gratification and fulfillment (e.g. journal writing, poetry, story writing etc.). Therapeutic writing is another way the researchers will label personal writing; it is defined as “client expressive and reflective writing, whether self-generated or suggested by a therapist/researcher” (Wright & Chung, 2001, p. 278). According to Peterson and Jones (2001), writing elevates [and grounds] ordinary events and facilitates the opportunity to learn from life situations. For this reason, therapeutic writing can be used as a tool in occupational therapy intervention to establish and restore well-being through the facilitation of self-awareness, cathartic disclosure of events, and the mitigation of depression and anxiety (Schoutrop, Lange, Hanewald, Duurland, & Bermond, 1997).

Therapeutic writing can take on many forms; it exists on a continuum, from open and unplanned to specific, focused, and structured writing (Esterling, L'bate, Murray, & Pennebaker, 1999). When utilizing open-ended therapeutic writing, therapists instruct clients to write whatever is on their mind and let go of grammar and other conventions in order facilitate intuitive expression. This type of writing is often used as a cathartic release and can be very beneficial physically, emotionally, and spiritually. Programmed therapeutic writing can include structured homework-like assignments to help a client focus on a specific aspect of life and healing. Writing is an invaluable, cost-effective, and

reproducible intervention tool that can help people increase positive mood and improve well-being within occupational therapy and everyday life (Esterling et al., 1999).

### **Therapeutic Benefits of Writing**

Studies show that the occupation of writing has numerous therapeutic benefits and can be used as an evidence-based treatment in people with mental illness (Haertl, 2008; King, Neilsen, & White, 2013; Pennebaker, 1997; Pennebaker & Seagal, 1999; Vrielynck et al., 2010). The following studies outline some of the common themes that emerged in the literature as well as the specific ways in which writing can be healing psychologically and physically.

Using expressive writing to deal with traumatic experience emerged as common theme in the literature. Studies have often focused specifically on personal writing concerned with stressful or traumatic events (Andersson & Conley, 2013; King et al., 2013; Pennebaker & Seagal, 1999; Stockton, Joseph & Hunt, 2014; Ullrich & Lutgendorf, 2002; Vrielynck et al., 2010). Researchers found that when subjects were prompted to write about either general experiences or traumatic events, over half chose to write about deeply traumatic events (Esterling et al., 1999; Pennebaker & Seagal, 1999). Andersson and Conley (2013) found that the use of the third person narrative versus the first person helped people achieve long-lasting results when dealing with trauma.

The following study suggested that people dealing with mental health issues could use writing about traumatic experiences to improve their mood in a lasting way. In an experiment by Schoutrop et al. (1997), 28 subjects completed five sessions of personal writing in which they were asked to discuss their deepest feelings and thoughts surrounding a reported traumatic event in their life. Mean scores and standard deviations

of the SCL-90, which measured depression, anxiety, somatization, and sleeping problems, were calculated directly before and after the treatments as well as at eight weeks post-treatment. Results indicated that anxiety and depression decreased significantly directly after the treatment as well as at the eight week follow up (Schoutrop et al., 1997).

Although expressive writing has been shown to be beneficial in dealing with traumatic events as mentioned above, the literature remains somewhat inconclusive as to whether these benefits carry over regardless of race, age, sex, class, abledness, or sexual orientation. Whenever studies are reviewed about differing cultures, it is important keep the author's culture(s) in mind as it most likely colors the perspective of the study. In one study by Knowles, Wearing, and Campos (2011), an experiment was conducted to see if groups of European American (n=39) and Asian American (n=29) people would benefit from writing about traumatic events and foster physical health and increased insight. They found that the European American group reported fewer illness symptoms than the Asian American group, which indicates that the benefits of writing are not necessarily universal. Because research is often skewed towards European American norms, one should be cautious and discerning when interpreting the study's results (See Limitations). In contrast, Pennebaker and Seagal (1999) found that benefits of writing are found across a wide variety of populations. The investigators also found people who wrote about visible aspects of identity (i.e. race) benefited more from writing about being a part of a general community and that people writing about an invisible aspect of identity (i.e. sexual orientation) benefited more from writing about being a member of the 'othered' group (Pennebaker & Seagal, 1999). As the research points out, the literature remains somewhat inconclusive about the ubiquity of the expressive writing across populations.

Expressive writing has been shown to alleviate symptoms of major depressive disorder (Esterling et al., 1999; Krpan et al., 2013). Esterling et al. (1999) completed a series of five experiments on the effects of using structured writing books with patients with depression and anxiety. Both medium and high depression groups that completed the workbooks showed significantly lowered depression scores. Another study suggested that linguistic factors indicate improved mental health. In other words, those with depression who used positive words in their writing predicted better health and those who used negative emotion words indicated poorer psychological health (Esterling et al., 1999).

Writing about spirituality has also been found to help people transform challenging times and poor psychological health into personal advancement. Through qualitative inquiry, Haertl (2014) explored the role of writing in the development of the self through heuristic interviews of nine participants who engaged in personal writing throughout their lives. One key theme that arose in nearly all the participants was that writing was spiritual. They conveyed that writing helped them to develop spiritual knowledge and growth and helped them transcend challenging times that emerged in their lives (Haertl, 2014).

Another theme that emerged from the research literature was that of emotional expression and communication (Frisina, Borod, & Lepore, 2004; Pennebaker, 1997; Ullrich & Lutgendorf, 2002). Pennebaker (1997) suggested that disclosure lies at the heart of therapeutic writing. In a robust meta-analysis, nine experimental studies using written disclosure as an intervention were analyzed and all were found to have positive effect sizes, which measured a standardized difference between control and experimental groups, ranging from .19 to .49 across various populations including cancer patients, people with PTSD, depression, and arthritis. A study about journaling by Ullrich and Lutgendorf (2002)

was conducted to illuminate the therapeutic similarities and differences between three journaling groups working through trauma: (a) journaling about emotions, (b) emotions and cognitions, or (c) just factual information. The study placed 122 undergraduate psychology students into three groups: 41 in the emotional expression group, 47 in the emotion and cognitions expression group, and 34 in the control group. Over one month, students completed a journaling assignment where they reflected about (a) emotions, (b) emotions and cognitions, or (c) factual information according to their group designation. The emotional expression group was instructed to write about their deepest feelings. The emotions and cognitions group were instructed to write both their deepest emotions and how they were trying to make sense of the situations. The control group was told to journal about a trauma but that they should stick to writing about the facts of the incident. Results revealed that only the emotions and cognitions group showed positive growth over time. Results also found that people in the emotions-only group were more severely ill than before the test. However, the symptom severity of the emotions and cognitions group and the control group both decreased after the treatments. This suggests that both emotional and cognitive aspects of disclosure are important to healthy outcomes.

Physiologically, many studies have shown that writing produces physical changes including heightened immune function, the growth of t-helper cells, and significantly higher amounts of hepatitis B antibodies in the blood stream (Pennebaker, 1997; Pennebaker & Seagal, 1999; McArdle & Byrt, 2001). It was also found that writing, which involved disclosure of a traumatic event, resulted in lower levels of skin conductance (a way to measure automatic behavioral reserve) than superficial topics (Esterling et al., 1999; Pennebaker & Seagal, 1999). As pointed out in previous paragraphs, there are many

benefits of personal writing both emotionally and physiologically across numerous populations. Before continuing on, it is important to discuss various frames of references that can be used to guide the practice of occupational therapy in mental health.

### **Frames of Reference in Mental Health**

In occupational therapy, theories and frames of references guide practice and provide a basic structure from which OT practitioners can work. Two frames of reference that are often employed when working with mental health clients are the psychodynamic frame of reference and the cognitive behavioral frame of reference.

The psychodynamic frame of reference assumes that humans operate from both conscious and unconscious thought processes. It assumes that creative expression such as writing or making a piece of art creates a way for the client and therapist to understand and work on conscious and unconscious patterns of underlying emotions and behavior (Haertl & Christiansen, 2011). The cognitive-behavioral frame of reference focuses on reorienting negative thought patterns towards more healthy ways of thinking (Tsang, Siu, & Lloyd, 2011). Cognitive behavioral therapy assumes that cognition influences emotions and behavior (Tsang et al., 2011). Therapeutic writing can inhabit a number of different formats. Journaling, poetry, and story are a few types of therapeutic writing that can be employed when working with mental health clients. Based on these frames of reference, the following types of writing can be used to cater the occupation of writing to client needs and will present research on the benefits of journaling, story, and poetry as intervention strategies.



## **Types of Writing**

### **Journaling**

Journaling is a powerful way in which people can express themselves. Often, journals are used to record daily thoughts, feelings, and aspirations and can be used to improve personal development. Journaling can come in many forms, which aids in the versatility of this intervention technique. According to Haertl (2008) one can use (a) a blank journal book (b) a structured journal book (c) a computer-based journal or (d) an internet-based journal. An advantage of writing in a physical book is that it can be private if properly stored in a secure place, which can aid in self-disclosure (Haertl, 2008). An advantage (or disadvantage, depending on the intention) to writing on a computer or internet-based journal is that it can be easily shared (Boniel-Nissim & Barak, 2013; Stockton et al., 2014). The type of journal used should depend on the client's preferences and intended outcomes of therapy.

Once the client and therapist have chosen a best format for journal writing, the therapist can then choose the instruction style. Haertl (2008) wrote that therapeutic journal writing instruction can be open-ended and free of structure or focused and regulated. Open-ended writing options may include stream of consciousness writing and dream exploration. Stream of consciousness is a style of free and uncensored writing and may include symbols, pictures, and words. Another powerful form of therapeutic journal writing is dream exploration. Dreams can be recorded in a journal upon waking. The meanings are often personal and can be interpreted by the patient and/or the therapist so that lessons can be applied to daily life. Open-ended techniques could be used within the psychodynamic frame of reference (Haertl, 2008; Haertl & Christiansen, 2011).

Closed-ended journal techniques are those that focus the writing to a specific topic. Structured/homework-based writing including writing lists and clustering (organizing thoughts into similar groupings) can be used as a structured container to work on transforming negative cognitions to positive ones. When therapists are using a cognitive behavioral frame of reference with a client, closed-ended journaling may be best utilized (Haertl, 2008). These writing techniques can be used as a method to help people start to tap into the story of mental illness and begin to transform it into healing.

### **Poetry**

Writing poetry magnifies the energetic frequency of words and phrases. Poetry is the process of creating “literary work in which special intensity is given to the expression of feelings and ideas” (Merriam-Webster, 2014, para. 1) using metaphor to enhance understandings that speak to our mind and soul (Fainsilber & Ortony, 1987). Chavis (2011) stated that poetry is valuable because of its rhythm, compactness, imagery, and interest in human nature and consciousness.

McArdle & Byrt (2001) defined poetry therapy as the “intentional use of poetry for healing and personal growth” (p. 521). In an interesting pilot study, poetry writing was used as a part of an “Arts on Prescription” program to help mitigate anxiety and depression and reduce dependence on antidepressants (McArdle & Byrt, 2001). The use of metaphor within the process of writing poetry is particularly therapeutic because it allows people to use symbols to express an emotion, thought or idea. Often, a more figurative approach to writing can help give voice and expression to ethereal parts of life such as emotion, thought, or belief.

In a quasi-experimental study by Parsa & Harati (2013), researchers attempted to investigate the use of poetry therapy in students with depression. Twenty-nine students with a Beck depression inventory in the above-average range were split into two groups: the treatment group which received seven two-hour sessions of poetry therapy and the control group that did not receive poetry therapy sessions. The participants learned how to write poetry and received time to write individually and share as a group. Results indicated that the treatment group showed a reduction of symptoms of depression after the poetry sessions. However, despite the positive attributes of the poetry, there was no significant difference between groups. This suggests poetry therapy sessions had an effect but the results are inconclusive. It is important to note that this study had flaws in experimental design, which should be considered when interpreting results.

### **Story**

Story can be defined as the accounts of past life events in order for evolution to take place (Merriam-Webster, 2014). Pennebaker & Seagal (1999) suggested that painful events that are not structured into a narrative continue to produce negative thoughts. The use of the narrative within personal writing is a method that allows people to deal with mental health issues to reconstitute and regain control of their identity and work through difficulties that their ailment presents (King, et al., 2013).

Through a series of experiments on narrative writing, Ramirez-Esparza and Pennebaker (2006) attempted to reveal characteristics of a 'good' story. Student-judges read stories written by clients and attempted to distinguish 'good' structure and 'good' narrative. The correlation between judges was .22, suggesting that there was a weak connection between how raters discerned what was considered a 'good' narrative. From

this and several other studies conducted, researchers then concluded that it was not the coherency of a story that predicted positive health outcomes but simply telling a story and sharing feelings and thoughts through the process (Ramirez-Esparza & Pennebaker, 2006).

### **Healing Aspects of Writing**

#### **Creativity**

Creativity is a central aspect of occupation. As we create, whether through journal writing, poetry or prose, we reconnect with our own innate knowing. Pinkola Estes (1992), a Jungian analyst and clinical psychologist, called creativity “our most valuable asset” (p. 299). She said that creativity, “gives outwardly and feels inwardly at every level: psychic, spiritual, mental, emotive, and economic ” (p. 299). Creativity connects us to our essential nature, which is intertwined with emotions, thoughts, and beliefs.

Historically, occupational therapy has been rooted in occupations that foster creativity. According to Perrin (2001), arts-based occupation is the “fulcrum upon which the whole of our therapeutic endeavor moves”(p. 130). Perrin (2001) suggested that “creativity is the process of bringing something new to birth, bringing something into being that has never existed in quite the same shape or form” (p.131). This process of creation is the essence of human existence (Perrin, 2001). Humanity would not be able to evolve if creativity was not an integral characteristic of occupation (Csikszentmihalyi, 1997). One specific way humans can evolve is through the use of the creative occupation of writing.

In his paper titled “Creativity: Flow and the Psychology of Discovery and Invention” Csikszentmihalyi (1997) suggested that creativity results from the interaction of three elements: “a culture that has a set of symbolic rules [domain], an individual who brings originality into the culture [person who engages in creative occupations], and the culture’s

experts that legitimize the creative occupation [gatekeepers]" (p. 2). He also stated that bringing acceptable novelty into the domain is how systems evolve and how creative solutions are generated. A creative person must however have "mastered the old ways of doing or thinking" (Csikszentmihalyi, 1997, p. 7) in order to legitimize it within the domain. Creativity uses the lived experience and fashions something new from a place of intuition. Human invention and innovation as well as personal transformation can be crafted from a spark of creation. Personal writing is a way to tap into creativity, allowing one to express and explore thoughts and emotions in order to create change.

### **Spirituality**

Personal writing can touch important intangible aspects of life such as spirituality. Bellamy et al. (2007) described spirituality as a fundamental guiding essence that affects yet transcends physical, social, emotional, intellectual, and volitional aspects of life. Often times, writing interventions provide a platform for exploring belief systems and spirituality (Haertl, 2008; Haertl, 2014).

The *Occupational Therapy Practice Framework: Domain and Practice (3<sup>rd</sup> ed.)*, lists religious and spiritual activities and expression as an instrumental activity of daily living and lists outcomes of the occupational therapy process (AOTA, 2014). Some of these outcomes include health and wellness, quality of life, and well-being. Although spirituality is an unseen force by standards of physical reality, it is fundamental to the quality of life and must not be overlooked if a person is to achieve sustained health and occupational wellness. McBrien (2006) has called spirituality an integral aspect of quality health care. The use of writing as a therapeutic intervention within healthcare can touch this important intangible aspect of life, helping a person achieve occupational wellness. The necessity of

spirituality to well-being should be deeply considered when implementing therapeutic interventions.

In an experiment studying why authors endeavor to write spiritual autobiographies and what psychological effects result from the spiritual writing, Dillon (2011) evaluated 122 students who completed a spiritual autobiography as a writing assignment. Of the 122 participants, 105 said that writing the biography created a positive change and personal growth. Of the 105 who experienced growth and change, 82% reported that the occupation of spiritual writing had “put them in touch with a dynamic and resonant force behind and within their lives that had helped give their lives new meaning, coherence and direction” (Dillon, 2011, p. 147). Spirituality is the integral undercurrent that connects us to a deep sense of meaning. It is a personal connection with the sacred through everyday occupations like writing. Thoughts are intangible and occur in the mental realms. The next section will introduce mental health and occupational therapy, a health care profession that uses occupational modalities such as writing to touch this intangible aspect of life.

### **Application to Mental Health and Occupational Therapy**

The term ‘mental illness’ transmits an understanding of pathological thoughts of the mind and possible subsequent maladaptive behaviors. Mental health conveys a transformation of these dysfunctional patterns of thoughts and behaviors. According to King et al. (2013) mental illness is explained as individuals having “functional impairments that limit participation in the community through employment or social activities” (p. 445). When the impairments are chronic and debilitating mental illness is considered severe.

Eisenstein (2013) suggested that our current system preserves the very conditions of disease and tries only to suppress the symptoms. Arguably, framing someone as having

a mental illness is perpetuating a negative and individualistic frame to a deep systemic problem (See Appendix B). In the title, I have intentionally chosen to use the terminology “mental health issues” to attempt to shift the focus from sickness to health.

Along with this shift in language, it is helpful for people with mental health issues to understand that their concerns are due in part to physiological imbalance in the brain. Understanding neuroscience is an important part of occupational therapy practice and educating clients about it can be a part of mental health intervention. Neurologically, Andreasen (1997) considered that although the mind and the brain can be separated for purposes of analysis, the mind that arises from the intangible psyche and the physical brain are inextricably linked. Through experiments based in neuroimaging, electrophysiology, and cognitive neuropsychology, the scientific community knows that mental health issues occur, in part, from physical pathology of neuronal circuitry in the brain. But as Andreasen (1997) pointed out, researchers must link this physical neurophysiology with the higher cognitive processes of the mind in order to discuss an individual brain/mind’s interaction with the surrounding environment. The current study suggests that cultural as well as individual pathologies exist and can affect mental well-being (See Appendix B). Writing is an intervention in mental health occupational therapy that can touch the mind’s tangible physiological structure as well as its intangible aspects of the psyche. One can use this knowledge to help educate clients about the interactions of their brain structure and function, their mental and behavioral skills, and the performance of a given occupation. The occupation of writing can be used as a tool to develop insight and awareness of mental illness and how to transform that into mental health.

The American Occupational Therapy Association (2014) has sought to increase occupational therapy practice in issues related to mental health, calling it a “vital area of practice in the 21<sup>st</sup> century” (para. 1). Occupational therapy takes the whole person into account by addressing the “dynamic interrelatedness” (AOTA, 2014, p. S4) of an individual’s occupations, client factors, performance skills, performance patterns, context and environment. For this reason, the profession has an opportunity and responsibility to articulate its unique benefits for mental health populations and provide expanded services to these populations in need (Champagne & Gray, 2011). Our current research on the use of the writing process with mental health populations will help to support and legitimize the use of writing as a modality for occupational therapy intervention in mental health settings.

Classic occupational therapy intervention process focuses on “health promotion activities, self-management, educational services, and environmental modification” (AOTA, 2014, p. S15.) and collaborates with clients to foster health and wellbeing. Sometimes, life events such as sexual abuse trigger mental health issues. In these cases, expressive writing, along with other interventions, can be used as a modality within occupational therapy to promote positive health and lessen depressive symptoms. Lorenz, Pulverman, and Meston (2013) conducted a double blind experiment on sudden changes in depressive symptoms through expressive writing treatments in which 77 female survivors of sexual abuse were randomly assigned to a control group (n=24) or an active treatment group (N=53). Expressive writing is defined as writing that allows people to touch their creativity and find their self-identity (McArdle & Byrt, 2001). The control group was prompted to write about their daily needs and the treatment group was prompted to write about traumatic experience and/or sexuality. The researchers found that women who experienced active



treatments had sudden gains, lifting the depression status (Lorenz et al., 2013). The current study demonstrates that expressive writing treatments can be effective and can make significant gains for patients undergoing mental health-related problems. In the following section, methods for the current research study are presented and include a discussion of purpose, interviewing methods and procedures, criteria for participation, and data analysis.

## Methods

### Purpose

A three-phase qualitative research study sought to illuminate the therapeutic benefits of writing, specifically for people with mental health diagnoses. Dr. Haertl, the principal investigator, began the first phase of research in 2008. This involved a heuristic process, analyzing 30 years of the primary author's personal poetry and journal writing (Haertl, 2014). This was followed by the second phase in which Haertl interviewed nine lifetime writers who became co-researchers in the analytical process in accordance with heuristic methodology (Haertl, 2014). The third phase stemmed from a realization that many of the nine lifetime writers had mental health diagnoses. This third phase began in 2010 with two previous student researchers conducting phenomenological interviews of six people with mental health issues who regularly engaged in collective and personal writing activities (Haselhuhn, 2010; Morgan, 2010). In 2014, the current student researcher conducted six more phenomenological interviews to expand the data set to produce a robust set of evidence for publication. To make the research unique, the current study also expanded the previous inquiry by asking two sub-questions that dealt specifically with societal issues and collective understandings of culture through written expression. Root narratives and collective trauma are particularly important to the healing of the collective psyche and these questions attempted to address how the occupation of writing lends itself to the individual healing of injurious aspects of human history that can result in physical and mental disease (See Appendix B).

The principal question in this investigation asked: what are the healing benefits of personal writing for persons with mental illness? Additional sub-questions examined: (a)

what role does personal writing have in the development of self-identity, (b) what self-discoveries have persons developed within the writing process, (c) how does personal writing contribute to quality of life, (d) what, when, why, and how do individuals choose to share their personal writing with others, (e) what are the perceived therapeutic benefits and healing properties of writing, (f) does the writing process connect individuals with historical, cultural, or societal issues, and (g) if writing connects individuals with societal issues, how does this process lend itself to healing. These questions stemmed from the current student researcher wanting to go deeper into past and present wounds in order to address the roots of the mental health crisis in the United States (Power, 2014).

### **Study Design**

This study utilized a phenomenological research approach (See Appendix A) in order to present a description of the “lived experiences” (Luborsky & Lysack, 2006, p. 336) of people with mental health diagnoses who engage in personal writing. This approach was employed to this research study to reduce bias when researching. A phenomenological approach to interviewing and analysis applies epoche, or the intention to set aside predisposition and refrain from judgment in the research process (Moustakas, 1994).

As stated above, the principal question and sub questions in this investigation asked about the healing benefits of personal writing, the role of personal writing in self-identity, self-discoveries developed through the writing process, how sharing affects the process, and how the process connects to societal issues. The previous students employed Creswell and Miller’s (2000) research design of using a primary research question and sub-questions to investigate the phenomena. The current student investigator kept the first questions similar for consistency, adding two more questions investigating the connection

between writing and societal concerns to make the research unique, to address individual mental health from a systemic lens, and to explore cultural pathology that can underlie mental dis-ease (Do Rozario, 1997; Macy & Johnstone, 2012).

From these research questions, the principal investigator and previous student researchers created an interview tool based on Patton's (2002) standardized open-ended interview approach (See Appendix C). The current student researcher then prepared for the interviews by reviewing Seidman's (2006) book on *Interviewing as Qualitative Research* utilizing a similar interview tool as previous students for the uniformity of the research. The current student researcher changed the tool slightly by adding additional questions about society, culture, and whether or not participants write about these topics (See Appendix C).

### **Procedures and Participants**

In 2010, the Institutional Review Board (IRB) reviewed and approved previous projects that focused on gathering and analyzing data on the role of personal writing for people with mental health diagnoses. The current project obtained IRB approval in May 2014 because it sought to extend the previous data set and employed comparable research parameters.

To begin, the principal investigator and the current student researcher contacted a local mental health service provider, Tasks Unlimited, an organization that was involved in the second phase of the research and was interested in continuing participation. Tasks Unlimited utilizes the Fairweather model and provides community-based peer-supported solutions to mental health recovery (Haertl, 2005). This mental health organization supports people with mental health issues by providing vocational, residential, and mental

health services. A key element of this model is the use of peer-supported environments, including lodges, which are nice houses shared with a few residents who provide support for one another in their mental health recovery. The Fairweather model takes into account that people, especially those that are facing mental health issues, should live as a part of community, suggesting that for some people with mental illness, separate apartment living may contribute to isolation and mental unrest. Haertl (2005) conducted a mixed-design study to explore factors influencing success in the model. Her research included chart reviews along with surveys and interviews of current staff and lodge coordinators, former staff and current and past residents of Tasks Unlimited. Through her research Haertl (2005) found that “lodges resembled families, through emphasis on mutual support, shared resources, common goals, sense of community, nurturing environment, and integration of values” (p. 371). This site was identified as ideal for recruitment due to their previous participation, current interest in the study, and given that they had an active resident writing group. The snowball sampling approach, which involves locating information-rich participants, was also utilized (Patton, 2002).

### **Recruitment**

Researchers posted recruitment flyers at Tasks Unlimited, published them in its newsletter, and left contact information and consent forms for participant consideration. The consent form stated the voluntary nature of the study, the procedure, risks and benefits, confidentiality procedures, and contact information (See Appendix D). Potential participants then contacted researchers to set up an interview time. In order to be involved in the study, participants had to meet the following inclusion criteria: persons (a) must be 18 or older (b) must have been diagnosed with a mental illness, and (c) must have

engaged in the practice of personal writing for 3 or more years. Interviews, lasting 30 minutes to 60 minutes, were then conducted, audio-recorded, and transcribed by the student researcher. Four men and two women, all of European American ancestry, participated in the study. Five of the participants were recruited from Tasks Unlimited and one participant was recruited through the snowball sampling technique outside of Tasks.

### **Data Analysis**

Interviews were transcribed verbatim. Both inductive and deductive analyses were employed to analyze the data. According to Patton (2002), inductive analysis is particularly geared towards a qualitative inquiry approach and seeks to evaluate specific pieces of data in order to conceptualize general patterns. In deductive analysis, previously established hypothetical constructs are used to frame the analysis of the specific data, aiding in the confirmation of generalized findings (Patton, 2002). Research designs often utilize both inductive and deductive analyses to triangulate data and increase the reliability and validity of results.

Each transcription was then compared to a master document and analyzed numerous times. Inductively, each transcription was read a number of times by both the principal investigator and the current student researcher. The study used investigator triangulation or the use of more than one evaluator and thematic inductive coding to conceptualize common patterns (Denzin & Lincoln, 2003). Deductively, each transcription was color-coded line by line according to previously established sub-question constructs stated above in the study design section. The following section discusses the results, both the deductive and inductive findings, of the data analysis process.

## **Results**

Results were analyzed both inductively and deductively. The deductive section synthesized and answered the research sub-questions. The inductive section reviewed the general patterns and themes that were discovered through the analysis and are supported by direct quotes and descriptions of participant responses.

### **Deductive Findings**

#### **Role of Personal Writing on Development of Self-Identity**

Personal writing was reported as being important in the lives of each participant. Though every participant in the study shared the commonality of having a mental health diagnosis, the manifestation of the writing process in their lives varied greatly depending on their distinct self-identity and life circumstances.

Some participants found writing to be a main part of their identity while others presented writing as another occupation in which they participate. Some participants stated they enjoy identifying as a writer and reported that it's their calling while other participants engage in the occupation just as a hobby.

The process of writing also seemed to support the discovery of self-identity. One participant stated that through the occupation of writing she realized that "I'm kind of fringe player and...that's not a bad thing, I'm not like this weird menace to society."

The way people used the process of writing within their development of self-identity was highly individual. Writing played a strong role in discovering and affirming self-identity but also simply served as "an achievement, a hobby. It shows a person can do something."

### **Self-discoveries within the Writing Process**

Participants revealed many self-discoveries that grew out of the writing process in relation to their mental illness. Participants discovered that it was helpful to engage in the occupation of writing when dealing with mental illness. One participant found it helpful to write about the specific theme of recovery. He said that “I feel my experience with mental illness gave me the idea that everything is a jumbled mess” but that writing “helps me get coherence...in all of that.”

Participants discovered the freedom that writing gave them within mental health recovery. They found solace in the fact that the occupation of personal writing had no right or wrong answers, that people can simply express themselves in whatever state they may find themselves. Another participant discovered that writing practice has given her important discipline and structure. She stated, “having that structure and routine is very... healing...Writing has been one of those things through the years that has been very consistent...a very helpful tool.” Mental health recovery was paradoxically bolstered by both the freedom and structure that this occupation provided.

### **Contribution to Quality of Life**

Every participant said that the process of personal writing contributed to his/her well-being. Personal writing is healing, beneficial and contributes to the quality of life. For the purposes of differentiation in this study, quality of life is about the stability of life satisfaction in the present moment while the healing benefits discussed later on will address how writing improves and shifts life situations.



Writing created a firm foundation from which to build their recovery from mental health issues. It helped participants find gratitude and appreciation in the good things that are happening in their lives and provided an outlet for them to think things through.

Writing was also reported as being a source of strength. One participant said, "It's something that I'm really happy I have in my life and I wouldn't want to trade it. I wouldn't want to like stop writing or anything because I see the importance of it." The majority of the participants said that they would not give up writing, indicating that it is very valuable to their quality of life.

### **Therapeutic Benefits and Healing Properties**

There are numerous benefits and healing properties to the writing process. Everyone in the study relayed that writing improved or shifted his or her state of well-being in some way. The majority of the individuals interviewed said that writing is therapeutic. It helped them relieve tension and aided in their self-expression. Along those same lines, another participant said, it "lets off a lot of steam" and that writing helped him "maintain focus...rather than let my mind...run free like it had been doing in my worst moments."

Writing helped participants understand themselves. One person said, "Writing gives me my sanity. It's like a need." Writing brought benefits to the participants by helping people see where they had room for improvement. One person said that it is just another activity that proves that she can do something. Some people said that it clarified their thinking and helped to "clear, center, and focus the mind". One person saw the value in how writing helped him pause before acting or reacting to a situation. He stated, "It allows me to take a breather and just stop and take a look at things."

Participants also gained insights into how to interact with other people. Participants gained benefits by using the writing process to help them process how to commune with others. Writing down their reflections has helped participants elucidate meanings of thoughts and helped them interpret how they should proceed to express themselves and treat others properly. One participant mentioned that he understand people better. One participant said, "my writing helps give me insight into my life and what's going on in the outer world. So I can cross the barrier between of them. I get...some insight into...how to react in different social situations."

### **Sharing Personal Writing**

Individuals varied on whether or not they chose to share their personal writing. Many participants shared their writing and thought it was a great tool for communication. Some people had weekly writing groups they attended either in person or online. One participant felt it was his duty to share his writing more broadly:

"I really feel like with people with a mental illness I can be a role model and I can also be an advocate to get help. There's help available and it is possible and my writing, if my writing can do that, then I have accomplished what I want to accomplish."

One participant felt that it completes the cycle of writing to share and exchange with others. He writes to comment on the writing that other people have done and it is important to him that other people see what he has written. He stated that writing is not as helpful if one is "too trolly". The participant used the metaphor of a troll, the mythical creature that dwells under rocks or caves away from people, to mean that if one is isolated and does not share, then the writing is not useful.

Others used the process of sharing in a more personal manner. Some participants shared personal writing with their therapist or close friends to communicate feelings. Others shared their writing to receive affirmation and prove that they could accomplish a worthy task.

Others preferred keeping their writing private. One participant said, "I usually don't share it with others. Probably because of fear of what they'll think...it would feel very vulnerable." Another participant did not enjoy the analytical evaluation that can come along with sharing and stated that he did not like going to the writing groups because they are too critical of the written submissions. Participants varied widely on if and how they shared; some shared widely and some preferred privacy.

### **Personal Writing connected to Historical, Cultural, or Societal Issues**

Some participants wrote more about their personal lives than how their individual existence is connected with society. One person stated that it would be too difficult to write about society because it would take more than a few sentences and he doesn't know if people would be interested in that. One participant stated that writing "helps me figure out how to fit into a place in society so I'm not sticking out like a sore thumb." This shows that living with a mental illness can be alienating and that writing can serve as a way to cope with this.

Other participants said they write about both personal and societal matters and how those interconnect. One participant said he writes about the social issue of mental health recovery and took it upon himself to make sure that his writing touched the lives of others people in similar predicaments in society. In this way, through writing, he connected with a social issue and added his words to help others heal and recover. He mentioned, "I'm a

member of a writing group that meets every other week and...I always feel quite honored to read my poems there.”

Another person said that the community and societal structures end up influencing the health of individuals. He said, “the most important thing in society is community. I think that's the most important thing you can have... if you don't have community in society, you still need some sort of community and I think that's what writing can do.”

Another participant said that, “I'll generally write about more personal issues but then...focus on...wider issues that I care about that”. In particular for her, she liked to write about environmental matters, women's issues, health and wellness, and how all of those issues interrelate and manifest within her specific circumstance.

One participant had particular insight in how she used the writing process when confronting the sociocultural issue of body image. She said, “for me, having body image issues...that's our culture we live in and so I reflect on...that wider perspective of what's going on. I'll recognize as being a cultural issue and it helps me see...this is actually...society's problem.” In the next section, the inductive themes will be identified and explained.

### **Inductive Findings**

The principal investigator and current student researcher analyzed data for inductive themes. Initial cross checks were made to assure accuracy of coding and interpretation. The data was analyzed inductively and the following themes were identified as common aspects of the therapeutic benefits of the writing process. The findings contribute to our understanding of the benefits of the occupation of writing and relate to the research questions.

### **Understanding the Self**

Most participants used the process of writing as a way to help them to understand themselves better as individuals. Writing helped participants develop meta-cognition skills. It served as a tool for them to elucidate their thoughts and help bring self-awareness and clarity to the way they carry themselves in the world. Commenting on how writing helped to bring awareness to the parts of himself that need more personal work, one participant stated, "it helps me handle my erroneous zones." Another participant discovered that the writing process helped him look at how he was viewing himself and understand the feelings he was having. He stated, "I get a chance to review my attitude... and make appropriate adjustments for future reference."

Through writing, one participant received insights into the impermanence of life, "My thoughts and feelings are temporary...whatever is going on at any given time, it will pass. It's not...a fixed state. Bad things happen...but then that changes too...its helps you to see that life is...flowing."

Writing helped participants review the progress they have made. The process of writing helped elucidate the goals participants are working on and showed them how far they have come on their path. Some participants used writing as a way to clarify thinking and understand what is important to them. Participants communicated that writing is a vital tool for keeping them on track and organized. The majority of the participants saw the importance of this occupation of writing to their selfhood or how they show up in the world.

### **Creativity, Self Expression, and Flow**

Several participants mentioned that writing is enjoyable because it is a way to express themselves creatively. Participants enjoyed the imagination and freedom that this activity inherently has. Writing was also just an activity simply for the sake of it. Several participants appreciated the freedom of writing whatever came to their mind.

Creative narrative writing, poetry, and playing games with words include a few types of writing in which individuals participated. Creative writing was preferred among many participants because there are no rules and stipulations. Creative writing was valued because participants could be free and express what was on their mind without being restricted.

Participants found the physical act of writing to be liberating. Writing provided an outlet for participants to release thoughts and emotions. One participant used writing as an outlet because he needed to put his thoughts down on paper to comment on what he reads. Others used writing as a creative form of therapy. Writing created a way to cleanse the mind of certain thoughts as a cathartic release. One participant will even “throw away a journal if I feel like it’s just full of a lot of negative stuff that I don’t really want to hold onto.”

Participants found the writing process to be therapeutic because it helped them get into a flow. This flow state is very healing and helps to “unburden your soul.” Participants found that expressing themselves through the writing process had many salutary effects like relieving tension, releasing anxiety, and reducing stress.

### **Social Connections and Cultural Awareness**

Overall, writing seemed to help people connect and bring awareness to how they interact in social situations. Some participants used writing as a way to process immediate social relationships and others made connections and commentaries on social, cultural, and historical events.

Many participants commented about how writing helped them connect, communicate, or understand other people. Some participants used it as a way to express their feelings to other people. Others used it as a way to express their feelings about relationships on paper as a release but chose not to share the writing with others.

Some participants used writing as a way to be more aware of their social participation. One participant said that it helped in “smoothing out my approach to how to handle day-to-day communication skills so I kind of take care of myself and yet not be a pest.” Through the writing process, a participant gained insight into the fact that it is not possible to control other people and that there are more similarities than differences with people. One participant commented on how he utilizes the social dynamic of a writing group situation to enhance the meaning of his writing. He enjoyed sharing his work with a group because, “when I am in a group it makes it better because I’m saying it in front of other people. It actually kind of heightens the effect.” Some participants use writing as a way to feel good about themselves through the praise of others and as a way to gain social approval. One participant talked about enjoying the positive accolades she receives in her writing group which encourages her to continue writing.

Writing helped participants be grateful for others and understand themselves in relation to others, and gave them clarity on the best way to interact. One participant said

that writing helped him to be a more empathetic and authentic person. He said that writing helped him learn how to put himself in other people's shoes. This realization helped him socialize and not be so critical of other people.

One participant had insight into how writing helped her process through situations and become more culturally aware as a result:

“I’ll write about...working with people from different cultures, poverty. It does come out in my writing and because I have worked with people of different races and I will end up recognizing my privilege as a white person and then....how that may separate me and how my experience may be different from another friend of mine.... And...then definitely like being a woman and...like the opposite way of how there's still kind of that disparity between men and women.”

Writing can facilitate insights into deep realities and can help people heal and interact with others honorably.

### **Connecting to Spirituality and Purpose**

Another important theme that emerged in the data analysis was how spirituality played a key role in the writing process. Many participants reported that a connection with spirit was a part of the writing process. One person said that God is important in supporting the coherence of life.

A benefit of writing is in its accessibility to connect directly with God. One participant said that both writing and spirituality are important and present in her life. For her writing is communion:

“It’s a place to commune with God. I feel like God kind of channels through my writing and I receive positive loving messages that help me with specific issues that



I'm dealing with and... they are usually...generalized positive messages... but....I feel like it's not coming from me because I'll be in a dark place and be like ohh things are not going well and it will be... you are loved and everything will work out just trust and things like that. That's....a really significant part of my writing. [Through] my writing I have been able to see my deeper soul calling in life, like my higher purpose....that I do have a lot of purpose and meaning in life...There are times when I lose touch with that and I can go...to writing and be like.... I am here for a reason.”

Connecting spiritually also contributed to quality of life. Writing was found to be a connection to the world of the spirit. A participant stated that writing is “like a channel to express my personal thoughts and it’s also kind of a meditation.” It served as a powerful, life affirming tool that can help eradicate doubts, fears, or insecurities that come with being human. Writing helped people remember why they are here. Next, the discussion section will synthesize the results of the current study with the literature and the previous phases of this study.

## Discussion

The current study deepened the knowledge that personal writing can be a valuable therapeutic activity for people with mental health issues and a viable intervention strategy in the occupational therapy process. The thoughts and themes brought forth through participant responses supported past literature. Themes of this phase of the research correspond closely with past students' findings in the earlier phase of this research (Haselhuhn, 2010; Morgan, 2010). The theme of understanding the self in the current study corresponds with the themes of personal growth and personal health in previous student's research. Both current and previous phases of this study found that the creative process and connecting to spirituality were essential aspects of the personal writing process. The current study and the previous one also found that the writing process helped people deal with social relations.

The results reinforced the notion that therapeutic writing helped people understand themselves more clearly through self-awareness and the disclosure of events (Schoutrop et al., 1997). Simply sharing one's story on paper can help people disclose their true feelings and understand themselves more fully (Pennebaker, 1997; Ramirez-Esparza & Pennebaker, 2006). Previous phases of this research established that writing created an expanded perspective of personal matters, increased sensitivity, and provided cathartic release and a personal outlet to explore self-understanding (Haselhuhn, 2010; Morgan, 2010). Previous and current research suggests that writing may be a beneficial intervention strategy within occupational therapy to restore the well-being of persons with mental health issues through aiding the establishment of self-awareness.

Wright & Chung (2001) proposed that client expression is a defining factor of therapeutic writing and the current research supported this. Esterling, et al. (1999) stated that therapeutic writing exists on a continuum from open and spontaneous to specific and focused; the open-ended form of writing could facilitate intuitive expression and cathartic release. This was upheld in the current study as many clients stated that they enjoyed writing because they were free to express what was on the conscious mind and according to the previous phase of this research also helped people explore the unconscious parts of the self (Haselhuhn, 2010). The research also supported Haertl's (2008) suggestion of using this open-ended writing intervention with people with mental health issues, particularly if a psychodynamic frame of reference is being utilized.

Frisina et al. (2004), Pennebaker (1997), and Ullrich and Lutgendorf (2002) found that writing ties into communication with oneself and with others. King et. al. (2013) suggested that mental illness limits functional participation in community or social activities and that personal writing can help persons regain control over their lives and work through the difficulties that mental illness presents. The present study strengthens this assertion as numerous participants commented on how their writing helps them figure out how to act in social situations. Both previous and current phases of this study also found that writing can be a tool to improve cultural awareness. Participants in both phases of the study commented on how personal writing helped them understand that mental illness and cultural, societal, and historical illnesses are interrelated (Morgan, 2010). This idea should be researched further in order to elaborate on the findings.

According to McBrien (2006) and the current study, spirituality is integral to human life. Haertl (2014) suggested that writing helps people get through challenging times in life.

Dillon's (2011) work suggested that people who wrote about spiritual aspects of life experienced positive change and personal growth. The current study maintains these ideas; one participant said that even when she is in a dark place, positive loving messages come through to her via personal writing. The previous phase of this study supports these ideas as well stating that the writing process helps people reflect about themselves on a deeper level, which can lead to personal transformation (Haselhuhn, 2010). The writing process connects people to the deep meaning in their lives.

Do Rozario (1997) suggested that there is a "deep cultural pathology" within the current collective paradigm and that we have lost our understanding of interdependence and interconnectedness (See Appendix B). When analyzing the two sub-questions on societal issues, the current research found a spectrum of insight into cultural norms and pathologies and how those manifest within the participants' individual lives. Some people understood systems-level perspectives and wrote about them and others did not. The answers to these questions seemed to reflect varying levels of education and cognition. More research should be conducted about various levels of education and cognition and subsequent insight into culture and society through personal writing.

### **Implications for Occupational Therapy**

The current and previous phases of this study suggest that writing is a beneficial personal practice and can be considered as a treatment for persons dealing with mental health issues. Occupational therapists seek to promote health, establish well-being, and engage people in a client-centered, meaningful way. Personal writing promotes health and well-being through its ability to invoke catharsis and self-expression. Writing as a

therapeutic treatment is also practical and cost-effective. It can be implemented in treatment sessions and beyond in a straightforward way.

The occupation of personal writing as a treatment option can take on many different forms and is therefore easily customizable to the person's needs. This suggests that people would be more willing to integrate it into their current roles and routines, which are key focuses of the occupational therapy process. Personal writing could also serve as a tool to enhance functional performance, another fundamental aspect of occupational therapy, by bringing self-awareness to the client's life patterns and habits. Personal writing can also benefit social participation by increasing empathy and sensitivity towards others' thoughts and actions. Another reason that writing is a valuable treatment tool is in its ability to connect tangible and intangible aspects of life. The personal writing process can also be creative which could help clients expand their perspectives on what is occupationally possible in life. Spirituality and creativity are integral to well-being and writing is one intervention that can effectively interweave these vital aspects of life. For clients with mental health issues, writing is an effective intervention option that can help foster long-lasting positive results.

### **Limitations**

Although this study provides useful information on the healing properties of the personal writing process, limitations did exist. First, because of the small sample sizes often used in qualitative research (six participants from previous students and six from current study), caution must be taken in generalizing results to the larger population. Additional data should be collected to make data more robust. Second, although the researchers actively employed the phenomenological principle of epoche, or the reduction of bias as

well as the process of triangulation, inevitably the data had to pass through the minds of the researchers (Moustakas, 1994). Therefore, it is possible that there is some internal bias present in the written results. Next, the majority of the participants came from one institution and some participated in the same writing group. This could skew the results to the norms of this specific mental health service provider and this particular writing group. Lastly, it is important to note that all six participants in the study were of European descent, which inevitably skews the data towards the logic and thought processes of this segment of the population. This limitation is indicative of a larger systemic bias that exists in the scientific community at large, skewing many scientific research studies towards European and European-American norms. In academia, the field of occupational therapy, and other allied health professions, it is crucial that this issue is named and considered deeply in further research as discussed below.

### **Suggestions for Future Research**

It is important for more research on the healing properties of writing to be conducted in order to strengthen the current findings. Further research endeavors will help to create an even stronger case for the use of writing as a therapeutic intervention in occupational therapy. In particular, more research should be conducted on the benefits of writing in regards to elucidating awareness specific to one's own embodied cultural experience. This is an important aspect of the healing process that is often overlooked. The student researcher's unique sub-questions addressing societal, historical, and cultural issues attempted to enlighten the healing properties of writing connected to acknowledging truths about the larger systemic biases that affect mental health. This is a crucial area in which more illumination could benefit the field of occupational therapy and

the whole of society. In order to expand the cultural representation of the participants and gain a more comprehensive perspective of personal writing, it would be valuable for people of color and indigenous people to conduct additional research.

### **Conclusion**

In a complex world, writing, this most ancient of human technologies, can be healing for persons with mental health issues. These evolved symbols help make sense of one's thoughts, allow freedom to express what is in one's heart, and concretize the intangible aspects of spirituality and creative inspiration. The occupation of personal writing can have salutary effects on one's health and can be used as an intervention tool in allied health professions such as occupational therapy.

The study added phenomenological data to advance current knowledge of the healing properties of the writing process. Some healing properties included reducing anxiety, clarifying thinking and increasing insight of how to commune with others. Participants discovered that the writing process gave them structure and contributed to their quality of life. Participants varied on how and when they shared their writing; some preferred privacy and some purposefully shared widely. Participants used the writing process variably when connecting to societal issues. Some used writing to understand immediate personal relationships, choosing not to address larger cultural issues while others used it as a tool to help them clarify how their life fit into the whole of society. Writing helped people understand themselves more deeply and helped them express themselves creatively. Writing was an occupation in which they could find themselves getting into a flow; enhancing the therapeutic qualities. Writing also helped people work through their social relationships and helped them find spiritual meaning and purpose in

their lives. Occupational therapists and allied health professionals should consider using personal writing as a therapeutic intervention when working with people with mental health issues because it fosters connection with the self and with others in society.



### References

- American Occupational Therapy Association. (2014). *Mental health*. Retrieved from <http://www.aota.org/practice/mental-health.aspx>
- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3<sup>rd</sup> ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1-S48. <http://dx.doi.org/10.5014/ajot.2014.682006>
- Andersson, M. A., & Conley, C. S. (2013). Optimizing the perceived benefits and health outcomes of writing about traumatic life events. *Stress and Health*, 29(1), 40-49. doi:10.1002/smi.2423
- Andreasen, N. C. (1997). Linking mind and brain in the study of mental illnesses: A project for a scientific psychopathology. *Science*, 275(5306), 1586–1593. doi:10.1126/science.275.5306.1586
- Bellamy, C. D., Jarrett, N. C., Mowbray, O., MacFarlane, P., Mowbray, C. T., & Holter, M. C. (2007). Relevance of spirituality for people with mental illness attending consumer-centered services. *Psychiatric Rehabilitation Journal*, 30(4), 287-294. doi:10.2975/30.4.2007.287.294
- Boniell-Nissim, M., & Barak, A. (2013). The therapeutic value of adolescents' blogging about social-emotional difficulties. *Psychological Services*, 10(3), 333–341. doi:10.1037/a0026664
- Champagne, T. & Gray, K. (2011). *Occupational therapy's role in mental health recovery*. Retrieved from

<http://www.aota.org//media/Corporate/Files/AboutOT/Professionals/WhatIsOT/MH/Facts/Mental%20Health%20Recovery.pdf>

Chavis, G. G. (2011). *Poetry and story therapy: The healing power of creative expression*.

Philadelphia, PA: Jessica Kingsley Publishers.

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice, 39*(3), 124. doi:10.1207/s15430421tip3903\_2

Csikszentmihalyi, M. (1997). Flow and the psychology of discovery and invention. *Gifted Child Quarterly, 41*(3), 114–116. doi:10.1177/001698629704100309

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2003). *Strategies of qualitative inquiry (2<sup>nd</sup> ed.)*.

Thousand Oaks, CA: Sage Publications.

Dillon, J.J. (2011). Psychology and spiritual life writing. *The Humanistic Psychologist, 39*, 137-153. doi:10.1080/08873267.2011.564533

Do Rozario, L. (1997). Shifting paradigms: The transpersonal dimensions of ecology and occupation. *Journal of Occupational Science: Australia, 4*(3), 112–118.

doi:10.1080/14427591.1997.9686427

Eisenstein, C. (2013). *The more beautiful world our hearts know is possible*. Berkeley, CA: North Atlantic Books.

Elbow, P. (1998). *Writing with power: Techniques for mastering the writing process*. New York, NY: Oxford University Press.

Esterling, B.A., L'bate, L. L., Murray, E.J., & Pennebaker, J.W. (1999). Empirical foundations for writing in prevention and psychotherapy: Mental and physical outcomes. *Clinical Psychology Review, 19*(1), 79-96. doi:10.1016/s0272-7358(98)00015-4

Fainsilber, L., & Ortony, A. (1987). Metaphorical uses of language in the expression of emotions. *Metaphor & Symbolic Activity*, 2(4), 239-250.

doi:10.1207/s15327868ms0204\_2

Frisina, P. G., Borod, J. C., & Lepore, S. J. (2004). A meta-analysis of the effects of written emotional disclosure on the health outcomes of clinical populations. *The Journal of Nervous and Mental Disease*, 192(9), 629-634.

doi:10.1097/01.nmd.0000138317.30764.63

Gilgun, J. (2005). Qualitative research and family psychology. *Journal of family psychology*, 19, 40-50. doi:10.1037/0893-3200.19.1.40

Haertl, K. (2005). Factors influencing success in a Fairweather model mental health program. *Psychiatric Rehabilitation Journal*, 8(4), 370-377.

doi:10.2975/28.2005.370.377

Haertl, K. (2008). Journaling as an assessment tool in mental health. In Hemphill-Pearson (Ed.), *Assessments in Occupational Therapy Mental Health* (pp. 61-79). Thorofare, NJ: SLACK Incorporated.

Haertl, K. (2014). Writing and the development of the self- heuristic inquiry: A unique way of exploring the power of the written word. *Journal of Poetry Therapy: The Interdisciplinary Journal of Practice, Theory, Research and Education*, 27, 1-14.

doi:10.1080/08893675.2014.895488

Haertl, K. & Christiansen, C. (2011). Coping skills. In C. Brown & V. Stoffel (Eds.), *Occupational Therapy in Mental Health* (pp. 313-329). Philadelphia, PA: F.A. Davis Company.

- Haselhuhn, C. J. (2010). *Therapeutic properties of personal writing for persons with mental illness* (Unpublished Thesis Project). St. Catherine University, St. Paul, MN.
- Hocking, C. (2009). The challenge of occupation: Describing the things people do. *Journal of Occupational Science*, 16(3), 140-150. doi:10.1080/14427591.2009.9686655
- King, R., Neilsen, P., & White, E. (2013). Creative writing in recovery from severe mental illness. *International journal of mental health nursing*, 22(5), 444-452.  
doi:10.1111/j.1447-0349.2012.00891.x
- Knowles, E. D., Wearing, J. R., & Campos, B. (2011). Culture and the health benefits of expressive writing. *Social Psychological and Personality Science*, 2(4), 408–415.  
doi:10.1177/1948550610395780
- Krpan, K. M., Kross, E., Berman, M. G., Deldin, P. J., Askren, M. K., & Jonides, J. (2013). An everyday activity as a treatment for depression: The benefits of expressive writing for people diagnosed with major depressive disorder. *Journal of Affective Disorders*, 150(3), 1148–1151. doi:10.1016/j.jad.2013.05.065
- Lorenz, T. A., Pulverman, C. S. & Meston, C. M. (2013) Sudden gains during patient-directed expressive writing treatment predicts depression reduction in women with history of childhood sexual abuse: Results from a randomized clinical trial. *Cogn Ther Res*, 37, 690–696. doi: 10.1007/s10608-012-9510-3
- Luborsky, M. R., & Lysack, C. (2006). Overview of qualitative research. In G. Kielhofner (Ed.), *Research in occupational therapy: Methods of inquiry for enhancing practice* (pp. 326-340). Philadelphia, PA: F. A. Davis Company.
- Macy, J., & Johnstone, C. (2012). *Active hope: How to face the mess we're in without going crazy*. Novato, CA: New World Library.

- Mapp, T. (2008). Understanding phenomenology: The lived experience. *British Journal Of Midwifery*, 16(5), 308-311. doi:10.12968/bjom.2008.16.5.29192
- McArdle & Byrt (2001). Fiction, poetry, and mental health: Expressive and therapeutic uses of literature. *Journal of Psychiatric and Mental Health Nursing*, 8, 517-524. doi:10.1046/j.1351-0126.2001.00428.x
- McBrien, B. (2006). A concept analysis of spirituality. *British journal of nursing*, 15(1), 42-45. doi:10.12968/bjon.2006.15.1.20309
- Merriam-Webster (2014). *Merriam-Webster Online Dictionary*. Retrieved from <http://www.merriam-webster.com/dictionary/>
- Morgan, M. (2010). *The therapeutic benefits of personal writing for persons with a mental illness* (Unpublished Thesis Project). St. Catherine University, St. Paul, MN.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage Publications.
- Parsa, A. N., & Harati, S. (2013). Art therapy (poetry therapy) can reduce the effects of depression. *International Journal of Academic Research*, 5(4). doi:10.7813/2075-4124.2013/5-4/b.22
- Pennebaker, J. W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, 8(3), 162-166. doi:10.1111/j.1467-9280.1997.tb00403.x
- Pennebaker, J. W., & Seagal, J. D. (1999). Forming a story: The health benefits of narrative. *Journal of clinical psychology*, 55(10), 1243-1254. doi:10.1002/(SICI)1097-4679(199910)55:10<1243::AID-JCLP6>3.0.CO;2-N

- Perrin, T. (2001). Don't despise the fluffy bunny: A reflection from practice. *The British Journal of Occupational Therapy*, 64(3), 129-134. doi: 10.1177/030802260106400304
- Peterson E. A. & Jones A.M. (2001). Women, journal writing, and the reflective process. *New Directions for Adult Education*, 90, 59-67. doi:10.1002/ace.21
- Pinkola Estes, C. (1992). *Women who run with the wolves*. London: Rider.
- Power, S. (2014). *Sacred wilderness*. East Lansing, MI: Michigan State University Press.
- Ramírez -Esparza, N., & Pennebaker, J. W. (2006). Do good stories produce good health?: Exploring words, language, and culture. *Narrative Inquiry*, 16(1), 211-219. doi:10.1075/ni.16.1.26ram
- Schoutrop, M., Lange, A., Hanewald, G., Duurland, C., & Bermond, B. (1997). The effects of structured writing assignments on overcoming major stressful events: An uncontrolled study. *Clinical Psychology & Psychotherapy*, 4(3), 179-185. doi: 10.1002/(SICI)1099-0879(199709)4:3<179::AID-CPP123>3.0.CO;2-C
- Seidman, I. (2006). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. New York, NY: Teachers College Press.
- Social Forum (2013). *Healing justice at the US Social Forum: A report from Atlanta, Detroit & beyond*. Retrieved from <http://www.unsif.com/wp-content/uploads/2014/04/Healing-Justice-at-the-US-Social-Forum-1.pdf>
- Stockton, H., Joseph, S., & Hunt, N. (2014). Expressive writing and posttraumatic growth: An Internet-based study. *Traumatology: An International Journal*, 20(2), 75-83. doi:10.1037/h0099377

- Tsang, H. W., Siu, A. M., & Lloyd, C. (2011). Evidence-based practice in mental health. In C. Brown & V. Stoffel (Eds.), *Occupational Therapy in Mental Health* (pp. 57-69). Philadelphia, PA: F.A. Davis Company.
- Ullrich, P. M., & Lutgendorf, S. K. (2002). Journaling about stressful events: Effects of cognitive processing and emotional expression. *Annals of Behavioral Medicine, 24*(3), 244-250. doi:10.1207/s15324796abm2403\_10
- Vrielynck, N., Philippot, P., & Rimé, B. (2010). Level of processing modulates benefits of writing about stressful events: Comparing generic and specific recall. *Cognition and Emotion, 24*(7), 1117-1132. doi:10.1080/02699930903172161
- Wright, J. & Chung, M. C. (2001). Mastery or mystery? Therapeutic writing: A review of the literature. *British Journal of Guidance and Counselling, 29*(3), 277-291. doi:10.1080/03069880125343

## Appendix A

### Phenomenology

Qualitative inquiry is the process of studying situations that occur naturally in the world and is often used to build theories and models, develop concepts, describe experiences, and evaluate assessments (Gilgun, 2005). Qualitative inquiry seeks not to generalize findings but to unveil the meaning and essences of different phenomena. Methods of qualitative inquiry can include but are not limited to interviews, observations, and subsequent data analysis for themes (Mapp, 2008). Phenomenology is a type of qualitative inquiry that is both a philosophy and a method (Luborsky & Lysack, 2006; Mapp, 2008; Moustakas, 1994). Edmund Husserl founded the philosophy of phenomenology and was interested in gaining knowledge of the meaning, essence and structure of phenomena (Luborsky & Lysack, 2006; Moustakas, 1994). Husserl and the philosophy of phenomenology rejected the notion that empirical science is the privileged way of knowing (Luborsky & Lysack, 2006). Theoretically, transcendental phenomenology conducts research that employs epoche, which is described as being as free from bias as possible, and utilizes both noema (the textural, real appearance of the phenomenon) and noesis (the structural, essential meaning of how the phenomenon is experienced by an individual) (Moustakas, 1994).

Its subsequent methodology consists of presenting research as a description as opposed to an analysis of the subjective "lived experience" (Luborsky & Lysack, 2006, p. 336) or the first-hand experience of a certain phenomenon (in this case the healing properties of writing) (Creswell & Miller, 2000; Moustakas, 1994). Procedurally, phenomenological research is often conducted through a series of open-ended interview



questions in which the subject describes his/her personal experience of the given phenomenon. Interviews often last 45 to 90 minutes long and often have follow up meetings to verify and synthesize information. Interviews are then transcribed and coded either inductively or deductively into themes. The researcher can then produce a clear description of the phenomenon that is being studied. Therefore, this type of inquiry seeks to “retain its spirit” (Moustakas, 1994, p. 59) of the lived experience through describing a phenomenon as opposed to analyzing and interpreting the experience of others.

## Appendix B

### Root Narratives and Wellness

In order to situate the individual writing process of people with mental health diagnoses within the larger story written on the psyche of a nation and the world, this appendix discusses root narratives, or the collective stories we live within that help us make sense of events in life. This serves as a way to weave answers to why and how people choose to engage in the healing occupation of writing. Story lies at the center of civilization, a common psychological bond that dictates which occupations humans engage in and subsequently how they shape their environment and context (Eisenstein, 2013; Macy & Johnstone, 2012). Qualitative evidence is a collection of synthesized human stories. Exploring the stories collectively written on the psyches of a human culture helps to shift us from fragmentation to interconnectedness.

Do Rozario (1997) suggested that the current collective story/paradigm is a mechanistic one that overuses technology as an answer for our global problems. She calls this a “deep cultural pathology” suggesting that we are in an era of “orphanism,” (p. 113) that we have lost our understanding of interdependence and interconnectedness. This results in the use of our Earth as an inanimate resource to be mined for profit rather than a sacred living being to be honored and cared for. This sentiment shows up in our medical system and the way we care for people with mental health issues. We have used a fragmented approach, separating the body from the soul, treating the physical body with SSRIs, antidepressants, and other drugs that numb people, taking us away from fully inhabiting the mind and the spirit. Part of the solution is to treat mental health issues as an

individual manifestation of this cultural pathology. Then, we can begin to see how our participation in systems of destruction affects the body, mind, and soul.

Macy and Johnstone (2012) described three stories of our time. In order to work with clients and use writing as an intervention tool, occupational therapists should be working with these narratives as theoretical frames of reference to analyze the situation of the client. The first story is called “Business as Usual”. This story tells us that nature is a commodity, endless consumption is necessary for economic growth, that everyone should try and get ahead, and the problems of other people and nations are not of our concern.

The second story is called “The Great Unraveling”. As practitioners, clients, and human beings, we are now at this crux in history. Macy and Johnstone (2012) wrote that “The Great Unraveling” is the story of economic downturn, resource degradation, social and political war, and climate change. The old story is unraveling but swaths of fabric are still intact. Eisenstein (2013) called this the “space between stories,” (p. 13) the space in which we currently find ourselves. We no longer trust the stories of the elite. We no longer believe the story of separation that lies as the base of our dying ‘Business as Usual’ story.

The final story is that of “The Great Turning”. In this story, many people are beginning to awaken to the detrimental effect that the old story has and is having on our planet and our psyche. As allied health professionals, we must have a broad, interconnected perspective and see that people are trying to find new life-sustaining practices and shift consciousness from a fragmented separation that makes us physically and mentally sick, to a life sustaining one in which all people are supported (Macy & Johnstone, 2012). This is the final story of “Interbeing”, the story that all humans

(practitioners and clients), systems, nature, and life itself are fundamentally interconnected and interdependent (Eisenstein, 2013).

When carrying out therapeutic relationships, it is important to see ourselves as fundamentally interconnected as well as situated within our unique cultural background. Power (2014) suggested that many cultural narratives are interwoven into the fabric of life. As a profession comprised of primarily European American females, it is essential that we understand our cultural history and background. It is deeply important for people that hold the most power in this country of immigrants, white people or people of European heritage, to look deeply at the stories of genocidal destruction, slavery, and subsequent dysfunction in which our current systems are based upon. Currently, we are attempting to pick the weeds but are leaving the roots and the systemic and individual mental health problems continue to manifest. We need to dig deep and pull up the roots. When a critical mass of white people in the United States does the inner work needed to shift the mythology towards true understanding of the interconnectedness and the work that has to be done to confront, name, and accept these deep truths, this will begin to address the origins of the mental health crisis in the United States. What hurts one, hurts all. What heals one, heals all.

As allied health practitioners working in mental health, we need to be acutely aware of collective trauma. Collective trauma refers to when “any kind of community of individuals shares an experience of trauma such as those sharing the experience of the institution of slavery, sharing the experience of genocide, or witnessing an event of state or communal violence against another individual or community” (Social Forum, 2013, para.

8). Power (2014) writes of a round table discussion with indigenous and white people about collective trauma:

One guy stands up...[and] says...but why do we have to rehash our past? Why pick at old scabs over and over? An elder from White Earth spoke next. She said that was just it. If the past is always swept under the rug, our stories hushed up, our claims denied, ignored, the wounds stays open. Never heals. The next generation is born into that injury and carries it on. The one way to begin healing is for all of us to be honest with each other. Put our truth on the table, drag it into the light. Pain festers in shadows (p 237).

It is imperative to give space for the stories that have been marginalized, forgotten, or suppressed from being told. This can be achieved through the therapeutic use of writing. The deep, struggle and wisdom-filled stories that come from the voices of marginalized people including people with mental health issues as well as people of color and indigenous people, queer, transgender, and intersex people, and people with disabilities are unquestionably necessary in this time. These stories are crucial in the therapeutic use of writing and need to be viewed as an integral aspect of occupational justice. Arguably, these stories are the solution seeds that will reap a harvest of more peace, compassion, love, and understanding in generations to come.

We must address the root of the cause in order for healing to happen. Health care professionals must learn how to facilitate this within health care settings. It is important to recognize that people of whom the health care establishment labels with mental illness, are often **deep feelers** or individuals profoundly affected by the systemic problems mentioned above. When health care professionals are willing to participate in our own discomfort and

deep pain associated with destructive histories and the numbing “Business as Usual” story, transformation will happen.

The monopoly of our collective story is slowly slipping out of the hands of media moguls into the hands of millions. Due in part to the social media model of our new generation, we are beginning to see an awakening in the hearts of the people. Our world will change by the writing of millions of small stories, stories of action from the heart. When we all make small changes such as writing in journals to understand our feelings better or creating poetry to express our heart’s true yearnings, the collective shift to a happier, mentally healthy, and life sustaining paradigm keeps inching closer.

Writing is one way to touch how the old story has harmed individuals and the whole of humanity. We are now moving through towards healing. Penning stories and poems onto journals and computers helps us touch the pain and courageously work through it to transform. It is indeed therapeutic. Through dreams, collective consciousness connects us. Here we can work in the space between stories, where past, present, and future are one. May we continue to write the new story of humanity and dream together every day and night. This will shape the connection of the larger picture of global health and the need for multi-faceted solutions. Using the occupation of writing, particularly for people experiencing mental health issues, is a part of the solution. As humans on both sides of the therapeutic process, it is essential for us to understand that we will always be simultaneously situated in the circumstances unique to our cultural heritage and fundamentally interconnected to the whole of humanity.



## Appendix C

### Interview Guide Questions

#### **Background:**

1. Can you tell me a little about yourself including your profession, personal interests and hobbies?
2. How long have you participated in writing and what types of writing do you prefer to do? (e.g. diary or journal writing, creative writing, poetry)
3. How did you get started in personal writing? Was there an event in your life that helped you make the decision to start writing?

#### **Nature of Personal Writing:**

4. How much time do you spend in personal writing and what types of writing activities do you most often participate in?
5. When is it you choose to write and why?
6. What forms of writing do you prefer (i.e. writing on paper or in journals, online writing); Why do you prefer this type of writing? Have you tried other forms?

#### **Content as Related to Personal Expression:**

7. I understand you are diagnosed with a mental illness, can you tell me a little about this?
8. How does having a mental illness affect your writing, if at all?
9. What does writing mean to you?
10. What inspires you to write?
11. Do you reread your personal writing? If so, how often?
12. What insights have you gained from writing and reviewing your writing?

13. Do you share your writing with others? Why or why not?
14. How has your writing contributed to who you are as a person and your understanding of your mental illness?

### **Health, Wellness and Quality of Life**

15. Do you feel your writing is integral to your wellness and quality of life? If so, how?
16. What role do you believe personal writing has in health and wellness?
17. What are the perceived benefits and/or healing properties of personal writing?

### **History, Culture and Society**

18. If you are a part of a writing group, does the feedback from others influence your writing? If so, how?
19. Does your writing help you make sense of your culture or views of society? If so, how? (Note, the interviewer may need to further explain culture if requested)
20. Do you write about only personal matters, or do you write about societal matters as well? Does this give you any increased insight about life? If so, how?
21. How does your writing help you understand your role in the world?

### **Addendum**

22. Is there anything else of interest you believe is important for me to know if relation to your participation in personal writing?



## **Appendix D**

### **Information and Consent Form**

#### **Introduction:**

You are invited to participate in a research study investigating the therapeutic properties of personal writing for persons with mental illness. This study is being conducted by Adrienne Ero-Phillips, a graduate student at the College of St. Catherine under the supervision of Kristine Haertl, Ph.D., OTR/L, FAOTA, a faculty member in the Department of Occupational Science/Occupational Therapy. You were selected as a possible participant in this research because you have a current or past diagnosis of mental illness and you have participated in personal writing (poetry, journal or creative writing) for a minimum of three years. If you are interested in the study, you will be asked to participate in an interview exploring the therapeutic properties of personal writing. Please read this form and ask any questions you have before you agree to participate in the study.

#### **Background Information:**

The purpose of this study is to examine the therapeutic properties of personal writing for persons with mental illness. Approximately four to six individuals are expected to participate in this research.

#### **Procedures:**

If you are interested in being included in the study, you will be asked to participate in an interview with the student researcher, Adrienne Ero-Phillips. The researcher will contact you and ask for a convenient time and location to conduct the interview; if you desire, a copy of the consent form may be provided to you in advance. The interview will last approximately 45 to 75 minutes and will ask questions regarding your personal experience of writing. Interview questions will focus on background, nature of personal writing, content as related to personal expression, health and wellness, and quality of life. The interview will be tape-recorded and later transcribed and coded. No names will be used in the coding, transcribing, or reporting of the information. You will be asked to sign a consent form at the time of the interview. You may discontinue the study at any time.

#### **Risks and Benefits of being in the study:**

The study has minimal risks. Some questions may be perceived as personal and/or sensitive in nature as they inquire of your experiences with mental illness. You may choose not to answer any question or questions that you wish without affecting your participation

in the study. Confidentiality will be maintained throughout the study; no participant's name will appear in the final written research report. At any time during the study, you may request that information be withheld from use. You may also request that the tape recorder be stopped or paused for any reason during the course of the interview. At any time prior, during, or after the interview, you may discontinue participation in the study.

The benefit to you for participation is an opportunity to share your unique opinions and perspectives on therapeutic properties of personal writing for persons with mental illness. This is an opportunity to give personal insights on the effects writing has on the person with mental illness. It is hoped that information from this study will lead to academic and practical knowledge leading to enhancement of the quality and availability of services offered.

**Confidentiality:**

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented.

The research results in a locked file cabinet in my home, (Adrienne Ero-Phillips) and only my advisor and I will have access to the records while we/I work on this project. I will finish analyzing the data by May of 2015. I will then destroy all original reports and identifying information that can be linked back to you. The tape from the interview will be kept in the locked file cabinet and only my advisor and I will have access to them. The tape will be destroyed by May of 2015.

**Voluntary nature of the study:**

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with Tasks Unlimited or the College of St. Catherine in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

**Contacts and questions:**

If you have any questions, please feel free to contact me, Adrienne Ero-Phillips, at (320) 266-4304. Questions may also be addressed to Dr. Kristine Haertl at (651) 690-6952. If you have other questions or concerns regarding the study and would like to talk to someone

other than the researcher, you may also contact Dr. John Schmitt, Chair of the College of St. Catherine Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

**Statement of Consent:**

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

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I consent to participate in the study and agree to be audiotaped.

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Signature of Participant

Date

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Signature of Researcher

Date