

A thematic analysis of participants' feedback in writing sessions in a primary and a secondary care setting in the NHS

This document gives an outline of two examples of creative writing in NHS healthcare settings, with brief details of two case studies and an analysis of experiences that participants' identified as useful or valuable in the sessions.

This is not intended as a comprehensive account but as a snapshot of creative writing sessions in these settings between 2009-2011 with pointers for further investigation. This document does not describe methodology, materials, or underlying approaches such as attention to ethical issues, boundaries, safety, supervision and the involvement of the host organisation. For a description of guidelines for these please see *Core competencies for working with the literary arts for personal development, health and well-being* (R. Flint, F. Hamilton & C. Williamson, 2004) on the Lapidus website.

Case study 1: Brooklea Healthcentre

Courses of twelve two-hour 'creative writing for health' sessions in a group were available free of charge to patients at Brooklea GP healthcentre in Bristol, England which serves a large urban population. The initiative was that of two GPs at the practice, Dr Wood and Dr Younie, together with interest from other members of staff, which gathered as the project evolved. There were several courses over four years and also Art for Health sessions in parallel. Patients could self-refer via conversation with a doctor or other clinical staff as there were posters and flyers in the waiting room. Alternatively, GPs referred patients, particularly some with long-term or chronic conditions where *'there was more life for patients to have and we couldn't deliver it in ten minute sessions'* as one GP commented. Participants in the sessions were not required to provide details of health issues to the facilitator unless these were relevant for participating in the sessions. Some of them were shared during sessions and included a variety of conditions such as mental health affected by social isolation, unemployment, impact of physical illness, post-traumatic stress and bereavement; also stroke, diabetes, post-viral fatigue syndrome, mobility difficulties and other conditions. Sessions were funded by a charitable trust and for some time by the Primary Care Trust.

Case study 2: Bristol Oncology Centre

Up to twelve one-hour one-to-one facilitated creative writing sessions were offered free of charge to people receiving or who had received treatment for cancer and carers. These were held weekly in most cases but flexibly arranged to fit with patients' needs. An introductory session was provided so that the participant could meet the facilitator and find out about what was involved, try a taster exercise and decide whether they wanted to book sessions. Sessions were funded by a charitable trust connected with the hospital and previously by arts grants. Supervision was provided.

Aims:

These were broadly similar in the Brooklea group and the Oncology Hospital one-to-one sessions:

- To provide a safe enough environment where creative writing with personal and collaborative reflection in spoken and written words could take place
- To employ creative writing as a means for self expression and exploration of themes of interest to participants
- To provide opportunities for participants to be listened to and be part of a creative group or dialogue
- To offer opportunities for enhanced sense of wellbeing and some resources for self care

Additional hoped-for outcomes:

- To enhance participants' sense of personal agency through authoring their own narratives
- To build confidence and sense of coping ability
- To assist in forming resources for self care
- To contribute to positive factors in enjoyment of life which could include relationships, activities, goals and access to information about health and wellbeing

Additional aim at Brooklea Health Centre:

There was a goal to develop sessions with links 'outward' with an emphasis on sustainability and supported self-reliance, integrating the health centre and its provision of treatments with the wider community. This was realised after four years of sessions in the health centre when a neighbouring community centre became the venue for participants to self-run (with a coordinator and mentor) a group called Wicklea Writing and Art for Health Group. This was funded at minimal cost by the local Community Partnership organisation, ran for a year, and was Highly Commended in Arts and Health South West Awards 2012.

Evaluation

A variety of forms of evaluation were used at Brooklea Health Centre. Qualitative evaluation involved gathering comments from participants in questionnaires at the end of each series of sessions as well as collecting a variety of their writings with permission and attending to their verbal reflections on these and the processes in the group that had influenced or affected them. Quantitative evaluation at Brooklea included use of medical tools such as the General Health Questionnaire and an audit of prescribing costs before and after attendance on the course, which showed a drop in costs of medication for those who had attended more than 5 out of 12 sessions. See document 'Brooklea Health Centre Writing and Art Groups for Patients, 2010-2011' on Lapidus website. This represented a valuable initial small-sample audit involving input from the pharmacist from on which

further more detailed and robust investigations could be modelled. At Bristol Oncology Centre qualitative feedback questionnaires were completed at the end of the sessions.

Thematic evaluation

In order to identify what participants valued in the creative writing sessions, an analysis of themes from their qualitative evaluation questionnaires was conducted. 20 participants from Brooklea and 20 from the Oncology Centre gave permission for their comments to be analysed in this way and anonymously presented in this survey.

Participants' responses were read carefully and recurring themes were grouped. Category titles (below) were chosen to represent these themes:

- Ability to reflect on or revise personal narratives
- The opportunity and new ways to express feelings and thoughts
- Artistic pleasure/distraction
- Positive change in emotions or confidence
- Being listened to/sharing with others
- Developing resources for self-care

Inevitably, interpretation of participants' words was involved. A category such as 'new ways to express feelings and thoughts' would allow comments from participants who did not use exactly these words, for example:

*'it was helpful to have an outlet to express how my Dad was doing and how I was feeling'
'allowed me to express some strong feelings...the creative writing definitely tended to my emotions and well-being'*

'the free association writing - it was surprising the things that came out. I felt purged sometimes, in a good way and felt I would approach things differently'

The intention of the analysis was to pay attention to participants' written comments rather than asking them to adhere to predetermined categories and to attempt to extrapolate some shared themes from them, in order to hone future sessions and investigations into what the therapeutic possibilities of creative writing are.

Questionnaires asked:

- Can you say something about your experience of attending the sessions?
- Did the sessions affect your feelings about yourself, your health or your well-being? and if so, how?
- Were you happy with the way the sessions were facilitated?
- Was there anything that you didn't like, or have you got suggestions for improvement?

- Do you consider the number of sessions appropriate?
- Any other comments

Themes in participants' feedback

In both the one-to-one sessions and the group sessions **Ability to reflect on or revise personal narratives** was valued by a majority of participants: 16/20 and 10/20 respectively. This opportunity and also the discovery that revision of existing stories about self, experience, family was possible and meaningful were mentioned.

Reflective space and cathartic expression were also important. In the group, **The opportunity and new ways to express feelings and thoughts** was cited by 12/20 and in one-to-one sessions by 9/20 people. More explicit cathartic expression was cited by 12/20 in the one-to-one sessions and by 6/20 in the group, with **Positive change in emotions/confidence** mentioned by half the group members and 7/20 of the one-to-one participants.

Aspects of **Artistic pleasure/distraction** were valued by a significant majority in both cohorts, with some mentioning particular enjoyment of poetic forms such as Pantoum or Haiku, or inclusion of fairytale or poetry as reading material and starting points.

In the group, **Being listened to/sharing with others** was cited by a large majority (16/20) while this was less significant in one-to-one session feedback (6/20). Comments within the group during sessions, which were not recorded formally, regularly expressed appreciation of the experience of being listened to and sharing with a group of others in a safe environment.

A significant minority in both cohorts mentioned **Developing resources for self-care** as being important, such as being able to engage with other creative projects, use writing in everyday life through journaling, or knowing how to talk about an issue or concern knowing others had had similar experience.

In the one-to-one sessions four people mentioned the containment provided by particular forms of writing.

Very few participants mentioned improvements in physical health even where this was the reason for seeking medical help in the first place: two in the individual sessions and none in the group sessions.

Pointers

The following propositions about what could be happening in therapeutic writing process, informed by the themes above, are starting points for further inquiry. Each subtitle refers to a process that has been discussed in literature on therapeutic features of writing process

and this section is designed to open up questions rather than state any definitive findings.

How could writing process facilitate cognitive adjustment?

- Writing involves both cognitive and affective processes and enables the participant to learn experientially and in a self-directed way that narratives may be malleable and are not necessarily 'fixed', that they are open to interpretations and revision, that they have choices in these, and that they are 'master' of the materials which are their own stories expressed in words
- Writing can incorporate traumatic events within a wider story or use literary techniques to 'enfold' a narrative that is painful while allowing sharing and discussion about it
- Writing can bring a sense of agency and control: the participant is the writer or 'author' of new material which is attended to and honoured by the facilitator/listener/co-creator
- Writing can offer a sense of freedom and play: written forms and styles introduced by the facilitator can be many and various, and can also deviate from existing 'known' literary forms, offering options to experiment, challenge and break down expressions as well as create new ones

How could writing process facilitate safe emotional disclosure?

- Poems and other writings brought into sessions by the facilitator may have an emotional resonance and bring participants into contact with emotional material and their own related responses. In a safe bounded environment these can offer opportunities for exploration of themes in more depth than may usually be possible

How could writing process facilitate integration of challenging life experience?

- The process involves several stages, from initial conversation and 'warmer' exercises where participants 'tune in' to material and open up to creative engagement, through reading and writing activities, to reflective practice possibly involving further writing and conversation about the written piece. This evolving and 'held' process brings different dimensions of meaning and insight, so that a single 'event' such as a diagnosis of cancer begins to be incorporated into a weaving of multiple narratives. This 'thickening' of stories can incorporate a 'thin' story such as 'I am a patient with a problem' so that it is one of many interwoven narratives, not the dominant one

How could writing process facilitate increased sense of social connection?

- Writing for wellbeing has collaborative elements even when there is only one participant with a facilitator. In a group, participants often notice overlapping themes with others' experience and are also able to explore their unique perspectives. Thus shared narratives sit alongside 'difference' and the sense of being an individual. This

coexistence is represented in microcosm through the writing and sharing process in a way that is tolerable, even affirming, rather than isolating

Fuller evaluation of projects in these settings is intended, which will enable more precise findings to be identified. Meanwhile these themes and the input of participants deserve attention in ongoing discussions of the role of creative writing as a potentially therapeutic tool in healthcare.

Fiona Hamilton
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