

“I’m sure that there is something healing in the writing process”

Creative Writing Workshops for People with a Cancer Disease

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People with cancer often experience side-effects, such as; anxiety, altered body image, and decreased quality of life. Rehabilitation programs are established to support people with cancer in relation to their physical, psychological, and social challenges. The aim of our

study was to assess how people with cancer needing rehabilitation, experienced a creative writing workshop (the intervention); especially, in relation to increasing their well-being and boosting their communicative skills. The intervention drew on narrative medicine, including its methods of creative writing and close reading. The workshops were held as residential workshops. Two writers of fiction with expertise in teaching led the teaching in groups of 10 participants each. The assessment is based on an ethnographic fieldwork at the creative writing workshops, including participant-observation, and interviews with 23 of the 39 participants after the workshops. The findings are presented in two themes; Writing and reading aloud and Community. After a discussion of these findings, we conclude that creative writing workshops for people who are being treated for cancer and are in need of rehabilitation may have a positive impact on their well-being and communicative skills, but more research is needed about the effects of creative writing on the rehabilitation of people with cancer.

Introduction

Cancer diseases are a worldwide burden today, raising a lot of challenges in health care which are aggravated by an aging population. People living with cancer often experience short-term and long-term side-effects; such as, anxiety, depression, pain, altered body image, and decreased quality of life. Rehabilitation programs are established to support people with cancer in strengthening their experience of well-being and quality of life in relation to physical, psychological, and/or social challenges. In recent years, various kinds of methods for writing texts and reading literature have gained interest as a means of supporting rehabilitation (e.g., well-being and quality of life). Furthermore, some studies have examined the therapeutic effects and other benefits of such creative activities (Pennebaker 2004; Gripsrud et al. 2016; Hellum et al. 2017). However, hypotheses of relevant health outcome(s) and assessment of these effects are still in need of theoretical investigation and reliable, empirical evidence (Stuckey & Nobel, 2010; Fioretti et al. 2016). In this article we investigate how people with a cancer disease who are in need of rehabilitation, experience a creative writing workshop in a Danish context, especially in relation to increasing their well-being and boosting their communicative skills.

Background

The intervention in the study draws on the relatively new, international field of narrative medicine. Narrative medicine is most prominently developed by Rita Charon, professor of internal medicine and PhD in English literature (Charon, 2006), and her colleagues at Columbia University in New York. Since 2000, the field has developed and expanded from Columbia University and throughout the world. Additionally, the interpretation of what defines this new, interdisciplinary field varies. Unifying for all approaches to narrative medicine, is the conviction that clinical skills to recognize, understand and witness the stories patients tell can be cultivated through methodological rigorous work with art, and especially literature. A few new studies have investigated how the methods of narrative medicine can be applied directly to patients and not only their caregivers (Fioretti et al., 2016).

According to Nellie Hermann, writer of fiction and teacher of narrative medicine at Columbia University, the effects of creative writing are threefold; 1) by moving what is internal to the external, one creates an alleviating shape for past experiences and more space for new experiences, 2) by writing about experiences, one also creates objects that can be examined by oneself from different perspectives, and 3) by reading the written texts aloud one allows others to share their experiences. Hermann argues further that when reading spontaneously written texts aloud to others, these listeners are invited to see (and perhaps share) things about the writer's text that may not have been evident before the act of writing (Hermann, 2017:215). Creative writing is nearly always combined with a close reading of a text. By close reading, Charon means paying attention to the textual form; e.g., narrative voice, representation of space and time, and use of metaphor (Charon 2017). The normal procedure during a teaching session at Columbia University is that a fictional text is read closely, followed by a writing session, and finally these spontaneously created narratives are read aloud and commented on. So far, this kind of writing and reading aloud has only been practiced successfully with medical and health care students to improve their clinical skills of attentive listening, empathy and trustful relations (ibid. 2017). The present intervention is moving into new territory when applying creative writing and reading aloud practices for people with cancer in need of rehabilitation.

Independent to the expansion of narrative medicine, others have been practicing writing and reading aloud with patients in order to improve health outcomes, such as the quality of life. Writer of fiction Gillie Bolton (2011), has developed a fra-

mework for how to develop and implement creative writing with various patient groups in England. For professor of English literature at the University of Liverpool Josie Billington, enlargement of life horizon has been the most important use of literature, when she practiced “*shared reading*” with patients (2016). Moreover, American psychologist James W. Pennebaker, who is considered to be the leading researcher on the power of writing for therapeutic purposes, argues that when people with traumatic experiences articulate their feelings and thoughts in written language, their physical and mental health often improve (Pennebaker 2004). Although the causality between an aesthetic activity and health-related effects seem to be complex and unpredictable, Charon argues that creative writing as discovery, invention, and imagination might help people to find new, healing powers and expand their horizons beyond the restricted realms of illness (Charon, 2016:11). Contrary to expressive writing, creative writing is not in itself intended to be used as a therapeutic intervention, but it can have therapeutic effects.

Additionally, creative writing is explicitly non-expressive; e.g., the participants are *not* instructed to write about their disease and treatment. Instead, the formal aspects of writing; such as, how a room is depicted, how a birthday is rendered, or how an imaginary dialogue unfolds, are supposed to energize the writer. This approach is close to what medical sociologist Arthur Frank calls, “*thinking with stories*”. In his words, “*To think about a story is to reduce it to its content and then analyze that content [...] To think with a story is to experience it affecting one’s own life and to find in that effect a certain truth of one’s own life*” (Frank 1995: 23).

Some studies have been conducted on the health effects of writing and reading. One such study was a meta-study of current research literature considering the connection between art and health (mainly in USA and Europe) and stated that the use of aesthetic activities is associated with statistically significant improvements in physical and psycho-social health; such as, reducing the number of visits to physicians and improving immune system functioning (Stuckey & Nobel, 2010: 259). One limitation of this meta-study is that only a few of the studies assessed the effects of writing and reading.

Pennebaker and Chung have published (2012) a meta-study of reviews of current research literature considering the connections between expressive writing and health, which concluded that expressive writing can among other things; promote sleep, enhance immune function, and reduce alcohol consumption. One Scandinavian study stated that patients with breast cancer who used expressive home writing, may produce a release of cognitive, emotional, and relational tension. Additionally, it may also be effective in reducing these patients’ frequency of

visits to a physician and have beneficial effects on somatic factors, like their pain symptoms (Gripsrud et al., 2016).

A recent systematic review focused on studies that specifically incorporated narrative medicine (Fioretti et al., 2016) and out of the 10 studies where the term ‘narrative medicine’ was mentioned in either the title or keywords, none of them applied creative writing with a facilitator like our study does. Almost every study used a different method, varying from drawing to storytelling. In their conclusion, the authors recommend that researchers should find a common methodology and share their procedure of assessing the interventions; which allow the study to be replicated in other contexts and with patients suffering from other diseases. Three of the 10 studies investigated health effects on cancer patients; one of these, was a randomized control trial with 234 participants (Cepeda et al., 2008) and included a 20-minute home narrative session intervention, once a week for three weeks. The overall results were neutral; the patients who participated in the narrative writing intervention had the same pain intensity and sense of well-being (Likert scale), as the patients in the two control groups. Nonetheless, a few patients with high emotional disclosure in their narratives reported a decrease in their level of pain and an increase in their well-being when compared to a larger group of patients who had no emotional disclosure in their narratives. This result suggests that writing is not for everyone, and that the intervention’s health effect may be dependent on how the writing is both conducted and measured.

The aim

The purpose of our study was to assess how participants in need of cancer rehabilitation experienced a creative writing workshop, especially in relation to increasing their well-being and boosting their communication skills. Based on the literature, the assumption was that creative writing workshops could support the participants to find a new creative form and new narrative structures on their thoughts and feelings about themselves and the world; and by facilitating the externalization of their inner life in imaginary texts and by sharing of these creative fragments, the participants might activate a reservoir of healing.

The Intervention

The intervention was designed as a creative writing workshop for people who were being treated for a cancer disease and needed rehabilitation. Theoretically grounded in the field of narrative medicine, the intervention focused mainly on creative writing and reading aloud. The intervention took place at The Danish Knowledge Centre for Rehabilitation and Palliative Care (REHPA) which is situated in the town of Nyborg in the Region of Southern Denmark. REHPA primarily provides residential courses and workshops that address a combination of short and long terms side-effects and challenges; including physical, mental, social, and existential problems for people who have been or are treated for a cancer disease (Zwisler et al., 2017). The content and structure of the intervention in our study was developed based on previous experiences from a creative writing workshop for people from a local rehabilitation center in Odense, Denmark, with a chronic alcohol abuse problem (Hellum et al., 2017a; 2017b). The model for the creative writing workshops was developed in collaboration with REHPA, two writers of fiction, literary scholars and teachers of narrative medicine at University of Southern Denmark. The creative writing workshops were designed as two residential workshops and held twice. *Workshop I* in 2016-17 consisted of a two-days writing sessions and a one-day writing session held one month later; whereas, *Workshop II* in 2017-18 consisted of a two-days writing sessions followed by two-days of writing sessions one month later. Two writers of fiction who were also experienced at teaching creative writing to people with severe health problems, led the teaching and the individual work in two groups with each group consisting of approximately 10 participants.

The aim of the intervention should be attained through sessions with different kinds of writing and reading activities; including, creative writing in small groups, non-stop writing over a given theme, reading aloud one's own texts, listening to texts read aloud by others, comments, discussions and reflections on other's texts, followed by writing exercises at home. Only meals, breaks and socializing in the evenings were scheduled. It was the teachers' responsibility to plan the content and the structure of the two writing workshops which were held twice a day (morning and afternoon) and lasted about 2-3 hours each; and included two 20-minutes breaks at a fixed time and a 45-minute break in the afternoon where the participants could go for a walk, do some fitness training or relax in their rooms.

The overall idea of the workshop was that the participants should work with their creativity through writing incorporating different genres of writing and reading aloud to boost their skills in nuanced communication and ability to cope with their illness. Therefore, it was requested that the participants did not write about their cancer disease. The participants experienced this as both surprising and for most of them, as a relief. On the first day of the workshop, one of the teachers said:

“We all know that you have been seriously ill, perhaps you have been experiencing pain, fatigue and anxiety. You probably worry about your family and they worry about you. This is not surprising. We know it, but you can’t make a story out of this. If you are writing: ‘I’m so unhappy’, it is of course very important for you. However, such a sentence doesn’t create a text in itself. So, we are not going to write about your cancer experiences. Instead, we are going to write about lots of other things; for instance, the kitchen from your childhood, when you were in love for the first time and many other things. You are going to learn about how to write and in such a process the theme is not important” (Hansen’s fieldnote from the creative writing workshop in November 2016).

The participants

The participants recruited for this study had all been treated for a cancer disease. All participants completed a referral form, including “The Dallund Scale” developed after the Distress Thermometer (Donovan et al., 2014; Kristensen, 2005). This scale measures people’s self-evaluated rehabilitation needs. It consists of questions about the participants own goals in relation to their life with a cancer disease. The participants needed to have been referred to the workshop from either the hospital or their general practitioner. The health professional team-leader went through the all the applications to assess if the relevant criteria was fulfilled, and the participants were able to speak, write and understand Danish. Moreover, the participants should be able to participate actively in the workshop; including writing, reading aloud their own texts and take part in the group discussions. There was a maximum of 20 participants per workshop. Participants in the workshops came from different parts of Denmark, some from smaller towns, some from bigger cities and some from the countryside. In *Workshop I*, 17 women and two men participated in the first workshop and 14 (one man and 13 women) in the

follow-up workshop. As it was winter, some were sick with the flu, while others were unable to reach the center due to snow and poor road conditions. The oldest participant was 84, the youngest was 46, and 55 was the average age. In *Workshop II*, 16 women and four men participated in the first workshop and 15 (12 women and three men) in the follow-up workshop. A few of the participants' cancer had metastasized, and one participant needed to have plastic surgery, therefore, they were not able to participate in the follow-up session. The oldest participant was 71, the youngest was 21, and 54 was the average age. At both workshops, the participants were divided into two fixed groups with the same writer of fiction as their teacher. The team-leader from REHPA was available during the day and present at lunch. In the evenings and at night, a health care professional was responsible for the social gatherings and supported the participants if they had any needs.

The assessment

The participants' assessments of their experience were part of the general assessment of the creative writing workshops. This article reports on the participants' assessments and was conducted as an ethnographic fieldwork (Zwisler et al., 2017, Hansen et al. 2018). The fieldwork included participant-observation and ethnographic interviews with 23 participants, approximately one month after the end of the intervention. Based on our previous research experiences, we decided that interviewing approximately 10 participants from each workshop would be sufficient and as it turned out that number of interviews was very easily attained.

Participant-observation took place from the beginning to the end of the creative writing workshops. At *Workshop I*, Hansen followed the teaching in one group with one writer of fiction, and at *Workshop II*, Hansen changed and followed the other writer of fiction. She did participant-observation during the creative writing sessions, the breaks, meals, and social gatherings in the evenings. During participant-observation, the field notes were written mostly as; scratch notes, key words, and memos. After the writing workshops, the fieldnotes were read and expanded into a coherent text by Hansen.

The participants could decide themselves if they wanted to be interviewed or not. From *Workshop I*, one man and 10 women were interviewed, and from *Workshop II*, four men and eight women were interviewed. The ethnographic interviews were performed approximately three months after the workshops. Hansen did the interviews with the participants from *Workshop I*, and Laursen interview-

wed the participants from *Workshop II*. All the interviews, except two, took place in the participants' homes. Of the remaining two participants not interviewed at home, one participant was interviewed over skype by Hansen and the other was interviewed over phone by Laursen. Each interview lasted a little more than one hour and were digitally recorded and transcribed verbatim by the respective interviewers. An interview guide was used to support the interviewers and participants in keeping on track.

Ethics

The study received an umbrella approval from the University of Southern Denmark and the Danish Data Protection Agency (journal number for *Workshop I*; 16/95.500 and for *Workshop II*; 18/10271). Participants gave written informed consent. At *Workshop I*, there was one participant who did not want to be observed during the writing session; therefore, she was placed in the non-observation group. For the purpose of anonymity, all the names of the participants included in this article are fictive.

The analytic process

The analysis was based on qualitative description (QD) (Neergaard et al. 2009). QD is based on an enriched, straight forward description of an experience or an event. The aim of QD is to describe the participants' experiences, thoughts and feelings; as close to the participants own language as possible. This analytic strategy means that QD only involves low-inference interpretation. Initially, our empirical material (fieldnotes and transcribed interviews) was read thoroughly several times by Hansen and Laursen. The purpose of this reading was to identify and code emerging themes about how the participants experienced the writing workshops, guided by; the aim of the study, the interview guide, the literature about narrative medicine, and the workshop activities. The transcripts and the fieldnotes were analyzed to find participants' words, sentences, and utterances that addressed their experiences, thoughts, and feelings about the content and structure of the workshops; including, any reflections they had on their well-being, communication skills (orally/written), or if they expressed experiencing any non-pleasant or harmful experiences.

Findings

From an overall perspective, the empirical material showed that nearly all the participants were positive when they talked about the content and the structure of the creative writing workshop; which is what was also reflected in the written evaluation questionnaires REHPA received from the participants (Zwisler et al. 2017). It is important to state that people with cancer participating in some form or another of these residential rehabilitation workshops at REHPA, most often articulate their appreciation for these courses. However, during the workshops and the interviews, a few participants expressed some concerns they had about the writing workshops. In the following paragraphs, our findings are presented in two themes, namely; *Writing and reading aloud* and *Community*.

Writing and reading aloud

Throughout the workshops, the participants were engaged in writing and reading their texts aloud for each other. Many participants repeatedly stated in the beginning and during the workshops that they needed tools to be able to write and structure their thoughts, experiences, and memories:

“I need structure. My writing quickly becomes a mess” (fieldnote from the introduction session, workshop II, Jane).

“I hope to get some writing tools, so I can be better at writing and finish my text” (fieldnote from the introduction session, workshop II, Karen).

“I thought it was fantastic. I have never been through such a good and important teaching [...] it was so practical and so useful” (fieldnote during a coffee break, workshop II, Doris).

“I think that the teacher is talking too much, and sometimes it has nothing to do with the writing exercise. I came here to write and to get some tools” (fieldnote from a break, Jonna, workshop II).

The usefulness of the writing tools was also brought up during the interviews where some participants stated that with these tools at hand, they felt more confi-

dent about writing, because they had learned how to avoid ‘dead metaphors’ and ‘poor adjectives’ and how to structure their text in a narrative way:

The teacher gave us very specific tools; how to do this and that, and I could simply write them down and use them when I got home. She told me I could do this, because I sometimes doubted my ability to write. With her critical eyes she also showed me what was working well in my texts. It was also fun to hear the others reading aloud, and with the feedback we received, it became hugely meaningful – and the teacher went deep into our texts to help us improve them. That was so useful (Linda, workshop I).

For me, it was so good that we wrote so much, because I tend to have writer’s block. It was fantastic to discover that one could use all these tools to overcome writer’s block and get beyond it (Minna, workshop 1).

At the beginning of the workshop I had writer’s block and was scared, because I’ve never really wrote anything before. And the teacher told us that writing was so fantastic. I felt I was forced to participate in the workshop – and I thought that there should have been someone from REHPA (Jackie, workshop 1).

Several participants noted that the writing tools also helped them to think differently about their life and illness:

The teacher encouraged me to write (and think) in third-person, and this technique helped me a lot, both when I write and when I am out walking. For me, thinking in third-person is a way to distance myself from the illness (Nora, workshop I).

The writing really helps me. I think I am more optimistic of my life situation now. The homework writing was so difficult. But – then I got feedback from the teacher and the other participants. That was very helpful and gave me faith that life could continue (Peter, workshop II).

The creative writing workshop was important, because you get something good out of it – a loving and hugging kick – and someone telling you ‘I believe in you’. I am sure that there is something healing in the writing process (Doris, workshop II).

As the teacher told us, I have now started thinking in third-person as a useful technique. So, sometimes when I am out for a walk, I have thoughts in third-person and this creates a distance to my illness; it feels so cool. And I don't think I would have figured this out by myself (Nora, workshop I).

When the participants had finished a writing exercise, they continued to read their texts aloud to the others in the group. During the act of reading aloud, the only sound one could hear came from the reader. The other participants had turned their gaze towards the reader, sometimes they nodded, perhaps they dried a tear away, or came with encouraging words, such as; *'You are so good at describing your childhood room'* (fieldnote, workshop I). Most often the teacher started commenting on the text just read aloud, for example saying:

Thank you, Vera. You described the situation in such a way that I felt I was there. I could recognize the feelings you were describing. In the next writing exercise, I suggest that you pay a little more attention to dead metaphors. Do you remember (talking to the whole group) that we talked about dead metaphors yesterday? (some of the participants nodded their heads). Let's now hear what you [the other participants] have to say about Vera's text (fieldnote, workshop II).

During the interviews, the participants often reflected on the process of reading aloud, saying:

I experienced it as being very positive to hear the others read aloud [...]. It is incredibly inspiring to hear the different writing styles of the others (fieldnote, workshop I).

It was wildly exciting to hear the others read aloud. I would have felt cheated or vexed if they hadn't read aloud. To read one's own text aloud – one's first text – but it was the same for everyone – it was transgressive. The teacher helped us to get rid of our feelings about exposing ourselves (fieldnote, workshop II).

One to two participants found that reading aloud in the groups made the workshops very long and a few participants expressed during the interviews that they were not sure if the workshops could be related to their rehabilitation process. For instance, Chris said:

It has been a nice workshop, but I can't really see that it has any relevance to my disease (workshop II).

During the interviews, some of the participants expressed that they had continued writing at home:

It is so important to find words for the issues that are important to me. I write to feel better (Mona, workshop II).

I write one to two hours each time. I discover new things, I see new things and I can get a hold on something that has been on my mind for a long time. It makes me glad, and it helps rearrange something inside me (Linda, workshop I).

However, for many of the participants it was difficult to find time or energy to write at home. They expressed a wish to write and hoped that they could manage this in the future. Some said:

I have come the conclusion that, although I have not written anything at home, the workshop has somehow helped me, because I have had a lot of ideas about what I want to write about (Minna, workshop I).

I wrote a speech for my sister, and I used the tools we learned at the writing workshop. I posted my speech on Facebook, and I received some comments. I used the techniques I learned from the teacher. I was very happy (Tanja, workshop I).

Although only some of the participants continued using the writing tools after the workshops, most of the participants experienced that they could use the creative writing workshops in one way or another in the daily life, and for some – but not all – it also helped them to cope with their illness.

Community

The participants highlighted how important it had been that the health professionals at REHPA and the teachers had created a safe space for them where they could read their short texts aloud, could share experiences with each other, and could feel comfortable knowing that the other participants knew what it was like to have a cancer disease. Many of the participants emphasized that attending this

residential rehabilitation workshop was something special, and that they had been looking forward to having a night's rest 'away from home'. The participants had different reasons for this; some looked forward to the luxury and aesthetics of staying at a hotel (*Workshop I*), while others mentioned the cozy rooms at REHPA (*Workshop II*). Many pointed out that they felt relaxed, understood and taken care of during the writing workshops. Hansen wrote in her fieldnotes:

Tears frequently came to the eyes of the participants when they were reading aloud, and very often a participant sitting next to the reader put a hand on the reader's shoulder. Slowly and silently their hand moved a little bit up and a little bit down, then a little bit from one side to the other side until the reading had stopped (fieldnote, workshop I).

For some of the participants it was overwhelming how quickly they felt a kind of community with the others because of the act of reading aloud their own texts. For example, during a coffee break two participants embraced each other, and one of them said:

It is really a good thing that we are going to read aloud. We get to know each other quickly (fieldnote from small talk between two participants during the evening coffee break, workshop II).

You get some sense of unity or community or something like that [...]. You're in the same boat [...] when you are together with others that have had cancer too. You don't have to talk a lot to explain yourself (interview, Doris, workshop II).

It is very liberating to be with the other participants – because you don't have to explain so much – and if you have a chemo brain or whatever else you are experiencing – sore feet, for instance – it is okay. The workshop gave us a welcome respite (interview, Linda, workshop I).

It is a good thing to be away from everything – to meet someone like me – to be taken seriously (fieldnote from a writing session, workshop I).

When you are at home, you have so many thoughts. It was fantastic to get away – to meet others like yourself – and listen to their stories about how they manage

their daily life – how they turn their thoughts away from their illness and listen to their input (interview, Nora, workshop I).

To be together is important – and in small groups – it is incredibly life-affirming to be with the others, you get away from the illness – and then you get out and feel free in a new way (interview, Peter, workshop II).

Most of the interviewed participants expressed that the community of being with others with the same illness as themselves was valuable and enhanced the benefits of the writing workshop; for example, it allowed them to express thoughts about their illness without having to further explain it. However, a few were indifferent that they shared a common illness:

The social relations didn't mean very much to me – perhaps for other people. In my family we have a huge network. I came there [to the workshop] because of the content – to get some writing tools (interview, Martin, workshop I).

A few of the participants expressed during the interviews, that in the beginning of the workshop it had been challenging to have an observer in the group, but as soon as they began writing and reading aloud, they forgot about the observer.

Discussion

Our study showed that most of the participants in this intervention (*Workshop I and Workshop II*) expressed that the creative writing workshops gave them a positive outcome. For many of the participants, the workshops seemed to have supported them in; coping with their cancer disease, increasing their self-confidence, and putting their life in the foreground by moving their disease to the background. This is close to what Charon argued, namely, that creative writing can have a therapeutic effect (Charon 2006; Charon et al. 2017). For some of the participants the workshops had strengthened their writing skills and/or opened a new means of communicating and to be happy. Furthermore, the findings demonstrate that creating a sense of community is an integral part of the workshops, for the participants to be able to show each other their writings, read aloud and express thoughts and feelings that typically are difficult to share with others. It

is important to be in a 'safe space' in close relation to health professionals, other participants with a cancer disease, and experienced, empathetic teachers.

These findings are in line with the findings from another study based on creative writing workshops in a Danish healthcare system and disease context (Helleum et al. 2017a, 2017b), and these studies have both explicitly applied the method of creative writing as it is practiced in narrative medicine. This similar study was organized as six weekly sessions for patients with an alcohol abuse problem. The study found that the patients expressed increased self-confidence, zest for life, and the ability to better appreciate the nuances of life after participating in the creative writing workshop. Furthermore, this study has been replicated with equally positive results (Tarp et al. 2019); yet the sample size is still very small and there has been no control group included.

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We argue that it seems like many of the participants were able to move internal worries to external and sensuous texts; thereby creating more space for new experiences of life and allowing themselves to examine their feelings, experiences, etc. from different perspectives (Hermann, 2017:215). Moreover, our findings are aligned with the practice of narrative medicine in the sense that reading aloud a written text is an important element, as this allows the participants to share their personal experiences with others. Sharing something personal which someone has written with 'strangers' makes one feel more vulnerable and better understood than when telling the same story informally. Hermann states that the vulnerability one might feel when sharing an intimate story, puts one at each other's mercy; and the responses one receives can be powerful in building one's trust (ibid.:217). Additionally, the findings also demonstrated that the facilitator's critical and encouraging remarks to the participants' texts seems to have enhanced the participants' potential for self-reflection and meaning-making.

Some of our findings showed how a few of the participants had concerns about the setup of the workshops. These concerns have already been used to improve the design of the forthcoming creative writing interventions planned for the fall of 2019 and spring of 2020.

Conclusion

We have in this article argued that creative writing workshops, modelled by the method of narrative medicine, for people treated for a cancer disease and in need

of rehabilitation, may have a positive impact on their life. The experiences of the participants were mostly positive, in relation to having learned how to use different kinds of writing tools and how a narrative structuring of their thoughts and feelings could support them in coping with their illness story. Furthermore, we can conclude that a safe and stimulating space is necessary to create a sound, trustful, and enjoyable community between the participants. As we have shown, many of the participants stated that the writing workshop helped them to improve their oral and/or written communicative skills in daily life. Yet, there is not sufficient evidence as to how the participants practice this coping potential and these new skills for their own benefit and/or in interaction with family, friends, colleagues and health care professionals. Therefore, we want to point out that more research on the effects of creative writing workshops is needed to address whether creative interventions with words and stories can be complementary to other interventions, and if so, how they can complement evidence-based rehabilitative outcomes.

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