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Something to hang my life on : the health benefits of writing poetry for people with serious illnesses

Carolyn Rickett , Cedric Greive and Jill Gordon

Objective : *We aimed to explore the effect of a poetry writing program for people who had experienced a serious illness.*

Method : *For this study we randomly assigned 28 volunteer participants with a history of serious illness, usually cancer, to one of two poetry writing workshops. Each group met weekly for 2 hours for 8 weeks. The second group was wait-listed to enable comparison between the two groups. We used the Kessler-10, a measure of wellbeing, before and after the workshops and also interviewed the participants at these times.*

Results : *Participants responded enthusiastically and each group demonstrated an increase in wellbeing over the course of their workshop, moving them from medium to low risk on the K10. Participants enjoyed the challenge of writing and the companionship of other group members.*

Conclusions : *Psychiatrists, especially those working in liaison psychiatry, are in a position to encourage patients who have experienced a serious illness to explore writing as a way of coming to terms with their experiences.*

Key words: *cancer , poetry , psychotherapy , wellbeing.*

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The health benefits of writing have been recognized for many years. ^{1,2} Much of the literature on poetry and wellbeing has been in the context of individual psychotherapy ³⁻⁵ and Holmes has drawn attention to the formal similarities between poetry and psychotherapy. ⁶ ‘Mentalization’ or the capacity to think about feelings – to be ‘mind-minded’ – is one of them. The use of metaphor is another. Both the poet and the therapist look for the ‘right words in the right order’. There is a growing number of studies of poetry and other forms of writing as adjunctive therapy for people with organic illnesses. ^{7,8} Cancer is an important case in point, because people who have experienced a cancer diagnosis often receive excellent technical care but minimal attention to the psychological aspects of their experience ^{9,10} in spite of the evidence for the cost-effectiveness of simple psychosocial interventions. ^{11,12}

Both writing and psychotherapy provide an opportunity for each individual to create a ‘second story’ that makes sense of experience, especially when a life-threatening illness has suddenly removed all sense of control. Working in a group creates an inner/outer dynamic that can help people to make sense of illness. In addition, poetry involves the creation of an enduring physical object that can be shared with others. ¹³

The illness response can unfold in a number of cognitive stages. Lengelle and Meiers ¹³ have called these stages ‘sensing’, ‘sifting’, ‘focusing’ and ‘understanding’. Sensing encompasses awareness of relevant feelings, thoughts and memories. Sifting refers to placing the illness in context – developing a ‘plot’ for the narrative. In focusing, ideas come together and the person begins to settle on a point of view. Finally, understanding puts events into sequence and creates ‘the big picture’. The end result is a kind of personal theory about the illness, which may or may not be medically accurate, but which makes sense from an existential point of view.

The typical course of medical management for a patient with cancer pays little if any explicit attention to these stages. Patients are rarely asked ‘What does all of this mean for you?’, but writing can help people to ask such questions. Writing therapies have a firm theoretical base ^{12,14,15} but robust evidence to support them is relatively sparse. ^{16,17} We wanted to evaluate the effects of a poetry-writing workshop program in which we encouraged participants to think about their illness journey and its significance for their lives and relationships.

Because it was important to ensure the quality of the intervention, we organized a program that was convened by a professional poet and teacher with the knowledge and skill to help participants craft their poetry.

METHOD

The Australasian Research Institute at the Sydney Adventist Hospital in Sydney gave ethics approval for the study. The hospital provides a number of support groups for people with serious diagnoses, especially breast and prostate cancer. We advertised the workshop series through a hospital newsletter and local newspapers.

Of 33 respondents, 29 were available to attend at the agreed time. There were 23 women and six men with an age range of 45 to 82 years. We used a randomized design with wait-listed controls. One person was unable to attend the first series of workshops and we swapped her with another who was able to attend.

One male participant did not attend past the first week; the reason for his discontinuation may have been related to his illness.

Fourteen people in group 1 undertook the first poetry writing program, while the remaining 14 participants in group 2 undertook the second. Each group met for 2 hours for 8 weeks. During each meeting, participants read poetry selections, discussed aspects of poetry writing, wrote poems and read them aloud to the group.

Participants were interviewed before and after the program and completed the Kessler Psychological Distress Scale or 'K-10' 18 before the study began and after the first and second workshop programs. The K-10 detects non-specific emotional distress and has been used in a number of population health surveys in Australia. 19 It contains 10 statements covering the preceding 4 weeks, on a 5-point Likert scale from 1 ('none of the time') to 5 ('all the time'). Possible scores range from 10 (no distress) to 50 (maximal distress). A survey in South Australia in 2000 categorized 2.2% of the population as high risk (score 30–50), 28.7% of the population as medium risk (score 16–29) and 69.0% of the population as low or no risk (score 10–15). 20 For the purposes of this study, we reversed the scale, so that increasing scale scores represent improving perceptions of wellness. On this reversed scale, the band for low risk lies between 4.5 and 5.0 and the band for high risk lies between 1.0 and 3.0.

RESULTS

Table 1 contains the scores on the K-10 at the beginning and end of the study. Before the intervention, the group 1 mean score was 4.0; following the poetry writing workshops, it was 4.3. During this time, the mean scores of the wait-listed group 2 were 4.0 and 3.9. The increase in mean scores was unlikely to be a chance result ($p = 0.032$), but the main effect was not significant ($F = 1.32$; $p = 0.261$). However, a paired sample t-test for the independent change in mean values for group 1 alone was significant at the 0.05 level ($t = -4.007$; $p = 0.001$). The Cohen's 'd' effect size coefficient of 0.48 suggests a gain in the mean scores for group 1.

After group 2 had participated in the poetry workshops, the participants completed the K-10 for the third time.

Six people in group 2 who could not complete the workshops were dropped from the analysis. The mean score for group 2 rose from 3.9 to 4.5 and the mean scores for group 1 rose slightly from 4.3 to 4.5 (Figure 2). Some group 1 members had elected to keep on meeting regularly after their program had ended.

Even without replacement of the missing data, a paired sample t-test for this change was significant at the 0.05 level ($t = -2.618$; $p = 0.031$). The mean scores of the combination of groups 1 and 2 changed from 4.0 to 4.5 measured at the first and third implementation of the K-10. A paired t-test suggested that this result is not a chance finding ($t = 4.396$; $p = 0.000$). The effect size measured by Cohen's 'd' coefficient using pooled variance, was 0.72. In terms of the population risk bands for the K-10, 19 the drop in the median measure of scale scores from 20 to 13.3 represents a change from medium to low risk (Figure 1). As well as measuring wellbeing with the K10, we also wanted to explore individual experiences. All participants reported a significant subjective benefit at interview. An elderly woman, living alone, described the effects of a serious illness 3 years before: *I feel as though I've gone up in an explosion, come down in pieces, and people have put the things together in the right order ... but what came out at the end is not the one that went in ... I find it very hard to link 'what was' and 'what is' ... it's still difficult.* After the program she said: *[Writing] gave me more control ... I could take hold of it ... and put it where I wanted it. ... I put it in the book ... deliberately, and closed the book – deliberately.*

A man who started the program while recovering from prostate cancer said: *All the optimism that we have built up throughout our lives ... that the medical fraternity can do anything ... You suddenly find it's wrong ... when the bomb goes off ... don't be surprised if nobody can do anything.* After the program he said: *[because of various problems during treatment] there's a great deal of anger ... and I think that the poetry was very, very good in that respect.*

A woman who had received treatment for breast cancer said: *I was doing nothing – virtually hibernating at home. Worried about finances, worried about what I was going to do, because I had to retire quickly ... and I thought it would at least give me a little bit of something – something to hang my life on.* Afterwards she said: *[The course] gave me greater determination to make something of it. Not just sit around and think 'well, my life is over', but 'this in fact is a new beginning and I can do new things and I can start off again'.*

A man starting the program 2 years after treatment for colorectal cancer said: *I believe very strongly that healing, that the clinical thing is the surgery, fantastic ... but people, when they go home, what do they do?* After the program, he said that he had been 'driving around' with his trauma, but now he had finally found a place to 'park it': *[Poetry] allows you to finish in stages. You can actually do a piece about the hospital, a piece about the early chemo, the radiotherapy ... It's manageable ... It's ... got a real place; I didn't think it had, but I'm pretty well a convert on that.*

Participants appreciated the opportunity to work together on something that they found challenging.

They saw the poetry writing group as not simply a support mechanism, but a serious challenge to their intellects and creativity. One participant started the course 2 years after being diagnosed with endometrial cancer: *One of the reasons I wanted to do this writing, I feel like I need to draw more strength from within ... The oncologists are wonderful at what they do ... it's about killing the cancer cells and that's really great, but there is also a place for having those other contacts for healing the illness.* After the course, she said: *[It was] really enriching, because I've missed working and ... it was really nice going to do something and exercising your brain. ... Poetry has given me an outlet to try to untangle some of the confusion within.*

This participant knew that her prognosis was poor; she died a few months after the anthology was launched. Her work in untangling some of the 'confusion within' resulted in the publication of a beautiful poem addressed to her teenage daughters in the *New Leaves* anthology.

DISCUSSION

It is not possible to identify the active ingredients in our intervention. Becoming aware of feelings (sensing), placing the experience within a broader life context (sifting), finding a point of view (focusing) and creating one's own 'big picture' (understanding) were all undoubtedly important. Participants told us that they enjoyed the technical challenges of writing poetry and the opportunity to meet as a group to share their writing and get feedback. They were particularly proud to have the anthology of their own writing, interspersed with poems by recognized Australian poets, as a tangible outcome.

Physician Jack Coulehan has speculated about the aspects of poetry writing that could contribute to healing.¹⁴ One is the power of the word to heal; another is the influence of empathic connection, or 'compassionate presence'. Merely diversional activities do not lead people to reflect on difficult life-experiences or to process them in a supportive group environment. On the other hand, hospital support groups designed to inform and help patients may also have their own limitations. A number of participants spontaneously commented that they found the poetry workshops more useful than a support group, because the poetry workshops focused on significant existential questions rather than simply dealing with the details of their illnesses.

CONCLUSION

Words are the currency of psychotherapy and of poetry writing. Both provide a framework for reflecting on life experience and transforming distress. In treating cancer, a great deal of attention is rightly paid to advances in chemotherapy, even though each advance often leads to only small improvements in morbidity and mortality. An adjunctive treatment such as the one we have described does not need to go through a lengthy trial; we know that it can improve quality of life in parallel with biomedical treatments, by providing an opportunity to process the illness experience within a supportive environment. The poetry workshops appeared to create what has been described as a 'transformational space' which each participant found valuable. Psychiatrists, and especially those in liaison psychiatry, are in a position to encourage patients who have experienced a serious adverse life event to test the potential of expressive writing in coming to terms with the experience. Psychiatrists are also in a position to help colleagues, students and junior doctors to understand the benefits that adjunctive treatments can provide for patients with serious illnesses.

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