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# Creative writing at a Swedish psychiatric inpatient clinic. Perspectives from the authors who guided the patients. An interview study

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## ABSTRACT

Creative writing might support recovery and wellbeing of patients with mental distress. Writing activities often take place in communities, social service facilities, or outpatient care, including psychotherapy. Hospitalized individuals however also need meaningful activities. Therefore, a one-year creative writing project was established at a Swedish psychiatric inpatient clinic. Creative writing workshops were led by established authors. The purpose was to provide opportunities for patients to develop their writing, support recovery, and offer meaningful activities. This study is based on interviews with the four authors who led the activities. The aim of the study was to understand the prerequisites and possibilities of integrating creative writing activities, led by authors, at psychiatric inpatient clinics. The authors sensed that a high level of flexibility was needed during workshops. Moreover, the time frame and the room need to be adapted to writing activities. Moreover, they described meaningful and supportive encounters, belonging, and joy. Clinical recommendations are presented.

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In research, as well as in mental health care, psychotherapy, and social work aimed at patients with mental distress, there is increasing interest in creative activities and how such activities might enhance wellbeing.<sup>1</sup> Also in society at large, there is increasing interest in creative activities and their impact on health and well-being, visible in for example the work of the All-Party Parliamentary Group on Arts, Health and Wellbeing, UK (2017) and the Center for Arts and Health, Sweden (<https://kulturochhalsa.sll.se/>). In Sweden, creative activities aimed at patients with mental distress are often arranged by the social services (see for example Pettersson, 2018). The integration of creative writing and reading is however not commonplace within the Swedish mental health care system, but interest, as well as attempts to integrate such activities are on the rise (Bergqvist & Punzi, 2020; Kulturrådet, 2019). In Sweden, the “Reform of psychiatry” was implemented in 1995 (Socialstyrelsen, 1999). The reform meant that individuals with mental distress should not be treated

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in institutions. Instead, they should be integrated in the civil society, and mental health care, living conditions, and meaningful daily activities should be provided in the community. In this process, creative activities fell under the jurisdiction of the social services. Even after the deinstitutionalization, individuals with mental distress might however be inpatients at psychiatric clinics for considerable amounts of time, and during hospital stays they need meaningful activities (De Vecchi et al., 2015).

Patients tend to emphasize creative activities as important for recovery and wellbeing (Karlsson & Malmqvist, 2013; LeFrançois et al., 2013; Van Lith, 2014; Van Lith et al., 2011). From the recovery perspective, it is emphasized that each individual should be seen as whole person, in a context, and focus needs to be on how the individual can move toward healing, increased wellbeing, and a meaningful life (Davidson, 2016; Deegan, 2002). As everyone, persons who experience mental distress have difficulties as well as capabilities, interests and values, and need to engage in meaningful activities, have a sense of belonging, and need to feel hope. Recovery is not primarily about returning to a state of stability, or achieve a state of so-called normality, but about a transformative process in which a new sense of self might develop (Deegan, 2002). In this inherently social process, relationships to friends, family, and professionals as well as stable living conditions and meaningful activities are important (Topor et al., 2011; Williams et al., 2019).

There are various interventions centered on reading and writing, and they have different theoretical foundations, methodologies, and aims. These differences contribute to difficulties in evaluating the effectiveness of reading and writing since it sometimes is impossible to compare studies with each other (McArdle & Byrt, 2001). Simultaneously, it should be acknowledged that these differences are in line with both person-centered interventions (Simmons, 2012) and the whole person perspective emphasized from the recovery perspective (Deegan, 2002). Since patients are unique human beings with different interests and preferences, living in different contexts, a variety of approaches should be available within social services and mental health care. In line with this, there are psychotherapists, social workers, and psychologists who integrate reading and writing in their clinical work (Mazza & Hayton, 2013; Punzi & Hagen, 2017; Roe & Garland, 2011). There are also therapeutic methods that are centered on various creative expressions, such as poetry, reading, visual arts, or drama, and led by therapists with education in the method concerned (McArdle & Byrt, 2001). Creative activities, including reading and writing, might also be arranged by peer support groups, or by organizations outside the mental health care system and social services (Saavedra et al., 2018; Williams et al., 2019). In such cases, the activities are not seen as therapeutic methods, but as everyday creative practices that provide meaning, joy, engagement, and opportunities for self-expression (Croom, 2015; Richards, 2007). In line with this, there are poetry networks, moderated by survivors and/or users of psychiatry, who arrange workshops and events (see for example <https://disabilityarts.online/directory/survivors-poetry/>). Moreover, patients might be invited to engage in activities moderated by visual artists, authors, or poets (Saavedra et al., 2018), or volunteers working for non-profit organizations (Slaughter & Brummel, 2019).

In order to provide patients at a psychiatric inpatient clinic with opportunities to engage in reading and writing activities, a one-year project named "Creative writing" was established at the Affective clinic, Sahlgrenska sjukhuset (SH), Gothenburg, a Swedish town with 500,000 inhabitants. The project was financed by the Cultural committee in the politically governed area to which Gothenburg belongs, and by SH. Patients

were invited to participate in creative writing workshops, led by four established authors.<sup>2</sup> The workshops started in May 2018 and continued for a year. Here, the term Creative writing refers to the specific activities at SH whereas the term creative writing, with a lower-case letter, refers to creative writing activities in general.

The aim of this study was to understand prerequisites and possibilities of integrating creative writing activities, led by established authors, at psychiatric inpatient clinics. Such knowledge might be valuable for future writing activities at clinics, especially within contexts where such activities are relatively rare. Before I describe the materials and methods, I will present Creative writing at SH.

### ***Creative writing at Sahlgrenska hospital***

Patients at the four wards of the Affective clinic were invited to participate in Creative writing. The patients suffer from for example anxiety, depression, self-harming behaviors, or suicidal tendencies. Hospital stays last for some days up to three months, most often two or three weeks. Some patients are there voluntarily, others are under compulsory treatment. The patients are 18–70 years old, the majority being around 35 years. About 75% are women.

The managers of the clinics and the managers of each treatment ward strive to provide person-centered care and a supportive environment, and they are concerned about the lack of meaningful and stimulating activities at the wards (Punzi, 2019). This was one reason for developing Creative writing. According to the agreement between SH and the Cultural committee, the purpose of the activities was to “establish a room for creative writing” in which patients were “guided by established authors and thereby could develop their writing, be supported in their recovery and find meaning in their daily life”.<sup>3</sup>

Managers of SH and representatives from the Cultural committee decided to establish a room dedicated to Creative writing. They also decided to buy beautiful notebooks, papers, pens, and pencils. For some reason, the room was never established, and very few notebooks and pens were purchased. The activities took place in an art studio (also financed by the Cultural committee) that was established at SH about two years earlier. The artist who manages the studio is also a psychiatric aide. He accompanied the patients to Creative writing and were there during the activities. For legal reasons, a staff member needed to be present.

The patients were informed about Creative writing through information sheets at the wards, and by staff members. All interested patients were welcomed. Creative writing was not connected to any therapeutic goal, but perceived as a meaningful activity that was made available to the patients. The presupposition was that creative expressions contribute to recovery and wellbeing because they are centered on the creative process and without explicit aim (McNiff, 2013). The workshops took place each Wednesday between 13.30 and 19.00, with pause for dinner at 16.30. The patients could arrive later than 13.30 if they preferred, and could participate for as long as they wished.

## **Materials and method**

### ***Participants***

All four authors participated in this study. During the first three months, one author led Creative writing. Thereafter, the other three authors alternated. The reason was that the authors

already had other commitments when Creative writing started. The authors were free to plan and realize Creative writing in ways they felt comfortable with, under the given prerequisites. They had prior experience of leading workshops in various organizations, and planned Creative writing so that the workshops involved both reading and writing of poetry and short texts. Accordingly, Creative writing involved two of the three components of poetry therapy (Mazza & Hayton, 2013). The first component is the receptive, in which poetry and other forms of texts, are presented to the patient. The second component is called expressive/creative. In line with this component, patients are encouraged to write poetry or other texts. The third component concerns symbolic and ceremonial ways of coping with challenges, crises and difficulties, which was not applicable to Creative writing.

### ***Interview***

The authors were interviewed in spring 2019. Three interviews took place at Gothenburg University, the fourth was a telephone interview. The face-to-face interviews lasted for 45–80 min and were audio recorded. The telephone interview lasted for 30 min. Notes were taken during and directly after the telephone interview. The audio-recorded interviews were transcribed verbatim.

The interviews focused on the following topics; How each author planned and realized Creative writing, their personal experiences from Creative writing, the meaning of the room and how it was used; Interactions during the workshops, Thoughts about future writing activities. The interview questions were open. Thereby, the authors could describe their experiences with their own words and the interviewer could pose flexible follow-up questions about details, and ask for examples.

### ***Analysis***

The interviews were analyzed using thematic analysis, with a focus on identifying themes that were expressed by all four authors (Braun & Clarke, 2006). In the first step of the analysis, each transcript was read in its entirety. In the next step, sentences as well as parts of the transcripts were labeled with codes that captured the content of what each author expressed. In step three, codes with similar content were grouped into provisional sub-themes. To assure that the subthemes reflected the statements made by each participant, the subthemes were continuously related to each transcript. In this process, subthemes were renamed and rearranged. In the fourth step, subthemes with similar content were grouped together. Thereby, themes that represented each author's narrative were identified. In the fifth step, themes from all transcripts were analyzed and those that were expressed by all authors were identified. These themes are presented below.

It should be noted that in order to secure anonymity, some topics that were mentioned during the interviews are not presented in the study. For the same reason, longer quotes have been omitted, and it is impossible to follow the reasoning of each individual author.

## **Results**

### ***Flexibility***

Throughout the interviews, the authors described Creative writing as an activity they needed to approach with openness and flexibility. Initially, they had planned for

specific writing exercises. They however soon realized that they needed to be open and adapt to the needs and condition of the participants on each specific occasion. Some writing exercises they used in other organizations had to be abandoned, for example those that demand concentration. Some participants had explained that they were sedated by medication, or had headache after electroconvulsive therapy, and therefore it was difficult for them to concentrate. Moreover, participants could arrive and leave during the workshops, and since the length of the hospital stays varied, the workshops included both new and returning participants. Before each workshop, the authors neither knew how many participants there would be, nor if there would be newcomers. Furthermore, since the participants did not know how long they would stay at the hospital, they did not know if they could return to Creative writing the next week. This means that writing activities had to be completed the same day.

The authors also described that the participants' backgrounds varied. Some had rich experiences of writing, sometimes as professionals, others tried it for the first time. Some participants found it difficult to write, not seldom because of incomplete schooling, but they wanted to try. While some participants preferred to work on their own, others preferred to interact with the group. The authors therefore balanced the different needs and wishes and strived to develop each workshop together with the participants. The authors perceived that the participants were curious and the authors described that they had learned a lot from being part of the project, especially from the participants. Some authors had developed playful writing exercises together with the participants and they perceived that the participants enjoyed to co-create workshops and exercises. The participants had also expressed interest in learning more about literature, and specific authors. Therefore, history of literature, genres, and individual authorships were discussed during the workshops.

Sometimes the authors initiated the workshops with reading something they had written themselves. The text became a starting point for reflections on reading and writing, and the group could find inspiration in the text. On other occasions, the workshops started with one or several participants reading their own texts. In yet other cases, the participants brought texts they appreciated and these texts became starting points for reflections. Poetry became an important part of Creative writing. From the authors' perspectives, the participants seemed to appreciate that poetry could be short and concise, yet expressive. Moreover, poetry was not demanding; the text could be completed in a relatively short amount of time and it was not necessary to care too much about grammar and construction of sentences.

Some participants wanted to engage in autobiographical writing, others wanted to use their imagination. Sometimes, participants wanted to write about difficult experiences and emotions, sometimes about more general, or humorous topics. The authors sensed that even when focus was on difficult experiences, writing could be comforting for the participants since the process of meaning making could be more powerful than the difficulties. The authors had not encouraged the participants to approach difficult emotions or experiences, but did not sense that difficulties should be avoided. Moreover, when a participant wanted to explore difficult topics, the group expressed support and appreciation. Therefore, the authors sensed that they could trust the flexible process and the participants.

### ***Time and place***

According to the authors, the time frame and the room used for Creative writing was somewhat inadequate. The workshops were for example too long. It takes concentration and efforts to write, even for a trained writer it might be tiresome. The participants took the writing activities seriously, but regardless of how committed one is, it is not reasonable to read and write for several hours. The authors would have preferred two-hour workshops, two or three times a week. Thereby, interruptions could have been avoided. It was not problematic for the authors to be interrupted, but it could be difficult for the participants, not least those who came late and understood that they interrupted the others. Moreover, some authors sensed that the participants experienced some pressure during the long workshops. They had a feeling that some participants felt an obligation to attend the whole workshop in order not to disappoint the other participants or the author.

Writing was described as an activity that involves contemplation and self-reflection. This is favored by an environment that communicates retreat and calmness. The art studio was centered on colors and activity, with expressive paintings on the walls. Even though the authors appreciated the room for its vividness, they did not consider it optimal for writing. It was difficult to create a sense of retreat and self-reflection that is productive for the writing process. It also came forth that the authors did not know that a room for Creative writing had been planned. Moreover, they had not been asked about their thoughts on how to arrange Creative writing. When they were asked to be part of Creative writing, decisions had already been made about time frames and arrangements. They enjoyed having been part of Creative writing but sensed that they could have given some advice about the arrangements. For example, they would have suggested shorter workshops and would have preferred a room that was easy to identify as a place dedicated to writing and reading, with books, beautiful notebooks, pens and pencils, and comfortable armchairs that communicate a sense of peace and quiet.

The time frame and the location also induced some insecurity and indecisiveness, for the authors as well as for the participants. It was for example not obvious if the participants were invited to Creative writing or to the art studio. Since the artist was present during Creative writing, there could be some confusion regarding who was leading the activity. This could create insecurity that made it difficult to be wholeheartedly committed to the group and the writing. The authors sensed this themselves and they had perceived it among the participants. As far as the authors knew, patients had not been asked about their preferences and wishes concerning Creative writing, and they sensed that if future activities are planned, also patient should be asked about arrangements.

### ***Encounters, emotions, and belonging***

It also came forth that the emotional atmosphere was considered important. The authors described how the participants supported each other and encouraged each other's initiatives. The participants were interested in each other's texts, and were also understanding towards those who wanted to approach difficult experiences. The authors had witnessed compassionate encounters, and these moments became meaningful memories. They were touched by the participants' commitment, openness, tolerance, and supportiveness, both when difficult experiences were expressed and when it came to handling



differences, varying needs, and ideas about writing exercises. Some participants who did not have Swedish as their first language had described Creative writing as an opportunity to approach the Swedish language and dare to write. The authors related that those who were fluent in Swedish intuitively felt when to give advice and when to wait for the others to express themselves.

Creative writing involved curiosity and joy as well as reflections on difficult emotions and existential questions. Sometimes, the group created narratives that were humoristic and laughed together. Creative writing thus became an opportunity for expression and for sharing all kinds of emotions. Moreover, returning participants contributed to a sense of belonging which supported the emotional atmosphere and the creative productivity of the group.

On most occasions, four or five patients participated in the workshops. It could however happen that the first participant arrived one hour after the workshop had started. In other cases, the first arriving patient could be the only participant for several hours. This was not considered problematic in itself. With few participants, the authors had time to guide them, and productive writing processes developed. It was however not obvious how situations with one or two participants should be handled; Should more participants be awaited? Should individual writing exercises be initiated? If more participants arrived, how should they be involved? And how did a solitary participant experience the situation?

Moreover, some participants did not know the nature of the activity. They could just be happy that something happened at the clinic. This was not necessarily problematic, but the authors needed to be extra receptive and inclusive towards these participants. Moreover, other participants were often welcoming and explained what Creative writing was about. The authors understood that psychiatry is a complex organization, regulated by laws and concern about patients' safety. They would however have appreciated an opportunity to encounter the patients at the wards and inform them about Creative writing. The authors sensed that creative writing and poetry might be perceived as demanding, and somewhat pretentious. Such perceptions could discourage patients from participating. If the authors had presented the activities in advance, they could have explained that this was not demanding or pretentious, but about expressing oneself in comfortable and meaningful ways, and an opportunity to play with words and stories.

The authors also related that some participants had expressed that they enjoyed encountering a "real author" since this was inspiring and gave them courage to write. Moreover, some patients had expressed that it was uplifting to encounter someone who did not belong to the health care system.

## Discussion

From the perspectives of the interviewed authors, Creative writing was characterized by flexibility and by empathic encounters, self-expression, group-support, and sense of belonging. Writing exercises were developed together with the participants and could involve humor and laughter as well as difficult topics and existential questions. This is in line with prior studies that show how creative expressions might support patients to approach and handle difficulties, but also might involve joy, and the pleasure of



belonging to a group that engage in meaningful activities (Baker & Mazza, 2004; Saavedra et al., 2018; Slaughter & Brummel, 2019; Van Lith et al., 2011; Williams et al., 2019).

The authors underlined that Creative writing was not a form of therapy. Yet, their narratives indicate that creative writing might support meaning making and sense of belonging, and thereby increase wellbeing and recovery. Their descriptions of how the participants supported each other indicate that not only the writing in itself but also the act of reading and writing together, might be beneficial. These social aspects should not be underestimated, since support and belonging to a group might be curing, not least through providing marginalized individuals with a new social identity (Jetten et al., 2017; Williams et al., 2019). It should also be acknowledged that the line between therapeutic interventions and creative activities is not always clear-cut. It is possible that non-directiveness of creative activities, and the lack of therapeutic aims, paradoxically support recovery. Patients tend to be painfully aware of their difficulties, and well-intentioned professionals and others tend to tell them how to think, act, and handle their difficulties and themselves. It might therefore be supportive and liberating to interact with persons outside the helping professions, who do not expect them to approach difficulties, or improve their functioning (Saavedra et al., 2018; Williams et al., 2019). Not that it is anything wrong with improved functioning, but individuals are more than their functioning, and for patients it might be more important to have a sense of belonging and meaning in life (Deegan, 2002; Van Lith et al., 2011). The potential benefits of integrating creative writing, led by authors, in mental health care, could be understood in relation to theories of everyday creativity and how meaningful activities open up for new ways of approaching the world, other individuals, and oneself (Richards, 2007). This resonates with the authors' descriptions of the participants' curiosity and wish to learn more about writing and literature. Everyday creativity is about activities people engage in, for example singing, listening to music, writing, reading, needlework, or gardening, because they enjoy them. Patients who engage in such activities might develop a new identity, a sense of agency, and opportunities for social interactions, and accordingly might counterbalance a disempowering patient identity (Croom, 2015; Schwieter, 2004; Van Lith et al., 2011). It should also be noted that creative writing might be a way to approach a second language and dare to express oneself.

The results indicate that creative writing is a multi-faceted activity in which varying needs, experiences, and wishes need to be balanced so that the participants and the authors together can create a supportive atmosphere. In order to achieve this, it seems important to trust the authors and the participants, and provide opportunities to develop the activities in ways they are comfortable with. This is in line with prior research that shows that it is important that psychiatric patients who are invited to engage in writing, are free to decide what to write about (Barbieri & Musetti, 2018; Van Lith et al., 2011). While it seems beneficial for individuals outside mental health care to write about traumatic experiences (Pennebaker, 1997), individuals in emotional turmoil or crisis should not be encouraged to write about difficulties (DeSalvo, 1999). This does not mean that difficult topics should be avoided, but it should be up to the patients to decide. It also should be noted that flexibility does not stand in opposition to boundaries and clarity. On the contrary, boundaries and clarity provide safety (Baker & Mazza, 2004; Bowman, 2004), and might create an atmosphere of holding in which patients dare to participate, and write. The lengthy Creative writing workshops were arranged with the good

intention that patients should be permitted to arrive and leave as they preferred. This arrangement however provided a lack of clarity that might have discouraged some patients from participating, and also circumscribed the writing activities.

The Creative writing workshops involved both reading and writing. The activities might therefore be linked to the receptive and the expressive components in poetry therapy (Mazza & Hayton, 2017), but without the therapeutic purpose. Based on the results, it is suggested that poetry therapists and authors together could explore similarities and differences between their approaches and activities, and learn from each other as well as from patients. Thereby person-centered activities could be further developed (Simmons, 2012). Some patients might be interested in creative activities with therapeutic aims, other might be more attracted to everyday creative activities. These approaches might complement each other, and patients should have opportunities to engage in interventions and activities that correspond to their needs and interests. It should however be acknowledged that authors who are invited to work in psychiatric clinics need to be guided through the health care system. Thereby it becomes possible to plan activities that are adapted to legal prerequisites and treatment interventions, and simultaneously support creative processes. One prerequisite seems to be that both health care managers, health professionals, and the authors, are committed (Punzi, 2019). The results from this study however indicate that commitment and enthusiasm should be paired with patience so that activities can be thoroughly planned, for example concerning time, place, and equipment.

It is also important to reflect on how Creative writing could have attracted more patients. If only one or two patients participate in some workshops, one could question if patients find the activity meaningful. If the authors could have presented themselves and the activities at the wards, they could have established a personal contact. It should be noted that some patients might have been discouraged by the length of the workshops and possibly also perceived them as demanding or pretentious. If the authors could have presented themselves and the activities to the patients, this could have been avoided. Moreover, as Creative writing was arranged, the patients did not know which author they were about to meet if they participated. Increased continuity would likely have encouraged more patients to participate.

Taken together, creative writing workshops that are flexible, led by authors, and framed as creative activities, seem to be a valuable part of mental health care and could be realized without overwhelming efforts and costs. The non-therapeutic approach, and the fact that authors are engaged, could raise curiosity among patients and could also enhance a new social identity. It therefore seems relevant for psychiatric clinics to collaborate with the cultural sector, and make place for self-expression, meaning making, and "some fun". Such collaboration might however be challenging, and it needs to be decided how activities should be presented to patients, how they should be performed, and where they should take place. It is important to not rush into action. Authors, patients, and staff members should be consulted, and their suggestions taken seriously since they are able to identify weaknesses as well as benefits, and make constructive proposals.

### **Limitations**

There are several limitations to this study. The authors descriptions are in line with prior research, and they reflect on possible obstacles and difficulties. Therefore, their

descriptions could be regarded as trustworthy. Nevertheless, the experiences and preferences of the patients have not been examined, which is a considerable limitation. Moreover, the authors might be biased, and see their own engagement in the participants. Nevertheless, the study contributes an illumination of the prerequisites and possibilities of integrating creative writing at psychiatric inpatient clinics, and adds perspectives on the possible benefits of such activities. It should also be noted that mental health care is organized in different ways in different countries. Neither the activity, nor the results of the study, are therefore directly transferable to other contexts.

## Notes

1. Wellbeing is here defined as a positive state, brought about by satisfaction of interpersonal community, occupational, psychological, physical, and economic needs (Duff et al., 2016).
2. Three of the authors were also poets. To support readability, only the word author is used.
3. The statement is taken from the official declaration that was published when Creative writing was established. Translation by the author.

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