

**Reading and writing for well-being: A qualitative exploration of the
therapeutic experience of older adult participants in a bibliotherapy and
creative writing group**

Authors:

Brianna O. Malyn, The University of the West of England

Address: 112 Church Road, Kingswood, Bristol BS15 4BE

Telephone: 07864 603992 Email: brianna2.malyn@live.uwe.ac.uk

Dr Brianna Malyn completed a Bachelor of Science in Psychology at Tulane University and a Master of Science in Marriage and Family Therapy at the University of Southern Mississippi in the United States before relocating to the United Kingdom to undertake the Professional Doctorate in Counselling Psychology at UWE Bristol. She is now a Chartered Psychologist with the British Psychological Society and an HCPC Registered Counselling Psychologist. Special interests include therapeutic creative writing, bibliotherapy, couple therapy and maternal mental health. She practices clinically under her married name, Brianna Oaten.

Zoe Thomas, The University of the West of England

Address: UWE Bristol, Frenchay Campus, Bristol BS16 1QY

Telephone: 0117 32 83794 Email: zoe2.thomas@uwe.ac.uk

Dr Zoe Thomas is programme director and senior lecturer on the Professional Doctorate in Counselling Psychology Programme at UWE Bristol, a Chartered Psychologist with the British Psychological Society and an HCPC Registered Counselling Psychologist. She has experience of working with adults with complex mental health needs and dual

diagnosis, in one to one and group settings. She has a number of supervision completions and is an internal and external Doctorate research examiner. She has a PGCHE and is a Teaching Fellow with the HEA.

Christine E. Ramsey-Wade, The University of the West of England

Address: UWE Bristol, Frenchay Campus, Bristol BS16 1QY

Telephone: 0117 328 2193 Email: christine.ramsey-wade@uwe.ac.uk

ORCID iD: <https://orcid.org/0000-0003-4318-0286>

Christine Ramsey-Wade is a senior lecturer on the Doctorate in Counselling Psychology at the University of the West of England, Bristol. She also works as a counselling psychologist and supervisor in private practice and as a mindfulness-based teacher. Her special interests include creative writing for therapeutic purposes, poetry therapy, disordered eating, and third-wave approaches, including mindfulness and acceptance and commitment therapy. She is a Chartered Psychologist and Associate Fellow with the BPS, a Registered Counselling Psychologist with the HCPC, and a Fellow of the HEA.

Please address all correspondence regarding this article to Christine Ramsey-

Wade at: christine.ramsey-wade@uwe.ac.uk

Abstract

This study provides a qualitative exploration of the therapeutic mechanisms occurring within three community-based reading and writing for well-being groups attended by older adults, located in a city in England. Whilst it is increasingly accepted that community-based participatory arts programmes can contribute to health and well-being (Clift, 2012), research in this area has tended to focus on the visual and performing arts, with less attention given to literary interventions. This study aims to develop a deeper understanding of the therapeutic mechanisms occurring within these groups which facilitate well-being, with the objectives of: 1) enhancing practitioners' ability to effectively implement such interventions, and 2) contributing to the development of a strong theoretical base from which such interventions can be meaningfully evaluated.

Twelve individual, semi-structured interviews were conducted for this study and analysed using thematic analysis, following the guidelines of Braun & Clarke (2006). Four overarching themes were developed through the analysis. These are expressed through a relational framework as: 'Relationship to self', 'Relationship with others', 'Relationship to facilitator' and 'An intermediary object'. It is concluded that community-based bibliotherapy and therapeutic creative writing groups support wellbeing in older adults by providing a unique space in which participants feel acknowledged, accepted, challenged, and inspired. Future research should focus on efficacy of the intervention for reducing social isolation and loneliness. Practice implications for traditional group and individual therapies are also discussed.

Key Words: Bibliotherapy, poetry therapy, creative writing, participatory arts, helpful factors, older adults.

Introduction

It is increasingly accepted that community arts interventions can contribute to health and well-being (Clift, 2012). Unfortunately, much of the research on community arts interventions has focused on the visual and performing arts—despite literature and creative writing being included within the definition of the arts used by the Arts Council England (Leckey, 2011). The idea that reading and writing can be therapeutic can be traced back for centuries (Riordan & Wilson, 1989; McCulliss, 2012), and the research literature on the benefits of literary community arts interventions merits further expansion.

This study provides a qualitative exploration of the therapeutic mechanisms occurring within three community-based reading and writing for well-being groups provided in a large city in England. The three groups are facilitated by the same practitioner, who has diplomas in psychodynamic counselling, creative writing, and creative writing for therapeutic purposes. Although this study did not originally set out to study older adulthood, it was found that most of the group participants were older adults, so the particular implications of community reading and writing interventions for this age group were also taken into account. By conducting a thematic analysis of ‘helpful factors’ interviews (Elliott, 2010), themes were identified and data-driven theories developed in response to the research question: ‘By what therapeutic mechanisms do bibliotherapy and therapeutic creative writing groups facilitate well-being for British older adults?’.

The potential contributions of this study lie in the development of an increased understanding of the therapeutic mechanisms at work within community-based bibliotherapy and therapeutic creative writing groups, and in building the budding evidence base around such interventions. Although randomised controlled trials demonstrating the efficacy of interventions are often viewed as the key to building a strong evidence base (Clift, 2012), studies examining the therapeutic mechanisms of an intervention are also vital. A clear understanding of the underlying mechanism explaining the effects of an intervention is necessary for it to be taken seriously by science and society, no matter how robust the results (Cohen, 2009).

Definition of terms

Bibliotherapy.

The term 'bibliotherapy' is frequently used to refer to a wide variety of therapeutic practices involving books. Hynes (1980) and Heath, Sheen, Leavy, Young, & Money (2005), define bibliotherapy as a process in which the guided reading of fictional literature—poetry or prose—combined with creative writing and discussion, facilitates growth, healing and understanding. This is sometimes called developmental bibliotherapy (Heath et al., 2005; McCulliss, 2011a), or affective bibliotherapy (Shechtman & Nir-Shfir, 2008) to differentiate it from cognitive behavioural bibliotherapy, which uses self-help books.

Cognitive behavioural bibliotherapy programmes have been the focus of most research on bibliotherapy to date. However, bibliotherapy groups utilising fictional literature and creative writing are a vastly different intervention. The reading and writing for well-being groups in this study utilise

developmental/affective bibliotherapy and hereafter the term 'bibliotherapy' is used to refer to developmental/affective bibliotherapy unless otherwise specified.

Therapeutic writing.

Therapeutic creative writing is frequently incorporated as an aspect of bibliotherapy. Therapeutic creative writing can be defined as the use of creative writing to affect emotional, cognitive and/or behavioural changes (McCulliss, 2011a). This encompasses a wide range of activities including writing imaginative literature, writing in response to a poem or passage, and journaling. Poetry therapy is sometimes included within discussions of therapeutic creative writing, considered as a form of bibliotherapy, or regarded separately as its own unique therapeutic art. It is an umbrella term that encompasses therapeutic poetry writing, bibliotherapy and performance (Ramsey-Wade & Devine, 2017).

Expressive writing differs from therapeutic creative writing and involves writing about one's deepest feelings and traumas with a goal of 'letting go' (Baddeley & Pennebaker, 2011). Participants are encouraged to experience the writing as a process of emotional expression rather than as the creation of a polished product (Baddeley & Pennebaker, 2011). Whilst this study focuses on the use of creative writing in bibliotherapy, the expressive writing literature is also relevant, as participants in the groups sometimes chose to respond to a writing prompt in a way that is reminiscent of expressive writing.

Wellbeing.

Well-being is a multi-dimensional construct involving a person's positive and negative affect, physical health, life satisfaction, access to resources

(physical, social, and psychological), and ability to cope with challenges (Dodge, Daly, Huyton, & Sanders, 2012; Leckey, 2011). A person's resilience and the presence of positive states and emotions are key elements of well-being. This is reflected in the definition from the Department of Health (2011), who describe well-being as 'a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment (p. 90)'.

Literature Review

Arts and health

Arts therapies have been used clinically for over a hundred years (Stuckey & Nobel, 2010). There is a rich theoretical literature surrounding these practices; however, it is only relatively recently that a body of research has begun to emerge around arts interventions in psychotherapy or participatory arts programmes (Clift, 2012). Although research has lagged behind practice in this area, there is now a growing evidence base indicating that engaging in creative activities such as visual, performing, and literary arts may be effective for reducing anxiety, stress, and mood disturbance (Stuckey & Nobel, 2010).

The use of creative arts for supporting health and well-being has been growing amongst policymakers in the United Kingdom. This is evidenced in part by the July 2017 publication of the All Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW) Inquiry Report on current research and practice of the arts in health and social care. The APPGAHW report profiles community-based arts programmes being facilitated around the country. One of the more widespread projects profiled is a social prescribing programme called

Arts on Prescription, which uses predominantly visual and performing arts as an adjunct to traditional therapies. Key findings from qualitative studies of Arts on Prescription have included participant reports of increased confidence and self-esteem (Stickley & Eades, 2013), as well as a sense of acceptance and social belonging (Stickley & Hui, 2011).

Older adults have been identified as a group that can particularly benefit from community arts programmes, which have been found to help with fostering healthy ageing; supporting brain function; preventing frailty; increased social participation; reduced depression, anxiety and stress; and increased self-esteem, confidence and sense of purpose (APPGAHW, 2017). Cohen, Perlstein, Chapline, Kelly, & Simmens (2006) reported findings that engagement in a community-based arts programme can reduce loneliness, doctor visits, falls, and medication use—whilst increasing overall health, activity, and morale. Other possible benefits of arts interventions during older adulthood may include psychological benefits such as feelings of accomplishment, improved resilience in response to loss, improved cognitive functioning and increased creativity, as well as physical benefits such as increased activity levels, improved cardiovascular health, and improved mobility (McLean, Woodhouse, Goldie, Chylarova, & Williamson, 2011). However, it should be noted that studies in this domain have been limited by small sample sizes, lack of a control group, and have predominantly focused on performing arts—such as singing and drama.

The ability of community arts programmes to help foster social inclusion and community engagement during older adulthood (Moody & Phinney, 2012)

may help to explain the benefits observed in past studies, given the harmful physical and psychological impacts of isolation and loneliness for this age group (Shankar, Hamer, McMunn, & Steptoe, 2013; Shankar, McMunn, Demakakos, Hamer, & Steptoe, 2017). Reading and writing for well-being groups may be a particularly effective intervention for reducing social isolation and loneliness in older adults, as the group design incorporates key features that have been found to be common to the most effective interventions in this domain (Dickens, Richards, Greaves, & Campbell, 2011; Gardiner, Geldenhuys, & Gott, 2018).

Bibliotherapy

It is generally believed that bibliotherapy affects change by gently breaking through defence mechanisms to help participants develop increased insight (Shechtman & Nir-Shfir, 2008). The literature serves as an 'intermediary object' between the person and their problems (Gersie, 1997; Gray, Kiemle, Davis, & Billington, 2016), offering a less direct, less painful means of discussing their emotions and experiences (Detrixhe, 2010).

Hynes & Hynes-Berry (1986/1994) describe this therapeutic process as occurring in four steps: 'recognition', 'examination', 'juxtaposition', and 'self-application'. The reader moves towards change by first recognising something familiar in the text, examining the issues presented and feeling an emotional response, juxtaposing their own experiences with those presented, and then developing insight which can be integrated into their own lives (Hynes & Hynes-Berry, 1986/1994). Proposed benefits of bibliotherapy include a sense of being less alone in one's problems, increased ability to solve problems, reduction of negative emotions, enhanced self-concept, a more honest self-appraisal,

developing new values and ideas, and an increased understanding of the motivations and behaviours of self and others (Hynes & Hynes-Berry, 1986/1994; Pardeck 1994).

Key studies relevant to this study include the work of Dowrick, Billington, Robinson, Hamer, & Williams (2012), Gray et al. (2016), and Shechtman & Nir-Shfir (2008), due to their specific focus on the therapeutic processes occurring in bibliotherapy groups. Dowrick et al. (2012) and Gray et al. (2016) studied the shared reading intervention Get into Reading developed by The Reader Organisation—a UK charity based at the University of Liverpool. Dowrick et al. (2012) identified key factors impacting the therapeutic processes, which they label as ‘catalysts for change’. These were identified as ‘literary form and content’, ‘facilitation of the group’, and ‘group processes’ (Dowrick et al., 2012).

Gray et al. (2016) worked to identify themes relating to participants’ experience of engaging in Get into Reading groups and to develop an understanding of how this relates to the way in which participants make sense of their wider experiences and relationships. Gray et al. (2016)’s themes included: ‘boundaries and rules of engagement’, ‘literature as an intermediary object’, ‘self as valued, worthy, capable’, ‘community and togetherness in relational space’, and ‘changing view of self, world, others’.

Shechtman & Nir-Shfir (2008)’s work compared process variables between what they termed as ‘affective group bibliotherapy’ and ‘affective group therapy’, quantifying therapeutic process by coding for and counting types of participant responses during group sessions. Shechtman & Nir-Shfir (2008)’s results indicated that more productive client work occurred during the

bibliotherapy group sessions, due to decreases in resistance and simple responses, and an increase in emotional exploration.

Therapeutic writing

There is an expansive theoretical literature surrounding therapeutic writing. Therapeutic writing and poetry therapy have been recommended not only for those who are experiencing physical, social, and psychological problems first-hand (L'Abate & Sweeney, 2011), but also as a strategy for self-care for those at high risk of secondary post-traumatic stress disorder, such as domestic violence counsellors (Boone & Castillo, 2008).

Group therapeutic writing interventions have been found to enhance group cohesion (Golden, 2000), and group poetry therapy has been found to improve attitudes and increase self-discovery as compared to conventional group psychotherapy (Mazza, 1981; Mazza, 1983; as cited in McCulliss, 2011b). Participation in a therapeutic creative writing group has been found to promote personal growth, decrease feelings of isolation, increase confidence, increase participants' sense of support, and enhance both desire and ability to communicate about experiences (Fair, Connor, Albright, Wise, & Jones, 2012).

Expressive writing has been found to reduce anxiety, depression, and posttraumatic symptoms (Meshberg-Cohen, Svikis, & McMahon, 2014), and has a literature which largely supports the idea that writing about emotions and emotional experiences contributes to positive outcomes (Sloan & Marx, 2004). Frattaroli (2006)'s meta-analysis of 146 randomised studies of experimental disclosure/expressive writing intervention indicated significant, beneficial effects of engaging in experimental disclosure and supported 'exposure theory' as an

explanation for the therapeutic effect. Exposure theory purports that the therapeutic mechanisms of expressive writing are similar to those of the exposure and habituation experienced in cognitive behavioural therapy (Meshberg-Cohen et al., 2014).

Methodology

A qualitative approach was chosen for this study as the research aims to work up from rich data to develop responses to the research question. As opposed to outcome-focused research, which might seek to measure the impact of engaging in bibliotherapy/therapeutic writing quantitatively through assessments of well-being, the objective of this research was not to determine if reading and writing for well-being groups are beneficial, but rather to explore what is happening in reading and writing for well-being groups. This project can be best described as ‘helpful factors’ research, a form of psychotherapy change process research in which client interviews focus on the factors they have found most helpful in their therapy (Elliott, 2010). Thematic analysis was selected to conduct the analysis due to its flexibility, its power to lead to unexpected insights, and its ability to produce analyses that are accessible to wide audiences (Braun & Clarke, 2006; 2013).

Participants

Background.

Participants for the study were recruited from three reading and writing for well-being groups run by the same facilitator out of non-clinical settings in a large city in England. Members of the groups are self-referred. The groups are of the facilitator’s own design, based on his background and training in

counselling and therapeutic creative writing, and are advertised as 'Creative Writing for Health and Well-being'. Participants reported finding the groups through adverts on physical and online community posting boards and through word of mouth. The groups are open to the public and run on an ongoing basis, accepting new members at any time, but with a cap of 12 members per group.

During the weekly group meetings, members share and discuss writing that they have completed at home, based on a prompt or theme provided in the previous session. The facilitator will then introduce a new reading, such as a poem or piece of prose, or on occasion a different form of creative stimuli such as an object, a piece of music or image. Following a group discussion, group members are given a spontaneous writing task in which they are invited respond to the stimulus in 5-10 minutes of writing. These responses are then shared and discussed before a related home writing task is set for the following session. A more detailed account of the group structure and participants can be found in the unpublished thesis (Malyn, Thomas, & Ramsey-Wade, 2018).

Recruitment.

A purposive recruitment strategy was utilised for this research. Participants were initially invited to participate in research by their group facilitator. This was followed up by the primary researcher attending the beginning of one group meeting per group to invite members to participate and answer any questions.

Sample size.

Based on the recommendations of Guest, Bunce, & Johnson (2006), Elliott (2010), and Braun & Clarke (2013), the target number of interviews was

set at 12 to 15. Twelve participants volunteered from the three groups under study, leading to a total of twelve interviews being completed.

Demographics.

Of the twelve participants interviewed, nine identified as female and three identified as male. Participants' ages ranged from 52 to 74 with a median age of 67. Eleven participants identified their ethnic origin/nationality as White-British, and one identified as Black African-Caribbean. Participants reported levels of education ranging from 'no formal education' to completing post-graduate education.

Data collection

Ethical approval was obtained from the UWE Faculty Research Ethics Committee prior to beginning data collection and steps were taken to minimise risk and protect the confidentiality of all participants. Each participant was asked to engage in an individual, semi-structured, interview. The primary researcher arranged interview times individually with each participant and met participants in public buildings convenient to the participants. The interviews lasted an average of 40 minutes and were audio recorded.

Data analysis

The analysis was conducted using thematic analysis, following the guidelines set forth by Braun & Clarke (2006). The aim of the analysis was to identify and report patterns within and across interviews and to construct themes relevant to the research question. Codes were developed based on the data—there was not a pre-existing coding frame. The analysis focused primarily on themes at the semantic level, describing and organising the data to show

themes before progressing to interpreting and theorising about the significance of those themes (Braun & Clarke, 2006).

The data was prepared for analysis by transcribing the audio recordings into text. An orthographic style was used to produce high quality, verbatim transcripts. Whilst coding the transcribed interviews, the primary researcher began to consider the relationships between the codes and construct candidate themes. The data items collated under each code, and the codes comprising each theme, were reviewed and refined to check for sufficient coherence within, and distinction between, developing themes. Following construction of the table of themes, the full data set was reviewed to assess the final themes' ability to reflect all key components of the data. Through this process of repeated revision, four final overarching themes and nine sub-themes were identified.

Analysis

This section briefly outlines the outcome of the thematic analysis. Additional detail about the themes and sub-themes can be found in the unpublished thesis (Malyn, Thomas, & Ramsey-Wade, 2018).

Relationship to self

This theme: 'Relationship to self' developed through participants' discussion of how engaging with the reading and writing for well-being group impacts upon participants' sense of self in older adulthood. Psychological theories, such as Erikson (1963)'s theory of psychosocial development, emphasise the particular necessity of generativity and purpose in older adulthood in order to successfully negotiate the challenges of this stage of life. Mazza (2016) additionally asserts that older adulthood can be a time of 'unique

creativity' and advocates for the use of poetry to 'assist the elderly in transcending loss and maintaining a vital connection to the life process' (p. 118).

During the interviews, participants reflected on how the reading and writing for well-being groups have supported them to feel significant and productive. As Participant 2 put it, *'you get a feeling that you've achieved things when you come away'*. Participants discussed the importance of achieving something tangible, of having their works of writing as something to show for themselves. *'I often feel unseen. So it would be me saying "hey look, here I am, this is what I've done"'* (Participant 12).

Participant statements also indicated that the reading and writing for well-being group may be providing some with a corrective emotional experience (Alexander, 1950; Yalom, 2005) of feeling significant and acknowledged, seen and heard. *'If I'm feeling really bad [...] I can take my writing in, I can read it, and somebody will listen'* (Participant 2).

The 'Time for me' sub-theme captures the sense from many of the participants that they had reached a time in their lives when they were permitted to focus on themselves, and that their participation in the group formed part of a renewed focus on their own interests and self-care. *'I was not creative before [...]. It was all about survival, frankly'* (Participant 5). Participants discussed the burnout and exhaustion they had experienced in past caregiving and career roles and the freedom retirement granted them to explore other facets of themselves. Many participants also reported experiences of personal development, stating that that they had developed increased self-confidence

and self-efficacy. Participant 4 reflected this in their statement: *'this is the first time I think I've ever been able to say to myself, "I can write"'*.

Relationship with others

The overarching theme, 'Relationship with others', was developed out of participants' discussion around what makes the reading and writing for well-being group a unique—even '*sacred*' (Participant 9)—relational space. The data indicate that the reading and writing for well-being groups can contribute to participant well-being by providing a space in which participants feel safe and connected due to strong group cohesion, and can not only express themselves, but can also learn and grow by bearing witness to the journeys of their peers.

The sense of the group as a safe space was summed up well in the words of Participant 6: *'I feel I can be exactly myself there'*. The idea that safety and group cohesion are vital to the success of the groups fits with Yalom (2005)'s writings on the importance of group cohesion and research which has demonstrated poetry therapy interventions to be effective in enhancing this (Golden, 2000). As Participant 12 describes: *'There's a kind of closeness as well in say, 5 or 6 people all sitting scribbling way for 10 minutes, and that quietness that falls when as a group you all go in'*.

The safety participants reported experiencing in the group allows for a level of authentic communication that participants may not have experienced in other parts of their lives. *'They're not talking superficially [...] they're talking about how they feel, how they are, what's affecting them or they might want help with, and that's a very different level of engagement'* (Participant 9).

The safety participants reported experiencing appears to be key to facilitating their ability to share their experiences with the group without feeling pressure or judgement, and to listen to others with openness and empathy. Participant 10 reflected on their surprise at the receptiveness of the group: *'I've been concerned that some of the stuff that I might want to talk about would be, I suppose, upsetting to them, [...] but actually they've been very supportive and understanding and kind'*.

Participants expressed their amazement at the range of perspectives that would emerge in response to any one writing prompt given to the group: *'you can give eight people the same heading, same topic and the diversity of material that comes back is huge'* (Participant 7). They also reported a sense of it being a privilege to listen and learn from both the beautiful and painful accounts of others. Participant 11 reflected on how it can be emotional, relating to another's work: *'When somebody else reads something that you empathise with and, or it triggers a memory and you aren't able to express it, at that point, that can make you cry'*. Participants' described experiences of relating and responding to others' writing were reminiscent of the classic stages of bibliotherapy proposed by Hynes & Hynes-Berry (1986/1994) and Pardeck (1994), moving from identification, to insight, to integration.

Relationship with facilitator

A theme that appeared unanimously across interviews focused on facilitator factors. Participants' comments demonstrate that the facilitator's skills, knowledge, and way of being in the group have been key to creating a containing space which supports participant well-being.

Participants described the facilitator as 'a saint' (Participant 8) who modelled acceptance and safety, and they praised his warmth and ability to put others at ease—bringing to mind the core conditions of Rogers' (1961) person-centred therapy. Other key elements of the facilitator's style of working which could be discerned from the participant comments include an attitude of 'no wrong answers', which provides freedom to play with language without worrying about doing it 'right': *'There isn't any sense in the group, or [Facilitator] doesn't put any judgement on, writing "good poetry". Umm it's, what I think it is, it's more about staying close to yourself and expressing, you know, what's going on for you honestly'* (Participant 12). The facilitator also appears skilled at highlighting individuals' strengths: *'He's really good at bringing out everybody's different qualities'* (Participant 11). Participants discussed how the facilitator effectively holds boundaries and contains emotional content (Bion, 1959; Winnicott 1965). As Participant 9 described: *'He's completely non-phased by that, which holds it, whereas somebody who was more just a creative writer rather than part of the therapeutic medium, that could be a different feeling I think'*.

Furthermore, participants conveyed respect and appreciation for the facilitator's skill as a writer and the creativity he displayed in his choice of literature to read together, themes, and writing prompts. *'Each week is different. Each week [Facilitator] fetches very thought-provoking materials, and not just one but a range of stuff, and he provokes a range of debate'* (Participant 4). The facilitator in this study has multiple relevant qualifications, including diplomas in creative writing, psychodynamic psychotherapy, and creative writing for

therapeutic purposes. The findings represented by this theme lend weight to the recommendations of Grundy (2007), who advocates for a writing group model where the facilitator has both literary and clinical training.

An intermediary object

This final overarching theme, 'An intermediary object', came together through participants' discussion of what function reading and writing literature serves in the groups. The data brought together to develop this theme indicate that reading and writing for well-being groups can contribute to participant well-being by offering participants a tool for eliciting insight and emotional exploration. This aligns with theoretical models purporting that reading and writing literature helps participants to work through their defence mechanisms, allowing them to safely access and/or express thoughts and emotions that might otherwise feel too raw (Shechtman & Nir-Shfir, 2008).

Participant 8 described how the use of a creative medium helps to work through painful experiences from a safer distance: *'You're stepped back aren't you, from, instead of saying, you know "my wife's died and I'm terribly unhappy, and I'll never recover". It's not that. It's, it's saying something that's just as poignant and awful but, it is figuratively'*.

Many of the participants reflected on how they could be surprised by what emerged in their writing: *'It's surprising what, um, things come out. I think that writing is like that. I think it, it opens up. I think that's probably what it's done for me'* (Participant 1), and relayed powerful experiences of developing new insight and reconsidering their personal narratives: *'that's the big thing about being an adult and looking back on experiences, suddenly realising, actually,*

you know [...] whatever those events were, they were blameless' (Participant 4).

Whilst engaging in the group led to intense revelations and emotional experiences for some, the structure of the group leaves the participant in control of how much they wish to reveal or how deeply they wish to explore. *'Very often [Facilitator] will say something like "do you want to talk about it or do you want us to talk about the writing" and so we get the choice of whether we talk about that emotion'* (Participant 2). Several participants reported engaging with the group primarily to advance their skills as writers. The flexibility of the group allows it to be beneficial for these participants without becoming intrusive: *'It's mainly been for me to become more focused on my writing, but that's helped me to look at some of the issues I haven't looked at before'* (Participant 3). The flexibility a literary group can offer participants to choose if and how to engage with emotional content were similarly reported in the findings of Gray et al. (2016).

Summary and Conclusions

Implications for policy

Declines in older adult physical and mental health as a result of loneliness and social isolation present a serious public health problem which participatory arts programmes can be strategically positioned to address (Cohen et al., 2006; McLean et al., 2010; Gerst-Emerson & Jayawardhana, 2015; APPGAHW, 2017). Public policy developments and government research initiatives in recent years have acknowledged the need to engage innovative solutions beyond traditional medical care in order to meet the needs of the UK's

ageing population (Department of Health, 2011; Mental Health Task Force, 2016; APPGAHW, 2017).

This research draws attention to the specific features of reading and writing for well-being groups, and the potential these groups represent to provide accessible well-being support to older adults. The non-pathologising nature of the intervention should place it in a position of particular interest to counsellors, psychotherapists, and psychologists, as it aligns well with the ethos of our professions (Woolfe, Strawbridge, Douglas, & Dryden, 2010).

Implications for practice

By highlighting key 'helpful factors' (Elliott, 2010) necessary for successful implementation of reading and writing for well-being groups, this study supports improved group design and facilitation. Understanding why an intervention is useful is important not only for mindful and intentional delivery, but also for establishing a solid theoretical foundation on which later efficacy research can be built (Daykin & Joss, 2016) and for developing a rational, compelling narrative advocating for its use (Cohen, 2009). The finding that it was important to the participants that the facilitator had both literary and clinical expertise, supporting Grundy (2007), is also of significance for the future implementation of reading and writing for well-being groups, as this remains a current topic of debate within the therapeutic creative writing profession. Based on the findings of this study, a recommendation could be made that facilitators of reading and writing for well-being groups should be trained in both the literary and psychotherapeutic arts.

In addition to supporting the future implementation of further reading and writing for well-being groups, this research has practice implications for the more traditional group and individual therapies. The findings in this research support those of Golden (2000) and Shechtman & Nir-Shfir (2008), which suggested that the addition of a therapeutic writing or bibliotherapy element to a therapeutic group can enhance group process. The findings of this study also support the assertions of Gersie (1997) that literature can serve as an intermediary object. Based on these findings, practitioners can provide a theoretical rationale for the integration of bibliotherapy and therapeutic writing techniques into their work to facilitate the development of group cohesion, to encourage exploring new ways of relating to self and others, and to enable participants to access and express deeper insight and emotion.

Limitations and considerations

A lack of sufficient privacy during participant interviews may have had an impact on this study's findings. In future, researchers may want to consider conducting similar interviews in a more private setting, whilst finding ways to mitigate the risks involved. It is also acknowledged that due to the design of this study, the sample could only include those who chose to attend the reading and writing for well-being groups and had found them to be enjoyable or beneficial, as those who had never attended, or who had chosen to leave, were not part of the participant pool. Whilst this is not a limitation per se in qualitative research as there is less emphasis on the generalisability of results, it is worth holding in mind.

Additionally, there was a notable lack of diversity within the participant pool. A wide array of factors may have contributed to the largely White-British, older adult membership of the reading and writing for well-being groups, but these were unable to be adequately explored within the scope of this study. Some potential explanations are more logistical, such as the manner and forums in which the groups are advertised, and that two of the three groups are held during standard office hours; making them more accessible for those who are retired than those of working age.

Finally, due to the small sample size and fluid design of the groups—with no set beginning or end date to the intervention—there was no meaningful way to evaluate the efficacy of the intervention for alleviating any specific physical, social, or psychological problem. There is significant value in engaging in process-focused research in order to develop a sophisticated understanding of an intervention (Cohen, 2009); however, efficacy data is still the most effective for affecting policy-level change (Clift, 2012) and will ultimately be necessary as an accompaniment to this qualitative work.

Future directions

Going forwards, reading and writing for well-being groups need to be further researched utilising both quantitative and qualitative methodologies. Whilst acknowledging the vital role of qualitative research in evaluating community arts interventions, Clift (2012) presents a clear argument for the need for more robust controlled studies that will provide measurable health and well-being outcomes. Controlled research on the efficacy of these interventions for improving participants' scores on subjective and objective measures of well-

being will be an essential accompaniment to qualitative studies in developing the evidence-base.

An additional question future research might explore is around the differences in therapeutic processes occurring in various community participatory arts group based upon the artistic medium being used. It appears that some of the 'helpful factors' occurring in reading and writing for well-being groups also occur in other community-based participatory arts groups; however, there were also findings that were specific to the use of literary arts. Studies comparing participatory arts groups that are designed to be parallel in all aspects, apart from the artistic medium used, might be able to provide further insight into processes that are unique to each condition.

Finally, although the groups are held in neighbourhoods with diverse, multi-cultural populations, this diversity was not reflected in the reading and writing for well-being group membership. Increasing our understanding of the barriers diverse and disadvantaged populations encounter in accessing these interventions, and how these can be overcome, should be considered an essential component of developing this research in the future. Creating links with health and social care organisations that can offer effective social prescribing as a method of combating health inequalities may support access to reading and writing for well-being groups for those less likely to independently seek out such programmes.

Overall conclusions

Participants in this research gave vivid descriptions of an intervention that has supported them to flourish by providing a unique space in which they

feel acknowledged, accepted, challenged, and inspired. The themes that were developed both support the findings of past research into community-based participatory arts groups and build upon them, giving voice to unique perspectives and exploring the specific power of the literary arts.

Reading and writing for well-being groups were found to facilitate a healthy relationship to self in older adulthood by providing participants with a space where they can engage in meaningful activity, explore their subjective experiences, and strive towards growth without any need to accept a label of pathology. It was found that engaging in reading and writing as a group fosters strong group cohesion, helping to reduce social isolation, and challenges participants to explore how they relate to others through sharing one's own, and hearing each other's, stories. A skilled facilitator with training in both the psychotherapeutic and literary arts was found to be a key component of the groups, as their ability to contain and work with emotional content was reported to be equally important to the participants as the facilitator's knowledge of literature and creative writing. The facilitator's skill in both domains allows for a flexible group design that can be responsive to a broad range of participant needs and interests. The literature that is read and written in the groups appears to function as an intermediary object, helping participants to circumvent defence mechanisms in order to access and/or express thoughts and emotion in a way that feels more acceptable or manageable. Whilst other art forms can also function as an intermediary object, the participants in this study reflected on the unique power of the written word.

The findings of this study suggest that reading and writing for well-being groups could be particularly effective as an intervention for reducing social isolation and loneliness in older adulthood, as the design of the groups aligns with the recommendations of Dickens et al. (2011) and Gardiner et al. (2018). Future research around outcomes and efficacy should be conducted to help to make the case for implementing such groups as a widespread resource and increasing access to the professional training required by their facilitators. Linking with social prescribing programmes through health and social care providers may help to overcome health inequalities in order to ensure the groups are accessible to the populations that could benefit most. The helpful factors identified by this study provide key insights into the therapeutic mechanisms at work within community-based bibliotherapy and therapeutic creative writing groups. An increased understanding of these therapeutic mechanisms can be applied by practitioners to improve facilitation of therapeutic reading and writing groups, or to support mindful integration of literary interventions into more traditional individual and group therapies.

References

- Alexander, F. (1950). Analysis of the therapeutic factors in psychoanalytic treatment. *The psychoanalytic quarterly*, 19(3), 482-500.
- All-Party Parliamentary Group on Arts, Health and Wellbeing. (2017). *Creative health: The arts for health and wellbeing*. London, United Kingdom.
- Baddeley, J. L., & Pennebaker, J. W. (2011). The Expressive Writing Method. In L. L'Abate & L. Sweeney (Eds.), *Research on writing approaches in mental health* (p. 85-92).
- Bion, W. R. (1959). Attacks on linking. *International Journal of Psycho-Analysis*, 40, 308-315.
- Boone, B. C., & Castillo, L. G. (2008). The use of poetry therapy with domestic violence counselors experiencing secondary posttraumatic stress disorder symptoms. *Journal of Poetry Therapy*, 21(1), 3-14.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Braun, V., & Clarke, V. (2013). *Successful Qualitative Research: A Practical Guide for Beginners*. London, United Kingdom: Sage.
- Clift, S. (2012). Creative arts as a public health resource: moving from practice-based research to evidence-based practice. *Perspectives in Public Health*, 132(3), 120-127.
- Cohen, G. (2009). New theories and research findings on the positive influence of music and art on health with ageing. *Arts & Health*, 1(1), 48-62.
- Cohen, G. D., Perlstein, S., Chapline, J., Kelly, J., Firth, K. M., & Simmens, S.

- (2006). The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults. *The Gerontologist*, 46(6), 726-734.
- Daykin, N., & Joss, T. (2016). *Arts for health and wellbeing: An evaluation framework*. London, United Kingdom: Public Health England.
- Department of Health. (2011). *No health without mental health: A cross-government mental health outcomes strategy for people of all ages*. London, United Kingdom.
- Detrixhe, J. J. (2010). Souls in jeopardy: Questions and Innovations for bibliotherapy with fiction. *Journal of Humanistic Counseling, Education and Development*, 49, 58-72.
- Dickens, A. P., Richards, S. H., Greaves, C. J., & Campbell, J. L. (2011). Interventions targeting social isolation in older people: A systematic review. *BMC public health*, 11(647).
- Dodge, R., Daly, A., Huyton, J., & Sanders, L. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing*, 2(3), 222-235.
- Dowrick, C., Billington, J., Robinson, J., Hamer, A., & Williams, C. (2012). Get into Reading as an intervention for common mental health problems: Exploring catalysts for change. *Medical Humanities*, 38(1), 15-20.
- Elliott, R. (2010). Psychotherapy change process research: Realizing the promise. *Psychotherapy Research*. 20(2), 123-135.

- Erikson, E. H. (1963). *Childhood and Society*. 2d ed., rev. and enl. New York, NY: Norton.
- Fair, C. D., Connor, L., Albright, J., Wise, E., & Jones, K. (2012). "I'm positive, I have something to say": Assessing the impact of a creative writing group for adolescents living with HIV. *The Arts in Psychotherapy*, 39, 383-389.
- Frattaroli, J. (2006). Experimental disclosure and its moderators: A meta-analysis. *Psychological Bulletin*, 132(6), 823-865.
- Gardiner, C., Geldenhuys, G., & Gott, M. (2018). Interventions to reduce social isolation and loneliness among older people: An integrative review. *Health & Social Care in the Community*, 26(2), 147-157.
- Gersie, A. (1997). *Reflections on therapeutic story-making: The use of stories in groups*. London, United Kingdom: Jessica Kingsley Publishers.
- Gerst-Emerson, K., & Jayawardhana, J. (2015). Loneliness as a public health issue: the impact of loneliness on health care utilization among older adults. *American journal of public health*, 105(5), 1013-1019.
- Golden, K. M. (2000). The use of collaborative writing to enhance cohesion in poetry therapy groups. *Journal of Poetry Therapy*, 13(3), 125-138.
- Gray, E., Kiemle, G., Davis, P. & Billington, J. (2016). Making sense of mental health difficulties through live reading: an interpretative phenomenological analysis of the experience of being in a Reader Group. *Arts & Health*, 8(3), 248-261.
- Grundy, D. (2007). What is a writing group? Dilemmas of the leader.

- International Journal of Group Psychotherapy*, 57(2), 133-151.
- Guest, G., Bunce, A., Johnson, L. (2006). How many interviews are enough?: An experiment with data saturation and variability. *Field Methods*, 18(1), 59-82.
- Heath, M. A., Sheen, D., Leavy, D., Young, E., & Money, K. (2005). Bibliotherapy: A resource to facilitate emotional healing and growth. *School Psychology International*, 25(5), 563-580.
- Hunt, C., & Sampson, F. (1998). *The self on the page: Theory and practice of creative writing in personal development*. London, United Kingdom: Jessica Kingsley Publishers.
- Hynes, A. M. (1980). The goals of bibliotherapy. *The Arts in Psychotherapy*, 7, 35-41.
- Hynes, A. M., & Hynes-Berry, M. (1986/1994). *Bibliotherapy the interactive process: A handbook*. St Cloud, MN: North Star Press.
- Jacobson, N. S., Martell, C. R., & Dimidjian, S. (2001). Behavioral activation treatment for depression: Returning to contextual roots. *Clinical Psychology: Science and practice*, 8(3), 255-270.
- L'Abate, L., & Sweeney, L. (2011). *Research on writing approaches in mental health*. Bingley, United Kingdom: Emerald.
- Leckey, J. (2011). The therapeutic effectiveness of creative activities on mental well-being: a systematic review of the literature. *Journal of Psychiatric and Mental Health Nursing*, 18, 501-509.

- Malyn, B. O., Thomas, Z., & Ramsey-Wade, C. E. (2018). *Reading and writing for well-being: A qualitative exploration of the therapeutic experience of older adult participants in a bibliotherapy and creative writing group* (Unpublished doctoral thesis). University of the West of England. Bristol, United Kingdom.
- Mazza, N. (2016). *Poetry therapy: Theory and practice*. New York, NY: Routledge.
- McCulliss, D. (2011a). Bibliotherapy. In L. L'Abate & L. Sweeney (Eds.), *Research on writing approaches in mental health* (p. 67-83). Bingley, United Kingdom: Emerald.
- McCulliss, D. (2011b). Poetry Therapy. In L. L'Abate & L. Sweeney (Eds.), *Research on writing approaches in mental health* (p. 93-114). Bingley, United Kingdom: Emerald.
- McCulliss, D. (2012). Bibliotherapy: Historical and research perspectives. *Journal of Poetry Therapy, 25*(1), 23-38.
- McLean, J., Woodhouse, A., Goldie, I., Chylarova, E., & Williamson, T. (2011). An evidence review of the impact of participatory arts on older people. *Mental Health Foundation*. London, United Kingdom.
- Mental Health Task Force. (2016). *The Five Year Forward View for Mental Health*. A

report from the independent Mental Health Taskforce to the NHS in England.

London, United Kingdom.

Meshberg-Cohen, S., Svikis, D., & McMahon, T. J. (2014). Expressive writing as a therapeutic process for drug-dependent women. *Substance Abuse, 35*, 80-88.

Moody, E., & Phinney, A. (2012). A community-engaged art program for older people: Fostering social inclusion. *Canadian Journal on Ageing/La Revue canadienne du vieillissement, 31*(1), 55-64.

Pardeck, J. T. (1994). Using literature to help adolescents cope with problems. *Adolescence, 29*(114), 421-427.

Pehrsson, D. E., & McMillen, P. S. (2005). A bibliotherapy evaluation tool: Grounding counselors in the therapeutic use of literature. *The Arts in Psychotherapy, 32*, 47-59.

Ramsey-Wade, C. E., & Devine, E. (2017). Is poetry therapy an appropriate intervention for clients recovering from anorexia? A critical review of the literature and client report. *British Journal of Guidance & Counselling, 46*(3), 1-11.

Riordan, R. J., & Wilson, L. S. (1989). Bibliotherapy: Does it work? *Journal of Counselling and Development, 67*(9), 506-508.

Rogers, C. (1961). *On becoming a person: A therapist's view of psychotherapy*. London, United Kingdom: Constable.

Shankar, A., Hamer, M., McMunn, A., & Steptoe, A. (2013). Social isolation and loneliness: relationships with cognitive function during 4 years of follow-up in the

English Longitudinal Study of Ageing. *Psychosomatic medicine*, 75(2), 161-170.

Shankar, A., McMunn, A., Demakakos, P., Hamer, M., & Steptoe, A. (2017).

Social

isolation and loneliness: Prospective associations with functional status in older

adults. *Health psychology*, 36(2), 179.

Shechtman, Z., Nir-Shfir, R. (2008). The effect of affective bibliotherapy on

clients' functioning in group therapy. *International Journal of Group*

Psychotherapy, 58(1), 103-117.

Sloan, D. M., & Marx, B. P. (2004). Taking pen to hand: Evaluating theories

underlying the written disclosure paradigm. *Clinical Psychology: Science and*

Practice, 11(2), 121-137.

Stickley, T., & Eades, M. (2013). Arts on prescription: A qualitative outcomes study.

Public Health, 127(8), 727-734.

Stickley, T., & Hui, A. (2012). Social prescribing through arts on prescription in a

UK

city: Participants' perspectives (Part 1). *Public Health*, 126(7), 574-579.

Stuckey, H. L., & Nobel, J. (2010). The connection between art, healing, and

public

health: A review of current literature. *American journal of public health*,

100(2),

254-263.

Winnicott, D. W. (1965). *The family and individual development*. London:
Tavistock.

Woolfe, R., Strawbridge, S., Douglas, B., & Dryden, W. (2010). *Handbook of
Counselling Psychology* (3rd ed.). London, United Kingdom: Sage.

Yalom, I. D. (2005). *The theory and practice of group psychotherapy* (5th ed.).
New York, NY: Basic Books.

Tables with Captions

| Themes | Sub-themes |
|-----------------------------|---------------------------------|
| Relationship to self | Acknowledgement and achievement |
| | Time for me |
| Relationship with others | Group cohesion |
| | Vulnerability and trust |
| Relationship to facilitator | Personal qualities |
| | Boundaries and containment |
| | Group design |
| An intermediary object | Eliciting insight |
| | Working with emotion |

Table 1. Table of themes.