READING AND WRITING FOR WELL-BEING:
A QUALITATIVE EXPLORATION OF THE THERAPEUTIC
EXPERIENCE OF OLDER ADULT PARTICIPANTS IN A
BIBLIOTHERAPY AND CREATIVE WRITING GROUP

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"The best moments in reading are when you come across something – a thought, a feeling, a way of looking at things – which you had thought special and particular to you. Now here it is, set down by someone else, a person you have never met, someone even who is long dead. And it is as if a hand has come out and taken yours."

–Alan Bennett
The History Boys

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

Contents

Abstract

This study provides a qualitative exploration of the therapeutic mechanisms occurring within three community-based reading and writing for well-being groups, primarily attended by older adults, located in a large city in England.

It is increasingly accepted that community-based participatory arts programmes can contribute to health and well-being (Clift, 2012). However, research in this area has tended to focus on the visual and performing arts, with less attention given to literary interventions. Additionally, whilst the concept of bibliotherapy stretches back centuries, writings on this topic have been predominantly anecdotal and the research literature is thin (Detrixhe, 2010).

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, which are expressed through a relational framework. These include: 'Relationship to self', 'Relationship with others', 'Relationship to facilitator' and 'An intermediary object'. It is concluded that, whilst some of the therapeutic processes are similar to those occurring in other community-based participatory arts programmes, additional key processes are related to unique features of the literary arts, as well as the facilitator's group design, training, and way of relating.

Introduction

This doctoral thesis provides a qualitative exploration of the therapeutic mechanisms occurring within three community-based reading and writing for well-being groups. The groups are all located in a large city in England and 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 the majority of group participants were older adults. In response to this finding, the potential reasons for and unique benefits of participating in such groups during older adulthood are also explored. By conducting a thematic analysis of 'helpful factors' interviews (Elliott, 2010), I identify themes and develop data-driven theories 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 contribution of this work lies in the development of an increased understanding of the therapeutic mechanisms at work within community-based bibliotherapy and therapeutic creative writing groups. It is important for therapeutic interventions to be supported by a strong evidence base for practice (Vossler, Moller, & Cooper, 2015), and whilst the concept of reading and writing as therapeutic can be traced back for centuries (Riordan & Wilson, 1989; McCulliss, 2012), the existing literature is largely anecdotal (Detrixhe, 2010). This is a common problem in the literature around arts interventions (Stuckey & Nobel, 2010).

Researchers such as Philipp, Baum, Macnaughton, & Calman (2002) have called for an increase in research on the 'medical humanities' for just this reason, emphasising the importance of establishing evidence of the value of cultural interventions to the health of communities. Randomised controlled trials demonstrating the efficacy of interventions are often viewed as the key to building a strong evidence base (Clift, 2012); however, studies examining the therapeutic mechanisms of an intervention are also vital. A clear understanding of the underlying mechanism which explains 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). This thesis strives to respond to this need and contribute to the evidence base for community-based reading and writing for well-being groups by providing an in-depth analysis of the therapeutic processes participants experience.

Whilst reflexivity is an important component of all qualitative research, it is a particularly crucial element of qualitative research in counselling psychology (Kasket & Gil-Rodriguez,

2011). The personal experiences, perspective, and theoretical framework of a researcher will inevitably impact upon the choices that they make and consequently their findings, and so it is important that I reflect on my background and my journey in choosing the focus of this study.

I am a trainee counselling psychologist who has clinical training in the relational psychodynamic, cognitive behavioural and systemic therapeutic approaches. I originally trained as a systemic marriage and family therapist (MFT) in the United States, and my interest in this topic area developed whilst I was completing my MFT master's degree. During my master's study, I worked as a graduate assistant to a professor of school counselling. In this role, I was asked to assist with reviewing the literature for research on the use of bibliotherapy with academically advanced, or 'gifted', students. As a child who had been classified as 'gifted' by the educational system at a young age—and who had also often turned to reading and writing for solace when distressed—the project resonated with me on a personal level.

Therefore, when it came time to write a research proposal as part of my doctorate programme application, I outlined a project which would involve designing, implementing, and evaluating my own bibliotherapy groups. Once admitted to the doctoral programme, I was matched with my supervisory team based on the relevant research interests and contacts of one of my supervisors. My supervisory team and I agreed that my original proposal described a project which would be too large in scope for a professional doctorate. So, when a qualitative research project exploring the therapeutic benefits of existing reading and writing for well-being groups was suggested, I was keen to take this up. My second supervisor reached out to her professional networks, and the facilitator of the groups which became the focus of this study responded. He invited me to visit the groups, and the study presented in this thesis began to take shape. Whilst the specifics of this project differ significantly from my original proposal; the design has remained grounded in my belief in the healing power of the written word and my interest in developing a better understanding of the processes through which this healing occurs.

It is also important to acknowledge that this research has been conducted within a counselling psychology framework. Key elements of this framework include an emphasis on the value of practice-based evidence (Barkham & Mellor-Clark, 2003), as well as the importance of engaging with subjectivity and intersubjectivity, honouring first person accounts, recognising social contexts, and challenging pathologising discourses (BPS Division of Counselling Psychology, 2006). It is particularly relevant to note that the

counselling psychology framework recognises the importance of facilitating well-being—not just responding to 'sickness' or pathology (Woolfe, Strawbridge, Douglas, & Dryden, 2010). This thesis does not aim to evaluate a treatment for a disease, but rather to explore the processes by which community reading and writing groups support well-being.

The values of counselling psychology are grounded in the primacy of the therapeutic relationship (BPS Division of Counselling Psychology, 2006). Thus, it follows that a relational approach has been influential in the development of this research. Despite following rigorous research practices, my training and background as the researcher will have influenced the questions asked and the data attuned to. Relational thinking is clearly reflected in the themes that are presented and analysis provided in this thesis. My prior training as a systemic MFT will also have influenced my interpretation of the data, possibly by heightening attunement to discussions of group dynamics and prompting consideration of the wider systems in which the participants are embedded.

Definition of terms

Defining bibliotherapy

Clarifying terminology is essential to research on the therapeutic uses of literature as the same terms may be used to refer to a variety of practices, and the same practices may be known by more than one name (McArdle & Byrt, 2001). The term 'bibliotherapy' is frequently used to refer to a wide variety of therapeutic practices involving books. Tussing & Valentine (2001) manage to encompass this range with their definition of bibliotherapy as "the usage of literature to assist individuals in understanding and treating their problems, generally through the aid of a social worker or therapist" (p.457). They go on to define literature as "including self-help, fiction, and non-fiction books as well as poetry" (p.457). Another frequently referenced definition comes from Riordan & Wilson (1989) who refer to bibliotherapy as "the guided reading of written materials in gaining understanding or solving problems relevant to a person's therapeutic needs" (p. 506).

Within these broad definitions of bibliotherapy, researchers and practitioners can be loosely divided into two groups, who generally operate in different ways and from different theoretical frameworks. In one group, there are those that primarily use self-help literature and a cognitive behavioural approach, with the goal of reducing negative cognitions and unhelpful automatic thoughts (Ackerson, Scogin, McKendree-Smith, & Lyman, 1998; Brewster, Sen, & Cox, 2012). The other group of bibliotherapists are those who, like 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. The first type of bibliotherapy described is generally referred to as cognitive or cognitive behavioural bibliotherapy (Shechtman & Nir-Shfrir, 2008), and is the type of bibliotherapy utilised in programmes such as the self-help, social prescribing programme Books on Prescription (Brewster et al., 2012). The second type of bibliotherapy is sometimes called developmental bibliotherapy (Heath et al., 2005; McCulliss, 2011a), or affective bibliotherapy (Shechtman & Nir-Shfrir, 2008).

Cognitive behavioural bibliotherapy programmes like Books on Prescription have been the focus of most research on bibliotherapy to date. However, bibliotherapy groups utilising fictional literature and creative writing are a very different intervention. The reading and writing for well-being groups under study in this thesis utilise the developmental/affective bibliotherapy approach and hereafter the term 'bibliotherapy' will be used to refer to developmental/affective bibliotherapy unless otherwise specified.

Defining therapeutic writing

The term 'therapeutic writing' is used as an umbrella term for any type of writing carried out with a therapeutic intent or an intention of facilitating well-being. Types of therapeutic writing, which are defined further below, include therapeutic creative writing, poetry therapy, and expressive writing.

Therapeutic creative writing can be usefully 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, or even journaling. These activities can be done individually, with a counsellor or psychotherapist, or as part of a therapeutic group. Therapeutic creative writing is frequently used together with developmental bibliotherapy (McCulliss, 2011a). It is important to distinguish therapeutic creative writing from creative writing in general, as creative writing groups and courses with no overt therapeutic content are popular across the United Kingdom and around the world. Whilst participants might well have therapeutic experiences within general creative writing groups or courses, that is not their stated intent, and usually the teacher/facilitator would not have additional training as a counsellor or psychotherapist.

Poetry therapy is the term for the profession of art therapy that focuses on reading, writing or performing poetry or literature (Ramsey-Wade & Devine, 2017). A definition of poetry therapy that does well to capture its multifaceted nature is: "the intentional use of poetry and other forms of related literature and creative writing for personal growth and healing"

(McCulliss, 2011b, p. 95). 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. For the purpose of this thesis, poetry therapy will be considered both as a form of therapeutic creative writing and as a form of bibliotherapy, as it involves both reading and writing poetry.

Expressive writing is generally defined as writing about one's deepest feelings and traumas with a goal of 'letting go' and experiencing some form of catharsis (Baddeley & Pennebaker, 2011). It can also be described as "writing sessions to facilitate disclosure of stressful experiences" (Meshberg-Cohen, Svikis, & McMahon, 2014, p. 80). The writer is typically given instructions as to the length of time for which to write and the scope of focus (usually one specific trauma) but the specifics of these instructions often vary (Baddeley & Pennebaker, 2011). Participants in expressive writing are encouraged to disregard concerns for spelling and grammar, experiencing the writing as a process of emotional expression rather than as the creation of a polished product (Baddeley & Pennebaker, 2011).

Participants in the reading and writing for well-being groups in this research are provided with a writing prompt by the facilitator but are free to choose how they wish to respond to it. Prompts are typically poetry, prose, an image, song or short work of fictional literature. The advertised purpose of the group is for therapeutic creative writing; however, participants sometimes choose to respond to a given prompt in a way that is more reminiscent of expressive writing. Therefore, whilst the main focus of this thesis will be on the use of therapeutic creative writing and bibliotherapy, the expressive writing literature is also relevant.

Defining mental health and well-being
The terms 'mental health' and 'well-being' are often used interchangeably. Whilst mental health and well-being overlap, they are not identical concepts (Clift, 2012). Additionally, despite being a commonly used term, 'well-being' can prove challenging to define (Dodge, Daly, Huyton, & Sanders, 2012; Leckey, 2011). At the most basic level, mental health could be described as the absence of mental illness, however, more holistic definitions of mental health, such as that of the World Health Organisation, incorporate well-being (World Health Organisation, 2013). 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 et al., 2012). 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)".

Interventions that facilitate well-being aim to help struggling people and communities to cope, and those that are coping to flourish and thrive (Dodge et al., 2012). Thinking about how we can facilitate well-being, as opposed to just treating mental illness, is central to the ethos of counselling psychology (Woolfe et al., 2010). As counselling psychologists, we acknowledge the value of interventions that help to build resilience and increase the social and psychological resources of people and communities, regardless of the presence or absence of diagnosed mental illness.

Defining mental health problems

'Mental health problems' is an encompassing phrase commonly used to refer to the full spectrum of diagnosable mental illnesses and disorders (Department of Health, 2011). The term 'mental health problem' is used in this thesis to refer to experiences ranging from a single episode of a mood disorder, such as anxiety or depression, to severe and enduring mental illnesses, such as schizophrenia. Additional context is provided where necessary to help clarify the use of this term.

Literature Review

It is increasingly accepted that community arts interventions can contribute to health and well-being, and there have been significant developments in this literature in recent years (Daykin & Joss, 2016). Although much of the research around community arts interventions has predominantly focused on the visual and performing arts, literature and writing are also included within the definition of the arts used by the Arts Council England (Leckey, 2011). Thus, this literature review will begin by taking a broad look at the evidence around community arts interventions for health and wellbeing, narrowing in on the specific benefits of these interventions for older adults. The focus will then shift to reading and writing interventions, examining their theoretical foundations and evidence base. To conclude, the literature around change processes and therapeutic mechanisms in group therapy will be considered, and then—more specifically—group bibliotherapy.

Community arts for health and well-being

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 to support the use of arts interventions

(Clift, 2012). Although research has lagged behind practice in this area, there is now a growing evidence base indicating the positive effects of engaging in creative activities such as visual, performing, and literary arts (Daykin & Joss, 2016).

The somewhat delayed development of this research literature can be better understood when one considers the challenges researchers face when studying arts interventions. The complexities and subtleties of arts therapies can make them difficult to meaningfully evaluate through randomised controlled trials and systematic reviews—which are widely considered the gold standard in health research (Clift, 2012). Qualitative evaluations of services are often utilised to explore the benefits of community arts interventions as qualitative methods are well suited to exploring therapeutic processes and participant experiences (Clift, 2012); however, these studies typically have small sample sizes and do not produce results that can be broadly generalised (Leckey, 2011). Variations in the literature regarding researcher conceptualisation of key terms such as 'well-being', 'mental health', and 'creative arts' have also presented difficulties for those attempting to conduct systematic reviews (Leckey, 2011).

Despite these challenges, several researchers have conducted helpful reviews of the current literature. For example, Stuckey & Nobel (2010) conducted a systematic review of the literature on the creative arts and healing. They included 19 studies, which were organised into four categories: music engagement, visual arts therapy, movement-based creative expression, and expressive writing. Studies that were included focused on arts therapies with adults. Both quantitative and qualitative studies were included, as well as studies conducted in both clinical and community settings. Whilst most of the studies measured variables related to psychological well-being (i.e. stress, anxiety, depression), some also measured physiological factors such as dialysis times and immune system response. Stuckey & Nobel (2010) chose to exclude studies focused on the use of creative arts with more severe mental illnesses such as schizophrenia or dementia, as well as studies that focused on end-of-life issues, incarcerated populations, and religion.

Findings from the Stuckey & Nobel (2010) systematic review indicated a clear trend of positive outcomes from using art to promote psychological and/or physiological healing. This was true across all four categories of arts interventions, although it was noted that music therapy has thus far been the most robustly researched form of arts therapy—particularly the use of music to reduce stress and pain in medical settings. Although they are tentative in their conclusions, acknowledging the previously discussed challenges to researching arts therapies, Stuckey & Nobel (2010) state that creative interventions appear effective for

reducing anxiety, stress, and mood disturbance. They go on to predict that future research will further confirm these findings. Stuckey & Nobel (2010) note that the majority of the literature they located was conducted in hospitals, rather than in the community. They call for increased research into community-based arts interventions due to the additional well-being benefits of increased social support that can be obtained by becoming engaged in one's community.

Leckey (2011) also conducted a review of the literature on efficacy of creative interventions, focusing more specifically on mental health compared to the Stuckey & Nobel (2010) review. Following a rigorous search and screening process, Leckey (2011) located 11 studies that met criteria for inclusion in their review. A key criterion for inclusion was that the studies must examine a direct link between the creative arts and mental health or mental well-being. Leckey (2011) notes experiencing difficulty comparing the studies or synthesising their findings due to the wide level of variation in interventions, research methodologies, and use of terminology. It is concluded that, whilst the studies reviewed strongly suggest the healing and protective effects of creative arts on mental health, the evidence base needs to be strengthened using rigorous methodologies and clearly identified terminology, as methodological problems in some of the existing literature limit the conclusions that can be drawn from the findings (Leckey, 2011).

Alongside the increased attention arts interventions have begun to receive from researchers, interest in 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 Inquiry Report brings together research evidence, theory, case studies and expert opinions to provide a current, comprehensive overview of the field. APPGAHW state that their aim in producing this report is to raise awareness of the potential contribution of the arts to health and well-being and to advocate for the use of community arts programmes to address many of the challenges currently facing our health and social care systems.

One of the key community arts and health programmes highlighted in the APPGAHW (2017) Inquiry Report is Arts on Prescription. Arts on Prescription is a social prescribing programme available in some parts of the UK which enables primary care practitioners to refer patients to community-based participatory arts groups as a means of facilitating well-being (Bungay & Clift, 2010). There is some variation as to what is offered under the banner of Arts on Prescription around the country, and some similar programmes go by different names.

However, usually Arts on Prescription programmes consist of a set number of weekly group sessions facilitated by an artist, are accessed by referral from a health or social care professional, and are intended to be used as an adjunct to treatment for those struggling with mental health problems and/or social isolation (Bungay & Clift, 2010). Whilst a range of different 'arts' are offered by the various Arts on Prescription style programmes across the UK (Bungay & Clift, 2010), visual arts and music are most commonly used (APPGAHW, 2017).

Little peer-reviewed literature has been published on the efficacy of Arts on Prescription interventions (Bungay & Clift, 2010; Stickley & Eades, 2013). Bungay & Clift (2010) suggest this lack of literature may be due to the need for small cohorts of participants in the Arts on Prescription model and, despite a growing recognition of the value of qualitative research, a mismatch between the preferred forms of research evidence of relevant funding bodies and the methodologies best suited to exploring the intervention. Since the publication of Bungay & Clift (2010), there have been several significant contributions to the literature around Arts on Prescription, including the work of Stickley & Hui (2011) and Stickley & Eades (2013). Key findings from these qualitative studies 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), which they attribute to their engagement with the Arts on Prescription programme.

It should be noted that, whilst Books on Prescription is similar in name to Arts on Prescription, the programmes are quite different. Since 2003, Books on Prescription, has gone from a pilot scheme to a nationally implemented project (Brewster et al., 2012). Although also a form of social prescribing, programmes like Books on Prescription fall more into the realm of guided self-help than community arts intervention as they utilise CBT self-help texts. The opportunity for social interaction that comes from participating in an activity with a group is also a key difference between Books on Prescription and Arts on Prescription. Although often run out of community spaces, such as libraries, these CBT bibliotherapy programmes are completed individually, with just occasional one-to-one contact with a practitioner (Brewster et al., 2012).

The APPGAHW report also profiles other participatory arts programmes being facilitated around the country. They define participatory arts programmes as "individual and group arts activities intended to improve and maintain health and wellbeing in health and social care settings and community locations (p. 8, APPGAHW, 2017)". Participatory arts programmes offer a wide range of creative activities such as community choirs, drama or dance, arts and

crafts, or reading and writing groups like the ones focused on in this thesis. Some of these participatory arts groups differ from the Arts on Prescription model in that they can be accessed without a referral from a professional and offer the opportunity for long-term participation. APPGAHW (2017) advocate for health and social care providers to keep better databases of the participatory arts programmes available in their local area in order to support improved social prescribing.

Arts and creativity not only contribute to the health and well-being of individuals, but also to that of their wider communities (Bungay & Clift, 2010). Both physical and mental health problems disproportionately affect those who live in areas of deprivation (Marmot, Allen, Goldblatt, Boyce, McNeish, Grady, & Geddes, 2010. Arts-based methods are increasingly being used to address the wider sociocultural factors that contribute to these health inequalities (APPGAHW, 2017). Bungay & Clift (2010) argue that affordable, accessible community arts interventions help to build healthy communities by improving community infrastructure, strengthening social support, and helping participants to build confidence and self-esteem. Community arts programmes have also been found to help foster social inclusion and community integration—both for people with disabilities and those struggling with mental illness (Swan, 2013).

Community arts interventions for older adults
APPGAHW (2017) list a range of benefits to older adults of engaging in community arts activities. These include: 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). Based on a study of 166 healthy adults aged 65 and older, Cohen, Perlstein, Chapline, Kelly, & Simmens (2006) have also 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. The ability of community arts programmes to help foster social inclusion and community engagement during older adulthood (Moody & Phinney, 2012) may help to explain these benefits, 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).

Shankar et al. (2013) and Shankar et al. (2017) conducted large-scale longitudinal studies which evidenced significant adverse relationships between loneliness and isolation and measures of health and functioning in older adults. Shankar et al. (2017) found isolation and loneliness in older adults to be associated with decreased gait speed and increased

difficulties with activities of daily living, whilst Shankar et al. (2013) had results indicating an association between loneliness and isolation in older adults and decreased cognitive functioning. In light of this, it is perhaps unsurprising that a statistically significant relationship has also been found between loneliness and physician visits for older adults (Gerst-Emerson & Jayawardhana, 2015). Shankar et al. (2013), Shankar et al. (2017), and Gerst-Emerson & Jayawardhana (2015) all advocate for increased interventions targeting loneliness and social isolation in older adults as a means of addressing this public health problem.

Two helpful systematic reviews of the literature on interventions for social isolation and loneliness in older adulthood have been conducted by Dickens, Richards, Greaves, & Campbell (2011) and Gardiner, Geldenhuys, & Gott (2018). Dickens et al. (2011) conducted an extensive search of the existing literature up to and including May 2009. The 32 studies selected for inclusion in the review were all either randomised controlled trials or quasi-experimental studies focused on older adults, with a clearly stated aim of alleviating loneliness and/or social isolation. In their findings, Dickens et al. (2011) identified that the interventions most likely to be beneficial were those that were offered in a group format, as opposed to one-to-one interventions, and those that identified a clear theoretical base underpinning their work.

The integrative systematic review by Gardiner et al. (2018) takes a slightly broader approach than Dickens et al. (2011) in that both quantitative and qualitative studies were included. Gardiner et al. (2018) identified 38 studies which met their inclusion criteria. Their criteria stipulated that the studies must focus on reducing or preventing social isolation or loneliness in older adulthood, must have been published since 2003, and must report primary research. In their findings, Gardiner et al. (2018) identify factors associated with the most successful interventions. These factors are described as 'adaptability', 'community development approaches', and 'productive engagement'. 'Adaptability' refers to the flexibility of the intervention to be adapted to the needs of the local population. 'Community development approaches' are defined as those interventions which allowed the participants to be involved in project development and delivery, and to help plan and organise activities. 'Productive engagement' is used to describe interventions that engaged older adults in activities that involve action and creativity, offering challenge and stimulation. Gardiner et al. (2018) note that interventions where participants engaged in an activity together were more effective for forming new social contacts and building social networks than interventions that involved watching or listening to things.

Many of the community arts interventions that have been found to successfully foster social inclusion for older adults demonstrate the key characteristics identified by Dickens et al. (2011) and Gardiner et al. (2018). For example, Moody & Phinney (2012) conducted a qualitative evaluation of a community-engaged arts programme called Arts, Health and Seniors run out of a senior centre in Vancouver, Canada that exemplifies these characteristics. The group programme involved participation in weekly art projects led by artists, followed by a lunch. The programme participants were involved in choosing the types of art projects that the group would work on (i.e. 'community development approach'), and participants were welcome to attend sessions and sit in with the group—even if they chose not to work on an art project that day (i.e. 'adaptability'). Additionally, several times a year there were opportunities for the participants to have their artwork displayed as part of an exhibit at the local library (i.e. 'productive engagement'). Moody & Phinney (2012) conclude that the programme helps reduce social isolation by supporting older adults to build stronger social connections and by facilitating engagement in meaningful activity.

Further benefits of arts interventions during older adulthood are discussed by McLean, Woodhouse, Goldie, Chylarova, & Williamson (2011), who worked with the Mental Health Foundation to conduct a review of the literature on participatory arts for older adults. McLean et al. (2011) selected 31 studies for inclusion in their review. These were a mix of quantitative and qualitative studies which focused on the impact of engaging in visual and performing participatory arts programmes for participants aged 60 and older. Synthesis of the available literature indicated that participatory arts programmes for older adults may have positive impacts at both the individual and community level (McLean et al., 2011). McLean et al. (2011) organise their report of benefits at the individual level into two categories: mental well-being and physical well-being. Under impact on mental well-being, the authors list experiences such as increased confidence and self-esteem, feelings of accomplishment, improved resilience in response to loss, improved cognitive functioning and increased creativity. Identified benefits to physical well-being included increased activity levels, improved cardiovascular health, and improved mobility. McLean et al. (2011) also cite community benefits such as opportunities for meaningful social contact and breaking down unhelpful stigmas and stereotypes about ageing.

Bibliotherapy: Brief theoretical overview
The roots of bibliotherapy can be traced back to the ancient civilisations of Rome and Greece (Riordan & Wilson, 1989; McCulliss, 2012). The long history of humanity's belief in the healing power of reading and writing is evidenced through the enduring work of philosophers such as Aristotle, who wrote of the power of poetry to produce insights in

Poetics (Mazza, 2016), and discoveries such as the widely-quoted inscription of the words "The Healing Place of the Soul", found around 300 BC over the library at Thebes (Riordan & Wilson, 1989; Detrixhe, 2010; McCulliss, 2012). Bibliotherapy, in its more contemporary incarnation, developed largely in the mid-twentieth century (Mazza, 2016). The term first appeared in *Webster's Dictionary* in 1961, although there are records of psychiatrists and librarians recommending reading as a treatment for mental illness long before the term 'bibliotherapy' was in common use (McCulliss, 2012).

Perhaps unsurprisingly, given bibliotherapy's long history, there have been a vast number of books and articles written over the years discussing theories, describing interventions, and making suggestions for practice. Whilst there is not a total consensus between these writings as to the key mechanisms of change in bibliotherapy, some of the more common theories centre around the ability of bibliotherapy interventions to gently break through defence mechanisms to help participants develop increased insight. In the psychotherapy literature, the term 'insight' is primarily used to refer to insight into one's own and others' psychological processes and motivations for behaviour. Affective bibliotherapy operates upon psychodynamic theories which assume that people unconsciously engage defence mechanisms, such as repression, in order to protect themselves from psychological pain. As an indirect method of treatment, bibliotherapy helps participants to work through experiences and emotions that might otherwise be overwhelming (Shechtman & Nir-Shfrir, 2008). Participants in bibliotherapy are offered an indirect, and therefore perhaps less painful means of talking about their own problems by discussing and identifying with what the characters in the story are experiencing (Detrixhe, 2010). Gray, Kiemle, Davis, & Billington (2016) refer to this phenomenon as the literature serving as an 'intermediary object' between the person and their problems—a concept also discussed by Gersie (1997).

A number of authors have proposed therapeutic stages of change for bibliotherapy that are quite similar. Detrixhe (2010) refers to this group of related theories as the "identification, insight, problem-solving paradigm" (p.62). Included in this group are Hynes & Hynes-Berry (1986/1994), who describe the therapeutic processes of bibliotherapy as occurring in four steps: 'recognition', 'examination', 'juxtaposition', and 'self-application'. They theorise that 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, with the support of the bibliotherapist, developing insight which can be integrated into their own lives (Hynes & Hynes-Berry, 1986/1994). Pardeck & Pardeck (1984) delineate three stages which involve much the same experiences: 'identification and projection', 'abreaction and catharsis', and 'insight and

integration'. Both Pardeck (1994) and Hynes & Hynes-Berry (1986/1994) propose that these processes lead to benefits such as 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.

There is some debate amongst bibliotherapists as to whether or not literature should be intentionally chosen to match the specific problems a person is experiencing (Detrixhe, 2010). Matching a poem to a client's emotional state was termed 'the isoprinciple' by Leedy (1969; as cited in Mazza, 2016). Coleman & Ganong (1990) strongly advocate that bibliotherapy should use texts that match as closely as possible with clients' problems and feature positive endings which model specific, appropriate ways to address the difficulties both the client and character are experiencing. Pardeck & Pardeck (1984) argue against the value of this kind of matching, explaining that a vague match between the literature and a person's problems, as well as an imperfect resolution in the text, may be more effective in stimulating an open dialogue about the literature and other possible solutions to the character's problems. Choosing texts that align too perfectly with a client's presenting problem can run the risk of feeling overly didactic, critical, invalidating, or trivialising (Detrixhe, 2010; Mazza, 2016). Pehrsson & McMillen (2005) developed a set of criteria and an evaluation tool for selecting books to be used in bibliotherapy based on their review of the literature and their personal clinical experience. In order to determine whether or not a book is an appropriate fit for a particular client, Pehrsson & McMillen (2005) recommend that therapists and counsellors should consider the theoretical framework they are working within, the therapeutic context, the client's individual needs and situation, any associated costs, and the stage of therapy.

Bibliotherapy research
Whilst numerous books and articles discuss bibliotherapy theory and practice, research on this topic has been relatively scarce. Pehrsson & McMillen (2005) acknowledge that the bibliotherapy literature is almost entirely anecdotal; an observation which Detrixhe (2010) echoes with evident frustration.

Of the bibliotherapy research that has been published, much comes from the school counselling sector and focuses on the use of bibliotherapy with children and adolescents. Research on the use of bibliotherapy with young children has yielded rather mixed results (Heath et al., 2005), but a systematic review by Montgomery & Maunders (2015) concludes that there is evidence of a small to moderate positive impact on children's internalising,

externalising and prosocial behaviours. Montgomery & Maunders (2015) searched seven databases using variants of the search terms 'child, adolescent, teenager, youth, or pupil' and 'bibliotherapy, reading therapy, poetry, fiction, or literature' as well as 'RCT or randomised experiment'. 9,180 studies were located from the search terms, 46 fully assessed for eligibility, and eight selected for inclusion. The researchers hoped to conduct a meta-analysis but found the studies to be too diverse regarding the interventions, measures, context and participants used for a meaningful meta-analysis to take place (Montgomery & Maunders, 2015).

Research into the therapeutic use of fictional literature, poetry and prose with adolescents has indicated bibliotherapy to be effective in helping young people to cope with a wide variety of stressors (McCulliss & Chamberlain, 2013). Following a systematic review of the school-based bibliotherapy literature, McCulliss & Chamberlain (2013) assert that there is good evidence that bibliotherapy is beneficial for fostering empathy and understanding. In their search of the literature, four health databases were used to identify 59 papers, 50 of which met criteria for inclusion in the review. Unfortunately McCulliss & Chamberlain (2013) do not present the search terms that they used, which makes it difficult to evaluate if this review is exhaustive.

A particularly interesting study on the use of bibliotherapy with young people was conducted by Polleck (2010), who qualitatively explored the ways in which book clubs enhance social-emotional learning whilst working with young women from black and minority ethnic groups at an urban high school in the United States. Polleck (2010) recruited 12 young women, ages 14 to 17, to participate. They were divided by age into two smaller groups, from which data were collected in the form of recording book club discussions, pre-and post-intervention interviews, anonymised surveys and participant observation. The various sources of data were transcribed and analysed qualitatively, although Polleck (2010) does not name a particular qualitative methodology for the analysis. Data from various sources were triangulated, coding reviewed with colleagues for consistency and consensus, and the researcher involved participants in discussions about the developing themes, which provided opportunities to correct misunderstandings. Four themes were developed reflecting the positive effects of participation in the groups, based on the data analysis: 'self-awareness and identity development', 'self-management and responsible decision-making', 'social awareness and relationship skills', and 'academic learning and literacy development'. It is concluded that book clubs have the potential to offer a transformative space for social, emotional, and academic growth (Polleck, 2010).

Polleck (2010) appears to have engaged in a rigorous process of qualitative research. However, simply stating that qualitative methods were used to analyse the data, rather than a specific qualitative methodology, plays into the 'anything goes' critique of qualitative research (Braun & Clarke, 2006). Methodological choices in qualitative research should be stated and justified as much, if not more so, than in quantitative research as there can be an unfortunate tendency to question the legitimacy of qualitative research.

A further example of bibliotherapy with adolescents comes from Shechtman (2006), who explored the use of bibliotherapy in what has been lauded as one of the first attempts to study bibliotherapy empirically (Detrixhe, 2010). Shechtman (2006) studied the use of bibliotherapy in counselling with adolescent boys in northern Israel who had been labelled as aggressive. Participants in the study were offered an integrative counselling intervention drawing on humanistic, psychodynamic and cognitive behavioural psychotherapy models which focused on exploring problems, developing insight, and fostering commitment to change. One group received integrative counselling with a story, poem or film incorporated into the start of their sessions, another group received integrative counselling without the bibliotherapy element, and a third, control, group received no intervention. Measures utilised included Achenbach's Child Behaviour Checklist and Teacher Report Form, The Index of Empathy for Children and Adolescents (Bryant, 1982), and The Client Satisfaction Scale (Larson, Attkisson, Hargreaves, & Nguyen, 1979). Shechtman (2006) also examined process variables by recording every other session and analysing the transcripts using the Hill & O'Brien (1999) Client Behaviour System and Helping Skills System.

Shechtman (2006) found that participants in the bibliotherapy condition demonstrated significantly greater gains in empathy, insight and aggression-reduction than participants in the integrative counselling without bibliotherapy condition or the control group. The most significant difference between the two treatment groups was found on measures of empathy, on which participants in the bibliotherapy condition experienced greater change (Shechtman, 2006). Critiques of this research have included the failure to specify the creative materials used in the bibliotherapy condition (i.e. which poems, films, stories, etc.), as well as an acceptance of unproven theoretical assumptions about the therapeutic mechanisms by which bibliotherapy affects change (Detrixhe, 2010).

Although less prevalent than research on bibliotherapy with children and young people, some attempts have been made to study the effectiveness of using bibliotherapy with adults. Glavin & Montgomery (2017) conducted a systematic review of bibliotherapy for post-traumatic stress disorder (PTSD) with the rationale that bibliotherapy has the potential to be

implemented as a community-based intervention that could overcome barriers to treatment such as lack of access to appropriate support and fear of stigma. The review aimed to assess only controlled studies, both randomised and non-randomised. They reported that their search terms located 924 articles—all but 13 of which were excluded after reading titles and abstracts. Of the remaining 13 articles where the full-text was assessed, Glavin & Montgomery (2017) found that none met their inclusion criteria. This finding led them to conclude that no high quality controlled studies had been conducted. They go on to call for future randomised controlled studies examining the efficacy of creative bibliotherapy for treating PTSD as they identified qualitative and non-controlled studies during their search which indicate its possible helpfulness. Glavin & Montgomery (2017) are not isolated in this finding. Other researchers who have attempted meta-analyses of the research literature on bibliotherapy have also found an insufficient number of appropriate empirical studies to conduct a meaningful analysis (Pehrsson & McMillen, 2005).

The inability to produce systematic reviews that evidence synthesis is a challenge commonly encountered when researching arts for health and wellbeing projects, due to the complex nature of the interventions (Daykin & Joss, 2016). Whilst the findings of Glavin & Montgomery (2017) demonstrate a key gap in the bibliotherapy literature and their call for further randomised controlled studies by is valid, it is also important to keep in mind that these studies do not always provide the best means of understanding creative therapies (Heimes, 2011; Clift, 2012). Proponents of creative therapies should support the development of both quantitative and qualitative research, resisting the narrative that randomised controlled studies are invariably best for determining the potential value or contribution of interventions.

One study was located in the literature which examines the use of bibliotherapy with older adults. Seymour & Murray (2016) utilised a qualitative methodology to study the impact of participation in a poetry reading group on residents in an assisted living facility for older adults. It is asserted by the authors that this paper represents "the first empirical report on the value of poetry reading for older people (p. 195)", which evidences the current scarcity of research literature in this topic area. Group poetry reading sessions facilitated by an English literature PhD student were offered weekly over the course of six weeks. Seven female residents participated in the study, with a mean age of 78 years. During group sessions the facilitator and participants would read selected poems aloud together and the facilitator would prompt discussion. The sessions were audio recorded and then subjected to thematic analysis. Seymour & Murray (2016) conclude that their study suggests that reading poems in groups facilitates well-being in older adults. Limitations are acknowledged, which include the

small sample size and the short length of the intervention. Whilst a move in the right direction, Seymour & Murray (2016) have produced a very brief report with little in-depth discussion of themes or findings. Although the group size was small, six audio-recorded sessions will have generated a substantial amount of data and the brevity of the report is therefore disappointing.

Therapeutic writing: Brief theoretical overview

When it comes to various forms of therapeutic writing, the volume of theoretical and instructional writings that have been published can be overwhelming. As Hunt & Sampson (1998) assert, no one theoretical framework could possibly account for the range of contexts and diversity of practice within the field. Therapeutic creative writing practitioners operate from various, sometimes contradictory, paradigms regarding "the nature of writing, personality, and development" (Hunt & Sampson, 1989, p. 14), and no one theory has yet fully accounted for the efficacy of expressive writing for relieving distress (Sloan & Marx, 2004). Whilst it will not be possible to do full justice to the range of theory and practice in this literature review, some of the theoretical underpinnings of therapeutic writing which are most relevant to the groups studied in this thesis will now be outlined.

One of the texts the facilitator of the groups in this study reported drawing on in his design and management of the group was the work of Bolton (1999). Whilst Bolton (1999) does not make links to psychological theories, they lay out an argument for what therapeutic writing can offer that distinguishes it from talking therapies. Bolton (1999) states that writing has a unique power to facilitate insight and elicit repressed emotion, as well as to aid in the articulation of abstract issues and ideas that are challenging to verbalise. Bolton (1999) further asserts that writing "helps you work on things" because "it stays there on the page" (p. 22), providing the opportunity to organise and clarify thoughts at a later point in time without them slipping away. The privacy writing affords as a therapeutic medium is also highlighted, as it allows one to draft and re-draft before sharing their thoughts and feelings— or to choose not to share them after all. Bolton (1999) emphasises that it is the content and process of writing that is important for therapeutic writing, as opposed to a focus on perfecting form. Whilst Bolton (1999) does not directly cite psychoanalytic theory in their argument for therapeutic writing, some of their statements clearly reflect the influence of psychoanalytic ideas such as accessing the unconscious. For example, Bolton (1999) states, "writing seems to create a pathway to memories, feelings and thoughts you did not know you had" (p. 22).

Mazza (2016) provides a more direct consideration of the relationship between poetry therapy and major psychological schools of thought. The theoretical links between poetry therapy and psychoanalytic literature are perhaps most widely acknowledged, as the two most influential thinkers, Freud and Jung, have specifically written about the relationship between psychoanalysis and poetry. Poetry and prose have been viewed as an effective means of accessing preconscious and unconscious material and providing a vehicle through which these can be given form. In addition to psychoanalysis, Mazza (2016) outlines how poetry therapy can sit within and serve as an adjunct to cognitive behavioural therapy, existential-integrative psychotherapy, Gestalt/humanistic psychotherapy, and narrative/constructivist therapies. Poetry can be used to give voice to and challenge irrational beliefs, promote authenticity and awareness of one's own experience, as a means of self-exploration and growth, and to make meaning of, or 're-story' events in one's life (Mazza, 2016).

Although Pennebaker's earlier writing proposes that emotional disinhibition forms the primary therapeutic mechanism of change in the expressive writing paradigm via a reduction in stress, Pennebaker (2004) asserts that the therapeutic mechanisms are difficult to pin down as they are occurring simultaneously on multiple levels: cognitive, emotional, social and biological. Other researchers exploring the use of expressive writing models, particularly for trauma, have proposed that the therapeutic mechanisms might compare to those of exposure and habituation in cognitive behavioural therapy (Meshberg-Cohen et al., 2014). This idea is referred to as 'exposure theory' by Frattaroli (2006). Another theory as to the mechanism of change in expressive writing is cognitive adaptation; that the process of expressive writing aids in changing existing schemas to accommodate the experience of trauma (Sloan & Marx, 2004). Both Sloan & Marx (2004) and Pennebaker (2004) conclude that, despite being a technique that has been demonstrated to provide positive outcomes for many participants, the therapeutic mechanisms of expressive writing remain largely unknown.

In light of this lack of clarity, and several studies contraindicating the helpfulness of the technique, Frattaroli (2006) conducted a meta-analysis of 146 randomised studies of experimental disclosure interventions. Frattaroli (2006) defines experimental disclosure studies as those featuring some form of the original Pennebaker expressive writing task— either writing or talking about a selected real or imagined event. The results of their analyses indicate significant, beneficial effects of engaging in experimental disclosure and led Frattaroli to draw conclusions about the relevance of popular theories about the therapeutic mechanisms of expressive writing. The meta-analysis does not have findings that support

the theory that expressive writing is beneficial due to emotional disinhibition or the facilitation of cognitive adaptation. Some mixed support was found for 'self-regulation theory'—the idea that expressive writing helps participants to learn to better observe and manage emotions—and for 'social integration theory'—the theory that expressive writing interventions prompt participants to interact differently with their social world. 'Exposure theory' was most robustly supported by the findings of Frattaroli (2006), which show disclosure interventions to have larger effect sizes for participants with a history of trauma and where participants engaged in at least three sessions of at least fifteen minutes in length.

Therapeutic writing research

In comparison with the research on bibliotherapy, there is a wealth of literature on therapeutic writing. Expressive writing has been particularly well researched, with over 200 studies published as of 2011 (Baddeley & Pennebaker, 2011). The findings largely support the idea that writing about emotions and emotional experiences contributes to positive outcomes (Sloan & Marx, 2004). 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). Furthermore, university students have been found to have decreased arousal, increased relaxation and increased positive emotions whilst engaged in creative writing (Kohanyi, 2009).

One relevant example of how creative writing has been used in community-based therapeutic interventions comes from Fair, Connor, Albright, Wise, & Jones (2012). Fair et al. (2012) conducted a qualitative study evaluating 'Teens Out Loud', a therapeutic creative writing group for adolescents living with perinatally acquired HIV. The group met once a month and, whilst advertised as a creative writing group, they also incorporated use of other creative media such as painting and performance. Fair et al. (2012) conducted individual interviews with participants in the group, as well as separate interviews with participants' carers/guardians. The interviews were analysed qualitatively using Grounded Theory. The findings indicate that participation in the group promote personal growth and decreased feelings of isolation, with participants reporting increased confidence and sense of support, as well as enhanced desire and ability to communicate about their experiences of HIV (Fair et al., 2012). Whilst the study may have been limited due to factors such as the limited population from which they could recruit, the findings support further research on the use of creative writing as a therapeutic intervention.

Therapeutic creative writing was also included in a study by Dingle, Williams, Jetten, & Welch (2017), who explored the effects of engaging in an arts-based intervention on the ability of participants with chronic mental health conditions, such as schizophrenia, to regulate emotions. Participants were asked to engage either in a creative writing group or choir singing. A community choir consisting adults without chronic mental health conditions served as the control group. In the creative writing condition, participants completed independent writing tasks within a group context and were given opportunities to choose to share their work with the group and give/receive feedback. Dingle et al. (2017) found participation in the arts-based activities increased positive emotions and decreased negative emotions, and that adults with chronic mental health conditions and those in the control group could experience these benefits equally. Unfortunately, Dingle et al. (2017) largely combine the data from the participants who engaged in choir singing and those who engaged in creative writing, which makes it difficult to isolate the impact of the creative writing intervention.

Research has found expressive writing to aid physical health as well as psychological well-being, and it is commonly used both as a stand-alone method and in conjunction with other psychotherapeutic treatments (Baddeley & Pennebaker, 2011). Expressive writing has also become an increasingly popular technique to use in couples' therapy in recent years, found to be related to decreases in depression, anger, and PTSD symptoms after an extra-marital affair (Baddeley & Pennebaker, 2011).

An interesting example of the growing literature on expressive writing comes from Meshberg-Cohen et al. (2014), who found promising results in their randomised clinical trial of Pennebaker's expressive writing intervention. The participants in this study were women who had a history of trauma and were being treated in-patient for drug dependency. The expressive writing intervention involved daily, twenty-minute writing sessions intended to facilitate disclosure and processing of traumatic stress events (Meshberg-Cohen et al., 2014). Other women with histories of trauma who were at the same in-patient facility and did not receive the writing intervention were used as the control group. Efficacy of the intervention was measured using a battery of assessments for substance abuse disorder, PTSD, anxiety and depression (Meshberg-Cohen et al., 2014).

Whilst it was anticipated that participants in the control group would still show some improvement due to receiving in-patient treatment, participants in the experimental group scored significantly lower post-intervention for anxiety, depression, and posttraumatic symptoms (Meshberg-Cohen et al., 2014). The researchers report an increase in negative

affect in participants immediately following the writing intervention each day, but reported that this was short-lived. Meshberg-Cohen et al. (2014) additionally reported that by the end of the intervention, the participants were no longer experiencing increased negative affect following writing. Based on their results, Meshberg-Cohen et al. (2014) hypothesise that expressive writing acts as a form of exposure and that repeated exposure via the writing sessions allows for habituation and extinction processes to occur; thus reducing negative emotional associations, and/or providing opportunities to make new meanings. This hypothesis is also supported by the findings of Frattaroli (2006).

Perhaps due to its popularity in the United States, there is a growing poetry therapy literature. Heimes (2011) conducted a systematic review of the poetry therapy literature from 1999 to 2010 and found 1,129 articles (203 of which met criteria for their review). Following this extensive review, Heimes (2011) concludes that current literature supports poetry therapy as an adaptable, cost-effective therapy. However, Heimes (2011) also acknowledges that this literature could be criticised as lacking scientific rigour. Heimes (2011) assessed the scientific quality of the articles that met criteria for inclusion in the review using the standards of the Oxford Centre for Evidence Based Medicine and found that over 80% would be classified at Level 5; the lowest classification level.

One explanation Heimes (2011) present for the apparent deficit of scientific rigour in the poetry therapy literature addresses the mismatch between the standards of the Oxford Centre for Evidence Based Medicine, which are skewed to favour quantitative research, and the research topic being studied, which Heimes (2011) argues is best examined using a qualitative approach. Whilst randomised controlled studies are generally hailed as the best means of developing evidence-based knowledge in the medical world, qualitative methods better capture the depth and complexity of artistic and creative therapies (Heimes, 2011; APPGAHW, 2017). This systematic review makes an important contribution to the poetry therapy literature by making an extensive effort to document the status of the evidence base. One critique might be the absence of key search terms such as 'bibliotherapy', which is sometimes used interchangeably with 'poetry therapy' (Mazza, 2016). So, whilst the breadth of literature reviewed by Heimes (2011) is substantial, it is not necessarily exhaustive.

Change processes in group therapy
Cuijpers, Van Straten, & Warmerdam (2008) conducted a meta-analysis comparing the effectiveness of group and individual cognitive behavioural treatments for depression and, whilst individual treatment was found to have less dropout and to be more effective in the short term, no significant differences in effectiveness were found at one to six-month follow-

ups. This point is made not to argue that group therapy could or should replace individual therapy, but rather that group therapy is a very good alternative option that could make support available to larger numbers of people. Prescribed self-help has been introduced into stepped-care mental health services in the UK as a means to increase access to psychological therapy without an equivalent increase in demand on the mental health service providers (Brewster et al., 2012). Increasing the number of groups offered could provide an alternate solution to the same problem whilst maintaining a greater level of practitioner-client contact, providing service users with a greater sense of relational connection, and maintaining greater alignment with the values of counselling psychology.

As noted by Peters & Kanas (2014), the majority of research on group therapy that has been conducted in recent decades has focused on groups that utilise cognitive behavioural models. Whilst some group processes likely occur across therapeutic groups regardless of model, it is more relevant to this thesis to focus on literature, such as the work of Dickoff & Lakin (1963), which has explored processes at work in therapy groups working from non-cognitive behavioural approaches. Whilst they do not name a specific model from which the therapist was working, Dickoff & Lakin (1963) seem to describe a humanistic stance, stating that the therapist in the groups they studied intervened only to facilitate discussion, reflect affect, and demonstrate their interest, understanding, and acceptance. Themes that emerged from the Dickoff & Lakin (1963) qualitative study of the therapeutic process in these groups include the importance of group cohesiveness and mutual support. Dickoff & Lakin (1963) additionally report a great deal of heterogeneity in individual participants' perceptions of the group process, as well as differences in the perception of the group process that appeared to be related to level of intelligence (as measured by the Wechsler Adult Intelligence Scale).

More recently, group cohesiveness has also been highlighted by Peters & Kanas (2014) as highly important to the success of the group when they conducted a research review of two 2013 studies which utilised group psychodynamic therapy. Cuijpers et al. (2008) also hypothesise that levels of group cohesion may be a significant factor contributing to differences found in effectiveness between group and individual therapy. This fits with an argument put forward by Yalom (2005) that group cohesiveness is one of the most important factors for therapeutic change in group psychotherapy. Yalom (2005)—in his widely-used text on group psychotherapy—equates group cohesiveness in group therapy with the therapeutic relationship in individual psychotherapy; the importance of which has a well-established evidence base (Hubble, Duncan, & Miller, 1999; Norcross, 2002). Alongside group cohesiveness, Yalom (2005) suggests interpersonal learning to be one of the most

essential and complex of his eleven therapeutic factors for effective group psychotherapy. Yalom (2005) cites the benefits of group therapy as including an increased sense of hope, the development of social skills, an increased sense of the universality of problems, increased self-esteem and a reduction in feelings of isolation.

Change processes in group bibliotherapy
The group approach is indicated as ideal for bibliotherapy by Hynes (1980), one of the early published proponents of the therapeutic use of fictional literature, who states that the group atmosphere "adds to the possibility of enlarging self-perceptions" (p.35). Goldstein (1989) breaks down how poetry can be used to enhance each of Yalom's eleven factors for successful group therapy. Yet, again the problem emerges that, whilst there are a plethora of theoretical papers discussing the processes occurring in this sort of therapeutic setting, there appears to have been little change process research conducted specifically examining adult bibliotherapy or therapeutic writing groups. Notable exceptions to this statement include the work of Dowrick, Billington, Robinson, Hamer, & Williams (2012), Gray et al. (2016), and that of Shechtman & Nir-Shfrir (2008)

Both Dowrick et al. (2012) and Gray et al., (2016) studied the therapeutic reading group intervention titled Get into Reading developed by a UK charity based at the University of Liverpool; The Reader Organisation. The Get into Reading group model involves 90-minute meetings once a week, at which the facilitator will read literature—poetry, a short story, or from a novel—aloud to the group, who then both discuss the literature itself and the internal experiences of group participants in response to the text (Gray et al., 2016). The Get into Reading intervention has been delivered to a range of clinical and non-clinical populations in a variety of settings (Dowrick et al, 2012; Gray et al., 2016).

Several studies have been conducted on the Get into Reading groups by researchers from the University of Liverpool through their partnership with The Reader Organisation, although not all of those cited by Dowrick et al. (2012) and Gray et al. (2016) have been published in peer-reviewed journals. Of the published research, these two studies are the most closely aligned to this thesis regarding subject matter and objectives, as they focus on therapeutic factors occurring in UK community-based groups. The groups themselves are quite similar in size, structure, and objectives to the reading and writing for well-being groups studied in this thesis, with the most key difference being that the Get into Reading intervention does not incorporate a creative writing component.

Research by Dowrick et al. (2012) focuses on the ability of the Get into Reading shared reading intervention to improve well-being and mental health in terms of social well-being, mental/educational well-being, and emotional/psychological well-being. Both qualitative and quantitative methods were employed in the study, which included the use of group observation, reflective diaries, interviews, focus groups, and pre/post-intervention mental health assessments such as the PHQ-9. Dowrick et al. (2012) noted improvement in participants' social, mental and emotional/psychological well-being. These reported improvements include increased confidence, reduced social isolation, improvements in communication skills, concentration, interest in learning, capacity for thought, self-awareness, ability to articulate internal experience, and internal paradigm shifts. The primary focus of the study was to identify and explore key factors impacting the therapeutic processes, which they label as 'catalysts for change'. These were organised into three categories: 'literary form and content', 'facilitation of the group', and 'group processes' (Dowrick et al., 2012).

Critiques of Dowrick et al. (2012) might centre around methodology. Dowrick et al. (2012) report using conversation analysis to analyse recordings of group sessions, and thematic analysis to analyse the observation notes of the researchers from group sessions, as well as the reflective diaries of the researchers and group facilitators. In addition to these qualitative methods, Dowrick et al. (2012) collected and reported on quantitative data such as participants' PHQ-9 scores. However, the sample size of N=18 is too small to make claims about statistically significant results and only 44% of the research participants completed the follow-up measures. Dowrick et al. (2012) acknowledge that the lack of a control group and small sample size mean that they cannot claim evidence of clinical efficacy or a causal relationship between their intervention and a decrease in scores on the PHQ-9. One is left with the sense that the quantitative data is included only to give the study a sense of legitimacy to those who prefer quantitative research; however, as the quantitative data communicates very little, it has the opposite effect.

A study by Gray et al. (2016) provides a deeper qualitative analysis of the experience of participating in a Get into Reading group. Gray et al. (2016) engaged in one-to-one interviews with 8 participants of the Get into Reading groups, which were analysed utilising Interpretative Phenomenological Analysis. Whilst the intervention was delivered in a community setting, the participants in this study all identified as having a mental health problem. The stated aim of the study was to explore the experience of participating in the shared reading group and how this relates to participants making sense of their life experiences and relationships both within the group setting and in the wider contexts of their

lives. Five master themes were identified through their analysis. These include: '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' (Gray et al., 2016).

A few critiques of Gray et al. (2016) may arise for a reader early in the article with the summary of the current literature and introduction. Gray et al. (2016) assert that the Get into Reading intervention is not bibliotherapy, yet, based on the description—participants supported to reflect on their thoughts and feelings in response to a text read together—it is well situated within accepted definitions of bibliotherapy (Hynes, 1980; Riordan & Wilson, 1989; Mazza, 2016). This may be because, whilst The Reader Organisation does provide training to their facilitators, they are not necessarily counsellors or psychotherapists. . Alternatively, Gray et al. (2016) may be distancing the intervention from cognitive behavioural forms of bibliotherapy, in which self-help texts are utilised as opposed to creative literature, but one cannot know as they have not defined their terms. In this domain of research, it is extremely important to define one's terms as there are many interventions referred to by the same terms, and multiple terms used to identify very similar interventions (McArdle & Byrt, 2001).

Furthermore, it becomes clear from the citations and bibliography that the current research referenced has all been completed by the same group of researchers from the same university. Whilst there is nothing wrong with a group of researchers studying many aspects or applications of one intervention, it would have been helpful for the authors to also situate their study in relation to research outside of that conducted by their research group. Despite these critiques, the work of Gray et al. (2016) makes an interesting contribution to the literature on group bibliotherapy interventions by examining in-depth the subjective experience of Get into Reading group members.

Shechtman & Nir-Shfrir (2008) provide another example of bibliotherapy change process research, evaluating an intervention in a clinical setting. Shechtman & Nir-Shfrir (2008) 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 through the use of the Client Behaviour System (Hill & O'Brien, 1999). The study was conducted at a psychiatric hospital in Israel, with adult patients who had diagnoses of anxiety and depression. Each participant engaged in three group sessions of each of the group therapies. In addition to assessing participants' behaviours during the group therapy sessions, Shechtman & Nir-Shfrir (2008) also used a

session evaluation instrument to capture the participants experience of each condition. Outcomes were not measured due to the short duration of the interventions. (Shechtman & Nir-Shfrir, 2008)

Shechtman & Nir-Shfrir (2008) present results indicating more productive client work during the affective group bibliotherapy sessions. More productive client work was defined as less resistance, less simple responses, and increased emotional exploration. Shechtman & Nir-Shfrir (2008) report having difficulty getting participants to routinely complete the session evaluation instrument following the group sessions and so the data are incomplete, however, what data were collected did not indicate any difference in the participants' perception of the therapy process between the two groups.

The findings from Shechtman & Nir-Shfrir (2008) support the idea that bibliotherapy utilising poetry, prose, and fictional literature can be effectively used to enhance a group's therapeutic process by increasing emotional exploration. The researchers acknowledge limitations due to the inpatient treatment setting including: the high rate of dropout which resulted in a small sample size (N=25), the short duration of the intervention, the fact that many of the participants were taking psychotropic medications which impact energy and affect, and the need to comply with the hospital's schedule and structures (Shechtman & Nir-Shfrir, 2008).

Due to these limitations, the results of the Shechtman & Nir-Shfrir (2008) study have limited generalisability; however, the methodology they utilise could potentially serve as a model for future quantitative studies of bibliotherapy interventions. The use of an outcome measure in addition to the Client Behaviour System and session evaluation instrument, as well as a larger sample size and recruiting from a community-based population, could make for a very robust quantitative study of both the therapeutic processes and efficacy of group bibliotherapy. Whilst quantitative research should not be held as superior to rigorous qualitative studies, more of both are necessary to develop the evidence base and make an effective case for bibliotherapy and therapeutic creative writing interventions.

Rationale, Aims, and Objectives

Rationale

The study presented in this thesis aligns with the current socio-political agenda around mental health in the United Kingdom and addresses a significant gap in the literature around bibliotherapy and therapeutic creative writing.

In recent years, the UK government has acknowledged a crisis in health and social care that will require innovative solutions, outside the scope of traditional medical care (APPGAHW, 2017). The UK's ageing population and the widespread nature of mental health problems across the country have been points of focus in key government policies and documents. It is now known that approximately 43.5% of adults in England experience a diagnosable mental health problem in their lifetime, with 17% of UK adults surveyed having experienced a common mental health problem, such as anxiety or depression, during the past seven days (Department of Health, 2017). It is also well-documented that people who are socio-economically disadvantaged, those who belong to marginalised groups, lack stable housing, and those who experience social isolation are disproportionately represented within these statistics due to the bi-directional impact of social, economic, and environmental inequalities on mental health and well-being (Marmot et al., 2010; Mental Health Task Force, 2016; APPGAHW, 2017; Department of Health, 2017). Older adults are another demographic at increased risk of experiencing mental health problems, with one in five older adults living in the community being affected by depression (Mental Health Task Force, 2016). It has been recognised that community arts interventions may be able to provide a holistic approach to addressing these health inequalities (Bungay & Clift, 2010).

The Five Year Forward View for Mental Health document published by the Mental Health Task Force (2016) sets out recommendations for how NHS England can improve outcomes and experiences for those with mental health problems. Most relevant to the reading and writing for well-being groups in this study is the recognition within the Five Year Forward View document of the importance of using innovative approaches and working alongside community and voluntary sector groups to support and engage currently underserved populations; such as older adults. A large-scale project by the APPGAHW (2017) led to the development of an extensive report on the potential for community arts interventions to help meet this need. Other key mental health policy documents, such as No Health Without Mental Health (Department of Health, 2011), also assert the importance of community programmes that encourage participation in meaningful activity and social inclusion for promoting good mental health, supporting recovery, and fostering resilience and well-being.

Community-based participatory arts programmes should be of particular interest to counselling psychologists, given the non-pathologising ethos of counselling psychology (Woolfe et al., 2010). Reading and writing for well-being groups represent a potential resource that participants can opt-in to independently—without any diagnosis or label—in order to facilitate well-being. However, evaluation and evidence are needed to support

therapeutic interventions to be included in policy and practice (Vossler et al., 2015; Daykin & Joss, 2016), and little research has been conducted around reading and writing for well-being groups to date. Before the full potential of these groups can be realised, additional work is required.

Most of the published research on bibliotherapy differs significantly from this thesis in its design, purpose, and even definition of bibliotherapy. Whilst a search of the literature reveals many articles on bibliotherapy in community settings such as libraries, this research (i.e. Chamberlain, Heaps, & Robert, 2008; MacDonald, Vallance, & McGrath, 2013), consists predominantly of outcome-focused studies utilising cognitive-behavioural self-help texts, where participants' contact with the facilitating bibliotherapist/counsellor has been one-to-one or by telephone (i.e. Books on Prescription). The groups examined in this thesis engage in a form of bibliotherapy which primarily utilises prose and poetry, in conjunction with therapeutic creative writing, drawing on humanistic and psychodynamic approaches. As opposed to focusing on efficacy and outcome measures, this thesis takes a 'helpful factors' (Elliott, 2010) approach, aiming to explore participants' experience of the therapeutic process, in terms of what participants find most or least helpful in each intervention.

The prior research most closely aligned with this thesis in terms of topic and design is that of Dowrick et al. (2012) and Gray et al. (2016)—both of which studied the Get into Reading shared reading intervention—as well as that of Seymour & Murray (2016), which evaluates a short-term poetry reading group intervention for older adults. This thesis aims to build on this existing literature by exploring an intervention that is similar to those utilised in these prior studies in aspects of its design, yet has an additional focus on creative writing—which was not part of the Get into Reading or group poetry reading interventions. The work of Seymour & Murray (2016) also differs significantly from this study due to the brevity of the intervention and the residential assisted living facility setting. It is significant as well that, although they had undergone training to facilitate the groups, the group facilitators in these three studies were not qualified psychotherapists or counsellors. Rather, their areas of expertise were around English literature.

Additionally, although some forms of therapeutic writing have been well researched, there is an absence of change process research in the literature which focuses on therapeutic creative writing in group settings. The work of Fair et al. (2012) examines this subject; however, the study focused on a therapeutic creative writing group for a significantly different population—HIV positive adolescents. This thesis offers a process-focused exploration of a group bibliotherapy and therapeutic creative writing intervention for older adults, facilitated

by a practitioner with relevant qualifications, in a non-clinical setting. Whilst the literature review clearly indicates the value of community participatory arts, bibliotherapy, and therapeutic creative writing, this research remains unique in design and contributes to filling a gap in the literature.

Research question, aims and objectives

This thesis addresses the research question: "By what therapeutic mechanisms do bibliotherapy and therapeutic creative writing groups facilitate well-being for British older adults?".

I have worked to explore this research question by taking a 'helpful factors' research approach (Elliott, 2010), focusing on the participants' experience of the group and what they have viewed as helpful or unhelpful in supporting their well-being.

Arts-based interventions are complex and can be uniquely challenging to evaluate (Daykin & Joss, 2016). The value of the new knowledge created by this research will lie in its ability to support the development of a theory of change around the intervention, mapping the path from population needs, to activities, to outcomes, to impact (Kail & Lumley, 2012). A theory of change approach to arts and health research involves developing an understanding of the causal links between interventions and desired outcomes, allowing for meaningful evaluations of impact which are built upon a clear understanding of the mechanisms of change (Daykin & Joss, 2016). The field of psychology has moved beyond accepting the 'black box' of Behaviourism—it is no longer sufficient to demonstrate the efficacy of an intervention without evidencing a plausible explanation of process, or 'logical mechanism' (Elliott, 2010). By developing an understanding of the therapeutic mechanisms at work in reading and writing for well-being groups, I hope to enable the meaningful evaluation of this complex intervention in the future. Whilst the present study does not aim to evaluate efficacy, a primary objective is to lay key foundations for this work (see Future Directions).

A more immediately applicable objective of this research is to enhance the ability of mental health practitioners to effectively facilitate reading and writing for well-being groups or integrate reading and writing interventions. A deeper understanding of the therapeutic mechanisms occurring within the reading and writing for well-being groups could support facilitators and trainers of facilitators of similar groups to more effectively engage with these mechanisms. It is hoped that this research will also generate knowledge that will support counselling psychologists and other mental health practitioners who facilitate more traditional therapeutic groups to integrate bibliotherapy and therapeutic creative writing interventions

into their work with clear goals and a strong rationale as to how the creative interventions will enhance their groups' therapeutic processes.

Methodology

A qualitative approach was determined to be most appropriate for exploring the process-focused research question in this thesis. Qualitative methods are also well-suited for evaluating arts-based interventions, particularly when the research question centres on therapeutic mechanisms (Clift, 2012). 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, this thesis is concerned with developing an understanding of the therapeutic mechanisms which facilitate well-being.

My reasons for choosing a process-focused design were two-fold. The groups I was granted permission to study operate on an on-going basis, with no set beginning or endpoint. This made the prospect of gathering 'before' and 'after' assessments difficult at best and potentially meaningless. I decided to focus on gathering a rich account of the participants' experience, rather than attempt to somehow quantify the impact of participation. The second reason for choosing a process-focused design was the opportunity it provided to explore a more unique and interesting research question. As I am working from the assumption that reading and creative writing can be therapeutic, the question of "is it helpful?" becomes far less compelling than the questions "*why* and *how* is it helpful?". The objective of this research is 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 that is beneficial.

There are ways in which a quantitative methodology could have been used to explore this research question. For example, Shechtman & Nir-Shfrir (2008) conducted quantitative change process research using the Client Behaviour System (Hill & O'Brien, 1999) to code for and count specific types of participant responses during group therapy sessions. I decided against this approach for three main reasons. First, it would have required obtaining consent from all members of the reading and writing for well-being groups to attend and record their sessions. Second, my presence and the knowledge that I was recording would have impacted the behaviour of the participants and the group processes. Whilst these factors would not necessarily have been obstacles had the group been assembled specifically for purpose of the research, it seemed intrusive and inappropriate to ask this of a pre-existing group. Finally, and perhaps most significantly, using a tool such as the Client

Behaviour System would have required use of a predetermined coding scheme, limiting the potential interpretations of the data. By instead conducting qualitative interviews, I was able to initiate open dialogue in which participants could freely share their experience of participating in the reading and writing for well-being groups; allowing for the development of unpredicted themes. My choice of methodology also fits with the ethos of counselling psychology, honouring the first-person accounts of the group participants and bringing a relational depth to the research (BPS Division of Counselling Psychology, 2006), rather than standing apart from the participants as an observer, tallying their behaviours. Whilst a future study might very successfully combine quantitative and qualitative methodologies (see Future Directions), there was not space for this within the intended scope of this project, and so I chose a qualitative methodology that would allow me to explore the research question in an open, data-driven manner that would not have been possible utilising quantitative techniques alone.

Within the broader categories of qualitative and change process research, this study can also be described as 'helpful factors' research (Elliott, 2010). Helpful factors research has become an increasingly popular method due to the rich, detailed accounts it can produce, and its focus on increasing the representation of the clients' voice in research evaluating therapeutic interventions. Helpful factors research is a qualitative form of change process research in which clients are interviewed about the factors they have found most helpful in their therapy. Often helpful factors research takes the form of a 30 to 90-minute semi-structured interview with a researcher either during, or at the end of, a course of therapy, asking clients to describe what they have found helpful, how they have changed, and what they attribute this change to (Elliott, 2010). An example of a semi-structured interview schedule that can be used for this is the Change Interview (Elliott, Slatick and Urman, 2001). Another means of conducting helpful factors research involves using post-session self-report qualitative instruments, such as the Helpful Aspects of Therapy (HAT) form (Llewelyn, 1988). The HAT is designed to be used after each therapy session and asks clients to briefly describe what they found most helpful or unhelpful in their session that day, paired with a Likert scale to provide a mechanism for rating the respective helpfulness or unhelpfulness. The HAT and other similar tools have been found to be best placed for capturing the immediate effects of therapy sessions, whereas the longer, semi-structured interviews in the style of the Change Interview allow clients the space to reflect on the impact of longer-term processes and effects that were not immediately evident (Elliott, 2010). The interviews conducted for this thesis utilise this longer, semi-structured interview, approach.

Elliott (2010) suggests that 'helpful factors' interviews be transcribed and analysed using a systematic qualitative method. Thematic analysis has been acknowledged as a strong methodology for psychotherapy process research (Mortl & Gelo, 2015), and, of the potential qualitative methodologies that could be utilised for this thesis, thematic analysis was determined to fit most closely with the research aims. Thematic analysis provides a framework through which one can identify and analyse themes in participant experiences, and then theorise about the therapeutic processes to which they may relate. Grounded theory (Glaser & Strauss, 1967) and Interpretative Phenomenological Analysis (Smith, Flowers, & Larkin, 2009) were also each considered as methodologies that could be used for this research. Although strong arguments could be made for using any of these three methodologies, I viewed thematic analysis as providing the most pragmatic approach to the research question whilst allowing me to conduct the research in line with my epistemological and ontological perspective.

As 'thematic analysis' is sometimes used as an umbrella term to refer to a wide variety of research practices (Clarke & Braun, 2018), it is important to clarify that I am using the term thematic analysis to reference the method laid out by Braun & Clarke (2006). Clarke & Braun (2018) locate their approach within the qualitative paradigm. They advocate an organic approach to coding and developing themes, asserting that depth of engagement is key to quality coding. Researchers immerse themselves in the data and, through use of a systematic framework for coding, identify patterns and themes across the dataset (Braun & Clarke, 2014). Thematic analysis can be used to explore a diverse range of research questions and is not tied to any one epistemological stance (Nowell, Norris, White, & Moules, 2017). Advantages of using thematic analysis include its power to lead to unexpected insights, its flexibility, and its ability to produce analyses that are accessible to wide audiences (Braun & Clarke, 2006; 2013).

In the past, thematic analysis has been criticised as lacking sophistication (Braun & Clarke, 2014). In comparison with some other qualitative methodologies, such as grounded theory and phenomenology, the literature on how to conduct a rigorous thematic analysis is nascent (Norwell et al., 2017). Virginia Braun and Victoria Clarke have been leaders in developing this domain since they published their first step-by-step approach to conducting a thematic analysis (Braun & Clarke, 2006). Use of thematic analysis in published research and acknowledgment of thematic analysis as its own distinct analytic method in qualitative research texts has increased in recent years (Clarke & Braun, 2018). Other researchers (i.e. Norwell et al., 2017) have also begun following in the footsteps of Braun & Clarke (2006), publishing guidelines for thematic analysis use.

Grounded theory would have been a good choice of methodology based on the research question and inductive design of the study. Grounded theory places emphasis on theory generation (Alvesson & Sköldberg, 2009), focuses on action and interaction (Frost, 2011), and has been found to be an excellent approach for psychotherapy process research (Rennie, Phillips, & Quartaro, 1988). Modern grounded theory has two distinct strands, derived from the work of Barney Glaser and Anselm Strauss (Alvesson & Sköldberg, 2009). Some of my reservations about using grounded theory for this project were due to recommendations of the traditional grounded theory, or 'Glaserian', method. For example, Glaser suggests researchers avoid a pre-research literature review, taping interviews, or talking about their theories prior to writing up (Glaser, 1998); which would not be possible to follow faithfully for this doctoral research project. Strauss, in his writings on 'evolved grounded theory', encourages practices such proactive engagement with the literature from the outset of a study (Mills, Bonner, & Francis, 2006), making it a more feasible option. However, Strauss' evolved grounded theory also moves away from the critical realist ontological position of traditional grounded theory to one that is relativist (Mills et al., 2006), making it less congruent with my own critical realist ontological stance, which is discussed in detail under 'Epistemology and ontology'.

An additional consideration when choosing a methodology was the scope of the research project. Although their claim is debatable, Braun & Clarke (2013) state that full grounded theory is best suited to larger scale research projects with fewer time and resource constraints. Pidgeon & Henwood (1997) have also asserted that it is only possible to fully develop a grounded theory in a large-scale research project. To use grounded theory to its full potential to address this research question, it would have been necessary to consider widening data collection, potentially including participants from many different bibliotherapy/therapeutic writing groups and previously collected data from other studies. Without widening the scope of the research, attempting to use grounded theory might have resulted more in what Braun & Clarke (2006) refer to as "grounded theory lite" (p.81). Braun & Clarke (2006) assert that their version of thematic analysis ultimately achieves a similar end to 'lite' grounded theory but allows for greater flexibility than committing to grounded theory and its theoretical implications. Although grounded theory would have been a perfectly reasonable choice of methodology, I chose thematic analysis as it was a better fit with my ontological position and the intended scope of the project.

It was also determined that, whilst another viable option, Interpretative Phenomenological Analysis was not the best fit for the research question. Interpretative Phenomenological

Analysis is often used when the researcher is concerned with conducting an in-depth exploration of individuals' experiences with a focus on how they have interpreted those experiences and the impact upon their identity or sense of self (Braun & Clarke, 2013). Whilst the proposed research is concerned with the participants' experiences of the bibliotherapy/therapeutic writing groups and how they have interpreted those experiences, it lacks the focus on identity and sense of self that would make Interpretative Phenomenological Analysis a more suitable choice than thematic analysis. As the research question focuses less on experience and meaning and more on therapeutic mechanisms, thematic analysis provides the most relevance, substance, and flexibility as a qualitative research method.

Epistemology and ontology

Thematic analysis is a qualitative analytic method that allows for great flexibility in terms of the epistemological stance of the researcher; however, it is very important that the theoretical position of the analysis be clearly stated (Braun & Clarke, 2006). It is also essential to a robust research design that the researcher selects a paradigm to work from that aligns with their own understanding of the nature of being and reality (Mills et al., 2006). This research has been conducted from a critical realist stance, as critical realism is consistent both with the research question and with my own views about the nature of knowledge and reality.

Critical realism is a post-positivist meta-theoretical perspective rooted in the work of Bhaskar (1975). A crucial element of critical realism is its separation between epistemology: how we know what we know, and ontology: the nature of reality or being (Archer, Decoteau, Gorski, Little, Porpora, Rutzou, Smith, Steinmetz, & Vandenberghe, 2016). The critical realist perspective is ontologically realist, as it allows for the existence of 'actualities', things and events that are independent of experiences. However, it remains epistemologically relativist, acknowledging the power of context, perspective and perception in shaping what is 'real' to us as humans. Bhaskar (1975) beautifully illustrates this with the example of two people watching the same event from different viewpoints—one sees the sun rising, the other the rim of the earth dropping away. Their experiences are different, but there is something 'real' occurring that they both see.

Critical realists treat knowledge as provisional and a product of its context, yet it is acknowledged that in some contexts there can be knowledge that is valid and true (Braun & Clarke, 2013). Reality is viewed as consisting of three different domains: the 'empirical', the 'actual', and the 'real'. That which can be directly observed, measured and experienced

belongs to the empirical domain. The actual domain consists broadly of that which occurs independently, regardless of the ability of the researcher (or anyone else) or observe or record it. It is the real domain which is most important in critical realism though, as it includes the underlying or causal mechanisms of events. Critical realists primarily view the task of science to be to increase our understanding of the domain of the real, as well as its relationship to the empirical and actual. (Alvesson & Sköldberg, 2009)

Beyond epistemology and ontology, another key component of critical realism is 'judgemental rationality'. The concept of judgemental rationality is to do with the need for the researcher to be able to make judgements about the value of various subjective accounts (Archer et al., 2016). Whilst I acknowledge the conscious and unconscious impact of wider contexts on both the participants and myself, I have regarded the participants in this study as experts on their own internal experience. Rather than deconstruct their reports of those experiences, I have treated the stories they have shared with me as their truth.

The critical realist stance posits that knowledge is derived through the uncovering and understanding of causal mechanisms (Fleetwood, 2014). As the research question in this thesis focuses on therapeutic mechanisms, critical realism is an appropriate fit. The domain of the real is not limited to material objects. Discourses and ideas—anything that has a causal affect—is real "if it affects behaviour and makes a difference" (Alvesson & Sköldberg, 2009, p. 41). Critical realism "combines the realist ambition to gain a better understanding of what is 'really' going on in the world with the acknowledgement that the data the researcher gathers may not provide direct access to this reality" (Willig, 2013, p.11). This research is grounded in the idea that the therapeutic mechanisms at work within the reading and writing for well-being groups are real, but that we lack the means by which to directly access this reality. We examine the participants' experience of the therapeutic mechanisms, as they represent a source of indirect access to the real phenomena occurring.

It should be added that, as a trainee counselling psychologist who has studied and worked with the relational dynamics between therapist and client, I am keenly aware of the relationship formed between researcher and participant and the intersubjectivity involved in conducting one-to-one qualitative interviews. I subscribe to the belief that the data generated by an interview is a product of a relationship of mutual influence between the researcher and the participant—a stance Granek (2013) terms 'the epistemology of the hyphen'. Whilst essentially constructivist (Mills et al., 2006), this stance is not incompatible with the epistemological relativism of critical realism. The relationship formed between the researcher and participant becomes one of the many filters through which reality is viewed.

Participants

Background

Participants for the study were recruited from three reading and writing for well-being groups run by the same facilitator in non-clinical settings in a large city in England. The members of the groups are self-referred, although some participants reported that they had been seeking out some form of well-being support at the suggestion of their GP when they chose to join the group. Some, but not all, group members reported histories of mental health difficulties such as anxiety or depression. The groups are of the facilitator's own design, based on his background and training in counselling and therapeutic creative writing.

Two of the three groups operate out of local high street library branches, and the third group meets after hours in a back room of a high street shop. Each of the three groups meets in a distinct neighbourhood—or Lower Layer Super Output Area (LSOAs)—within the city. Although the neighbourhoods are only a few miles apart, according to the English Indices of Deprivation 2015's Index of Multiple Deprivation, one group meets in one of the 10% most deprived LSOAs in England, another in one of the 30% most deprived, and the last in one of the 50% most deprived. Due to the density of the city, it is likely that some group participants live in neighbouring LSOAs with higher or lower levels of deprivation.

The groups are advertised as 'Creative Writing for Health and Well-being' and 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 will accept new members at any time, so long as there are no more than 12 members per group. The facilitator reported typical group membership of 7 to 10 members per group.

The two groups operating out of libraries are funded by participant donations and the groups are run on an on-going basis, with no set beginning or end point for the course. The group at the high street shop operates in blocks of 6-weeks, with a set fee charged for each 6-week course. Participants of this group reported that many members enrol for every 6-week course, thereby also attending on a continuous basis.

All three groups meet for two hours, once a week. During 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 to explore their response to some aspect of the stimulus in 5-10 minutes of writing. These responses are then shared and discussed before moving on to setting a related home writing task.

Recruitment

A purposive recruitment strategy was utilised for this research, as I was aiming to recruit from a limited participant pool. Participants were initially told about the opportunity to volunteer to participate in the research by their group facilitator. The facilitator made an announcement about the project at each of the three groups' respective meetings and handed out copies of the participant information sheet (Appendix A). As this initial recruitment strategy generated little response, the facilitator invited me to attend the beginning of one group meeting per group to discuss my research and answer any questions group members had about participating. Group members who expressed interest in participating in the research were later contacted by their preferred method (telephone or e-mail) to arrange a time and place to meet for an interview. Group members were assured that their choice to participate (or not) in the research would remain confidential, even from the group facilitator, and would have no bearing on their group membership. To protect participant confidentiality during the collection of contact information, I passed out and individually collected index cards in lieu of a sign-up sheet. Group members were invited to provide their details on the cards if they were willing to be contacted further about the research or to otherwise simply write "no, thank you" or "not interested".

Sample size

According to Braun & Clarke (2013), 10 to 20 participants is considered the appropriate range for a Professional Doctorate using thematic analysis in the United Kingdom. Guest, Bunce, & Johnson (2006) also studied the appropriate number of participants for qualitative studies using thematic analysis and suggested 12 participants to be sufficient for a robust analysis. Furthermore, in Elliott (2010)'s discussion of qualitative methods for studying therapeutic change processes, it is stated that sample sizes of 6 to 12 are commonly used. Based on the recommendations of these researchers, 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

As participants were being recruited from a limited population, participants were not selected based on age, race, gender, or any other demographic requirements.

Due to the intimate nature of the groups from which participants were recruited, providing a detailed table of demographic information for each participant would potentially jeopardise participant confidentiality. Participants could be too easily identified by the group facilitator or their fellow group members despite the use of pseudonyms if details such as age, occupation and gender were individually listed. For that reason, the sample will instead be described as a whole.

Of the twelve participants interviewed, nine identified as female and three identified as male. Men were underrepresented in the sample, given that the 2016 Office of National Statistics (ONS) estimate placed the city's population at approximately 50% male. Participants' ages ranged from 52 to 74 with a median age of 67. That most participants were older adults is of note, given the relatively young age profile of the city's population. 2016 ONS estimates placed the city's older adult (65 and older) population at only 13.1%, which is less than the national average for England and Wales. Eleven participants identified their ethnic origin/nationality as White British, and one identified as Black African-Caribbean. People of White British origins were overrepresented at 91% of the sample, based on 2011 census data which indicates 78% of the city's population to be White British. All participants spoke English as their first language, relatively consistent with 2011 census data which found the city to be 91.5% English-speaking.

Participants were asked the highest level of education they had completed. One participant described themselves as having no formal education, two reported completing A Levels, two reported partial university degrees, five stated that they had studied to degree level and two reported completing post-graduate education. Based on ONS data from 2017, the participants in this study are more highly educated than UK national averages. The ONS reported that, of UK residents between the ages of 21 and 64 who were not currently enrolled on an educational course, 42% were graduates (versus 58.3% of this study's participants), 21% had earned A Levels (versus 33.3%), 20% had GCSEs, 9% had 'other' qualifications, and 8% had no formal qualifications (8.3% in this study). Participants were not formally asked questions about their income, careers, or social class. Those who mentioned their current or past careers during their interviews predominantly worked in fields such as social care and education.

Participants were asked several other questions to try to help build a detailed picture of the population currently engaging with the reading and writing for well-being groups. Ten of the twelve participants reported a past experience of counselling or psychological therapy, either in a group or one-to-one setting. Additionally, two of the twelve participants identified

themselves as having dyslexia, and two reported having a physically disabling health problem.

Data collection

Each participant was asked to engage in an individual, semi-structured, interview asking about their experience of participating in their reading and writing for well-being group. As the groups run on an ongoing basis, interviews were not conducted at a particular point in the group process. I arranged interview times individually with each participant via telephone or e-mail. I met participants in public buildings convenient to the participants for the interviews, primarily coffee shops and cafés in the participants' local neighbourhoods. This choice is discussed in greater detail in the Ethical Considerations subsection.

When participants arrived for their interview they were given another copy of the information sheet which had been passed out at the group meetings. The information sheet provided details about the purpose of the research, how their information would be used and how their confidentiality would be protected (Appendix A). I reviewed the information sheet with the participants and offered them the opportunity to ask questions or discuss any concerns. Once participants confirmed verbally that they understood and felt happy with this information, we both signed the consent form (Appendix B) which accompanied the information sheet. This was all done prior to commencing the interviews. Participants were given the information sheet to take away with them, and this included my contact information. I invited participants to contact me if at any time in the future they should have questions about the research or wish to withdraw consent to use their data.

The interviews lasted an average of approximately 40 minutes. The interviews were audio recorded using a dictaphone and were conducted conversationally using a semi-structured interview schedule (Appendix D), consisting of open-ended questions aimed at gaining an understanding of the therapeutic processes occurring in the group. The interview schedule was used to loosely guide the interviews, however, as semi-structured interviews, deviation from the interview schedule occurred as appropriate and contributed to the development of further questions and lines of inquiry. Following each interview, the participants were thanked for their time and asked to complete a demographics questionnaire (Appendix C).

Data analysis

The analysis was conducted using thematic analysis, following the guidelines set forth by Braun & Clarke (2006). The aim of the analysis process was to identify and report patterns within and across interviews and construct themes relevant to the research question.

Braun & Clarke (2006) lay out a series of choices researchers using thematic analysis must make. Several of these choices include the focus of the analysis, direction of the analysis ('top-down'/theoretical or 'bottom-up'/inductive), the level of analysis (semantic or latent), and epistemological stance of the researcher. During the analysis process, I focused on providing a rich, detailed exploration of participants' experiences of engaging in the reading and writing for well-being groups. The analysis was conducted in a theoretical manner, holding the research question in mind during the coding process. However, the 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, which Braun & Clarke (2006) define as describing and organising the data to show themes and then progressing to interpreting and theorising about the significance of those themes. The identification of themes at the semantic level fits with the critical realist epistemological position, as previously discussed. Participants were treated as experts on their own experiences and the developed themes aim to reflect those experiences as faithfully as possible.

Braun & Clarke (2006)'s guidelines break the analysis process down into six steps which include: 1) Familiarising yourself with your data, 2) Generating initial codes, 3) Searching for themes, 4) Reviewing themes, 5) Defining and naming themes and 6) Producing the report. My first step in the analysis process was to prepare the data by transcribing the audio recordings into written text. The time spent immersing oneself in the data during the transcription process makes it a key part of the first step (Familiarising yourself with the data) of Braun & Clarke (2006)'s guidelines, and I took notes during the transcription process to record initial thoughts about potential themes. An orthographic style was used to produce high quality, verbatim transcripts. I chose to exclude some of my minimal encouragers such as "mmm" and "yeah", where excluding them did not impact meaning but including them would impair the readability of the transcript. All information that could potentially make participants identifiable was anonymised. This included the names of the participants and others they mentioned in their interviews, the names of cities, and places such as businesses and schools that participants were connected with. Square brackets were utilised to indicate where information had been changed or omitted.

The process of generating initial codes was completed in two stages. The first stage consisted of highlighting data relevant to the research question in each transcript and making notes in the margins of potential codes that might succinctly reflect the significant aspect of the data item. I then went through each transcript again, developing the notes in the margins of the transcripts into initial codes and entering them into a spreadsheet

(Appendix G). As each new interview was entered into the spreadsheet, the codes were reconsidered and refined. The spreadsheet additionally tracked the prevalence of each code across interviews, marking in which participant interviews the code appeared. Through this process, I was able to develop a list of refined codes and gain a sense of their prevalence within and across interviews.

Whilst immersed in the data during the process of coding, I began formulating initial ideas about themes and would jot these down in a notebook. Once the coding had been completed, I began the more formal process of searching for themes. I copied the list of codes from the spreadsheet into a word processor and printed them out. The list was then cut into tiles that could be arranged and rearranged to allow for free-flowing thinking and flexibility as I began considering the relationships between the various codes and constructing candidate themes.

Once I felt satisfied with the arrangement of the tiles, I began constructing a draft table of themes in a new spreadsheet (Appendix H). Through the process of naming themes and sub-themes, and identifying the associated codes, the themes and codes were further reviewed and refined. The data items collated under each code and the codes comprising each theme were revisited to check for sufficient coherence within, and distinction between, themes. The dataset as a whole was also reviewed to assess the themes' ability to reflect all key components of the data and to check for potential missed codes or themes. The first draft of the report was then written using this initial table of themes as an outline.

Supervision was obtained following the write up of the first draft of the report. My supervisors and I discussed ways in which the seven initial themes could be further developed and refined. I then reviewed the data again. Through this process of repeated revision and analysis, four final overarching themes and nine sub-themes were fully developed. These are presented and discussed in the Analysis section of this thesis. Appendices G and H contain copies of the tables created earlier in the coding and theme development process, to illustrate the evolution of the final themes.

In the write up of the final report, some repetitions of words, hesitations and false starts were omitted from the participant quotes in order to improve readability. This was done with careful attention not to alter meaning. Square brackets are used to indicate any significant changes or omissions made to abbreviate the quote to include the most relevant segments or to protect participant confidentiality.

Ethical considerations

Ethical approval was obtained from the UWE Faculty Research Ethics Committee prior to data collection (Appendix F) and steps were taken to minimise risk and protect the confidentiality of all participants. To preserve confidentiality, all audio recordings, transcriptions, and any other potentially identifying materials were kept on a password protected flash drive within a locked filing cabinet. Participant data was anonymised by omitting or changing participant names and other data that would make participants potentially identifiable. Once the final thesis has been approved, all raw data will be appropriately disposed of.

All participants were assured that their choice whether or not to participate in the research would be kept confidential, even from the group facilitator, and would have no bearing on their future participation in their reading and writing for well-being group. Participants were not offered any financial incentive or compensation for engaging in an interview. When interviews took place at cafés, I would offer to buy the participant a tea or coffee as a polite gesture to thank them for their time and to provide patronage to the café whose space was being utilised.

It was agreed with the UWE Faculty Research Ethics Committee that in order to minimise the inherent risks of lone working, I would arrange to meet all participants in public spaces. As I was recruiting from a very limited participant pool, it was important to remove barriers to participation. Travelling to the interviews was identified as a barrier by participants, resulting in the cancellation of one interview as I was unable to agree to interview the prospective participant in their own home. As the university is located further from the communities where the participants live than most were willing to travel, it was agreed that we would meet in public places nearer to their homes. Participants were asked to suggest a meeting place that would be convenient for them to access, and where they would feel comfortable talking about their experiences of participating in the reading and writing for well-being group. Participants had been given the information sheet (Appendix A) prior to agreeing to an interview and understood what the topic of the interview would be before selecting a meeting place. Most participants selected cafés near to where they lived, however, others suggested more unique venues, such as art galleries. Whilst participants expressed satisfaction with being able to meet with me close to their homes, the lack of private meeting spaces for the interviews will have inevitably impacted upon the data, influencing both my behaviour as the researcher (the sensitivity of the questions asked) and the behaviour of the participants (the depth at which they were willing to explore their experiences). The apparent trade-off this

situation created between number of participants and depth of data is discussed further in the Summary and Conclusions section, under Limitations and Considerations.

Engaging in an interview will have had some impact on each participant and their experience of the group going forward. It is hoped that participants found the interview to be a positive experience, prompting reflection and consolidation. A greater understanding of what they find beneficial about participating in the group may help them to consciously engage those helpful processes in the future. However, as the participants were being asked to discuss their experience of a group with an emphasis on well-being, it was also acknowledged that topics might emerge in during the interviews that could result in some distress. Participants were informed before arranging the interview, and again before giving written consent, as to the nature of the research and given the opportunity to ask questions as to make sure to the best of their ability that they were fully willing to participate. Participants were informed that, should they experience distress during or following the interview, referrals to appropriate local support services could be given.

Analysis

Four overarching themes and nine sub-themes were developed through a process of thematic analysis. This section provides a description of the data; detailing each overarching theme, associated sub-themes, and offering illustrative examples through participant quotations. This section further provides discussion and analysis of the significance of each theme in relation to the relevant literature and the primary research question: "By what therapeutic mechanisms do bibliotherapy and therapeutic creative writing groups facilitate well-being for British older adults?".

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

Figure 1. Table of themes.

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. The data collated under this theme indicates that participating in the reading and writing for well-being group can contribute to participant well-being by offering opportunities for achievement, acknowledgement, and personal development; satisfying their needs for recognition, purpose, and achievement in later life. Psychological theories, such as Erikson (1963)'s theory of psychosocial development, emphasise the particular necessity of having these needs met in order to successfully negotiate the challenges of older adulthood, a stage of life when one might become vulnerable to 'stagnation' and 'despair'. These concepts of 'stagnation' and 'despair' (Erikson, 1963) reflect the very real negative impacts of social isolation and loneliness on the physical and mental health of older adults (Shankar et al., 2013; Gerst-Emerson & Jayawardhana, 2015; Shankar et al., 2017).

Mazza (2016) asserts that older adulthood can be a time of "unique creativity" in a person's life 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, and to re-focus on their own personal development as they navigate this stage of life.

Although the groups are not exclusively for older adults, all but two of the research participants were aged sixty or older at interview. The remaining two participants were in their fifties and the median participant age was 67. This appeared representative of the overall membership of the three groups at the time of recruitment. Participants were not asked about employment; however, seven of the twelve participants described themselves as retired and many discussed adjusting to this stage of life.

This theme, 'Relationship to self', has been organised into two sub-themes reflecting different key facets of the data: 'acknowledgement and achievement', and 'time for me'.

Acknowledgement and achievement

The sub-theme 'acknowledgment and achievement' reflects participants' experience of being permitted and encouraged to take up space, of being seen and heard. The importance of this experience is supported in the data through participants' descriptions of the group as a place where they feel significant and secure. Participants discussed using writing as a

means of expressing who they truly are and described feeling a sense of gratification and validation from having that be acknowledged and appreciated through the feedback provided by the facilitator and group members. Some participants reported feelings of loneliness in this stage of life and reflected on the role participating in the group has played in providing them with a sense of connection and belonging.

> *We developed a deep connection and respect for each other because we were able to tell our stories and they were heard. And the first thing [Facilitator] said on the first day was "you know, what a toddler really wants is to be heard". You know? Seen and heard. And I remember he pointed out that, you know, a lot of us missed out on some of that, and this, this is what the group is for. For witnessing who we are.*
> *–Participant 12*

This participant's quote also hints at how the group can provide a type of corrective emotional experience—a psychodynamic concept first written about by Alexander (1950) which forms a key component of the 'interpersonal learning' therapeutic factor in Yalom (2005)'s work on group psychotherapy. For a variety of reasons, the participants may not have experienced praise or encouragement for expressing themselves or being creative during early life. In the context of the reading and writing for well-being group, participants have the opportunity to experience a corrective emotional experience by sharing their creative work with an engaged audience who are able to receive and respond to both their art and their emotion.

> *If I'm feeling really bad about everything that's happening at home all I've got to think is "[weekday] afternoon I've got two hours, I can take my writing in, I can read it, and somebody will listen". –Participant 2*

This quote illustrates how the group functions as a place where participants can go to feel that they matter, where they can experience a sense of being amongst other people who care about what they have to say.

This sub-theme also reflects how the reading and writing for well-being group seems to serve the function of mediating the sense of existential angst that can accompany older adulthood (Erikson, 1963). In discussing their experiences of the reading and writing for well-being group, participants reflected on the power of creating something, of having something to show for yourself and your life. Participants discussed experiencing writing as a positive challenge and finding the group to be a source of mental stimulation.

> *I have felt I've written quite well a few times, and that is gratifying, especially for somebody like me who didn't have any education, really. –Participant 8*

> *It gives me a buzz, I think. You know? I just love the creative process, a blank page. […] The last piece of writing I did, [Facilitator] was suggesting it was the best I've ever done and it took me about two minutes! –Participant 5*

These quotes illustrate the pride and joy participants reported experiencing through the development of their writing skills, which can be related to the concept of 'productive engagement'. 'Productive engagement' is a label used by Gardiner et al. (2018) to describe social inclusion interventions for older adults that offer challenge and stimulation through action and activity. This is identified as one of three common factors amongst the most successful interventions for the prevention or reduction of loneliness and social isolation in older adults in the Gardiner et al. (2018) review.

Several of the participants reflected on the increased importance of having opportunities for mental stimulation in their lives post-retirement:

> *When you're not interacting with people, […] gradually what happens is, the less you are stimulated by others, the more that your language diminishes and your thinking processes diminish. –Participant 1*

> *You miss the general banter and conversations and stuff umm, so […], well, I get that sort of interaction, you know, having fun, share stuff. –Participant 7*

Having additional time and fewer responsibilities, becoming ill or less physically able, and beginning to lose friends, family and partners to old age were all challenges of this life stage which participants highlighted; and which can contribute to the development of depression. Engaging in the group may increase participants' resilience to depression by providing a sense of connection, enjoyment, and most relevant to this sub-theme: achievement. Connection, enjoyment and achievement are the three key qualities recommended for ideal activities in the Behavioural Activation intervention for depression (Jacobson, Martell, & Dimidjian, 2001).

> *When you get to my age your time is valuable and most of the stuff you do, you have a purpose. […] This is part of my purpose. –Participant 7*

Participants discussed the importance of achieving something tangible, of having their works of writing as something to show for themselves. Several expressed a desire to document their life journey, to write a memoir or family history, and discussed utilising the prompts and writing inspiration the group provided to aid them in accomplishing that.

> *What—because now I'm retired—what I'm trying to put on paper and piece together is my family heritage.*
> *–Participant 3*

The group provides the opportunity for participants to reflect on who they are and the lives that they have lived, and to then turn those reflections into something physical that they can look at and hold. One participant spoke of a desire to compile the writings to give to their family as a way of communicating some of who they are beyond the caregiving role they have taken on for most of their life:

> *As I stand here at the moment, I often feel unseen. So it would be me saying "hey look, here I am, this is what I've done". Something I've done, because I've never actually worked in a job, or, so, hardly ever. So my whole life's been to do with family and caring and that sort of thing, so I haven't had workmates or that sort of acknowledgement. –Participant 12*

Participants described feelings of pride recounting times when they had shared their writing with friends and family outside of the group and it had been positively received. Multiple participants spoke of a poetry anthology which the three groups had collectively self-published as a source of pride and accomplishment:

> *You know, they were able to say to their family um, "I'm in a book of poetry", "I'm in an anthology, you know, and this is quite something for me". I think that's quite an achievement really. So you think, you get a feeling that you've achieved things when you come away. –Participant 2*

The self-published poetry anthology is a prime example of a 'community development approach', another of the factors Gardiner et al. (2018) associate with the most successful interventions for preventing or reducing loneliness and social isolation for older adults. Community development approaches involve participants in project design and delivery, as well as the planning and organisation of activities.

Participants also highlighted opportunities they had had to perform their poetry.

> *I like performing and I get the opportunity with the stuff I write to perform. Sometimes with the group but often outside of the group. –Participant 5*

> *[Facilitator] came with this friend of mine, they both came to the performance which was, I suppose he was interested because it was through his inspiration that it had come to being. –Participant 8*

Participants comments on performing their poetry linked in both with this sub-theme and the next, 'time for me', which looks more closely at participants reported experience of increased confidence and self-esteem.

The experiences presented within this theme align with the findings of past research into other type of participatory arts groups. For example, Moody & Phinney (2012) highlight 'engagement in meaningful activity' as one of the key factors contributing to the success of the Arts, Health, Seniors intervention for reducing older adult social isolation and loneliness. Gray et al. (2016) also discuss similar findings around the Get into Reading intervention, with sub-themes they labelled as 'sense of potential through (enjoyable) learning and achievement' and 'opportunity for contribution/involvement' under their master theme 'self as valued, worthy, capable'. These findings seem to reflect a similar participant experience of improved well-being through a sense of acknowledgement and achievement in both the reading and writing for well-being groups and other community-based arts groups.

Time for me

This sub-theme captures the sense from many of the participants that they had reached a time in their lives when they were finally permitted to focus on themselves; that it was 'time for me', and that their participation in the group was forming part of a renewed focus on pursuing their own interests and self-care.

> *It's something, like I said, I've always wanted to do and learn the skills properly. –Participant 3*

Whilst participants were not asked about their current or former careers as a standard part of the interview, this often came up organically. A notable number of the participants had held careers in public service, a caring profession, or had been life-long carers and volunteers. Participants discussed the burnout and exhaustion they had experienced in these past roles and the freedom retirement granted them to explore other facets of themselves:

> *I found creativity later in life, since I've retired. I was not creative before, I was struggling [in my profession] and, you know, it was tough and no time. It was all about survival, frankly. –Participant 5*

Participants described seeking out a group or course for the purpose of their own entertainment or personal growth. Some reported finding the group through tester days (sponsored by charities that support well-being in older age) where they had the opportunity to sample a variety of activities. Others reported that they had been looking for a group or course to join on an online or physical community bulletin board when they came across the reading and writing for well-being group. Whilst some participants reported that they were initially brought along by a friend or had some other connection, most reported that they had been actively seeking out a group to join:

> *I was starting to look for something for myself. I said "I'm not doing voluntary work anymore, I'm going to look for something for me". –Participant 1*

For some, increased time in older adulthood creates an opportunity for growth—not just learning new skills, but also personal development. This sub-theme, 'Time for Me' also represents participants' reflections on the personal development they viewed themselves as having undergone through their participation in the reading and writing for well-being group. Many participants reported that they had experienced increased self-confidence. This took the form of confidence in their writing ability, confidence to speak their minds, belief in the validity of their experiences and opinions, and the confidence to share their work—within the group or through wider performance opportunities.

> *I can read something out now and make mistakes and not worry about it.*
> *–Participant 11*

> *This is the first time I think I've ever been able to say to myself, "I can write".*
> *–Participant 4*

> *If you'd asked me 3 years ago when I joined the group to stand up in front of 2 groups and recite my poetry there is, there is no way I would've done it.*
> *–Participant 6*

These participant comments around increased confidence are similar to those reported by Fair et al. (2012) in their study of a creative writing group for HIV positive adolescents. In addition to confidence, participants discussed how the feedback and encouragement they had received regarding their writing had helped them to develop greater self-esteem, and how feelings of increased self-efficacy had spilt over into other areas of their lives.

> *If you write something and somebody else reads it and says it's good, that's something that possibly hasn't happened. And being good at something is really important; to believe that you can cope, or that you're capable of building new bridges or building new things. –Participant 10*

These feelings of increased self-esteem and self-efficacy could be seen as the result of the corrective emotional experience (Alexander, 1950; Yalom, 2005) that receiving positive feedback in the group provides. Increased confidence, self-esteem, and feelings of accomplishment have also been reported in a range of other studies of community-based participatory arts programmes (McLean et al., 2011; Moody & Phinney, 2012; Stickley & Eades, 2013; Gray et al. 2016).

In addition to self-efficacy and self-esteem, some participants also reported developing increased self-awareness through both the writing tasks and group process.

> *Sometimes I come across as being bossy and big headed and all these things, and those things I've learned through being in it, through being in the group.*
> *–Participant 2*

> *One of the things I've really learnt about myself in this, by finding this group so, I love it now, you know, umm is that, it's sort of what I said before but that I really do like people, actually. […] It's more the fear I think, that made me, you know… that thing about shutting people, someone out in case they shut you out, you know?*
> *–Participant 11*

Participants also reported noticing an impact on their functioning in relationships outside of the group setting. This included an increased ability to set appropriate boundaries and to communicate effectively about emotions with key figures in their lives.

> *I had to make space. I had to fight for my space, it was almost a battle with her, but once she recognised that what I was doing was something I'd always wanted to do, and I was able to put it to her like that, that I'd always wanted to be a writer, […] she seemed to accept that. –Participant 2*

Participants in Gray et al. (2016) similarly reported experiencing enhanced attunement to self and others.

Relationship with others

This overarching theme, 'Relationship with others' was developed out of participant discussion around what makes the reading and writing for well-being group a special and unique 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, and not only have the opportunity to express themselves but also have the privilege of bearing witness to the journeys of their peers. The overarching theme was organised into two sub-themes which reflect this: 'group cohesion', and 'vulnerability and trust'.

Group cohesion

The identification of group cohesion as highly relevant to the functioning of the reading and writing for well-being groups is consistent with group process literature. Yalom (2005) highlights group cohesion as one of the most important factors for successful group psychotherapy, the significance of which is equated to that of the therapeutic relationship in individual therapy. Group activities have also been identified by Dickens et al. (2011) to be more effective than one-to-one interventions for reducing or preventing loneliness and social isolation in older adults.

Participants nearly all used the term "safe space" to describe the group. One even described it as a "sacred space" (Participant 9). When asked to elaborate on what that meant to them, participants described developing a level of trust in the group over time.

> *We've got rules, […] obviously one of the rules is confidentiality so, and, people feel quite safe really. –Participant 1*

> *I am a private person but in the group we all share stories. […] We are kind of, if you like, confident enough to share stories, information within the group because, as [Facilitator] puts it; it should stay in the group, yeah?*
> *–Participant 3*

Many participants expressed a preference for keeping the group somewhat separate from the rest of their lives, developing close relationships within the group but rarely socialising outside of that setting or mixing friends from the group with their other social circles. The idea of the group as a space that is separate and protected from the rest of one's life was similarly discussed by participants in the Gray et al. (2016) shared reading group study. Participants stated that this slight separation helped to increase their sense of safety and relative anonymity within the group.

> *It works if you're coming to it as individuals, people who don't know another well, but I think I would have, now have reservations about recommending it to my very best friend. –Participant 4*

Another element of the group dynamic that participants identified as contributing to group safety included the level of respect group members treat each other with, regardless of differences.

> *You don't always agree with everybody else in the group but I have a tremendous respect for them. –Participant 2*

Participants described feeling accepted in the group and seeing the group as a place where they can engage in authentic communication and relationships.

> *The people are just so welcoming and so friendly and um, I feel I can be exactly myself there. –Participant 6*

> *They're not talking superficially, in fact none of that features. They're just 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*

A few participants made observations about the impact of this environment upon the interpersonal functioning of other group members:

> *It's really interesting, it's interesting seeing other people changing actually in the group and learning to behave differently and towards each other. –Participant 11*

Including an awareness of how they contribute to this through their own feedback and behaviour in the group:

> *[She] might get a bit of honest feedback sometimes, but constructively and gently, umm, in a way that still leaves the person intact and knowing actually, "maybe I'm alright", you know? –Participant 9*

These findings are supported by Yalom (2005)'s theory that interpersonal learning is one of the most important therapeutic factors contributing to effective group process.

The idea of the group as a place where participants are able to engage in authentic communication and relationships also features in the discussion of Gray et al. (2016)'s theme 'community and togetherness in relational space'.

Participants described the sense of safety in the group included viewing the group as "anchoring":

> *It's really anchoring, it's really reassuring, it's really therapeutic. It's really good to be with a bunch of people who are so comfortable and familiar with each other sharing and I feel quite appreciated. –Participant 10*

Participants expressed the realisation that, in these groups, regardless of whether or not you would choose to spend time with the other members outside of that space, within it there is mutual respect and acceptance.

> *Even though several of the people, I would never see them outside the group, we all felt very close to each other. –Participant 12*

This sub-theme reflects, in part, the participants' feelings of great closeness and togetherness in the group; "a great family feeling" as Participant 7 put it. Some participants seemed to identify quite strongly with being a member of the group and several reported feeling a sense of responsibility to the group.

> *I think the group aspect of it means that you actually go, even when you don't feel like it, because there's this sort of thing of "right, well, two people isn't a group, so you've got to go to be part of the group". […] And then it's surprising how much emotional support and positivity you get from people by turning up and going "oh I feel crap", or "this that and the other". And it's just, yeah, it's very comforting. –Participant 10*

Therapeutic writing interventions have been found to increase group cohesiveness (Golden, 2000), and group poetry therapy has been found to improve attitudes, enhance group cohesion, and increase self-discovery as compared to conventional group psychotherapy (Mazza, 1981; Mazza, 1983; as cited in McCulliss, 2011b). A sense that the act of engaging in a creative activity together helped to foster group cohesion was also reflected in the views expressed by several participants in this thesis:

> *I think any group that does something creative together forms very close bonds, […] the writing aspect means that you can, each of us can do our own highly personal thing and then you can be in a group. That is hard to do, isn't it? --Participant 12*

This is consistent with the finding of Gardiner et al. (2018) that interventions where participants engage in an activity together are the most effective for forming new social contacts and building social networks. Dowrick et al. (2012) also had relevant findings, reporting that engaging in the process of reading together and being invited to respond with creativity and authenticity increases group cohesion.

Participants unanimously expressed experiencing fun and enjoyment through writing and participating in the group:

> *I really enjoy the writing and crafting it. –Participant 7*

A few described how the experience of shared humour brings them closer together, reflecting on their use of humour in their writing, their surprise and delight at what has emerged, and the joy of sharing and laughing together in the group.

> *We laugh. We've learned to laugh together about things. We cry together, but we laugh together. We actually make each other roar with laughter sometimes. You know? Because, because of what we write and because of who we are. That makes a tremendous bond. That's one of the things that creates the bond. –Participant 2*

Participants described experiencing a pleasant sense of connection when writing together during the group sessions:

> *There's a kind of closeness as well in say, 5 or 6 people all sitting scribbling away for 10 minutes, and that quietness that falls when as a group you all go in but you're all kind of together as well. –Participant 12*

Participants were asked about times conflict had arisen in the group and how that had been managed. A few participants could recall occasions where discussions had become heated, material responded to insensitively, or personalities had clashed. The consensus seemed to be that these conflicts were few and far between, and managed well by the facilitator when

they did arise. Participants remarked that conflicts that escalated were typically handled one-to-one with the facilitator, rather than during the group meeting time.

This is one aspect that distinguishes the group from how it might be facilitated if it were 'group therapy', per se. Ruptures are not always worked through in the here-and-now of the group setting and incorporated into the group process as they would be in traditional group psychotherapy (Yalom, 2005). In the community-based bibliotherapy groups studied by Dowrick et al. (2012) the facilitator's skill at "putting the group's needs above those of the individual where necessary" (p. 18) was highlighted as critical, perhaps reflecting a similar approach to facilitator of the reading and writing for well-being groups for managing conflict or responding to individual needs. Whilst the management of conflict in this style seems appropriate to the stated aims of the reading and writing for well-being groups and the community setting, a facilitator replicating this intervention in a more clinical setting may want to reconsider the role of conflict and potential benefits to the group of processing it together.

Whilst the groups are open and anyone is welcome to join if there is space, participants reported their perception that past members who had displayed a lack of empathy or were unable to hold the appropriate boundaries were worked with to adapt or asked not to return.

> *She sort of said things like, "we've all been through those sort of things, you know, you've got to get on with it". […] It was so off the wall, it was so insensitive, but off the wall, you know? You couldn't believe what this woman was saying. […] But anyway, she didn't come again so I think [Facilitator] probably spoke to her.*
> *–Participant 1*

> *I think if you were the wrong sort of person, if you didn't have [empathy], I don't know if you'd be allowed to stay in the group. That sounds a bit controversial but I think it's safe actually, because you have to have people who can empathise with other people's situations. –Participant 7*

The groups operate on an ongoing basis, with no set beginning or endpoints to the process. The term 'fluidity of membership' was decided upon to capture this aspect of the group dynamic during the coding process. Participants were asked to reflect upon this fluidity and how it impacted their experience of the group to have members joining and leaving.

Regrets were expressed about some members moving on:

> *We miss her voice. –Participant 12*

Some participants reported anxiety around the prospect of new members joining at times when the group was feeling quite safe and settled—a view of new members as a potential disruption.

> *At first I sort of thought, "oh god am I going to be able to go on with this woman?".*
> *–Participant 11*

Others endorsed the changing membership as one of the group's positives; fresh voices and new perspectives keeping things interesting and driving the group's evolution.

> *They settle quite quickly, because of his style, you settle to them being there quite quickly and it brings something different as well, stops it getting the same.*
> *–Participant 9*

> *I don't think people have any trouble with that because some new ideas come in, some new sort of material. –Participant 7*

Whilst it was acknowledged that new members arriving or treasured members departing impacted on the group's dynamic, the consensus seemed to be that the fluidity of the group was, on whole, a good thing.

> *A couple of times when new people came, came along I sort of thought "ugh" but actually after a couple of sessions, you know, they've got their thing to give, they've got their voice to add. –Participant 10*

This sub-theme: 'Group cohesion' demonstrates the important role of the group dynamics and processes in supporting participants' well-being and growth. The group creates a safe space where participants can experience a different way of relating—feeling at times both nurtured and challenged. This leads into the next sub-theme: 'Vulnerability and trust'.

Vulnerability and trust

The sub-theme 'Vulnerability and trust' aims to capture both the participants experiences of opening up and allowing themselves to be vulnerable in the group, and their experiences of being entrusted with the disclosures of others. For many, this was a new way of relating that they may not have previously experienced.

Participants were asked if they had shared things with the group (through their writing or otherwise) which had been emotional for them and if so, what that experience had been like. Some participants reflected that they had found it challenging to share anything personal with the group at first but had developed a level of comfort in doing so as time went on.

> *It's taken me a little while to get to know people and sort of trusting each other, start opening up. –Participant 7*

A few said that at times they had found themselves disclosing more in group sessions than they had planned.

> *It's very, very easy to say more than you intended to perhaps at times, so that's something you have because it's such a, it feels such a safe setting, umm, you maybe open up more than perhaps you wanted to. –Participant 4*

Participants described the groups as being supportive and empathetic, responding well to their disclosures.

> *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. –Participant 10*

Sharing emotional writing or experiences with the group was also described as feeling healthy, cathartic, and liberating.

> *Sometimes it is cathartic, sometimes you feel a great release. –Participant 2*

Participants discussed the range of choices they can make regarding what they write: they might write factual pieces about themselves, wrap personal reflection in allusion and metaphor, or choose not to write about themselves at all. Within the boundaries of the group, participants discussed their freedom to set their own personal boundaries regarding their depth of self-exploration and how much they wish to share.

> *You don't have to share anything. [Facilitator] always says, you know, it's up to you whether you want to share it or not and if it's been too personal then you can say "no, I'll pass this time". –Participant 6*

> *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*

This flexibility which therapeutic writing is able to offer participants regarding how much or if to share is highlighted as one of its key benefits by Bolton (1999).

Participants also emphasised the importance to them of feedback they receive from the group, whether on the writing itself or the emotional content of the work.

> *It acknowledges it in some way. It's, reading something, writing something, and then just putting it in a drawer is not the same as writing it and reading it out to*

people, getting feedback. –Participant 11

This quote also reflects the sense that the act of sharing gave the writing process greater power through the knowledge that it will be read and heard—that they're not just shouting into the abyss. A similar idea is acknowledged by Grundy (2007), who discusses the 'mythical reader' and how being part of a writing group makes the reader more known, therefore impacting upon the process of writing—whether one is with the group when writing or alone.

In addition to reflecting upon times they had allowed themselves to be vulnerable within the group, participants discussed their experiences of listening to other group members' stories. Bearing witness to someone else's journey was identified as something that could be enjoyable or beneficial, but also potentially painful and carrying with it a level of responsibility. Some participants expressed a view of sharing one's experiences as giving of oneself, as making a sacrifice, and reflected on the importance of making sure that sacrifice is honoured.

> *It's still like a mini sacrifice if you know that, that you're showing a part of yourself to other people. –Participant 7*

> *I need to fight to honour that for her. –Participant 9*

Common remarks from participants when asked about the experience of listening to others' writing were around learning from what others shared and the opportunity to hear new perspectives.

> *Actually hearing other people's take on things, I find fascinating. –Participant 11*

> *It's so inspiring because you think, you see, you hear about other people's life experiences and compare them with your own. […] Seeing how they're coping with it, that's beneficial as well, because sometimes that comes up and, I don't know, sometimes you realise that someone has got a lot better attitude towards other people and other things than you have, and you sit there feeling a bit humble. –Participant 7*

Several discussed the ways in which participating in the group had increased their awareness of the diverse range of experiences others have had in their lives. Participants reported being surprised by other group members' disclosures and reflected on the growth they felt they had experienced by recognising and re-examining assumptions they had held.

> *I think you can easily look at a whole range of people who look as if they're coping OK and you think their life has been a bed of roses but nobody knows, do they really? Nobody knows. –Participant 1*

Participants reflected on how participation in the group had helped them to develop a greater awareness of the variety of ways in which different people might experience or interpret the same situation, enhancing their ability to relate empathetically with others.

> *You know, my childhood was quite textbook dysfunctional, so it's quite easy to kind of identify "well that must've hurt" or "that must've hurt", whereas other people who sometimes have had a more privileged or a more sheltered life, the upset for them is quite minor by comparison but, because they've have a privileged or a sheltered life, it's actually major. –Participant 10*

The power of hearing someone else articulate something you have also experienced was also addressed.

> *When somebody else reads something that you empathise with and, or you, it triggers a memory and you aren't able to express it, at that point that can make you cry, that really can. –Participant 11*

Some participants gave examples of the diversity of responses group members would generate to the same prompt, reflecting on their initial surprise that a group of people could all look at the same photograph or read the same poem and each find different meaning.

> *We're all so different in our, well, I mean, if he gives us a topic we, it, there's so many different views and so many different strands that people come up with. […] It's fascinating, fascinating. –Participant 6*

> *The thing as well that happened that I didn't expect, was that you can give eight people the same heading, same topic and the diversity of material that comes back is huge. –Participant 7*

Participants relayed coming to a realisation that everyone has unhealed wounds, and that, whether their experiences were similar or different than those of other members of the group, they were not alone - others had experienced pain too.

> *You can have a lot more in common than you imagine, and there's all different levels of pain. –Participant 10*

In addition to aligning with Yalom (2005)'s discussion of interpersonal learning in therapeutic groups, participants' reported experiences of reading and listening to the writing of other group members mirror the stages and benefits of bibliotherapy described by authors such as Hynes & Hynes-Berry (1986/1994) and Pardeck & Pardeck (1984). Participants described how they—sometimes unexpectedly—would identify with the writing of another group member, experience an emotional response to the writing, and then utilise the group discussion or their own writing to integrate the experience in a way that led to the development of new understanding and increased empathy. One might imagine that having

the author sat amongst the group as they discuss and process the poem or other writing might intensify some of the benefits of bibliotherapy that Hynes & Hynes-Berry (1986/1994) and Pardeck (1994) describe; such as feeling less alone in one's problems and developing new insight into the motivations and behaviours of self and others.

Participant 9 reflected the general consensus when they said:

> I'm quite privileged in a way that people are prepared to put their rawness down.
> –Participant 9

However, it was also acknowledged that bearing witness to the experiences of others is something that can be quite challenging or even painful.

> It's a different interpersonal skill when sitting in a group like that because you have to have great empathy with other people's ups and downs of their lives, who have had awful things happen to them. –Participant 7
>
> Sometimes it is quite hard to hear it, you know, because you think "wow, that, that hurts for them" and it, somehow it, well, you hurt for them hurting. –Participant 9

Participants stated that at times group members share stories and experiences that can be very difficult to hear, but that they understand the importance of giving space for those stories to be told.

> Sometimes people don't want to sit with it too long. But they've still enabled it to be there, and they've touched it, and then they want to move on to something else and that's fine. And we might just gently, gently check in or revisit. [...] But it's still there, and it's still honoured and acknowledged by people.
> –Participant 9

This quote also reflects a sense of helping by listening; a belief that the group is serving an important function by acknowledging and honouring the experiences of its members.

Relationship to facilitator

The third theme 'Relationship to facilitator' reflects participants' experience of relating to the group facilitator. Participants unanimously expressed appreciation for the skill of the group facilitator and the ways in which he uses his knowledge, training and personality to make the groups work. Whilst they tried not to "put him on a pedestal" (Participant 4) it was clear from the interviews that the participants hold the facilitator in high esteem and attribute much of what makes their groups successful to his warm personal qualities, his skill as both a psychotherapist and writer, and his artful group design.

The facilitator of these reading and writing for well-being groups is highly qualified, having completed diplomas in creative writing, psychodynamic psychotherapy, and creative writing for therapeutic purposes. This is in line with the recommendations of Grundy (2007) who proposes a writing group model where the facilitator has both literary and clinical training. Dickens et al. (2011) assert that the most successful interventions for loneliness and social isolation in older adulthood have a strong theoretical underpinning. In the case of the reading and writing for well-being groups, the qualifications of the facilitator suggest that there is a strong theoretical basis to his work. The facilitator's qualifications as a psychotherapist are worth noting as a point of difference between the reading and writing for well-being groups and some other participatory arts programmes, such as Art on Prescription, where the fact that the group facilitator is an artist, not a therapist, is usually considered to be a core element of the model (Bungay & Clift, 2010).

The data collated within this theme indicate that having a skilled facilitator is key to the effective implementation of a reading and writing for well-being group. These findings closely resemble those of Dowrick et al. (2012), who identified skilful group facilitation, including the group facilitator's choice of literature, social awareness and communicative skills, as one of three key factors contributing to the therapeutic effectiveness of participating in a shared reading intervention. Within this overarching theme, 'Relationship to facilitator', the participants' discussion of the skills and qualities of the facilitator have been organised into three sub-themes: 'personal qualities', 'boundaries and containment', and 'group design'.

Personal qualities

This sub-theme, 'personal qualities' was developed from participants' reflections on the facilitator's personal qualities which they saw as central to the group's functioning. These reflections came up almost entirely organically, there were no planned questions about the facilitator on the interview schedule. Participants reported viewing him as skilled in counselling, group facilitation, and writing.

> *He is one of the most inspirational people you could come across. But I don't want to put him on a pedestal! Umm but he, he... he fetches in material and he stimulates discussion and he gets you thinking about things that you may not have thought about in the past. –Participant 4*

They described him as "a saint" (Participant 8), as modelling acceptance and safety, and praised his warmth and ability to put others at ease—bringing to mind the core conditions of Carl Rogers (1961)'s person-centred therapy.

> *He was just so welcoming. –Participant 6*

> *[Facilitator] is very… very encouraging, very supportive and very clever at the way he handles people and the language he uses—but I didn't realise that until a long time afterwards. –Participant 2*

One participant described the facilitator's ability to inspire creativity and to draw out their strengths, reflecting on their experience of the facilitator gently helping them to work through the resistance they were feeling to engaging with a writing task:

> *He's really good at bringing out everybody's different qualities. […]. Sometimes I've thought "oh god, this is dreadful how can I write about any of it?" but you, but it's amazing how you can, actually. And [Facilitator] kind of brings that out. He makes, you know, I was, I was soon sort of saying things like "ugh I don't like any of them" and he would go "well, you know, let's write about it, then" you know. So it's sort of breaking through that kind of negative view that stops you doing things.*
> *–Participant 11*

In addition to selecting reading materials and other creative stimuli to introduce to the group, participants reported that the facilitator would also share some of his own writing. Many of the participants expressed appreciation for the facilitator's creative talents and skill as a writer.

> *[Facilitator] is ever inventive… wherever he comes out with these skilled poems and ideas is wonderful! –Participant 5*

Viewing the facilitator as being himself a creative and talented writer appeared to contribute to his credibility with participants as a competent facilitator for the group. Similarly, Dowrick et al. (2012) state that it is crucial for a shared reading group facilitator to be viewed as "approachable but credible" (p. 18), with talent as an expressive reader and expertise in selecting and eliciting discussion on literature.

The ability to select, perform, and guide discussion around literature appears to be of key importance to the successful facilitation of both the Get into Reading groups and the reading and writing for well-being groups. A successful facilitator for the reading and writing for well-being groups perhaps also requires a level of competence as a creative writer, as creative writing forms a critical part of the reading and writing for well-being intervention that is not included within the shared reading group design. This finding would support the argument of Grundy (2007) that a therapeutic creative writing group facilitator should be dually trained.

Boundaries and containment

The sub-theme 'Boundaries and containment' focuses on the ways in which the participants experience the facilitator's management of the therapeutic space. This sub-theme also links

in with the prior discussion in the 'group cohesion' sub-theme of how conflict is managed in the group. Participants described the way the facilitator communicates boundaries, holds emotion and manages the group process. These participant descriptions seem to align with the recommendations of Bolton (1999) around group management and establishing ground rules and principles when facilitating a therapeutic writing group.

> *[Facilitator] has set it up so that it's very structured. […] There's room for a lot of conversation, there isn't room for rubbish, do you know? –Participant 12*

Many of the participants discussed the facilitator's ability to acknowledge emotional content whilst not letting it take over the session—to give space but then move the group on.

> *He's not 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. –Participant 9*

The facilitator's ability to hold boundaries and contain the space also allows people with a range of needs to be able to engage with, and benefit from, participation in the same group.

> *There were certain rules, you know? There are some people there who, who have huge problems […] Um, and that was kind of frightening, but not so frightening […] 'cause I knew that it was OK within the circumstances. I felt safe. –Participant 2*

> *We have some people that come with immense problems and um, […] [Facilitator] is very good about that and will listen for a while and then we move back to what we're doing. –Participant 6*

Participants appeared aware and appreciative of this skill in the facilitator.

> *[Facilitator's] very good at holding the space, he's very good at giving gravity to anybody's words and time and support and yeah, he's… it's kind of one of those hard to define skills that's so subtle you can't actually quite get hold of it. –Participant 10*

To use psychoanalytic terminology, the facilitator could be described as creating a 'holding environment' (Winnicott, 1965) or acting as a 'container' (Bion, 1959) for the groups' emotional processes. Participants also noted how the facilitator manages to keep any one person from dominating the space in a gentle, non-shaming way.

> *Everybody had time to speak. Nobody was allowed to speak for too long or hog the conversation but it was done so subtly, the way [Facilitator] handles people it is done so subtly you don't notice that you're being asked to be quiet. –Participant 2*

> *He'll get in there and say, "yeah thank you for that, and now can we go back to our subject?" –Participant 8*

Participant 4 also discussed the firm boundaries set regarding details such as timekeeping—members are not allowed in late once the group gets going—and how this contributes to that sense of containment and being held. Participant 2 mentioned, with a laugh, that hand-raising is sometimes used to ensure everyone has an opportunity to speak:

> *We put our hands up to speak, actually, at the writing group because otherwise we're all so, so a bit verbal, you know, it's uh, we get excited! –Participant 2*

Gray et al. (2016) also had findings indicating the importance of structure and boundaries, with one of their five master themes being 'boundaries and rules of engagement'. Dowrick et al. (2012) also highlights the importance of their facilitator's ability to recognise and work with the group dynamics.

For some, simply the awareness that the facilitator was trained as a counsellor appeared helpful and important:

> *He's trained in counselling himself, so I had that confidence straight away because of his background.*
> *–Participant 7*

It seemed the participants' knowledge that the facilitator had been trained as a counsellor supported their ability to quickly feel safe and contained within the group space. This again brings to mind the recommendations of Grundy (2007) around dual training.

Group design

The 'group design' sub-theme reflects the participants' experience of how the facilitator has crafted the reading and writing for well-being groups, ranging from their overall structure to the progression of themes, and smaller choices the facilitator makes on a regular basis such as what literature or other creative stimuli to bring in each week. Participants expressed appreciation for the conscientious way in which the groups have been constructed.

> *You can see that [Facilitator] puts a lot of consideration into where he's going and what he's doing. –Participant 10*

Participants also reflected very positively on the themes the facilitator would introduce and the variety of creative stimuli (poetry, prose, visuals, music, objects) he would bring in to the group as sources of inspiration.

> *I like the led themes. They take you to places that you hadn't really thought about going or in a way that kind of leads you quite gently to, to quite rough, rugged, yes, some quite amazing revelations for me. –Participant 10*

> *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*

Several participants expressed that curiosity about what themes the facilitator would introduce in the future was partly responsible for keeping them engaged with the group—a fear of missing out on something good if they did not come back.

> *I suppose there's kind of like a sense of not knowing what's going to happen next, always keeps me coming to things that are interesting, umm, and, but you know, fear that I'll miss out if I wasn't there. –Participant 12*

An additional significant element of the group design is that it allows participants to somewhat tailor their experience—whether they prefer to focus more on the development of their writing skills or push themselves to explore on a personal level. This elastic quality enables the groups to respond to a wide range of needs.

Participants reported choosing to access the group for reasons that can be loosely divided into two categories, or perhaps placed on a spectrum. One end of the spectrum would represent those who were specifically seeking a supportive space or opportunity for personal development, whereas the other end would represent those who were mainly seeking a means of improving their creative writing.

Those who stated that their objective in joining the group was to improve their writing reported that they saw the function of the group as providing motivation, inspiration, and feedback. Most of these participants reported previous engagement with creative writing and stated that they would still write, even if they were not part of the group.

> *My main purpose of being there really is to progress my writing, yes? Writing skills. […] It's, if you like, something new to write. Whereas I would still write if I was on my own, but it is better to have a group session where you can meet people. –Participant 3*

A few participants expressed that, whilst they acknowledged that the group is intended to also serve a well-being function, they felt occasional frustration when they perceived other group members as treating the space too much like group therapy.

> *Sometimes you just have to listen, you know, you just, we all do. And we don't mean to be not compassionate but that's not what the meeting's there for. If you want to do something like that go to [a support group] or go to something else. –Participant 8*

On the other end of the spectrum, several participants expressed views of the writing tasks as more of a conduit or tool through which to achieve personal development or work through difficult experiences and emotions. Most of these participants seemed to place more emphasis on the group processes and reported spending little time on the home writing tasks.

> I do it very quickly, I don't deliberate, I don't draft and redraft, that's it, it's on a scrap of paper. –Participant 9

Some of these participants expressed frustration or disinterest at times when they perceived the group as becoming too focused on the more technical aspects of writing.

> Very occasionally, because some people are also interested in the constructive words and […] "what type of prose is this?", "what style of writing is essential for that?" and I immediately go cold. […] It's not what I want to be doing. Leaves me cold. –Participant 9

The majority of participants seemed to sit somewhere between these two views regarding what the balance of the writing and therapeutic aspects of the group should be, some expressing elements of both perspectives within the same interview. The facilitator's expertise in both the literary and psychotherapeutic arts, as well as his person-centred way of being in the groups, appears to allow participants the flexibility to relate to him either more as 'teacher' or 'therapist', dependent on their individual aims and needs.

> I think he's sensitive to the group demands and there are, yeah, there are people who are vulnerable, for sure, but they still write. –Participant 5

> I didn't go there for the purpose of therapy, at all. I went there for the purpose of creative writing. I didn't know what that meant, um, and it's fascinating how, […] how it ends up, you end up using it, or um, framing it in a way about you. […] But anyway, […] I wouldn't want it any more intimate than it is.
> –Participant 1

Participants relayed a sense that they are free to use the home writing tasks as they wish, writing on a topic other than the prompt, writing in another form such as song, or choosing not to write at all that week. Regardless of what or how they write, participants reported being greeted by the group with warmth and acceptance.

> It's a helpful tool that's not invasive, that's not trying to be a cure, that's just a hand-holding along the way of self-realisation and personal development. –Participant 10

This idea of a literary group as a safe space in which participants are free to choose how and how much to engage also resonates with the findings of Gray et al. (2016).

> *You don't have to write. You don't have to. You, if you don't do it that week it doesn't matter, nobody cares. People want to support you. –Participant 1*

This quote provides an example of the 'adaptability' of the group. 'Adaptability' is the third key factor Gardiner et al. (2018) identify as associated with the most successful social isolation and loneliness interventions for older adults and refers to the flexibility of the intervention to be adapted to the needs of the individual or the local population. Participants in the reading and writing for well-being group are able to choose if or what to write, and if or how much to share.

It is also significant that participants do not have to identify as being unwell or needing therapy to engage with, and benefit from, the reading and writing for well-being groups. Several of the participants who reported experiencing beneficial insights through their participation in the group also rejected the idea of engaging in traditional counselling or psychotherapy.

> *I think I survive just getting on with it really. I don't know that...what would counselling offer me, really? I don't know, I don't think...no. –Participant 1*

This quote leads nicely into the final theme, which considers how the reading and writing of literature can be used to gently work through resistance in therapeutic interventions.

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, in addition to the benefits previously discussed, reading and writing for well-being groups can contribute to participant well-being by offering participants a tool for eliciting insight and emotional exploration. The reading and writing of literature can help participants to access and/or express thoughts and emotions that might otherwise feel too raw (Shechtman & Nir-Shfrir, 2008). This theme has been organised into two sub-themes: 'eliciting insight', and 'working with emotion'.

Eliciting insight

Participants discussed the way in which responding creatively to the writing themes and prompts led them to unexpected places that elicited new insight into themselves and their past experiences. Several participants reported feeling surprised at 'what came out' in their writing, which was coded as 'making the unconscious conscious'. Poetry and prose have

been known to be used in psychoanalytic therapy for precisely this reason—their apparent power to bring forth preconscious and unconscious material (Mazza, 2016).

> *It's made me realise that we all carry these dark, you know these dark stories and you know, things just emerge, things that you wouldn't expect.*
> *–Participant 12*

Bolton (1999) discusses the value of writing as a means of keeping hold of insights. This experience was also highlighted by several participants who described how their writing had helped them to keep new insights from slipping away.

> *These experiences you have and these sort of realisations, if you don't watch out they just fade away and then you lose them. And doing the poem, you know, it fixes it. I can go back and read it again and remember and I can go back in my head.*
> *–Participant 11*

Participants described the process of writing as 'tapping into something', as allowing them to access parts of themselves they were not usually able to.

> *We've all got these hidden...not secrets, they're not secrets, but things we don't tap into. […] 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. It opens up.*
> *–Participant 1*

> *[It's] something that enables people to access quite deep feelings in a therapeutic environment. –Participant 9*

This sub-theme was particularly prevalent when participants discussed the spontaneous writing tasks, where group members are given five to ten minutes to write in response to a stimulus or theme. Participants described how they found these writing tasks challenging and intimidating when they first joined the group but grew to experience them as a useful exercise in letting go of inhibition.

> *To be given the topic and to write about it in five or ten minutes, I found really hard. I do find it easier now. –Participant 7*

> *He'll give us an idea and immediately I can just, rarely, rarely do I think, you know. It just comes out and I just get it down. –Participant 8*

> *I think what he does is make you think, "oh just get stuff down on paper, let it get out of your head, get it down on the paper". –Participant 4*

Many participants also seemed to appreciate a sense of there being 'no wrong answers' regarding their writing and the freedom that this provided to explore and 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

It's poetry, it can't be wrong. So no matter how inarticulate or poorly educated you are or overeducated you can write something and it's acceptable. […] So that is empowering just by the fact that it can't be wrong. –Participant 10

Participants also discussed how the writing prompts had provided them with the opportunity to revisit and work through difficulties from their pasts. This suggests that the writing tasks may be facilitating a therapeutic re-processing.

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

It's not something good but I push everything down and move forward, push everything down and move forward, and so it has been good to bring up these thoughts and think "oh why did I behave like that?" or, you know, or "maybe I'm like this because my parents were like this" or you know so it, it is a form of analysis. –Participant 8

Nearly all participants reported a sense of increased self-reflection since joining the group and several participants described developing a deeper sense self-acceptance and compassion for their past selves by using the writing tasks to adopt new perspectives on their experiences and reconsider their personal narratives. This is in line with Mazza (2016)'s discussion of how poetry therapy can be used to help participants 're-story' events in their lives.

I mean that's the big thing about being an adult and looking back on experiences, having lived with shame, and suddenly realising, actually, you know, you can speak up, and also let other people speak up, without that shame. Acknowledge that whatever those events were, they were blameless, they were kids, you know? The innocent. –Participant 4

Gray et al. (2016) developed a sub-theme which they titled 'literature eliciting self-reflection in a safe environment' as well as a master theme 'changing view of self, world, others'. Their discussion of these themes reflects some similarities between the experiences of increased insight and shifting personal narratives occurring for participants both in the shared reading and in the reading and writing for well-being groups.

Working with emotion

Participants discussed how the use of a creative medium helps to create space between self and emotion, which allows them to communicate more fully about their emotional experiences.

> *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. –Participant 8*

These reflections align with theoretical writings on bibliotherapy and therapeutic creative writing which assert that the literature serves a sort of mediating function between the person and their conflict, reducing anxiety and supporting the development of greater insight (Gersie, 1997). These findings also align with those of Gray et al. (2016) who discussed how literature allowed participants to explore experiences and emotions from a safe distance, as they could be projected onto the poem's speaker or story's characters. In both interventions, it appeared that the reading or writing serves a mediating function that allowed participants to subvert defence mechanisms which may have interfered with the efficacy of other forms of counselling or psychotherapy.

> *The writing with [Facilitator] enabled me to articulate a lot of things which I hadn't been able to before, you know? I had tried; I went to a couple of sessions of counselling but I couldn't get on with it. –Participant 12*

Participants expressed appreciation for creative writing as a medium that allowed for more indirect or artistic communication about their experiences and emotions.

> *It takes it out away from you, it's not always about "let's talk about you".*
> *–Participant 10*

Participants also described how the use of allusion, metaphor, mixing fact and fiction, or writing about events as if they had happened to someone else allowed them to express themselves, create something they viewed as meaningful, and yet not necessarily feel overly exposed or burdensome. The creative element of the medium allows participants to explore and express emotion without necessarily exposing intimate details. This mediating element is perhaps unique to creative therapies as opposed to a more traditional talking therapy (Gersie, 1997).

> *[It's] getting it out through the writing but in an imaginative, interesting way so that you're not burdening people just with the story. You're, you're just, you might have a small aspect of it, […] and that makes it much more acceptable, doesn't it?*
> *–Participant 8*
>
> *They can read it out like a story and then it's different, you can make comment on it without saying "you this" and "you that" you know, you can say "the person in the story is obviously suffering". –Participant 2*

Participants also described writing as a means of pinning down the intangible, of transforming emotion into something physical they could look at and hold, reveal to others, or throw away.

> *The fact that you actually formulate it into, you know, words or rhyme or a sequence of words that then become a thing… it's a much, it's a much more solid thing. And you can share that with people, and it's, it's informing them of your emotional wellbeing without you actually having to go through it all point by point.*
> *And I think that's really helpful for other people to be able to understand what affected you and what you've gone through. And also it gets it out and it rests it on the page. –Participant 10*

Participants reported that participating in the group had helped them learn to communicate their emotions more effectively, a finding which was also reported by participants in the creative writing group in Fair et al. (2012). Participants also described learning how to better tolerate staying with painful emotions.

> *People are very good at enabling it, so I think people aren't trained to jump in through their own discomfort to make it go away. […] there's ability to sit with it rather than rush over it because it was uncomfortable. –Participant 9*

> *It's […] acknowledging, learning to really acknowledge other people. –Participant 11*

Participants discussed using writing as a coping mechanism, both to express and distract from distressing emotions, and referred to writing as means of 'getting it out' or catharsis, as well as being a positive way of pulling their attention away from unhelpful worry or rumination.

> *Sometimes you know it's really, really emotional. I have written, you know, written and burst into tears many times. –Participant 11*

> *I found when I was anxious and depressed the only thing that could get me out of it was diversion and I felt when I was, when I was in that group I felt really diverted. My whole attention was on what we were doing. –Participant 6*

The writing process was described as 'healing' by many of the participants.

> *I think an accumulation of it heals. And it helps you to actually face it better and reflect on it without such pain. –Participant 1*

The latter part of this participant quote again echoes the idea of the act of reading or writing literature serving a mediating function (Gersie, 1997; Gray et al., 2016), creating an opportunity to observe one's painful emotions from a 'safe' distance and facilitate healing. The 'art' in other forms of arts therapies will also be serving as an intermediary object, however, the differences between artistic mediums will have an impact on these processes.

This theme reflects the participants' experience of reading and writing literature as a specific and unique means of helping them to access and/or express thoughts and emotions that might otherwise feel unmanageable.

Summary and Conclusions

This study aimed to develop a more comprehensive understanding of the key factors that contribute to the successful implementation of reading and writing for well-being groups for older adults. This aim was summarised by the research question: "By what therapeutic mechanisms do bibliotherapy and therapeutic creative writing groups facilitate well-being for British older adults?". By conducting and analysing in-depth interviews with participants in three such groups, four overarching themes were developed. These themes included: 'Relationship to self', 'Relationship with others', 'Relationship to facilitator' and 'An intermediary object'. The development of these themes has allowed for conclusions to be drawn in relation to the therapeutic mechanisms contributing to positive outcomes. Whilst the findings indicate that some of the therapeutic processes and benefits of the reading and writing for well-being groups may be similar to those occurring in various other community participatory arts programmes, other factors are more unique to literary arts or reflect the importance of the facilitator's group design, training, and way of relating.

Helpful factors reflected by the first theme, 'Relationship to self', include participants having a space in which they feel acknowledged, have opportunities for engagement in meaningful activity, and feel supported to focus on their own interests, development, and well-being as they navigate older adulthood and strive to avoid 'stagnation' and 'despair' (Erikson, 1963). The helpful factors identified within this theme could also be seen as providing some participants with a corrective emotional experience (Alexander, 1950; Yalom, 2005) of feeling significant and acknowledged, seen and heard. Studies of other community arts interventions for older adults have also indicated that participation prompts a healthy shift in the way participants relate to themselves, as evidenced by reports of increased confidence, self-esteem, and feelings of accomplishment (McLean et al., 2011; Moody & Phinney, 2012; Stickley & Eades, 2013). Engaging with the group may increase participants' resilience to depression during older adulthood as participants have described the group as meeting all three key criteria for ideal activities in Behavioural Activation: achievement, connection, and enjoyment (Jacobson et al., 2001). Furthermore, based on the work of Dickens et al. (2011) and Gardiner et al. (2018), it can be hypothesised that participation in the group can serve as a protective factor against both the physical and mental health risks of social isolation and loneliness in older adulthood.

Factors incorporated by the second theme focus on the relationships participants develop with one another and the group dynamics that make the reading and writing for well-being group a unique—even "sacred" (Participant 9) space. One of the key factors identified was strong group cohesion. This finding is unsurprising considering past research which has demonstrated poetry therapy interventions to be effective for enhancing group cohesion (Golden, 2000). Participants identified a consciously cultivated culture of respect, a slight separation between the group and their outside lives, and the process of engaging in a creative activity together as helping to create a special group dynamic. This is consistent with the finding of Gardiner et al. (2018) that engaging in creative activities as a group helps to reduce social isolation and loneliness in older adulthood. The feeling of safety created by the group cohesion appears to allow for a level of authentic communication that participants may not have experienced elsewhere in their lives and facilitates the other key processes related to this theme: sharing stories with the group and bearing witness to the stories of others. Participants reported being able to share without feeling pressure or judgement and recognised that it was a privilege to be able to learn from both the beautiful and painful accounts of others. Participants' described experiences of relating and responding to the writing that was shared 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.

The third theme focuses on facilitator-related factors. In line with the assertions of Dowrick et al. (2012), the findings demonstrate that the facilitator's skills, knowledge, and way of being in the group are key to creating a containing space which supports participant well-being. Key elements of the facilitator's style of working which could be discerned from the participant comments include a very person-centred attitude of 'no wrong answers' and unconditional positive regard (Rogers, 1961), as well as effectively holding boundaries and containing emotional content (Bion, 1959; Winnicott 1965). Participants conveyed respect and appreciation for the facilitator's skill as a writer and the creativity he displayed in his choice of literature, themes and other writing prompts, which highlights the importance of literary and clinical training for facilitators of writing groups for therapeutic purposes (Grundy, 2007), in contrast to other schemes. Participants in this study clearly valued the facilitator's ability to acknowledge, work with, and contain emotional material. Furthermore, the artful way in which the facilitator has designed the groups emerged as an important sub-theme, as the flexibility and capacity for choice that have been built in to the programme have made it possible for participants with a broad range of needs and interests to find it both engaging and beneficial.

The final theme explores the way in which literature serves as an intermediary object which facilitates access to insight and emotion (Gersie,1997) in a way that feels safe and manageable. The reading and writing of literature provide participants with a set of tools. Whilst these tools can be powerful—leading to intense revelations and emotional experiences for some—they are also flexible and non-intrusive; leaving the participant in control of how much they wish to reveal or how deeply they wish to explore. The flexible power of literary interventions is noted by Bolton (1999) and Gray et al. (2016), who reflect on the ability of creative writing and literary groups to offer participants choices around if and how much to engage with emotional content. The 'art' can be conceptualised as serving the function of an intermediary object. Whilst this will be the case in all therapeutic arts interventions, there will be differences between art forms. For example, reading poetry, playing music, creating a sculpture, and performing a dance may all help people to access or express thoughts and emotions—but these art forms cannot necessarily be considered interchangeable, and participants will have different processes and experiences with them. Various art forms may appeal to different people; or to the same person at different times. Some participants in this study reported that they also engage in other participatory arts programmes, including community choirs and drama groups. This theme reflects how participants experience the particular power of the written word; the joy of playing with rhyme, creating space with metaphor and allusion, and the feeling of finding a phrase to express a thought or feeling they had never before been able to communicate.

Implications for practice

The ageing population of the United Kingdom is one of the primary challenges facing health and social care systems, with declines in older adults' physical and mental health due to loneliness and social isolation presenting a serious public health problem (APPGAHW, 2017). Participatory arts programmes can be strategically positioned to reduce the burden on statutory services (Cohen et al., 2006; McLean et al., 2010; Gerst-Emerson & Jayawardhana, 2015; APPGAHW, 2017); and, as the demands on services that support older adults increase, exploring the potential of participatory arts programmes will become more and more important. This has been acknowledged in public policy developments and government research initiatives in recent years, which have affirmed the need to engage innovative solutions beyond traditional medical care for older adults (Department of Health, 2011; The Mental Health Task Force, 2016; APPGAHW, 2017).

Whilst the profile of participatory arts has been increasing in the UK (Clift, 2012), literary interventions have received less attention than those utilising the visual and performing arts.

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. The non-pathologising nature of the intervention should place it in a position of particular interest to counselling psychologists, as it aligns well with the ethos of our profession (Woolfe et al., 2010). Furthermore, the adaptability of the intervention lends itself to promoting social inclusion and community integration, as evidenced by both participants who did and did not report histories of mental health problems experiencing benefits from participating in the same groups. This study adds to the growing body of research demonstrating the benefits of community arts interventions and can lend support to arguments for increased investment in participatory arts programmes for improving the health and well-being of individuals and communities.

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 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 particular significance for the future implementation of reading and writing for well-being groups, as this remains a current topic of debate within therapeutic creative writing circles. 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. One might also suggest that these findings support arguments for formalising what it means to be a creative writing therapist by making it a recognised HCPC profession. HCPC currently register art, drama, and music therapists—it may be time to consider making 'creative writing therapist' a registered profession with specific training requirements.

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-Shfrir (2008), which suggested that the addition of a therapeutic writing or bibliotherapy element to a therapeutic group can enhance group process. However, this study builds upon the quantitative findings of Golden (2000) and Shechtman & Nir-Shfrir (2008) by giving a voice to the participants and adding their perspective to our understanding of the processes which contribute to this increase in group engagement and cohesion. 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 in order 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.

Quality and rigour

Steps were taken to ensure the quality of this study, making certain that it was conducted professionally and with integrity throughout the research process. I have aimed to demonstrate the qualities of commitment, rigour, transparency and coherence necessary for strong qualitative research (Yardley, 2000). Commitment has been shown through a prolonged engagement with research topic over the course of multiple years. A great deal of time and care was taken in transcribing the recorded interviews, repeatedly reviewing each transcript for accuracy and to fully immerse myself in the data. To ensure rigour, the thematic analysis process was adhered to faithfully as set out by Braun & Clarke (2006). The final presented themes are the product of a process of repeated revision, during which the original transcripts were returned to regularly for review, to ensure the developing codes and themes reflected all key facets of the data. The analysis was checked by my supervisory team at multiple stages, and I have striven to provide a transparent and coherent narrative of my processes and findings.

Limitations and considerations

It is acknowledged that due to the design of the reading and writing for well-being groups, the sample could only possibly have included those who chose to attend such a group and had found it to be enjoyable or beneficial, as those who have never attended, or who have chosen to leave, were not part of the participant pool. Therefore, this thesis was unable to incorporate the voice of those who would not choose to engage with a reading and writing for well-being group or have attended and found it to be unhelpful. For this same reason, there were questions that arose for me during the course of the study that were unable to be explored. For example, there was a lack of diversity within the participant pool which could not be fully addressed within the scope of this study. Whilst this is not necessarily a limitation per se as the aim of qualitative research is not to produce generalisable findings, it is worth considering how these groups might be better placed to engage more participants from socially disadvantaged and marginalised sectors of the community.

Additionally, 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. This is also addressed in more detail under 'Future directions'.

A further limitation experienced in this study was the lack of privacy during participant interviews. To minimise the risks of lone-working whilst making it feasible for participants to attend the interviews, interviews were held in cafes near the participants' homes. This strategy was decided upon to encourage participation in the study. Nonetheless, it will inevitably have impacted upon the data as some participants may have been willing to give more expansive or personal accounts of their experiences in a private setting. Future research should consider alternative means of conducting private interviews even if it is difficult for participants to travel—perhaps arranging to conduct interviews in research pairs if participants prefer to be interviewed in their own homes, to avoid the risks of lone working.

An interesting point to consider in relation to this research is the largely older adult membership of the reading and writing for well-being groups studied. There could be a wide array of factors contributing to this. Some potential explanations are more logistical, such as the manner and forums in which the groups are advertised. Other explanations may include older adults having more time to pursue creative interests or the fact that two of the three groups are held during standard office hours, making them more accessible to those who are retired than those of working age. Group membership, particularly regarding socio-economic and cultural diversity, is discussed further under 'Future directions'.

Future directions
Going forwards, reading and writing for well-being groups need to be further researched along multiple dimensions, using both quantitative and qualitative methodologies, if an evidence-based case is to be made for more widespread implementation. 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. This thesis aimed to lay key foundations by seeking to understand the therapeutic mechanisms at work within the groups studied. However, a controlled research study on the efficacy of these interventions

for improving participants' scores on subjective and objective measures of well-being will be crucial to developing the evidence-base further. The methodology utilised by Shechtman & Nir-Shfrir (2008) could be looked to as a starting point for a larger scale design that could help develop a greater understanding of both the therapeutic processes occurring in, and efficacy of, reading and writing for well-being groups.

An additional future research question surrounds the differences in therapeutic processes occurring in various community participatory arts groups based upon the artistic medium being used. Similarities between the findings of this research and those of studies examining other types of arts groups and programmes are highlighted throughout the analysis. 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. This has left me curious as to how the artistic medium being used influences the therapeutic mechanisms at work. Golden (2000) examined how the addition of collaborative writing impacted group cohesion in poetry therapy by comparing 'with writing' and 'without writing' conditions. Additional studies of a similar design comparing participatory arts groups that are designed to be parallel in all aspects apart from the artistic medium used might be able to enhance our understanding of processes that are unique to each condition.

Finally, although the groups are held in neighbourhoods with a diverse, multi-cultural populations—some with high levels of deprivation (English Indices of Deprivation 2015)—this diversity was not reflected in the reading and writing for well-being group membership at the time of recruitment. Moody & Phinney (2012) similarly noted that the membership of the Arts, Health and Seniors programme was predominantly white and English-speaking, despite its location in a neighbourhood with a large immigrant population. All of the participants in this study reported that they had either been actively looking for a group to join when they found the reading and writing for well-being groups, or that they had been introduced to the group via an existing social connection. Shankar et al. (2013) found that older adults with lower educational levels were at higher risk of social isolation and loneliness, and Shankar et al. (2017) highlighted the importance of targeting disadvantaged groups of older adults for social isolation and loneliness interventions. Based on this knowledge, one might hypothesise that, contributing to health inequalities, older adults with higher levels of education and increased access to resources may be more likely to independently seek out supportive and enriching programmes, such as participatory arts groups, or find out about them through their existing social networks.

Whilst I believe that arts-based community programmes should be available to all who wish to participate and benefit, not limited to those considered 'ill' or disadvantaged, it could be argued that many such programmes are not currently being accessed by those who could benefit the most. For example, ten of the twelve participants in this study reported engaging in some form of past counselling or psychological therapy—indicating that the groups may currently be predominantly serving those who are already inclined to seek psychological support when needed. Developing better links with health and social care organisations that can offer effective social prescribing may be one method of combating health inequalities and supporting increased access to reading and writing for well-being groups. 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.

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. The facilitator's skill in both domains allows a 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. Future research around outcomes and efficacy should be conducted to help to make the case for implementing such groups as a widespread community 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.

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Appendices

Appendix A: Participant information sheet

UWE BRISTOL University of the West of England

Information Sheet for participants in a Doctoral research project titled "A qualitative exploration of the therapeutic experience of adult participants in a bibliotherapy and creative writing group".

Introduction

This research is being conducted by a student on the Professional Doctorate in Counselling Psychology course at the University of the West of England. The researcher is conducting research on the therapeutic experience of people participating in this reading and writing for wellbeing group as part of her Doctoral Thesis. This document will provide information about the research and invite you to take part.

Purpose of the Research

If you are being invited to participate in this research, it is because you are a member of a reading and writing for wellbeing group. The aim of this research is to explore in depth the therapeutic experience of people who participate in reading and writing for wellbeing groups in order to gain a better understanding of the therapeutic processes that occur in this setting.

Voluntary Participation / Right to Withdraw

Your participation in the research is entirely voluntary. Your choice whether or not to participate in the research will be in no way disclosed to the reading and writing for wellbeing group or impact your future participation in the reading and writing for wellbeing group. If you choose to participate in the research, you will have the right to withdraw at any time before, during, or after the interview should you change your mind. In order to withdraw from the research after the completion of the interview, call or email the researcher at the telephone number or e-mail address indicated at the bottom of this information sheet. You may elect to withdraw from the research up until May 2017, at which point the research will be submitted to the university and the researcher will no longer be able to edit out information you have contributed.

Research Procedure

Should you choose to participate in this research, you will be asked to attend a confidential interview with the researcher. Interviews will last approximately 30 to 60 minutes. The interview questions will focus on your experience of participating in the reading and writing for wellbeing group. Your interview will be audio recorded and then later transcribed into a written document to be analysed in conjunction with the other interviews.

Confidentiality

Your confidentiality is of the utmost importance to the researcher. In order to protect your confidentiality, you will be assigned a participant number. Your name and any other information that could potentially be used to identify you will be changed when the audio recording of your interview is transcribed into writing. All audio recordings and transcriptions will be stored in password protected files kept on a password protected USB drive within a locked filing cabinet. Once the thesis has been submitted, the audio recordings will be destroyed.

Risks

As you will be asked to discuss your therapeutic experience of the group, it is possible that you may choose to share stories or experiences that raise emotional distress for you. If you experience distress during or following the interview, please discuss this with the researcher and referrals to appropriate support services will be given.

UREC/FREC Ethics Application Form   Version 2 1/8/13

Benefits

It is the hope of the researcher that expanding the research evidence base surrounding reading and writing for wellbeing groups will lead to the improvement and/or further creation of such groups.

Sharing the Results

Findings from this research will be used in writing the researcher's Doctoral Thesis, will be submitted to academic journals for publication, and may be presented at a conference or research symposium. Should you wish to receive a copy of the finished Doctoral Thesis or any published journal articles related to this research, you may obtain a copy by contacting the researcher at the telephone number or email address indicated at the bottom of this information sheet. It is anticipated that the final Doctoral Thesis will be available for those who wish to receive a copy by September 2017.

Who to Contact

Should you have any questions or concerns related to this research, please contact the researcher, Brianna Malyn. Should you have any concerns or complaints about the researcher or the manner in which the research has been conducted, please contact the researcher's Director of Studies, Dr. Zoe Thomas at the University of the West of England.

Researcher Contact Information:	**Director of Studies Contact Information:**
Brianna Malyn, M.S. MBPsS	Dr. Zoe Thomas, CPsychol AFBPsS
University of the West of England	University of the West of England
brianna2.malyn@live.uwe.ac.uk	zoe2.thomas@uwe.ac.uk
0793 91 50832	0117 32 83794

Appendix B: Participant consent form

UWE University of the West of England **BRISTOL**

Consent Form for participants in a Doctoral research project titled "A qualitative exploration of the therapeutic experience of adult participants in a bibliotherapy and creative writing group".

By signing below you are confirming that:

- ☐ You have read and understood information about the project
- ☐ You have been given the opportunity to ask questions
- ☐ You voluntarily agree to participate in the project
- ☐ You understand that you can withdraw at any time without giving reasons and without penalty
- ☐ You understand how the data you provide will be used
- ☐ The procedures for protecting your confidentiality have been clearly explained

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Participant Signature:_____ **Date:**_____

Statement by the Researcher

I have accurately read through the information sheet with the participant, and to the best of my ability have made sure that the participant understands.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Copies of the Information Sheet and this Informed Consent Form have been provided to the participant.

Print Name of Researcher: _____

Signature of Researcher: _____

Date: _____

Participant Number:_____

UREC/FREC Ethics Application Form   Version 2 1/8/13

Appendix C: Participant demographic questionnaire

UWE University of the West of England **BRISTOL**

Demographic Questionnaire for participants in a Doctoral research project titled "A qualitative exploration of the therapeutic experience of adult participants in a bibliotherapy and creative writing group".

1. What is your age? _____

2. What is your gender? _____

3. What is your relationship status? _____

4. Do you consider yourself to have a disability? If so, please briefly explain.

_____

5. What is you ethnic origin/nationality?

_____

6. Is English your first language? _____

7. What is the highest level of education that you have completed?

_____

8. Have you had any previous experience of counselling or therapy? If so, please briefly explain.

_____

_____

_____

Participant Number: _____

Appendix D: Semi-structured interview schedule

University of the
West of England
BRISTOL

Semi-Structured Interview Schedule for participants in a Doctoral research project titled "A qualitative exploration of the therapeutic experience of adult participants in a bibliotherapy and creative writing group".

Could you begin by telling me a bit about yourself and how you came to be part of this group?

- ☐ How long have you been participating in the group?

- ☐ How regularly do you attend the group?

What were your hopes or expectations of the group when you joined?

- ☐ How do those hopes or expectations compare to your actual experience in the group?

- ☐ Why have you chosen to continue participating in the group?

What has been most helpful or valuable to you about participating in the group?

- ☐ In what ways has participating in the group impacted your life?

- ☐ Is there anything you would like to be different about the group?

Can you tell me about any other experiences you have had of counselling or a support group?

- ☐ What has been similar or different to those experiences and your experience of this group?

Is there anything else you had hoped I would ask about or would like to add?

Appendix E: Permission to recruit letter

Permission

Fri 4/17/2015 3:57 PM

Inbox

To: Brianna Malyn <Brianna2.Malyn@live.uwe.ac.uk>;

Hi Brianna, below is the statement you asked for. Thanks for your info - I'll introduce it next week to my groups. I hope the statement is enough - if you want anything else in there get back to me. Best wishes. ███

TO WHOM IT MAY CONCERN

I am happy to allow Brianna access to my Creative Writing for Health and Well-Being Groups which I facilitate in ████████, I am happy to work with her in setting up interviews with willing participants in exploring their experience of therapautic writing within this setting.

████████████

Appendix F: Faculty Research Ethics Committee approval letter

University of the
West of England
BRISTOL

**Faculty of Health & Applied
Sciences
Glenside Campus
Blackberry Hill
Stapleton
Bristol BS16 1DD**

Tel: 0117 328 1170

UWE REC REF No: HAS/15/04/150

12th June 2015

Brianna Malyn
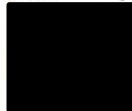
Dear Brianna

**Application title: A qualitative exploration of the therapeutic experience of adult participants in a
bibliotherapy and creative writing group**

Thank you for resubmitting your ethics application, this was considered by the Committee and based
on the information provided was given ethical approval to proceed.

You must notify the committee in advance if you wish to make any significant amendments to the
original application using the amendment form at

http://www1.uwe.ac.uk/hls/research/researchethicsandgovernance.aspx

Please note that any information sheets and consent forms should have the UWE logo. Further
guidance is available on the web:
http://www1.uwe.ac.uk/aboutus/departmentsandservices/professionalservices/marketingandcom
munications/resources.aspx

The following standards conditions also apply to all research given ethical approval by a UWE Research
Ethics Committee:
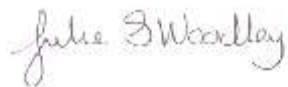
1.   You must notify the relevant UWE Research Ethics Committee in advance if you wish to make
significant amendments to the original application: these include any changes to the study
protocol which have an ethical dimension. Please note that any changes approved by an external
research ethics committee must also be communicated to the relevant UWE committee.

UREC/FREC Standard Approval Letter   Version 1 1/8/2013

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2. You must notify the University Research Ethics Committee if you terminate your research before completion;
3. You must notify the University Research Ethics Committee if there are any serious events or developments in the research that have an ethical dimension.

Please note: The UREC is required to monitor and audit the ethical conduct of research involving human participants, data and tissue conducted by academic staff, students and researchers. Your project may be selected for audit from the research projects submitted to and approved by the UREC and its committees.

We wish you well with your research.

Yours sincerely

Julie J Woodley

Dr Julie Woodley
Chair
Faculty Research Ethics Committee

c.c Zoe Thomas

Appendix G: Example of developing and tracking codes

Codes	1	2	3	4	5	6	7	8	9	10	11	12	
Being seen and heard / significant and secure/ feeling acknowledged	x	x	x	x	x	x	x	x	x	x	x	x	12
Easy to access / Found in local community	x	x	x	x	x	x	x	x	x	x	x	x	12
Facilitator as warm /encouraging /inspirational /eliciting creativity & participation	x	x	x	x	x	x	x	x	x	x	x	x	12
Group as supportive	x	x	x	x	x	x	x	x	x	x	x	x	12
Skill of the facilitator	x	x	x	x	x	x	x	x	x	x	x	x	12
Containment/managing the space	x	x		x	x	x	x	x	x	x	x	x	11
Flexibility to choose if/what to write	x	x	x		x	x	x	x	x	x	x	x	11
Fulfillment in later life / group as fulfilling / enriching	x	x	x		x	x	x	x	x	x	x	x	11
Group as fluid (membership)	x	x	x	x		x	x	x	x	x	x	x	11
Increased awareness of others' experience/perspective (inc. diversity of responses to same prompt)	x	x	x	x	x	x	x		x	x	x	x	11
Rules and boundaries	x	x		x		x	x	x	x	x	x	x	11
Sense of connection/closeness/togetherness - Authenticity of group relationships	x	x	x	x	x	x	x		x	x	x	x	11
Balance of writing and "therapy" aspects of group	x	x	x		x		x	x	x	x	x	x	10
Bearing witness as a priviledge/learning from what others share		x	x	x	x	x	x		x	x	x	x	10
Bearing witness as emotional		x	x	x	x	x	x		x	x	x	x	10
Developing sense of self-efficacy	x	x		x	x		x	x	x	x	x	x	10
Flexibility to choose what to share/choice in personal boundaries	x	x	x		x	x	x		x	x	x	x	10
Fun and enjoyment	x	x		x	x	x	x	x	x	x	x		10
Safe space	x	x	x	x	x	x	x		x	x		x	10
Sense of achievement/validation		x		x	x	x	x	x	x	x	x	x	10
Sharing writing with friends/family - Acknowledgement outside of group	x	x		x	x	x	x	x	x	x		x	10
Surprise at what comes out in writing	x	x		x	x		x	x	x	x	x	x	10
Writing as "dealing with" emotions/ "getting rid of stuff"/ healing	x	x		x		x	x	x	x	x	x	x	10
Writing as eliciting insight/making the unconscious conscious	x	x		x		x	x	x	x	x	x	x	10
Writing as means of reflecting and processing past experiences - making sense / gaining new perspective	x	x	x	x			x	x	x	x	x	x	10
Allowing oneself to be vulnerable	x	x		x	x		x		x	x	x	x	9
Developing confidence	x	x		x	x	x	x			x	x	x	9
Group as accomodating/responsive	x	x	x	x	x	x	x		x	x			9
Group feedback as beneficial		x	x	x	x			x	x	x	x	x	9
Increased self-reflection/developing self-awareness/ self-acceptance	x	x	x				x	x	x	x	x	x	9
Improvement in writing skills	x	x		x		x	x	x		x	x	x	9
Place to explore unhealed wounds/re-processing traumas of ordinary life	x		x	x			x	x	x	x	x	x	9
Positive view of therapy/well-being		x	x		x	x	x	x	x	x		x	9
Sense of helping by/ importance of listening/ giving space		x	x	x		x	x		x	x	x	x	9
Spontaneous writing "just write" - Liberating, challenging - Learning to push past "I can't"				x	x	x	x	x	x	x	x	x	9
Use of creative stimulus (music, prose, visual) as trigger for writing - giving access to emotion - taps into something different	x	x	x	x				x	x	x	x	x	9
Writing as eliciting emotion	x	x			x		x	x	x	x	x	x	9
You don't have to say it directly/ metaphor/ space bewteen self and story	x	x			x	x	x	x		x	x	x	9

Theme													Count
Confidentiality and trust	x		x	x		x	x			x	x	x	8
Group as element of self-care	x	x	x		x			x	x	x	x		8
Group as open/welcoming	x	x	x			x	x		x	x		x	8
History of helping/public service profession or volunteering	x	x	x		x	x	x		x			x	8
Necessity of empathy	x		x	x	x		x		x	x	x		8
New members/new voices as a positive	x	x		x		x	x		x	x		x	8
No wrong answers/Doesn't matter if it's "good"	x	x			x		x	x	x	x	x	x	8
Positive challenge	x	x				x	x	x	x	x	x	x	8
Range of writing skill/style	x	x	x		x		x			x	x	x	8
Sharing with group as emotionally healthy/positive/cathartic/stimulating		x		x	x	x	x			x	x	x	8
Being accepted	x	x				x			x	x	x	x	7
Development of interpersonal skills		x			x	x			x	x	x	x	7
Emphasis on positivity/enouraging others (re: writing ability)	x	x	x			x	x			x	x		7
Group as self-selective	x	x	x		x		x		x			x	7
Group as therapeutic without being intrusive / good for you without realising it	x		x			x			x	x	x	x	7
Improving writing skills as primary goal	x			x	x	x		x	x		x		7
Mental stimulation	x			x	x		x	x		x		x	7
Separation between group and rest of life	x			x		x	x		x		x	x	7
Themes and progression				x	x			x	x	x	x	x	7
Use of humour	x	x			x	x	x			x	x		7
Writing about "the things we just got on with"/ unhealed wounds	x		x				x	x		x	x	x	7
Group as source of motivation/inspiration for writing - helpful to writing			x	x	x		x	x				x	6
Learning to tolerate uncomfortable emotions		x	x			x	x		x		x		6
Opening up more than intended	x		x	x			x	x				x	6
Opportunity for self-expression/creative outlet				x		x	x		x	x	x		6
Time for me	x	x			x		x		x			x	6
Curiosity/variety as motivation to continue participation	x			x				x		x	x		5
Developing compassion for past self				x			x		x	x	x	x	5
Discussed history of mental health treatment		x			x		x	x			x		5
Group as evolving/a journey not a destination	x		x	x					x		x		5
Importance of respect to group dynamic		x	x	x	x						x		5
New members as potentially difficult		x					x	x	x	x	x		5
Publication as validation	x	x	x				x				x		5
Rejection of group as "therapy" / writing not ranting	x			x		x			x	x			5
Sharing intially challenging		x			x	x			x	x			5
Disadvantages of venue	x			x		x			x				4
Group as source of social interaction				x		x			x	x			4
Learning to articulate emotion / creating something tangible		x							x	x	x		4
Management of conflict - sometimes handled outside of group	x	x	x							x			4
Sharing as giving of yourself			x			x		x			x		4
Act of doing something creative together as important to group process								x		x	x		3
Financial cost of participation	x		x						x				3
Group as giving strength / "anchoring"	x	x							x				3
Writing to document yourself/your journey		x				x				x			3
Feeling of responsibility to group	x								x				2
Writing as crafting (home writing)					x				x				2

Theme	Sub-themes	Codes
Growth and Development	Personal Growth	Increased self-reflection
		Developing self-awareness
		Developing confidence
		Developing self-efficacy
		Increased self-compassion and self-acceptance
		Developing interpersonal skills
		Learning to articulate emotion
	Challenge and Stimulation	Writing as a positive challenge
		Group as source of mental stimulation
		Development of writing skills
Fulfilment in Later Life	Being Seen and Heard	Connection and belonging
		Feeling significant and secure
		Positive feedback from group
	Generativity and Achievement	Praise of writing by friends and family
		Creating something tangible
		Publication and performance
	Time for me	Re-prioritising self-care
		Writing to document one's journey
Function of Writing	Fun and Enjoyment	Writing as opportunity for self-expression
		Writing as a creative outlet
		Use of humour
	Opening Possibilites	No wrong answers
		Spontaneous writing tasks as liberating
		Learning to push past "I can't"
		It doesn't matter if it's "good" writing
		Allows for indirect communication
	Eliciting Insight	Surprise at what emerges in response to prompts
		Making the unconscious conscious
		Writing as a means of reflecting and processing
		Enabling new perspective
		Creating space between self and story
	Working with Emotion	Writing as an emotional outlet
		Writing as healing
		Writing as a means of pinning down the intangible
		Use of writing to communicate emotion
		Writing as paying tribute
Group Dynamics	Safe Space	Confidentiality and trust
		Separation between group and rest of life
		Respect despite differences
		Feeling of being accepted
		Lack of pressure
		Authentic communication
	Experience of Sharing	Opening up more than intended
		Allowing oneself to be vulnerable
		Group as supportive and empathetic
		Sharing with group as healthy or cathartic
		Sharing with group as challenging
		Sharing with group as enjoyable
		Appreciation of group feedback

	Cohesion	Engaging in creative activity as fostering cohesion
		Identification with group
		Feeling of responsibility to group
		Feeling of closeness and togetherness
		Management of conflict in group
	Fluidity of Membership	Group as open and welcoming
		Group as self-selective
		New members as enriching group
		New members as potential disruption to group
Bearing Witness	As a Privilege	Learning from the experiences of others
		Exposure to diverse perspectives
		Realisation that everyone has unhealed wounds
		Increased awareness of the range of human experience
	As a Responsibility	Sense of helping by listening
		Staying with others in their pain
		Sharing experiences as giving of oneself
Balance of Writing and Therapy	Writing Not Ranting	Rejection of group as "therapy"
		Improving writing as primary goal
		Function of group to provide motivation, inspiration and
	Writing for Well-being	Not a professional writing course
		Group as element of self-care
		Emphasis on positive feedback
		Endorsement of group as therapeutic
	Flexibility	Freedom to set personal boundaries
		Choosing if or what to write
		Time spent on home writing
		Range of writing styles and abilities
		Group as accommodating and responsive
		Group as therapeutic without being intrusive
Skill of the Facilitator	Personal Qualities	Facilitator as warm and encouraging
		Facilitator as eliciting creativity and participation
	Managing the Space	Rules and boundaries
		Containment
	Group Design	Choice of writing themes
		Choice of creative stimulus
		Group as continually evolving

Appendix I: Example of coded interview

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Reading and writing for well-being:

A qualitative exploration of the therapeutic experience of adult participants in a bibliotherapy and creative writing group

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Introduction

- This study aims to examine the therapeutic processes occurring within adult bibliotherapy and therapeutic creative writing groups being facilitated out of three libraries in a large city in England.

- The primary research question being explored is "what therapeutic processes are occurring through the use of bibliotherapy and therapeutic creative writing in a group setting?"

Background

- This study seeks to help answer the call for an increase in research on the "medical humanities" and the value of cultural interventions in communities (Philipp, Baum, Macnaughton, & Calman, 2002).

- Whilst past research has explored the effectiveness of CBT bibliotherapy interventions implemented through libraries (Chamberlain, Heaps, & Robert, 2008; MacDonald, Vallance, & McGrath, 2013), bibliotherapy utilising fictional literature, poetry, prose and creative writing is a vastly different intervention—the writing on which has tended to focus on theory and neglect research (Detrixhe, 2010).

- What research has been conducted has been promising. Poetry and fictional literature have been found to enhance group therapeutic processes by increasing emotional exploration (Schectman & Nir-Shfrir, 2008) and therapeutic writing interventions have been found to increase group cohesiveness (Golden, 2000).

- Further research is necessary to work towards establishing an evidence base.

Method

- This study is qualitative in design, using interviews to initiate an open dialogue in which participants may freely share their experiences and themes are able to emerge.

- Participants are being recruited purposively from reading and writing for well-being groups run out of libraries in a large city in England.

- The target number of interviews is set at 12 to 15.

- Participants are asked to engage in individual, semi-structured interviews about their experience of participating in their group.

- Interviews are being transcribed and then analysed using Thematic Analysis, following the guidelines of Braun & Clarke (2006).

"...writing allows you to open up and tap into aspects of yourself you don't usually get to."

-Research Participant

Preliminary Findings

- This research is currently in progress. Over the summer of 2016 interviews will continue to be conducted and transcribed.

- At this time 5 interviews have been conducted and initial themes appear to be emerging through the transcription process.

- All participants thus far have discussed the facilitator's boundary-setting skills and behaviours in regards to what makes their group work and has allowed it to be a "safe space".

- Several participants spoke about their emotional experience when another group member shared a piece of writing that resonated with them as well as their feelings of both vulnerability and "release" when sharing their own work or something personal with their group.

- Multiple participants described themselves as gaining "strength", "confidence", "motivation" and "improvement in [their] writing" from being part of their group.

- Additionally, all participants so far have discussed the group's dynamics in some way and how interpersonal ruptures within their group have been worked through.

"...somebody will listen... you have to listen to other people and other people will listen to you."

-Research Participant

Implications for Counselling Psychology

- The potential contribution of this work lies in the hope that strengthening the evidence base for bibliotherapy and therapeutic creative writing groups would support the further creation of such groups.

- These library-based groups represent an opportunity to provide access to support and well-being in the community both for people who do and do not identify as having mental health difficulties.

- Developing understanding of the therapeutic processes occurring in such groups may open up possibilities for enhancing those processes in other types of therapeutic groups.

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Appendix I: Journal Article

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