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## Client Writing in Individual Therapy: A Review of the Literature

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CLIENT WRITING IN INDIVIDUAL THERAPY:

A REVIEW OF THE LITERATURE

by

Karla Esplin Bennion

A thesis submitted in partial fulfillment  
of the requirements for the degree

of

MASTER OF SCIENCE

in

Psychology

Approved:

UTAH STATE UNIVERSITY  
Logan, Utah

1986

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ABSTRACT

Client Writing in Individual Therapy:

A Review of the Literature

by

Karla Esplin Bennion, Master of Science

Utah State University, 1986

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Department: Psychology

Client writing has been used in association with individual therapy for many years, but published research on its effectiveness is sparse. Such research could provide a potential tool for therapists, as well as expand scientific knowledge. This review includes all available reports on the topic of client writing in individual therapy. The studies fall into three general categories: the systematic, "experimental" studies; the anecdotal reports; and the didactic reports. All studies considered show some benefit from the use of client writing in therapy. Writing appears to be beneficial whether initiated by the client or directed by the therapist; beneficial to adolescents and adults of all



ages; beneficial to hospitalized patients, clients in individual therapy, and to students in school counseling; beneficial with different forms of writing; beneficial with different types of therapy; and beneficial whether writing is the main focus of therapy or only an adjunctive process. However, the conclusion that client writing is beneficial is largely based on anecdotal reports from therapists who have accidentally stumbled on it. Much more systematic research is needed, beginning with a survey to determine how extensive is its use. Specific recommendations for research are made.

(65 pages)

## CHAPTER I

## INTRODUCTION

The self-exploration that comes about through writing leads to insights into the thoughts, emotions, and behaviors of one's self and others. Although the intent of most creative writers is to illuminate a specific part of the human condition, a side benefit is the therapeutic effect of writing on the writers themselves. The idea that writing is good for one's well-being is an ancient one, recognized long before "therapy" was invented. Various types of writing have been used as self-help or in conjunction with help by others for many years. For example, Aristotle recognized the beneficial cathartic effects of good writing on both writer and reader (Aristotle, 330 B.C.E./1955). Autobiographical, confessional, and journal writing have helped men and women deal with the crises in their lives from St. Augustine (395 A.D./1935) to Gertrude Stein (1933).

Not only authors recognize this benefit; writing of various types has been used in conjunction with therapy for many years. Freud's self-analysis, often referred to in The Interpretation of Dreams, could be viewed as an example of writing therapy (1900/1938). Clifford Beers, founder of the mental hygiene movement

in the early part of this century, wrote his influential autobiography while in the manic phase of his illness (Beers, 1928). Some clients keep journals, reflecting on therapy and on the events of their lives. Some clients write such journals at the request of their therapists. Behavioral therapy may involve the client keeping a detailed, structured record of actions, thoughts, and feelings. Cognitive therapists also assign written homework (Ellis, 1963). Not all writing is assigned; some clients write letters to their therapists. Clients bring prose and poetry, or records of dreams and conversations, to their therapists as gifts, as the media of genuine communication, and (one suspects) as resistance to traditional talk therapy (Greenwald, 1969; Levey, 1938). The variety in use of client writing is as great as the variety in clients, therapies, or therapists.

#### The Problem

The informal use of writing is so extensive in therapy that the body of research on its effectiveness should be much larger than it is; unfortunately, what little research there is, is widely scattered and not easily accessible. Rigorous experimental studies

which could prove the therapeutic use of writing are not available. The basic question remains unanswered: is writing beneficial in individual therapy? The literature on client writing in therapy is not only widely scattered in time, but is also diverse in the specific topics examined, in the theoretical orientation of the investigators, and in the quality of research. Reviews on the use of written materials in psychology are too broad, too short, or touch on client writing only incidentally (Allport, 1942; Brand, 1979).

Since writing has long been thought to be beneficial to the writer, and since client writing is often used in various types of therapy, solid research on the different aspects of client writing would expand scientific knowledge and potentially provide a proven tool to therapists. Before such research could begin, however, investigators would need a thorough review of all literature on client writing in individual therapy. The intent of this review is to form the foundation for further research relative to the therapeutic effect of client writing.

#### Parameters of the Review

The limits of this review are defined in the

title: client writing in individual therapy. Writers, teachers, therapists, and laymen have many suggestions for the use of writing as self-therapy. Some advocate the use of free-writing exercises, in which the client simply writes everything that comes to mind (Elbow, 1973; Newell, 1977), while others promote journal keeping (Rainer, 1978; Progoff, 1975). This review, however, is limited to client writing in conjunction with therapy.

We may also find examples of writing in group therapy, particularly with children and adolescents in a school setting (Adams, 1981; Wells and Stevens, 1984). Mention will be made of these studies as they apply to individual therapy, but the emphasis is on the individual rather than the group situation. A few investigators have explored the therapist's use of his or her own writing as a mover in the relationship (Wilcoxon and Fenell, 1983), while others looked at the treatment of writing difficulties (Johnson, Shenoy, and Gilmore, 1982), but these fall outside the bounds of this review. There is a growing body of literature on poetry therapy and other types of bibliotherapy, and sometimes clients produce their own writing in response to what they read (Leedy, 1969). This review is an examination of client productions

only. The emphasis of this paper is on expressive writing, and articles on the effectiveness of such behavioral techniques as self-charting are not within its scope.

### Definitions

Client is defined as any individual receiving any type of psychological therapy. The individual may be a student, a hospitalized patient, a person attending a clinic for a psychological problem, or others.

Client writing is defined as any expressive writing, assigned or voluntary, by the client that the therapist is aware of; it may include letters, journals, poetry, specific homework (excluding record-keeping), dream transcriptions, stories, etc.

Individual therapy is defined as one client, one therapist, during the actual treatment time. Group therapy is excluded. Client-initiated refers to writing the client volunteers or brings to the therapist's attention; therapist-initiated refers to writing that is suggested or directed by the therapist. Client diagnosis in this review is defined first as the situation of the client, whether hospitalized, seeing a therapist individually, or volunteering for an experiment, and second as the

specific medical diagnosis. Students and volunteers are often not given a medical diagnosis.

Type of therapy refers to the specific orientation of the therapist. Types of therapy include the depth therapies, the behavioral therapies, the cognitive therapies, Gestalt therapy, client-centered therapy, etc.

Systematic studies are those which have some sort of comparison, control, measure, and analysis. Not all are "experimental." Anecdotal/case studies are reports from therapists of their own experiences with clients. Didactic reports are those from individuals interested in informing others of theory, techniques and curricula to do with writing.



CHAPTER II  
METHODOLOGY

The research on client writing is at that very early phase when the literature consists of scattered anecdotal reports, a few small research projects, and no comprehensive review. As is traditional in articles in the psychological journals, the small review of the literature in the introduction to these reports includes references to the authors' theoretical background and references to previous research in the problem area. In no case are these small reviews adequate comprehensive analyses of all previous research. A computer search of Psychological Abstracts and a careful reading of the reference lists from articles collected revealed no reviews of the specific topic of client writing in individual therapy. This review fills that vacancy in the literature, pulling together the various studies.

Objectives

The main objective of this review is to determine, according to the research, if client writing is beneficial in individual therapy. Beyond the basic issue of therapeutic helpfulness are other questions to be addressed. These subsidiary questions



are an attempt to determine in what dimensions of individual therapy client writing is effective.

1. Is client-initiated writing effective? Is therapist-initiated or therapist-directed writing effective?

2. Are individuals in specific age groups benefited by writing?

3. Are individuals in specific diagnostic groups benefited by writing?

4. What types of client writing are beneficial in therapy--journals, stories, letters, poetry, etc.?

5. With what type of therapy is client writing beneficial?

6. Is writing effective as an adjunct to therapy--one of many tools? As the main or entire focus of therapy?

Of special interest is how investigators define and measure the beneficial (or other) effects of client writing; in other words, this review is an attempt to not only report how researchers respond to these questions, but how well they respond.

### Procedures

#### Selecting Studies

The review of research is comprehensive. It

includes all the studies that are available on the topic. The review began with a computer search of Psychological Abstracts. Terms used as parameters for the search were taken from the Thesaurus of Psychological Terms of the Psychological Abstracts, and included all types of written communication and all types of therapy. A close reading of the abstracts eliminated those reports which were irrelevant. Those articles, theses, dissertations, and reports which were relevant were obtained in their entirety and their reference lists consulted for more sources on the topic. All articles on client writing in individual therapy were reviewed, regardless of the researchers' theories or methodologies, or of the particular type of report. Closely related articles and books on writing as self-therapy were considered, although the proposed review does not include all such studies. Some few published personal writings which may have applications for writing in therapy also came under examination.

#### Collecting Information

In this comprehensive examination of the research, the system of data collection and analysis was fairly broad and allowed for "categories of one."

First, note was made of the reference and date of the report. A quick scanning indicated the type of report--whether experimental, anecdotal, didactic, or personal--and the milieu from which the author wrote. Some articles came from individual therapists, others from English teachers, school psychologists, poets, hospital administrators, etc. The report was then carefully scrutinized, following a detailed, structured note-taking system which was modified to fit the various types of articles to be reviewed (see the Appendix). All reports were examined for the quality of the investigators' analysis of relevant literature, for the identification and justification of the problem question and for the theoretical bent of the authors. The main objective of each report was identified.

Further scrutiny depended upon the type of report to be reviewed. Empirical studies were rated on the basis of sample, measures, treatment, and results, including statistical interpretation. All studies were categorized according to the specific questions they addressed. Who initiated the writing, client or therapist? What age group did the study deal with? What was the diagnosis of the client? What type of writing was done--poetry, journal keeping, letters,

etc.? Did the author have a theoretical bent, use a specific sort of therapy? Was writing the main focus of therapy, or used alongside talk therapy? The unique strengths and deficiencies of each report were noted.

### Analysis

No quantitative analysis such as a meta-analysis was possible with so few quantified studies available. Analysis of non-experimental studies was made according to the particular issues addressed. The number of reports dealing directly with client writing was small enough to allow each to be reviewed individually; however, there were enough reports to allow general conclusions.

## CHAPTER III

## REVIEW OF THE LITERATURE

In 1942, Gordon Allport authored an extensive review of the use of personal documents in the psychological sciences. The review referred to research done in sociology, anthropology, political science, literature, and history. Allport defined "personal document" as anything written by the subject; it included journals, autobiographies, letters, school compositions, stories, poems, dream-records, questionnaire responses, projective test responses, lists, and daily schedules. Allport's intent in writing the review was to convince objective-minded American experimental psychologists that such subjective phenomenological reports were as important evidence in discerning trends in various groups as were the most large-sample, metrical, statistical research. He took for granted that such writing was invaluable idiographically, that is, in the individual case, not only in diagnosis, but in therapy. Allport stated:

Though the possibility of autoanalysis is disputed, and though total cures for neurotic conditions are apparently not achieved on the basis of cathartic writing, in virtually every instance some form of personal benefit results. (p.176)

In his review, Allport did not investigate the use of writing as a therapeutic tool, but he assumed that it was used extensively. Now, 44 years later, we still find the topic largely neglected, with many anecdotes and theories but few systematic attempts to explore the use of writing in therapy.

The studies gathered for this review fall into three general categories: (a) the systematic studies, which may include treatment, measures, and results amenable to statistical analysis; (b) the anecdotal or case studies, which relate the authors' experiences and learnings with their clients; and (c) the theoretical or didactic studies, which lay down principles and express opinions.

There is a fourth category--the personal writings of the clients themselves. Unfortunately, most such writing is private and rarely published; we must depend on the censored and edited versions of diaries, autobiographies, and memoirs that make it to the bookstores. With such writing we have no external check on the claim that the writing was actually beneficial. For instance, Virginia Woolf (1984) commented on the psychoanalytic usefulness of diary keeping, and kept one herself--yet she had periods of madness and eventually committed suicide. On the

other hand, she may have lived less long and suffered more from her illness had she not written, to say nothing of her contribution to modern literature. From purely personal writing we have no way of knowing one way or the other. There is no external correlate.

The theoretical and didactic studies, while interesting, are also unsatisfactory in determining if client writing is beneficial. Most sidestep that issue and move on to advertise the author's particular journal workshop, curriculum, homework plan, or personality theory. Most end in a plea for further research.

The case studies and anecdotal reports are much more satisfying in a concrete way. Many begin with a version of, "I had a client once who..." and then go on to divulge the particulars, often quoting from the clients' writing itself. Here we have at least one external check on the therapeutic effect of writing--the therapist's description of the client's progress. These concrete reports comprise the majority of articles on the topic of client writing in therapy, and have been published intermittently from the early 1900's to the present, with most appearing within the last twenty years. For most of the case study authors, the use of writing was accidental or



serendipitous.

This search of the literature revealed only five attempts to systematically determine the effectiveness of client writing in individual therapy. Such studies may be able to answer the question of whether writing is helpful in more than the isolated individual case. These deserve the most extensive individual analysis.

#### The Systematic Reports

The first report, while published in 1976, was on data collected in the early 50's (McKinney, 1976). McKinney gave students in a large undergraduate psychology class the optional assignment of cathartic or free writing as they felt the need. The students submitted the writing each week for nine weeks to McKinney and his graduate assistants. Fifty-eight of the 76 class members produced writing. The researchers took three measures to determine the effectiveness of the writing project: (a) a student questionnaire; (b) a calculation of the number of words written and the number of times students wrote during the three three-weeks periods; and (c) an interpretation of the writing itself by trained judges. McKinney reported that the number of words written and the number of times students wrote per



week increased over the first six weeks and decreased the last three weeks, and he reported that free writing decreased negative feelings and increased realistic attitudes; unfortunately, he did not relate the data on which he based these judgments. He did report some percentages from the student questionnaire. Forty-three percent of the students were enthusiastic about the project and 33% indifferent. In answer to separate questions, 18% of the students said they got nothing out of writing, 5% said it was painful, 5% were afraid their confidence would be betrayed, and 3% said they could not write well. Sixty-four percent of the students said that they had a disinclination to writing which changed over the 9 week period; the rest of the students had no initial disinclination.

McKinney himself raised one question about his data:

We are always dubious about answers on a questionnaire that is filled in at the request of the instructor, who may favor a certain answer, even though the answers are anonymous. (p. 185)

We may also question the applicability of his results to the general population, given that the data is more than thirty years old, and that it was an optional assignment to an undergraduate psychology class with no control (not even a pre-test). We may

wish that he had reported the data on the judges' rating of the writing and on the numbers of words written and times students wrote.

The next systematic study also involved a questionnaire and raters' evaluations. Maxie Maultsby (1971) attempted to determine the effects of the "A-B-C and D" homework developed by Ellis in his Rational Emotive Therapy (Ellis, 1963). Eighty-seven unselected patients received RET with the systematic written homework as the primary therapeutic tool. Patients attended therapy for as many sessions as they desired: at 10 session intervals and at the end of therapy they completed a questionnaire on their progress. Twenty patients dropped out without completing a questionnaire. Maultsby rated the remaining 67 patients' progress and assigned them to a "no improvement," "moderate improvement," or "much improvement" group.

A part of each patient's progress report was a self-evaluation of their homework performance, which was scored independently; ie, the homework scores did not influence patients' group assignments. Maultsby found that those in the "much improvement" group had a significantly higher homework performance score than those in the "moderate improvement" group, and the

"moderate improvement" group had significantly higher scores than the "no improvement" group. In other words, those who did their homework and liked it, improved more than those who didn't do it and didn't like it. Maultsby was careful to have independent raters also assign the patients to groups, and rater agreement was high. In spite of the careful design and scrupulousness in avoiding bias, there are still some objections to be made to this study.

First of all, Maultsby does not report how many patients were assigned to each group. The data become much less compelling if we discover that only 10% improved. Perhaps 90% improved--we have no way of knowing. Secondly, there is a more simple explanation for the relation between homework performance scores and improvement than that RET homework is therapeutic. Those patients who worked hard on their homework were most likely also working hard on their psycho-emotional problems. Their motivation to change may account for both their inclusion in the "much improved" group and their high homework scores.

Bastien and Jacobs (1974) attempted to determine if writing could be therapeutic without face-to-face interaction with a therapist. Their subjects were 52 volunteers from college psychology classes; during the

course of the study, 16 of the students dropped out. The students were assigned to three groups. In the writing therapy group, students wrote letters describing their problems, and the therapist responded with "behaviorally oriented therapeutic responses." Reassuring responses were written to letters from students in one control group, and another control group counted the frequencies of problem behaviors and mailed them to the therapist. These communications took place over a four-month period.

Bastien and Jacobs used a modified form of the Mooney Problem Check List and an attitude scale to measure the therapy's effectiveness. While finding no significant differences on the attitude scale, they did find that the writing therapy group reported significantly fewer problems on the Check List at the end of treatment than the two control groups. They also reported that the subjects volunteering for this project checked more than twice the number of personal problems than the general college population, which may indicate that such therapy appeals to some who do not avail themselves of traditional face-to-face therapy.

Objection may be made to the lack of other data comparing the volunteers for this project with the

general college population. The researchers do not report how many times letters were exchanged by students and therapist over the four-month period, whether the quantity and quality increased or decreased, or exactly what the behaviorally oriented responses were. But the study shows that with college volunteers, such writing therapy was effective in decreasing the number of perceived personal problems of the participants.

Jauncey (1976) in a doctoral dissertation described a well-planned, small scale study in which he attempted to supplement regular weekly counseling sessions with client writing during the "out-session" period. His 42 college level subjects were assigned to a writing group, a thinking group, or a control group. The control group went to counseling sessions; the thinking group was asked to think about their problems and feelings every day until the next therapy session; and the writing group filled in one page daily of a booklet with lead statements such as, "Today I feel...", "I feel positive about...", "I feel negative about...", and "I hope...." Jauncey's measure was a semantic differential scale on feelings about "myself" and "my problem," given as a pre- and post-test for the three week treatment.

Other than the first session one paragraph instruction about the writing given to clients along with the booklet, and the instruction to "think" to the second group, individual counseling for the three groups continued the same. Jauncey found that the writing group made significantly more positive change as measured by the semantic differential scale than the other two groups. The control group which received only regular individual counseling made some positive change, and the thinking group made negative change as measured by the scale. This startling result may be accounted for by unrecognized problems with the sample selection, or we may theorize about the negative effects of brooding over problems and feelings with no constructive or creative activity. This study is simple, short and straightforward, and begs for replication and enlargement.

Phillips, Gershenson, and Lyons (1977) carried out a study similar to that of Bastien and Jacobs (1974) in that therapy was carried on entirely by writing, with no face-to-face interactions. Nineteen undergraduate students were selected from 43 volunteers to be paid participants in the study. The others were eliminated because they had therapy before or because they did not complete the pre-testing. Two

dropped out during the 11 week program. Treatment consisted of weekly writing sessions by the students individually at the therapist's office; the therapist's replies included requests for more information and suggestions for dealing with people and problems. The treatment notebooks were seen only by the therapist and student.

The researchers measured the effect of their writing treatment by pro- and post-testing on the Minnesota Multiphasic Personality Inventory and the Edwards Personal Preference Schedule. They also had the students complete an evaluation of the process and counted the number of words written in each session. Three therapists rated the client protocols as to successful problem solving, and found that 90% improved. Twelve of the 17 students were rated by the therapists as having favorable reactions to writing; when asked of they would continue therapy if given the chance, 9 of the 17 said yes. The mean number of words written by the students declined over the 11 weeks, which the researchers interpreted as showing greater "economy" than face-to-face therapy.

Change on the two personality tests was more problematic--the researchers could perhaps have chosen better measures. Scores on certain scales did change,



but the meaning of the changes is open to interpretation. Students apparently became less introverted, less manic, and in less pain (according to the MMPI), more assertive, out-going, and independent (according to the EPPS). However, such changes may be typical of test-retest scores. While the researchers did find significant differences between the overall pre- and post-tests, we can't say what those changes mean in precise terms. This study deserves to be repeated but with different measures and with some kind of control group.

The fact that there are only five studies that are attempts to systematically explore the issue of client writing, reveals the paucity of researchers' interest in this area. However, the many anecdotal articles and case studies reveal a much greater interest among therapists.

#### The Anecdotal and Case Studies

Arthur Burton (1965) in Pearson's seminal volume on writing in therapy, reported the beginning of his interest in the topic.

I remember... the psychiatrist who was flooded by documented dreams his client voluntarily brought in larger numbers to each hour. One day he asked to see them and immediately dropped them into the wastepaper basket in her presence. He justified



this on the basis that her "written productions" were being used as a resistance and he was, of course, successful in stopping the flow. But I wonder whether both the therapist and client didn't pay a final penalty for the wanton disregard of her need to express herself this way. (p. 8)

Burton suggested that therapists consider incorporating writing into their therapy. Along with the obvious advantages of emotional catharsis and material for analysis that client writing provides, it extends therapy to the intervals between sessions, and allows the client creative expression at times when other positive action may be impossible or extremely difficult. Burton mentioned that in his experience, ambulatory schizophrenics take to writing eagerly and produce much simple, archetypical material. Burton warned that of course writing may function as resistance, but if properly approached by the therapist it can be turned to advantage.

Albert Ellis (1965) in the same volume discussed the use of writing, tape recording, and bibliotherapy in his work. Many of his clients expressed themselves better on sensitive topics when writing, and used the therapeutic time more pointedly. He stated that clients wished to keep the written material and referred to it between sessions, thus making use of the "out-session" to continue the therapeutic work.

In a critique of Burton (1965), Ellis (1965), and Harrower's work (1965), Raimy (1965) first questioned that the effectiveness of writing in therapy had been proven in any sense of the word. He raised possible objections to its use: writing takes longer to cover the material; writing lacks the immediacy of face-to-face therapy; writing may not be as spontaneous as traditional therapy. But if the workings of the unconscious are timeless, then quicker or slower therapy should make no difference; if not providing face-to-face contact, writing does provide imagined contact with the therapist while not in session; and the loss of spontaneity may be balanced by the gain in focus. Raimy noted the difficulty many therapists have in inducing their clients to complete written homework.

There are certainly practical problems in trying to induce an unwilling patient to use writing as a procedure in therapy. One might ask, however, whether the reluctance could not be viewed as distorted motivation against putting forth effort and against even trying to organize one's thoughts. Perhaps a working through of this issue with the patient might be a valuable aspect of therapy. (p. 60)

At times when the lack of motivation to change is hampering growth, writing can provide a concrete focus for discussion of the issue by therapist and client.

Some of the authors of the anecdotal and case

studies began using client writing in their therapy accidentally, or because they were convinced to do so by their clients. Others directed writing deliberately--some, as was the case with deaf psychiatrist David Farber, out of necessity.

Farber (1953) incurred deafness while practicing psychiatry, and had his patients free-associate with pen and paper or on the typewriter while he watched. He stated that resistance to the writing itself he came to view as any other sort of resistance, to be viewed within the analytic framework. He found that writing focused the work and "cut down on waste motion and excess verbiage" (p. 372). He also found that clients who had trouble assimilating their own insights, those who disowned their own observations, gained considerably from being able to review the written record.

Widroe and Davidson (1961) used writing in therapy deliberately with patients in a psychiatric hospital. Twelve late adolescent and adult women, diagnosed schizophrenic, depressive, or compulsive, were asked by their therapists to keep schedules of everything they did during the day. They discussed these schedules during therapy sessions. The therapists soon noticed that the women began to make

the schedule writing a group activity. Widroe and Davidson reported that most of the women whose verbalizations were delusional, were able to produce very down to earth, matter-of-fact schedule entries. Some became more involved in occupational and recreational therapy so they would have more to write. Others used the writing as a way to express their feelings to the therapist, withholding the schedule when they were angry and writing more when they were pleased. Widroe and Davidson theorized that the "compulsive" quality of schedule writing suppressed delusional ideation and enabled patients to better test reality.

Several therapists found themselves communicating with their clients by letter or letter-notebook when it was impossible to continue face-to-face treatment. A hospitalized woman whose inability to cope with tuberculosis was threatening her survival began treatment by letter with a psychoanalyst (Alston, 1957). In this case, although the therapist would have preferred more conventional treatment, the patient was physically unable to speak loud enough for interviews; also, her condition was so desperate that Alston felt any treatment at all was justified. Therapy proceeded by daily correspondence for several

years. He stated that:

transference, unconscious material, instinctual drives, defenses, and so on, manifest themselves, though correspondence is the medium for communication. (p. 33)

Alston found that although the patient often used the writing "in the service of resistance," therapy by writing had the advantage of providing her with sufficient distance to be able to face her problems without hostility or acting out. For some time the only positive relationship she could maintain in her life was the long-distance one with her therapist.

Hofling (1979) reported another case of therapy by correspondence. A young woman who had been in psychoanalysis as a college student wrote to her former therapist after ten years separation, specifically requesting therapy by correspondence. The woman in college had suffered from what seemed to be epilepsy with grand mal seizures, but after extensive testing the diagnosis was made of conversion reaction. Testing was repeated before Hofling would agree to the treatment by mail. After urging the woman to seek psychiatric care in her vicinity, Hofling agreed to the correspondence, setting down ground rules as to length of letters, length of intervals between letters, and fee. The letter-therapy

continued for two years. Hofling stated that such correspondence should be preceded by some face-to-face therapy to allow "transference and countertransference" to evolve (p. 410). He also stated his belief that deeper and more therapeutic effects could have been achieved if the client had sought conventional therapy. Since the woman chose this unusual type of therapy despite Hofling's initial reluctance, one may suspect (as he does) that she was ready for positive change and worked hard at it.

Therapy by mail was not the preferred method for Molly Harrower (1965), but when face-to-face therapy was impossible she chose to work with her clients with letter-notebooks. Harrower described the technique as follows: the client sets aside an hour as the therapy session, and writes on the right-hand page of a notebook. The client mails the notebook to the therapist, who writes on the left-hand page, underlining, grouping, and commenting. Content is the same as in conventional therapy. Harrower stated that such therapy will not be successful with all clients, but it has some unique advantages: it serves as an alternative therapy when conventional treatment is not possible; it may be the method of choice in working with deaf clients; and since the entire analysis is in



writing, it may provide a valuable resource for research. In another article, Harrower quoted, with very little editorial comment, numerous poems written by her patients in individual therapy (1969).

Schmiedeck (1973) found letters from the client to be an important addition to regular therapy. He reported that a hospitalized schizophrenic patient he had been seeing daily gave him a letter and

explained that she had decided to write to [him] whenever she felt like talking to [him]. This way [he] would be with her twenty-four hours a day, and she would not get angry with the staff. (p. 224)

He received over forty letters in four months time. Schmiedeck observed that the patient's writing took the place of blatant physical attack on the staff; instead of physical aggression she was able to express her hostile feelings in writing. Although the therapist did not solicit the letters, they often referred to them in their face-to-face sessions.

Burnell and Motelet (1973), in their description of a short correspondence with a paranoid client, gave voice to fears that therapists may have in dealing with written materials. Upon receiving an unsolicited letter from a client who had moved across the country, the therapist, upset at its contents, destroyed it "for fear of its becoming part of the record" (p.

729). Only four letters were exchanged. Throughout the correspondence the therapist urged the client to see a psychiatrist in her own area, and offered only very general and tentative advice. Although the authors' initial reaction to therapy was negative, they conceded that "all phenomena of transference, counter-transference, and resistance occur," and therapy by letter "can offer a valuable addition in one's therapeutic armamentarium" (p. 731).

In addition to benefiting adults, writing has been used successfully as a therapeutic tool in the treatment of adolescents. Reports by school counselors indicate that writing may provide an acceptable means for dealing with fantasy and hostility. A 7th grade boy with behavior problems in the classroom began writing his fantasies as stories during creative writing time, upon the direction of the school counselor (Allan, 1978). The counselor read the stories and discussed his interpretations with the boy's teacher. The author reported no other therapy but the writing, which took place during a regular class period, but the boy's behavior and academic work improved and the benefits appeared to be long-lasting. As the author stated:



Naturally all this change was not due to serial story telling--it was but one aspect of a support system that involved input from his classroom teacher, other teachers in the school and his family. (p. 136)

What else the support system entailed is not elaborated. Allan recounted nine of the stories, and gave a Jungian interpretation of them. He theorized that by giving the fantasies creative expression, the boy was able to move on with his emotional maturation, which was then reflected in his behavior.

Domash used writing to communicate with a child who, upon the loss of a beloved teacher, had ceased speaking in therapy (1976). Domash started a written dialogue with the girl.

What followed was a torrent of negative self-expression towards me and towards therapy.... These writing sessions, during which time she almost never spoke, continued for several months as she worked through some of the rage until she has now entered a positive relationship again. The use of writing was crucial in Nan's therapy as she would not have otherwise talked about her fury. It was a safe modality when speech was impossible. The writing helped her maintain her attachment to me, instead of retreating in autistic withdrawal." (pp. 264-265)

Domash suggested that an older adolescent write whenever she felt hopeless or despairing. The therapist gave no further instructions and nothing was said about the writing for about a year, when the girl brought in many unsent letters she had written to

various people. Domash reported that the letters showed much more emotional maturity and strength than she had admitted during the regular therapy sessions. At the time she brought the letters to therapy she began to acknowledge her own growth.

Pharis (1967) credits the creative writing of an adolescent girl with a successful diagnosis and treatment. The girl had initiated therapy herself because of family problems and underachievement in school. She began bringing writing to therapy on the second session. Such initiative shows great motivation for change, which may also account for the successful outcome of therapy, but the therapist was able to maximize the therapeutic value of the writing by referring to it throughout their relationship.

The authors of two studies reported the effectiveness of adolescent writing in group settings. Kobak (1969), working in a school for boys with behavioral problems, commented on the difference in tone and content between poems and stories produced in the group. The poetry was gentle, tender, sentimental and melancholy, while the stories were apt to be extremely violent and despairing. Wells and Stevens (1984) also noted that written stories displayed hostility that was not otherwise expressed. These

hospitalized adolescents wrote to the stimulus of music of varying moods, and the therapists reported that the writing was generally congruent--that is, stirring music elicited action-packed stories and slow or depressing music elicited themes of loss and abandonment.

James R. Sanders (1979) found that the writing of hospitalized adolescents seemed to move through the same phases as their adaptation to the therapeutic environment, their recovery, and emotional growth. Based on the research on art, dance, and music therapy, and on his own observations with expressive writing, he proposed a writing curriculum to be used as part of the therapy for such children. Even patients whose contact with reality seemed very tenuous were able to produce coherent, aesthetically pleasing poetry and stories.

In contrast to the studies in which writing was required, or at least requested by the therapist, most of the anecdotal reports concern writing volunteered by the client. Rampling (1980) suggested that therapists are often reluctant to deal with such communications for several reasons: (a) writing is not a familiar modus operandi and therapists are not comfortable with it; (b) client writing may express

"feelings uncensored by confrontation with the object of the writer's passion" (p. 12) which would be impossible to tolerate in face-to-face therapy; (c) client writing introduces uncertainty as to the reflective role of the therapist, requiring unfamiliar responses. Rampling may have underestimated the adaptability of therapists, but he did bring to light an understandable hesitancy to regard client writing as the same as verbal communications. He cited examples of unsolicited client writing and their possible interpretation in terms of transference, manipulation, gifts, and growth. Rampling's most important contribution in this article was to suggest that the therapist have the client read the volunteered communication out loud as soon as it is presented. Such a tactic combines the advantages of spoken and written communication.

Ann Oberkirch (1983) related five examples of clients volunteering pieces of writing during the course of individual therapy. She concluded from her experiences that writing is helpful in therapy in several ways. It provides additional information to the therapist. It allows both therapist and client a measure of distance from the content of therapy and from the relationship so that highly charged material

may be approached slowly and indirectly. On the other hand it extends the relationship beyond the therapy hour as "the patient has additional reason for fantasizing about the therapist" (p. 271).

Tershakovec (1978) hypothesized on the basis of his experience with client writing that it may serve as a link between the adult "stuck" self and the adolescent self.

Greenwald (1969) after relating poetry that his adult clients had volunteered, stated that the writing facilitates emotional insight "because it requires the patient's doing rather than reading or being told." (p. 143) He found their productions directly relevant to each one's needs, helpful both in his diagnosis and his treatment decisions. Poetry was often created by clients as they participated in poetry therapy groups and individual sessions, and these writings were described incidentally in reports on this new type of bibliotherapy (Berger, 1969; Greenberg, 1969; Morrison, 1969; Rothenberg, 1972). Lauer and Goldfield (1970) related poems from groups formed specifically around creative writing. In almost all instances of client poetry, the writing was done at the client's initiative.

These anecdotal reports and case studies arose

out of each therapist's unique experience with client writing in therapy, whether the writing was volunteered by the client or directed by the therapist. These reports keep us in touch with the concrete reality of the therapeutic experience, and although we cannot say with absolute assurance that from them we have proven the effectiveness of client writing, we have reason believe that it is beneficial.

#### The Didactic and Theoretical Reports

There are a few didactic works for the therapist who wishes to include client writing in the therapeutic process. Peter Elbow (1973) in a book for writers and teachers of writing, described free-writing exercises. The student or client sits with pen and paper, writing steadily for ten minutes. To begin with, the content of the writing is not planned--the client simply writes every word that comes to mind, no matter how ridiculous or redundant. The point of the exercise is that no editorializing or censoring comes between the words that form in the consciousness and the writing of those words. Elbow suggested that the teacher (or therapist) accept the production, read it silently, and make no comment. After practice has made the client facile in this



free-writing exercise, a particular topic may be introduced, and the client encouraged to write any words that come to mind in relation to that topic. Newell (1977) suggested similar exercises for adolescents in groups.

Journal writing has many advocates, and the therapist may suggest that the client keep a journal independently. Ira Progoff (1975) created the most structured journal writing process with his Intensive Journal Workshops. Participants use guided imagery to bring them in memory through the various periods of their lives. They are encouraged to discover and develop their own symbolism, to express their lives in metaphorical terms. Clients begin the process with meditation, and generate lists of ten or twelve items in much the same uncensored way as Elbow's free-writing. Progoff's most unique contribution was the dialogue technique. Clients create written dialogues between themselves and the significant others in their lives--the others being not only people, but places, objects, and events.

Trish Rainer (1978) recounted Progoff's and others' suggestions for journal writing in a much more readable way, and her book makes an excellent reference for clients who wish to write on their own.



Baldwin's (1977) book on journal-keeping and Faraday's (1973) book on recording and interpreting dreams are also very readable for the client who is interested in writing. In a more technical discussion of writing as self-therapy, Karen Horney (1942) discussed the benefits and possible problems with auto-analysis; although the book was written nearly half a century ago, her insights are still applicable. The book presents a balanced argument that would be beneficial reading for the person who is debating whether to enter therapy or go it alone.

Published diaries, memoirs, and other personal writings number in the thousands. Two are particularly applicable here, one written by a worker in the field of psychology (she did not ever directly describe her work), and one by a writer. Field (1936) began a journal to discover what made her happy and how to be happy. With a deliberately naive empiricism, through introspection and experimentation, she described her quest to its successful end. Joan Didion, in "Why I Write" (1980) said:

Had I been blessed with even limited access to my own mind there would have been no reason to write. I write entirely to find out what I'm thinking, what I'm looking at, what I see, and what it means. (p. 20)

In reading these personal writings, we realize

that writing and therapy are alike in a very important way--they both deal with emotions in the medium of words.

CHAPTER IV  
CONCLUSIONS AND RECOMMENDATIONS

General Conclusions

All studies on client writing, no matter what their form, indicated some benefit from the use of writing in therapy. The systematic studies concluded, with varying degrees of convincingness, that writing is helpful both as an adjunct to therapy and as the medium of therapy itself. Therapists relating their own experiences in the anecdotal reports also felt that writing benefited their clients. Drawing conclusions from the didactic and theoretical articles is more problematic. Each of these authors started by assuming the effectiveness of writing, and then suggested specific ways to enhance it or outlined their reasons for why it works. From the personal writings we have the assertion of the one actually doing the writing that it was beneficial.

The authors hypothesized as to why writing is helpful. Writing allows expression of material that is too powerful to deal with in face-to-face therapy. While still a very intimate form of communication, writing provides what may be needed space. The client

can approach material tentatively and indirectly before he or she can afford to "own" it completely.

For the client who is having trouble keeping in contact with reality, writing is something concrete, specific, and limited. As we have seen, clients who are rambling and delusional in talk therapy can be very down-to-earth in their writing (Widroe and Davidson, 1961). Clients can explore what it would be like to be healthy before they are willing to move into health in reality.

While the intimacy of writing is more limited than in face-to-face therapy, it extends the relationship to the hours and days between sessions. The client writes directly to the therapist in letters, and certainly keeps the therapist in mind as an audience for his or her creative writings. Thus therapy is ongoing, not just limited to sessions.

Writing is an act that implies commitment to therapy, to change, and to eventual independence. It can pinpoint and emphasize motivational issues. It can provide the means for the transition between therapy and independence.

After considering the studies individually, it is helpful to look at the whole body of literature in terms of the factors involved in its use. This review

has determined from the literature that writing appears to be beneficial in therapy, but the specific factors surrounding client writing are addressed less satisfactorily.

### Factors in Client Writing

#### Client/Therapist Initiated Writing

Is writing volunteered by the client beneficial in therapy? Is therapist-directed writing effective? Not surprisingly, we find that in the systematic studies, writing was initiated by the therapist, since the situation is set up artificially. We cannot explain the motives of those subjects who dropped out of the studies. It may be that their noncooperation is equivalent to that of clients who do not complete homework. Also not surprisingly, we find that most of the authors of the anecdotal and case studies had writing volunteered by their clients. Those who volunteer their writings may be more motivated to work within the medium than those who have writing assigned. But even if writing is assigned, the specific content of the production is voluntary. Once a client has decided to write, it does not matter who initiated it.

### Age of the Client

Writing has been used successfully with adolescents and adults of all ages. Young children who have not yet mastered the mechanics of writing are probably not good candidates for its inclusion in therapy. But the studies show that for children age ten and older, writing is an effective tool. Teachers assign writing in school, and student compositions may help the therapist in diagnosis before actually seeing the child. In the studies considered, most of the writing from teenagers was assigned, but this seemed to be the only difference between the adults and adolescents. The benefits to the clients and rationale of the researchers are the same.

### Diagnosis of the Client

There could hardly be a group of subjects with more diverse problems than those described in the studies on client writing. In no case were clients shown not to be beneficially affected because of their type of problem or diagnosis. Therapists should perhaps vary their approach to writing according to the limitations of the clients, but even delusional schizophrenics and children with behavior disorders used writing successfully.

### Type of Writing

We find that writing of all types is used successfully in individual therapy. Poems are most often volunteered rather than assigned; perhaps therapists do not feel that they can "order up" such a personal artistic creation. Story writing seems to have been used mostly with adolescents in a school setting. Letter writing when used as the exclusive form of therapy is perhaps least effective, partly because of therapists' reluctance to commit to it. We may suspect that journal writing is used more extensively in conjunction with individual therapy than therapists are aware.

### Type of Therapy

While we find that many if not most of the anecdotal studies originate from psychoanalysts, this is probably because psychoanalysis has a long tradition of publishing case studies rather than because client writing is particularly successful in that type of therapy. The form the writing takes depends largely on the therapy, however; very directive therapies such as that of Albert Ellis are apt to have very structured writing, humanistic therapies may generate creative writing, and client productions from psychoanalysis are heavily loaded



with the symbolism that the analyst expects. There is no indication from the literature that one type of therapy works best with client writing.

#### Emphasis on the Writing

Whether writing is the only therapy, the main focus of therapy, or simply one of many adjuncts to therapy, is often a matter of accident. If the clients initiate therapy by correspondence, the therapists seem very cautious about making suggestions or going into issues in much depth. On the other hand, if correspondence was the therapist's idea, therapy proceeded as usual, just in a different medium. The studies demonstrate that writing is successful as the main focus or as an adjunct, but almost all the authors agree that it would work best as an addition to traditional face-to-face therapy.

#### Recommendations for Research

Further research on these specific questions could delineate how client writing can best be used in therapy. Researchers should first determine, perhaps by means of questionnaires, how extensive is its use at present. How many therapists assign writing? How many work with writing brought voluntarily by the

client? How many reject such writing as resistance, or are reluctant to work with it for other reasons? What percentage of clients use journals in conjunction with therapy outside the session, perhaps without bringing the fact that they are writing to the attention of their therapists? All these questions could be answered with survey research.

Specific research should be done with regards to the factors involved in client writing. Comparison research could point out the varying benefits of writing alone, writing with therapy, and therapy alone. The most solid research done so far shows that writing is beneficial in improving attitude; does it also improve behavior? Does the benefit from writing come in diagnosis or in treatment? What aspects of the self-concept change with writing? Are there certain therapist characteristics which enhance the effectiveness of writing? Is it the content of the writing which affects positive change, or the process of writing itself? The following are a few specific topics for further research in each of the main aspects of client writing. There are many more topics which invite investigation.

### Client/Therapist Initiated Writing

1. A comparison of the effectiveness of client-volunteered versus therapist-assigned writing.
2. A survey of the extent of volunteered writing in therapy. A survey of the extent of writing assigned in therapy.
3. A comparison of therapists' methods in incorporating volunteered writing into therapy.

### Age of the Client

1. An investigation into the relative effectiveness of creative writing assignments for school-age children versus adults.
2. A survey of the types of voluntary expressive writing used most by different age groups.
3. An investigation into the youngest age when expressive writing may be used beneficially in therapy.

### Diagnosis of the Client

1. A comparison of the effectiveness of structured versus non-structured writing assignments on hospitalized schizophrenics.
2. An investigation of the benefits or harm of diary writing on obsessive clients.
3. The effect of poetry writing on "non-verbal"

clients.

#### Type of Writing

1. A comparison of the effectiveness of poetry writing in group versus individual therapy.
2. An investigation into the effects of free-writing exercises on repressed clients.
3. A comparison of the different types of expressive writing with different ages of clients.
4. A survey of working poets, novelists, journalists, etc., as to the therapeutic benefits of their writing.

#### Type of Therapy

1. A survey to determine the extent of client-volunteered writing in the "depth" therapies.
2. A comparison of the quality and quantity of the written productions of clients in the various types of therapies.
3. A survey of the therapists who are writers themselves, and the extent to which writing is used in therapy by therapists who write.

#### Emphasis on the Writing

1. An investigation of the emphasis writing is given in those therapies which assign written

homework.

2. A questionnaire for those therapists who have carried on therapy entirely by correspondence.

3. A comparison of the relative effectiveness of writing as an adjunct to talk therapy versus writing as the main focus of therapy.

These are just a few of the possible topics for investigation about client writing. Writing has been used as a therapeutic tool for years without being recognized by investigators looking for a subject. Its benefits are plain. We now need to define, via research, the ways those benefits may be maximized in the service of our clients.

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## APPENDIX

Structured Notetaking System for Review of Reports on  
Client Writing in Individual Therapy

Reference and date:

Type of report (experimental, anecdotal, opinion or  
essay, didactic, review):

Milieu of report (individual therapy, group therapy,  
school psychology, teaching of writing, etc.):

Introduction to the Report

1. Review of relevant literature.
  - a. How many articles cited?
  - b. How important are they?
  - c. How recent are they?
2. What is the problem statement--justification of research?
3. Theoretical underpinnings of problem statement?
4. Are there biases in author's language?

Objectives

1. What are the objectives of the report?
2. Are they clear and specific?
3. Are they testable?



[Empirical research studies only]

Sample

1. Appropriate?
2. Large enough for the statistic used?
3. How was the sample drawn?
4. Target and accessible populations?
5. Sampling biases?

Measures

1. Reliability and validity.
2. Specific weaknesses in measure or procedure?

Treatments

1. What is the treatment?
2. Type of research design.
3. Described in enough detail to understand and replicate? What omitted?
4. Weaknesses that may have affected results?

Results and Conclusions

1. Statistics--descriptive and inferential.
2. Are they appropriate?
3. Are statistics reported clearly and understandably?
4. Is result related to hypothesis?
5. Conclusions supported by results? Overconclude?

[Opinion and anecdotal reports]

Which of the following does the report refer to, and how clearly does it answer the question:

IS CLIENT WRITING BENEFICIAL IN INDIVIDUAL THERAPY?

1. Is client-initiated writing beneficial?  
Therapist-initiated writing?
2. Is client writing effective with certain age groups?
3. Is client writing effective with certain diagnostic groups?
4. What types of writing are beneficial?
5. What types of therapy does writing enhance?
6. Is writing effective as the main focus of therapy? As an adjunctive process?

Overview [for all reports]

1. Strengths.
2. Deficiencies.
3. How could deficiencies have affected the findings?
4. Unique aspects of the study.

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