



'Every Poem Breaks a Silence That Had to Be Overcome': The Therapeutic Power of Poetry Writing

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Source: *Feminist Review*, Summer, 1999, No. 62, Contemporary Women Poets (Summer, 1999), pp. 118-133

Published by: Sage Publications, Ltd.

Stable URL: <https://www.jstor.org/stable/1395653>

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'Every poem breaks a silence that had to be overcome'*:

The Therapeutic Power of Poetry Writing

Gillie Bolton

Abstract

The creation of poetry can be an intensely healing process, as therapeutic as the other arts and talking therapies. This paper examines three areas. First, it sets out some opinions about the specific qualities of poetry that make it particularly valuable as part of a therapeutic process. It goes on to give exemplified information about how poetry is used within healthcare in Britain. Finally, it indicates the current growth of interest in this area, with brief descriptions of pilot research studies where poetry has been offered by a writing therapist, or by nursing or medical practitioners.

Keywords

poetry; therapy; medicine; nursing; research; professional development

The blood jet is poetry.

Sylvia Plath, 1965

Take that old, material utensil, language, found all about you, blank with familiarity, smeared with daily use, and make it into something that means more than it says. What poetry is made of is so old, so familiar, that it's easy to forget that it's not just the words, but polyrhythmic sounds, speech in its first endeavours (every poem breaks a silence that had to be overcome), prismatic meanings lit by each other's light, stained by each other's shadows.

Adrienne Rich, 1995

Poems 'profoundly alter the man or woman who wrote them'.

Dannie Abse, 1998

The writing of poetry profoundly alters the writer because the process faces one with oneself. Poetry is an exploration of the deepest and most intimate experiences, thoughts, feelings, ideas: distilled, pared to succinctness, and made music to the ear by lyricism. Dannie Abse is poet, poetry tutor, and medical practitioner: a combination with powerful precedence (Hudson

Jones, 1997). Poetry and medicine have gone hand in hand since Apollo was the god of both. Now is a time when women are taking and moulding 'that old material, language' in a way which gives us a voice. Adrienne Rich said:

For women writers in particular, there is the challenge and promise of a whole new psychic geography to be explored. But there is also a difficult and dangerous walking on the ice, as we try to find language and images for a consciousness we are just coming into, and with little in the past to support us.

(Rich, 1980)

This paper explores ways in which this has been taking place therapeutically, and offers a range of examples of women's struggles and writing.

The therapeutic and developmental power of creative writing has been the subject of my research as an academic research fellow in Medical Humanities, over the last ten years. There are two foci to this research: therapeutic writing for patients, and reflective writing for health practitioners (doctors, nurses, therapists, etc.) for professional development. Arts therapies (art, drama, music) have been available in Britain for some time (Payne, 1993; Kaye and Blee, 1997). But writing is only just making a start. Recent research suggests that writing can be as effective as the other arts therapies and psychotherapy (Bolton, 1998a, b, c). The reflective work with health practitioners harnesses the same power of creative writing as in therapeutic writing. Through writing stories and poems about their work, these professionals discover areas about which they need to think and reflect more deeply, on their own through further writing, and in discussion with others in carefully facilitated groups. This enables them to develop their practice, as well as understand themselves and their work more effectively (see Bolton, 1994a, b; Illman, 1996).

This paper examines and illustrates some aspects of my therapeutic writing research which relate to poetry. It also offers some of the theoretical background, and some examples of practice.

Writing poetry is different

The process of writing required of the poet takes the writer into hitherto unexpressed and unexplored areas of experience, in a way only very skilled psychotherapy/analysis or the other arts therapies can. The writing of poetry can also effectively be used to examine issues the writer knows are problematic but does not want to talk about.

There is a range of reasons why poetry has expressive and personally explorative power. The initial stages of poetry writing are often intuitive,

and unreasoned: this has been likened to dropping a bucket into the well of oneself, pulling it up dripping to see what is there (Sansom, 1994; Byron, 1995). In the evaluation of my Therapeutic Writing in Primary Care Project (more below; Bolton, 1998a), one of the GPs commented: 'the value of the kind of writing this project encourages is that *expression is catharsis*'. It can be safer to do this in writing than in speech. Talking to a piece of paper is much more private: it can't answer back, interrupt, embarrass, or worst of all – remember.

One disadvantage of writing is that the first and perhaps most judgemental audience is the internal critic. Women seem to have a particularly bossy internal schoolteacher ready with a red pen. Virginia Woolf said she had to kill her 'angel in the house' (1942), before she could write effectively. This inner critic told her she should be using her energies caring for others – not self-indulgently scribbling. Everyone has to find their own way of killing their angel, or sacking their schoolteacher.

Poetry can be intended for its writer alone, until she chooses for it to be read by another. As much time as is needed can be taken for private re-reading. It can then be shared with a carefully chosen other: friend, counsellor, or doctor; or it can even be torn up, flushed down the lavatory or burnt without even having been read by its writer.

The therapeutic value of poetry writing is far more than just the catharsis of the initial outpouring of writing. Reworking can bring insight and consolidation. The redrafting of poetry is a powerful, deeply thoughtful process of attempting to capture the experience, emotion, or memory as accurately as possible, in apt poetic words and images. Writing can be worked on in a way neither speech nor thought can, because it leaves footprints on the page, it stays there in the same state as when it was written. Poetry writing can assist clarity of thought and understanding, and offer discipline and a measure of control which can be stabilizing (Lester and Terry, 1992). An issue clarified into words, graphically visualized, and controlled by poetic form is an issue on the way to being dealt with.

Poetry on the page can relate back to its writer (as well as to other readers) more intensely than prose. 'One reacts, not just to what is written but to what seems to hover around it unwritten' (Frampton, 1986) on those suggestive white spaces which accompany a poem on the page.

The very creative process can be exciting and enjoyable; it can increase self-confidence and self-respect. Writing is physical, creating a concrete object; the movement of the pen/cil over the page, and the contemplation of the product, can give pleasure and satisfaction. These factors can energize the writer to deepen still further their explorations and expressions.

And writing does not rush; it is more contemplative than talking. As well as being a satisfying physical creative process, the writing hand not only seems to know what the thinking mind does not, but also knows how much that mind, as well as the feeling heart, can bear to face. We in the West, since the Enlightenment, have tended to rely on our cognitive powers, as well as to believe we can understand and manipulate our world and ourselves (body *and* mind). Western medical and psychiatric understanding has not been holistic, and patients have not been expected to be involved as primary actors in their own diagnosis and treatment. Therapeutic writing asks the writer to trust their body, through their writing hand, not only to tell them vital things about themselves, but also to offer routes to connecting up and making whole. Therapeutic writing is an act of faith in the self. In the ten years I have been working in therapeutic writing I have never known anyone write anything which is not the right thing – painful and distressing to deal with perhaps – but always right for that writer at that time. Poetry can create order out of mental turmoil or strife; poets have explained this as a reason for choosing such tight poetic forms as sonnet, vilanelle or haiku.

Poetry can be a focus for intense and fruitful discussion with the right reader or group. This reader must be chosen with care; a relative or lover may well be the wrong choice (Bolton, 1998a).

Therapy or art?

Not all therapeutic writing is art, just as not all poetry is therapeutic. The cathartic splurge of any writer is not necessarily a poem, even if it doesn't reach the right-hand margin of the page. The crafting stages of writing – redrafting and editing – are generally essential to develop the raw personal notes into material which looks outwards and can communicate with a reader. A bleeding heart poured out on a page is likely to be therapeutic, but may well not be a poem. Personal angst will probably have to be written out of any poem before it can communicate publicly: the reader is not interested in the writer herself, but in what she has to say.

Many beginning poets dream of getting published; they need to be supported through this stage to an acceptance that the first stages of writing is primarily for themselves. Generally only an experienced poet has the knowledge and skill to write for an audience from first draft. Tentative and personally explorative first drafts are usually likely to create the most effective poems. If beginning poets concentrate only on getting published they will probably never experience the therapeutic value, nor write anything worth publishing.

Many poets expostulate that writing is an art, not a therapy: a process only undertaken for artistic purposes. I do not believe poetry needs protecting in this way. Much poetry has a very clear therapeutic base, exploring issues which are also vital to the reader; Jackie Kay, for example, addresses her own experience of adoption and blackness (1991). Few poets will tell you they habitually write to publish. They will say they write because they have to: the words come compulsively and have to be written and rewritten until what is hovering in the mind is on the page as clearly as possible. *It's better out than in* is a saying often heard; there are ducts other than tears. The fact that the act of writing can be therapeutic to the writer at certain stages does not denigrate the art; conversely it adds passion and intensity to the writing.

Anne Sexton was encouraged to write poetry by her psychiatrist, whom she remembered saying: 'You can't kill yourself, you have something to give. Why if people read your poems (they were all about how sick I was) they would think, "there's somebody else like me!" They wouldn't feel alone.' Her biographer continues: 'This was the message Sexton called her turning point: "I had found something to *do* with my life"' (Middlebrook, 1992). She revised her poems extensively – typically twenty or more drafts; the *form* of poetry was vital to her: 'As she perfected her poems she was, perhaps, able to achieve an intellectual distancing from and control over the emotions that initially stimulated the content of the poems' (Lester and Terry, 1992).

Sexton has been labelled a 'confessional poet' who described tabooed aspects of life too intimately. Yet she said: 'I, who reportedly write so truthfully about myself, so openly, am not that open' (Middlebrook, 1992). Anne Sexton's poems were not confessional outpourings leaking upon the prissy world without her cognisance. The initial writings may well have been, and probably were, raw cries of pain, anger, distress, joy: possibly 'confessions', but not *poetry*. Her published poems were artefacts – carefully created to achieve the effect they did. This, it has been argued, helped to keep her from suicide until she was 46.

Timings and stages

There is a time for writing poetry. I often ask people who are occasional poets what kind of life event or emotion encourages (or forces them) to write. It is nearly always one of the extremes – despair or unhappiness – a stillbirth, or falling in love.

The stage at which it is appropriate to write about these vital life issues is also important. When life goes disastrously wrong, or wonderfully right,

the emotions tend to be intense, experience of events jumbled: writing at this time may be cathartically useful – but it may not be possible to craft a poem. Written notes taken at this time will be extremely useful later. There is, conversely, a time when it is too late to write. Events and their attendant emotions and experiences become indistinct, lose their force; if they are too *hot* to handle as poetry earlier, they can equally become too *cool* later. There is a right time in between: Wordsworth referred to this when he spoke of ‘emotion recollected in tranquillity’ (1976: 22).

Poetry is particularly appropriate at certain milestones such as adolescence (Fuchel, 1985; Atlas *et al.*, 1992), birth (see below), and near death (Sluder, 1990; Frampton, 1986; and see below).

The stages of writing poetry – when to write first draft notes, when to craft a poem, when to redraft critically and analytically, when to take the advice of trusted others – all have their appropriate timing. Timing, an essential element of the poetry writing process, cannot be forced. It is as though the writing hand has a direct connection with the belly or heart, missing out that critical brain: ‘The still dumb flow of writing passes through my woman’s body, searching for words’ (Cixous, 1989).

Poetry writing is particularly appropriate for the depressed, the anxious, or those suffering from certain illnesses, physical or psychological. *Survivors Poetry* is an organization for survivors of mental distress, and it is also run by those survivors. They have recently collaborated in a collection of poetry edited by Ken Smith and Matthew Sweeney (1997) mainly drawing on work created by the patients or users of the Bethlem and Maudsley hospitals. The introduction notes that: ‘Creative work produced in this way is rarely considered in its own right and tends to be dismissed as “merely therapy”, an example of the stigma which surrounds mental illness.’ Felix Post in his Foreword refers to his own research which indicates that writers have far more psychiatric problems and illnesses than the rest of the population, but that poets suffered least of all writers (Post, 1996). This, he suggests, might be the psychotherapeutic effect of: ‘putting into harmonious and rhythmical language one’s own inner sufferings and distress in the concentrated form of the lyric poem’ (Smith and Sweeney, 1997). The poet-editors of the anthology refer to research which says that ‘poets are thirty times more likely to undergo a depressive illness than the rest of the population’. It is beyond the scope of this paper to address whether this means that poetry drives us insane, or that a very large number of mentally ill people turn to poetry writing; but I would incline towards the latter. This is an under-researched area which deserves more scrutiny.

Writing on prescription

A pilot research project training general practitioners (GPs) has been undertaken to offer therapeutic writing to depressed and anxious patients (Bolton, 1998a, b; Fursland, 1996; Illman, 1996). By writing, patients could take some control over their own treatment, in their own time and at their own pace. The doctors found it to be a cheap, straightforward, effective and not time-consuming intervention, once they were used to understanding how, when and to which patients to suggest it. The patient had to be willing and able to take some control over their own symptoms and treatment; and the writing had to be offered in a non-prescriptive, open, inviting way, with time for reflection. The GPs felt the timing of the suggestion had to be sensitively handled, or the patient might experience the doctor as giving them 'homework'. The GPs found it most useful to patients who were suffering from problematic life circumstances rather than chronic settled depression. We found it was not appropriate for very disturbed or psychotic patients: they needed more supervision than a GP could offer. I was not privy to the patients' writing on the whole, though one patient has permitted his work and attitude to it to be published (Bolton, 1998a); another paper is in preparation, written jointly by a patient, their GP, and myself.

A couple of workshops in a GP surgery for *New Mums* was part of this project. Six or eight mothers, their babies, and some toddlers attended the hour long workshop, along with the GP, the practice nurse and the health visitor (all women). One of the mothers wrote a graphic poem about her father dying very close to the birth of her baby. It was read to the group, and received with a great deal of feeling and support; my later feedback from the GP was that the mother had found it extremely helpful. Two of the mothers later published their writings: one about her child having meningitis (Dudley, 1997), and the other about having a Down's Syndrome baby (Brunt, 1998). The latter (written after the session, as I encouraged the group to continue writing) describes the heartaches and joys of parenting such a baby. It is not a poem, but there are certainly poetic passages in it: 'I didn't want people to say *I'm sorry*. If you met Lucy, you'd know why there's no need to be sorry.'

Therapeutic writing for the dying

Another pilot project researching the power of therapeutic writing was in *palliative care*: carried out in a hospice. Creative writing, particularly poetry, is particularly appropriate for people at the ends of their lives when the need to express, clarify, and understand is very strong. It helps them

to reflect back, recollect and reintegrate their present self with their past selves, to reminisce constructively, and gain a sense of wholeness and fullness of life. Its succinctness and lyricism make it particularly appropriate (Birren and Deutchmann, 1991; Sluder, 1990).

Many patients grasped and were able to make use of writing to tackle a range of problems. I found these varied from family issues (e.g. making peace with relatives to whom pain has been given in the past), to issues relating to the disease (e.g. coming to terms with having cancer), to pain control, and the distress, anxiety, and depression caused by the disease (Bolton, 1998b, c; Boxsall, 1997). Below is the experience of a patient who used poetry to explore her troubled, yet at times intensely joyous, inner self.

Jan Broadwood was a day patient (later in-patient), who had had, and was having, a tough life. Jan was open, flexible, and keen to develop her use of writing. She had belonged to writers' groups and was used to a didactic approach from her tutors. We worked together both in small groups in the day-centre, and one-to-one. At one of the first groups I offered a suggestion for writing, after some discussion. Jan responded quickly: 'that's a bit open, I need you to be more precise'. I answered: 'just put your pen on the paper and see what comes'. She did; we never looked back.

Jan trusted me to have a stab at writing without a structure. She had not tried personal and explorative writing before, and much of what she wrote was dark and involved: full of blood-red, spiders, being shut up in boxes. She always wanted a *homework* theme to take away with her; I once suggested 'a happy memory', because her writing was habitually so dark. She was initially unable to write anything, but eventually redrafted her piece to this:

One memory too short

From prison I'm free, free, free.
Through the orchard of stunted trees.
Staggering out into the field,
there suddenly appeared a tiny hill.

Scrabbled to the top as best I was able,
standing straight with arms outstretched.
The sweet smell of earth bourne on the breeze hit me,
then I reeled.

Sheer pleasure – but it didn't last long –

I fell to my knees and knew polio had won.

with curling finger the hospital beckons,
the memory of happiness will live forever.

Jan Broadwood

A volunteer, who was very close to Jan and had been involved in our discussions from the start, hoped she might cut the reference to the polio, but Jan knew what she wanted – the transition from joy to sad knowledge. Jan commented: ‘I tried to write you something happy, Gillie, and look what happened.’

The next poem Jan wrote was in the voice of a homeless girl living in a cardboard box, confined to a tiny space; it expresses her frustration with her own life, particularly these lines:

No Escape

Every day the ceiling gets lower, lower
‘till I could scream with the power
it possesses over me.
Please tell me what am I going to do?
just smile and say ‘I’m fine –
‘how are you?’

Jan Broadwood

Writing as a reflective health professional

Reflection upon practice is seen as an essential element to the development of practice in medicine and nursing. Marrying creative writing with reflective practice in the courses I run for doctors, nurses and other professionals creates a dynamic and vivid professional development process. Group members write expressive and explorative pieces (poetry or story) about their work, and then read and discuss them with each other in a carefully facilitated group. The groups are always closed and small; they are either run as in-service training (Brimacombe, 1996; Purdy, 1996; Heller, 1997) or as part of Medical Masters programmes (Bolton, 1994a; Fox, 1993).

A group of women health professionals

Two women who had experienced my reflective writing courses asked me to run a weekend for them, and their women’s group – as people, as women – with less professional focus. I therefore focused it on writing for personal and spiritual development, midway between therapeutic and the reflective practice writing, more similar to an annual course I run for The Society of Friends (Bolton and Padfield, 1996). The difference is almost entirely in the area I ask people to write about; with a professional group I also emphasize that this is *not* a therapeutic group.

As a writing *starter* this group wrote about the different hats they wear in their lives, the different people they are in different settings and groupings: mother, health visitor, lover, daughter . . . , and the people they might have been. I always ask people to write without thinking, to allow their hand to take over: thinking inhibits this kind of writing. We then have plenty of time to reread silently and privately before deciding what to read to the rest of the group. The writings are then discussed: focusing on the writing rather than the person. This creates a safe space for the writer, who knows they will not be questioned or discussed beyond the limits of the writing they have chosen to share. And the groups are always bounded by confidentiality.

This particular weekend was intense and dynamic; I was also able to work through important issues for myself in my own writing during the weekend, supported by the group. This is very rare, and a tribute to the group, as I can usually write myself *or* facilitate, but not both.

We are a close group of friends sharing a background in health. We didn't really know what we were letting ourselves in for. Two of us had worked with Gillie in the past, and trusted her completely. All we knew was that we wanted to learn and be together and explore the connection between writing and our feelings as women and friends rather than as health professionals. The experience took us all on different personal journeys, often intense and painful, but always within the safety net of Gillie's facilitation.

Kate Billingham

Liz Perkins wrote a poem during the Saturday, a poem which was waiting for the right environment to be written and shared. She tells of the process:

If you'd asked me before the weekend about the issues in this poem, I'd have said they were sleeping peacefully. I'd done a lot of work on them; they pop up from time to time for a bit more, but on the whole – fairly sorted. I'd written poetry before, when my marriage was breaking up, and learnt a lot about the satisfactions that come with getting the feelings on paper and revising till the shape feels right. I'd done nothing much for ages, though writing prose is part (too much perhaps) of my professional academic life, and I'd lately been feeling that it would be good to get back to poems. The first day of the weekend went smoothly for me – I found my feet (or my voice?) again, wrote something sub-acid and satisfying to me about the process of academic writing, and went to sleep well pleased.

I woke early and distressed, with the memory of a dream I'd had as my marriage shredded. This poem was the result.

The might-have-beens

Buried under the apple tree
The might-have-beens,

Deformed dead babies.
Not for them the blue of childhood comforter
But grey finality for shroud.

Sandie Shaw hair that curled improperly
Buried in my brother's grave.

Volunteer for sun and colour
Buried in my marriage

Breasts leaking milk, throttled back
Buried in the wasteland of divorce.

There are many fruitful apple trees
Death dug in to nourish life.
Sleep sweetly, children;
While I, relinquishing,
Put flowers on your graves
Occasionally.

(Perkins, 1999)

I had been very hesitant to talk about childlessness, having tried on a few occasions when the pain was worse and received staggeringly insensitive responses from apparently trustworthy people. The sense of shame and humiliation is hard to shift, and I've found it's easier on me and on other people not to talk about it. I'd passed up an opportunity on the first day of this weekend, not wanting to bother to package issues for easy sympathy, and not wanting either to set up an investment of time and energy that wasn't on anyone's official agenda for the weekend. By the next morning, no-one had much choice!

It's been a useful poem, for me – and more useful because sharing it was an inevitable part of the process of writing it. I even did as I was told about publishing it, which was certainly the last thing I'd had in mind at the time. 'Every poem breaks a silence that had to be overcome. . .'

Elizabeth Perkins

Image in poetry

Poetry uses image to explicate and convey complex emotional and mental happenings. I have heard the poet-doctor William Carlos Williams said: 'no ideas but in things'. T.S. Eliot called this process the *objective correlative* (1951). An idea, emotion, feeling or thought is not presented in the abstract – but as a concrete, graspable entity. The power of poetry lies partly in this, both to the writer and the reader.

Jan Broadwood used the image of climbing up the tiny hill to represent freedom, and living in a cardboard box for being trapped. The reader has a pair of pictures in her mind – far more powerful than if Jan had merely told us she felt trapped, and had had a glimpse of freedom in the past.

Liz Perkins' 'apple trees' are a poignant image of life in the midst of death – her babies were 'might-have-beens' but those of other women swelled and grew to ripeness, to be set 'going like a fat gold watch' (Plath, 1965).

Jacqueline Brown has written a graphic sequence about childlessness, *Thinking Egg* (1993), using egg images throughout. Here is a chilling image of a woman at her marriage: ‘she cannot foresee the moment/when she will be cracked and eaten’.

Sappho must have been one of the earliest writers to use image in writing for therapeutic benefit. A wealth of loneliness is carried by the last three words of this:

The moon has set
and the stars have faded
midnight has gone,
long hours pass by, pass by;
I sleep alone

(Sappho, trans, 1992)

Writing and health

Many projects have taken place in Britain and Ireland, but unfortunately few reports are not readily available. Some available texts are Kaye and Blee (1997), Hunt and Sampson (1998), and Kline (1996). Funding comes from various sources such as the National Lottery; my own has been supported by The Royal College of General Practitioners, Continuing Medical Education, and Health Trusts. There seem to be more and more institutions interested in funding such initiatives. The Poetry Society (see Fursland, 1997), and some of the regional arts boards (e.g. Yorkshire and Humberside) are funding projects in arts and health. Most poets are very keen to share their time, skills, experience, and knowledge of the way writing can help personal exploration. Many run workshops in educational settings (university, continuing education, WEA), and increasingly in health settings (e.g. hospices, hospitals, mental health institutions and community, old people's homes). Only a minority of poets, however, would say their focus is therapeutic; nearly all would emphasize that they are facilitating and nurturing poetry – the therapeutic aspect is a private spin-off for the writer. This is not only reasonable, it is sensible: they are poets not therapists.

Ethics

The ethics of therapeutic writing facilitation are complex. Poetry gives access to vital issues which can temporarily cause distress and occasionally

psychological imbalance. These are usually short term, and an inevitable aspect of the process of dealing with deep-seated psychological problems. Handled professionally and sensitively, this can be a process of personal growth for the writer. The ethical issues of facilitation need to be tackled; Fiona Sampson has touched upon them (Hunt and Sampson, 1998). Ethical guidelines are being set up by LAPIDUS (the Association for the Literary Arts in Personal Development) and other organizations such as St Joseph's Hospice, Hackney; and these will be amongst the issues studied in my next research.

There is no organized 'poetry therapy' in Britain; in the USA the National Association of Poetry Therapy offers an ethical code. Writing therapy is one of the areas being worked on by the 'Humanities in Medicine' Initiative, spearheaded by the Chief Medical Officer of the NHS, a group of forty professionals from health and health-related therapeutic fields. 'Plans to offer "arts on prescription" throughout the UK are being developed', as part of 'a strategy to promote the arts from the margins into the very heart of healthcare planning, policy-making and practice' (Wyn Owen, 1998). There will be a book published by the Nuffield Trust early next year reporting on progress to date, to be followed by a lengthy handbook.

Last words

Research and development continues. The aim is to undertake medical trials, which will bring 'therapeutic writing' to the notice of the medical canon.

The physician and the poet can both be healers. They share a common goal in their efforts to maintain light and order against the chaos of darkness and disease, and to create or restore the beauty and harmony of health: in this quest, medicine serves the body, poetry the spirit.

(Hudson Jones, 1997)

Anne Hudson Jones (Professor of Medical Humanities) is, I feel, working on the same awareness as Adrienne Rich. In writing poetry we take our holistic spiritual, psychological, and physical well-being into our own hands and hearts: a feminist approach to health, counterposing the pre-vailing scientific, post-enlightenment attitudes.

Depression is a passive response. Writing poetry is a way of grasping life, nurturing every bit of good, connecting up severed bits of ourselves; it is written from our whole self – mind, spirit and body. Poetry, even when it concerns death, pain disfigurement, despair, is vibrant, alive, a way of life.

Acknowledgements

I would like to thank Jan Broadwood and all the patients and health professionals who were involved in the studies; Liz Perkins for generously contributing; Marilyn Lidster for support; Vicki Bertram, Kate Billingham, David Hart, Blair Smith, Leah Thorn, Chris Woods, for vital editorial help; Stephen Rowland for mental, spiritual and literal food and wine.

Notes

Gillie Bolton is research fellow in Medical Humanities at the Institute of General Practice and Primary Care, Sheffield University. Having read Social Anthropology, she moved from teaching infants, school refusers and gypsies into higher education. Her own writing experience, as well as teaching Creative Writing both at Sheffield Hallam University English Department, and at Northern College (one of the eight Residential Colleges for unemployed people who missed out on education when young) taught her the therapeutic power of focusing on the content of personal writing. She now researches therapeutic writing for patients, and reflective writing for practitioners. She is a member of Sir Kenneth Calman's initiative: 'Humanities in Medicine', ex-chair of the National Association of Writers in Education, and an award winning published poet.

* Quotation in title from Rich (1995).

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