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Creative writing as a means to recover from early psychosis—Experiences from a group intervention

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ABSTRACT

Background: In this paper, we explore the subjective experiences of a group intervention in creative writing (CW) for young adults being treated for psychosis.

Method: A qualitative and exploratory design was applied. Five out of eight patients who were offered a course in CW with two-hour weekly sessions for 12 weeks took part in this study. The five participants who followed through were interviewed after project termination. Systematic text condensation was applied to the transcribed interviews.

Results: The analysis revealed three overarching themes: a) the group was valued as a creative community, b) there was safety in the structured yet flexible framing of the course, c) the participants experienced creative freedom that enabled a feeling of mastery.

Conclusion: CW was well conceived. The feelings of connectedness and mastery were prominent. The participants experienced growth on several levels. Our findings support previous work on arts therapy as a means to recovery.

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Creative writing; psychosis; arts therapy; psychosocial intervention; recovery

Background

There is a need for a more recovery-oriented approach in the treatment of severe mental illness (Chester et al., 2016; Lysaker et al., 2018; Slade et al., 2014). Recent research has emphasised, though, that recovery is as much about connectedness, hope, identity, meaning in life and empowerment (CHIME) as it is about a reduction of symptoms (Slade et al., 2014; Stickley et al., 2018). This has led to a differentiation between personal and clinical recovery, where personal recovery can be obtained despite persisting symptoms and that is defined as “the development of new meaning and purpose in one’s life, as one grows beyond the catastrophic effects of mental illness” (Van Eck et al., 2017). Furthermore, previous research has defined a set of 24 character strengths that are thought to promote recovery, and creativity is one of them (Alex Linley et al., 2007).

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However, the focus on personal resources and the patient's own experience of wellness and growth has received less attention.

Several art forms are included under the umbrella of arts therapy, such as the visual arts (Crawford et al., 2012; Green et al., 1987), music (Geretsegger et al., 2017; Ulrich et al., 2007) and creative writing (CW; Bundesen et al., 2020; Houlding & Holland, 1988; McArdle & Byrt, 2001; Shafi, 2010). Previous research on arts therapy outcomes has shown mixed results. This may be attributed to a range of reasons, but high-quality qualitative papers indicate that both therapists and clients find it meaningful, beneficial and acceptable to attend to (Attard & Larkin, 2016).

A recent review suggests that creative arts therapy has the potential to enhance functioning and minimise symptoms in severe mental disorders, but a single regimen to encompass all mental health disorders seems neither practical nor advisable (Chiang et al., 2019). The review concludes that a lack of methodological rigour and inconsistency in study methods and outcome measures may have prevented the advancement of arts therapy in mental illness. The only large randomised controlled trial that has been conducted in the area of arts therapy does not show any benefit from an intervention among 417 people with schizophrenia (Crawford et al., 2012). However, the sample consisted of patients with a long duration of illness (mean age 41, mean duration of illness 17 years). People with a shorter duration of psychotic illness might be more receptive to the potential of arts therapy when the disorders are more fluid and malleable, but there is a scarcity of studies on this. A small study by Lynch et al. (2019) finds participants with first episode psychosis to experience connectedness, freedom and being able to take other perspectives through art therapy.

Several methodologies on writing have been applied among different patient groups. *Expressive writing* pays no attention to genre or literary techniques; here, the aim is to write about traumatic life events for oneself in the designated time slot. Expressive writing has been found to have several positive effects in clinical settings, such as fewer doctor visits, reduced self-reported illness and better disease management (Pennebaker, 1997, 2010; Pennebaker & Seagal, 1999). *Creative writing* is a much less well-defined practice and emphasises the literary aspect of writing, which is contrary to expressive writing. It covers various forms of writing, such as storytelling, fiction and poetry (see Graham et al., 2005 for a general overview of creative writing; Costa & Abreu, 2018; Gillam, 2018 for a presentation of creative writing in healthcare settings). There has been a call for greater clarity about how CW can be conceptualised to fit into a clinical setting (Costa & Abreu, 2018). Thus, there is a need to develop structured outlines for how this can be applied to allow for a comparison of meaningful outcome measures across groups.

McArdle and Byrt (2001) describe writing in therapy as "the use of writing to enable people with mental health problems to enjoy and express themselves, develop creativity and empowerment, affirm identity and give voice to views and experience" (p. 517). Houlding and Holland (1988) study poetry writing in a Veterans Administration Hospital and find that group affiliation allowed for less isolation and greater contact. In addition, several participants seemed able to convey emotions through writing that had been hidden in previous therapeutic settings. In line with this, writing has also been seen as helping patients express themselves and control thoughts and hallucinations (McArdle & Byrt, 2001; Shafi, 2010). Several case reports describe how writing can be a marker on the road to recovery (Clark, 2007; Hankir

et al., 2012; Kar & Barreto, 2018). King et al. (2013) describe three theoretical models of how CW can contribute to recovery in severe mental illness; this could happen through the relationship between the narrative and emergence of identity, through writing as a means to reconstitute a void in the internal symbolic order of the person or, finally, through CW as a form of cognitive remediation. An ongoing Danish project, "Rewritealize", studies the intrapsychic (between the patient and text), horizontal, interpersonal (between the group, the text and the writer) and vertical resonance processes (when participants with psychosis engage in art; Bundesen et al., 2020).

Both King et al. (2013) and Bundesen et al. (2020) focus on literary writing as a learned skill that can hold therapeutic value. This implies learning skills from an experienced writer, not a therapist. A trained writer will represent a different authority than a clinician and, hence, be less constricting. King et al. (2013) and Bundesen et al. (2020) suggest that writing in a more formal and reflexive manner is an assertive action able to build self-esteem and form a product that allows for a connection with the external social world (Hunt, 2010). This is in line with Stickley et al. (2018), who explore the validity of the CHIME framework for characterising the experience of participatory arts for the purpose of health promotion. Participatory arts activities are typically facilitated by artists with an emphasis on personal and creative growth and development through art, and less on psychopathology and illness.

However, Stickley et al find participatory arts activities to support recovery, specifically enhancing connectedness and improving hope.

Research approach and methodology

The current qualitative pilot study set out to explore how a group of young persons in treatment for early psychosis experience a course in CW offered to them during treatment for psychosis. We have previously analysed the *written products* of the writing group in light of Ricoeur's and Kristeva's philosophies of language and subjectivity (Synnes et al., 2021), revealing how engagement with a poetic language seemed to open up nuanced understandings of potentiality and agency. The current paper is based on this theoretical framework as well as practices from creative writing methodologies (Goldberg, 2005; Orr, 2002, 2018) and explores the experiences from the writing group further in light of psychosocial interventions to promote recovery.

Participants and setting

All the participants had experienced psychotic symptoms in need of treatment. They were recruited from a first-episode psychosis department at Oslo University Hospital that provided inpatient and outpatient care for people aged 18–30 years who are moderate to highly impaired by psychotic symptoms. We aimed to recruit patients interested in writing as a supplement to their treatment as usual. We did not collect demographic or clinical data. They were free to share with the group, but the focus was on writing techniques and the written texts, not on mental illness. Eight participants signed a consent form, one withdrew before start, and two withdrew after having participated in one session. Five participants (two women and three men) became the core members and provided material for the current paper through qualitative interviews. They were recruited from both inpatient and outpatient units.

The intervention

The project took place at the hospital but not in the clinical ward. We planned for six to eight weekly sessions but expanded it to 12 sessions after initiative from the participants. The group was facilitated by two group leaders (OS and HB) and the first author (KLR), who is an experienced specialist in psychiatry. She did not have any responsibility for the participants' treatment. OS is a literary scholar working in the health humanities; he has wide experience with CW in different health care settings, such as dementia (Oddgeir Synnes et al., 2020) cancer and palliative care (Oddgeir Synnes, 2016). HB is a scholar in the medical and health humanities with extensive experience in research on the literary representation of illness.

Acknowledging the vulnerability among the participants, we spent considerable time at the beginning and throughout the course to emphasise a supportive atmosphere. We stressed that our role as leaders was to look for the potential and creativity displayed in the texts of the participants, never being critical of their writing. The group sessions consisted of reading published poetry and prose that would serve as inspiration for writing and developing knowledge of literary skills and techniques. The main focus during the sessions was short writing exercises of 10–15 minutes where the participants wrote in response to poems, prompts or specific tasks (see, Table 1). The exercises were inspired by texts on creative writing that highlight playfulness, perspective taking and fantasy through various writing techniques and genres. Among texts that inspired us were Goldberg on creative writing (Goldberg, 2005), Herman (2017) that emphasizes writing in clinical contexts and Gubar (2016) and Orr (2002) on creative writing in illness and suffering. Examples of creative writing techniques were creating suspense by writing flash fiction of six words, making abstract feelings specific through the use of metaphors and similes, writing from different perspectives and points of view; examples of genres were haiku poems, short stories and prose poems (see, also Table 1 for a presentation of the different exercises given). The texts were read aloud and commented on by the group leaders. We always looked for the potential in each text, what it succeeded in doing and what might be developed. We highlighted the use of metaphors, details, contrasts and so forth, and thus, the group learned about literary techniques and what makes a text evocative through their own texts. We also encouraged the participants to comment on each other's texts but based on the premise that it was not allowed to be critical, either towards others' or one's own text. Each session closed with a feedback round in which the participants commented on how they had experienced the group that day. At the end of each session, we provided voluntary "homework" that was read aloud in the next session. They were also free to write outside of these sessions if they wanted. Each group session lasted around two hours.

Empirical material

About 100 texts consisting of poems, narrational fragments and short stories were produced. In addition, field notes were collected by the group leaders after the group sessions. Qualitative interviews were conducted with the five participants within a few weeks after the course ended, and each interview lasted between 15 and 48 minutes. The interviews were tape-recorded and transcribed verbatim.

Table 1. Ten-minute exercises performed during sessions and homework tasks.

Exercise performed during sessions	Prompts for voluntary homework in-between sessions
<p><i>"Memory and the senses"</i> (individual task): Write on a childhood memory through sensual description, inspired by an excerpt by Charles Bukowski's "Ham on Rye".</p>	<p>"Trust": accompanied by a poem by the Norwegian author Helge Torvund as inspiration.</p>
<p><i>"Writing as fantasy"</i> (individual task): Write about yourself at the age as given by the roll of two dices.</p>	<p>"What we are searching for": accompanied by a poem by the Norwegian author Linda Klakken as inspiration.</p>
<p><i>"Making abstract feelings concrete"</i> (group task): The participants were asked to respond to feelings such as despair, joy etc and describe them through landscapes, animals, things, etc. Their ideas were written on flip chart based on metaphors and similes.</p>	<p>"My heart": accompanied by a poem by the Norwegian author Hans Børli as inspiration.</p>
<p><i>"Writing to a painting"</i> (individual task): Focusing on writing as visual description of details to create mood.</p>	<p>"Standing in the rain": accompanied by a poem by the Norwegian author Astrid Hjertnæs Andersen as inspiration.</p>
<p><i>"Creating suspense through condensation"</i> (individual task): Writing flash fiction of six words. Discussion of the different flash fictions on flip over.</p>	<p>"I will ...": accompanied by a poem by the Norwegian author Arild Nyqvist as inspiration.</p>
<p><i>"Smell"</i> (individual task): The exercise became too challenging for one participant, so we wrote lists to the prompt: 'The easiest things are ...'</p>	<p>Bring a text (song lyric, poem, novel) that you are fond of, and write a text inspired by it.</p>
<p><i>"Haiku"</i> (individual task): Participants got a crash course in writing haiku. The haikus were written on flip chart and discussed.</p>	<p>Writing from a different perspective: "Write a text where you are either a dog, a tree or the universe".</p>
<p><i>"An unexpected meeting"</i> (individual task): Write a dialogue as an opening to a short. This task was accompanied by reading the short story "Maria" by Norwegian author Kjell Askildsen as inspiration.</p>	<p>Write a short story titled 'It's so nice today ...'.</p>

(Continued)

Table 1. (Continued).

Exercise performed during sessions	Prompts for voluntary homework in-between sessions
"On writing" (individual task): The group read excerpts from a novel and an interview with the Norwegian author Karl Ove Knausgård that thematises what writing is. The participants wrote to the prompts: "Writing is for me . . .", "When I write . . ."	Write a text about "Places".
"If I was invisible" (individual task): Write a text from this perspective.	Write a metatext on writing.
"What would you not like to change in your life" (individual task): Write from a personal view.	"Once I lost something".
Reflections on writing (individual task): Write about your personal view.	"What would you like to be?": accompanied by a poem by the Norwegian author Lars Saabye Christensen as inspiration.

Ethics

The Regional Ethical Committee (REK) found the project to be outside its scope (decision nr: 2018/1552) because we did not collect data on health. The data protection officer at Oslo University Hospital approved the project (project number 18/21,852). All participants gave their written informed consent. To ensure security in the case of symptom exacerbation, we had a direct line to the therapists in charge of treatment. Weekly feedback on how the course progressed was conveyed to the therapists. Signs of emotional strain noticed during the sessions were handled by KLR or in individual consultation with her after the sessions. Because of the small sample, all references to the participants were made gender neutral.

Analysis

All interviews were conducted face to face at the office of KLR. OS and HB alternated in leading the interviews, while KLR was present and added questions alongside. The interview guide was designed to capture the experiences of taking part in a writing group, including general impressions about the group process, the tasks and how it was organised. The participants answered questions such as: How would you describe your experience of taking part in creative writing group sessions? How did you like writing texts in between sessions? How has it been to be a part of this group for you – what do you think about the group's dynamics? The interviews lasted for 15–45 minutes (in

Table 2. Quotes related to theme a): A creative community.

A creative community	
Quote	Participant
<i>"What I loved most was to listen to other people read their texts aloud".</i>	1
<i>"There are really good stuff coming from these sessions . . . And I get surprised about myself, too. A text I think is really bad, and then it comes . . . (positive feedback) . . . and sometimes, when I think it is not so good, another one has a text that is really . . . wow. Then, you forget about the bad text you made yourself".</i>	2
<i>"You feel attached to the group . . . I may have said this before, but we build each other up in a way".</i>	3
<i>"I have not been able to get to know the other persons (previously), even though we stayed at the same place (ward) . . . we had no common interest before we found the writing . . . (now). I am looking forward to start talking: Hey are you going to attend the writing course today?"</i>	4
<i>"I think it was nice to share opinions with the others (members). . . like people could have their own opinions about the other members poems or things that happened in the room".</i>	5

verbatim transcriptions ranging from 2370 words to 7560 per interview, median length = 4750 words).

The data were analysed according to the principles of systematic text condensation (Malterud, 2012). Analysis was conducted in four steps: (1) KLR, OS and HB read through the interviews individually and looked for preliminary themes related to the intervention and how it was received. (2) Manageable meaning units were extrapolated and organised in code groups. (3) Each code group was condensed. (4) An analytic text about each theme was developed. Finally, the transcripts were reviewed three or more times by KLR,

Table 3. Quotes related to theme b): Safety in structure and framing.

Safety in structure and framing	
Quote	Participant
<i>"It is nice just to talk and, at the same time, have something concrete to relate to while you are here".</i>	1
<i>"So, there is a lot of fragility, when it comes to our issue (psychosis) . . . or the problems that are out there, where other (people) are. . . But maybe it's just that, that you (the two group leaders) do not have so much experience that makes it so good, you see? For you meet us as human beings".</i>	2
<i>"I think there was some, or a bit optimism in some of the topics we had. For example, . . .: 'What would you not change in your life?'. I liked that kind of thing. In a way, it forces you to look at the good sides of life, then".</i>	3
<i>"I think it's absolutely brilliant. It is very easy to participate. It does not require much; it just requires that you show up. And really just have a good time".</i>	4
<i>"If there was something we (participants), for example, didn't like, or found unpleasant or like that. I experienced that it was listened to or that you (the group leaders and KLR) discussed it or tried to find out in plenary, how you could possibly do it differently. I saw that as a strength".</i>	5

Table 4. Quotes related to theme c): Freedom to master and grow.

Freedom to master and grow	
Quote	Participant
<i>"I have felt free and felt more like a real person, in a way . . . I didn't even think about the fact that I am a patient here, while we have had these meetings. And normally, I think about that as soon as I walk out that door".</i>	1
<i>"It is a kind of therapy, but it is very . . . low threshold . . . you feel a little bigger than in a therapy room, I must say".</i>	2
<i>"I've learned a little more about myself, in a way. It's hard to say what it is, but maybe I . . . dare to open up a little more about things I write about, for example".</i>	3
<i>"And then you get to know the feelings of others when they in a way show emotions. They think they know my feelings too I think".</i>	4
<i>"I think in a way that the combination of the writing group itself, the concrete thing you do (in it) and the psychological background, is gunpowder."</i>	5

OS and HB to ensure that the data were accurately represented and interpreted. Steps 2 and 3 were analysed using NVivo (version 10; QSR International LLC).

Results

The results of the analysis revealed three themes: a) the group was valued as a creative community, b) there was safety in the structure and the framing of the course, and c) the participants experienced mastery and growth on several levels.

A creative community (see Table 2): The participants emphasised how they found inspiration and support in the other group members. The common experience of psychosis made it safe to reveal vulnerability, but all the members valued the emphasis on writing, not on mental illness. One even mentioned that meeting with group members outside the group setting was easier because they could talk about writing when they met in the inpatient facilities. Furthermore, they valued that this was something they chose to participate in, not because they had to or were bored, as one said, but because it was meaningful. They were curious about what the other group members would say in the next meeting and how they would feel about what they had written. They were prepared to get comments on their writing but felt that the common goal was to help and find ways to improve, which made the situation safe. One participant found it difficult to write without the group because the group inspired this person's creative thoughts. Another had no problem with this and felt that the anticipation of being read by the group also made it easy to write at home. A third participant felt pressure to perform, but this improved after receiving encouraging feedback during sessions. One mentioned that it could be difficult to write with such a limited time because the participant feared that the texts would not be on the same level as the other texts in the group. It was therefore important for the participant to be allowed to bring other texts to the group when the participant struggled to write during sessions. This allowed for a freedom and lack of pressure that made the participant feel safe and flourish as a writer.

Safety in structure and framing (see Table 3): The participants estimated five to six people to be an optimal group size, both to talk freely and to get enough time

for individual feedback. However, one found it challenging when the group was too small because getting too much attention could be difficult. One participant entered the group later, but this was not considered a problem. One underlined that as long as the core group was a safe place, new members would be positive and often bring something new to the table. All participants liked the structured approach with the same agenda each time. The differing tasks were appreciated. It was easier to write when there was a clear framework to write after. There was, however, agreement among participants, that they represented a vulnerable group that issued special considerations from the leaders regarding tasks. One participant strived at times to write in the group because of felt pressure and expectation and opted sometimes to read texts written in between the meetings as a response to the writing exercises in class. This structured yet flexible approach was deemed important. Tasks or texts that evoked strong feelings could afford short interventions by KLR (to reduce stress and cope with the feelings) or by the group leaders to find more neutral tasks. A task about “smell” had to be changed after a few minutes because it evoked difficult feelings in one of the participants. Four of the five participants mentioned this particular incidence and said they were happy with the way it was dealt with. One participant underlined the importance of working with pleasant themes; it made it easier to think about things to appreciate in one’s life. Another said that tasks about negative feelings would have been hard to handle, not only because of the person’s own feelings, but because of how other people would react to the text. On the other hand, there were notions of enlightenment and introspection because some discovered how they had unintentionally written something that also gave meaning related to others or their own history; this led to introspection.

Freedom to master and grow (see Table 4): Several had experienced failure in school and did not believe in their own writing skills. During the course, these participants conveyed more confidence in their ability to produce texts. They found pleasure in getting feedback not only from the group leaders, but particularly from the group members. It was challenging to write in different genres, but they all felt a sense of mastery after hearing the feedback. All mentioned that their writing skills had improved in all genres. There were differences in whether they mentioned the course as having a direct impact on their ability to master their mental health. However, two mentioned that they did not feel like patients but felt they were part of a discussion group where everybody was equal; this also implied the group leaders and psychiatrist. One said that this made the participant feel better and prouder as a person. Another participant felt more like a whole person after the course and felt the course paved the ground for a more personal change process on several levels. Another mentioned how the other participants’ feedback made them aware of other people’s feelings and how other people reacted to things. This made the participants more aware of their own feelings. Furthermore, several described an increased ability to convey their feelings through written language. Two specifically mentioned how they brought texts back into the therapy room. Furthermore, one mentioned that a “small leak” between the writers/psychiatrist who was leading the sessions, and their clinical therapist would have been beneficial because they were able to display other parts of themselves during these sessions than in regular therapeutic settings.

Discussion

In this pilot study, we explored how a CW group intervention was assessed in a group of young people who were in treatment for psychosis. The main findings centred around three themes: an appreciation of the creative community they formed, the importance of a structured yet flexible framing, and how the process generated room to master and grow both skills and an understanding of emotions.

First, we consider our findings in line with previous research, such as the CHIME framework (Stickley et al., 2018). We experienced that all components – connectedness, hope, identity, meaning in life and empowerment – were displayed. The participants felt socially included and became a supportive community (connectedness). They found motivation for change and engaged in positive thinking (hope). They were able to forget that they were patients or felt that this underlined that they were so much more than their diagnosis. In this way, the participants could find another voice through writing and participation in the group, one that rested outside of the illness. All the participants seemed to value that the group leaders were not therapists. Being encouraged and believed in by these authorities seemed to have a pronounced effect on their feelings of self-worth and identity (identity). This is in line with King et al. (2013), who argue that the activities provided by health workers may risk reinforcing identification with the illness, but when the professional writer provides a similar activity, it is the person's identity as a writer that is reinforced. The participants also valued the meeting of other people and felt more secure in their social role because they had something common beyond mental illness (meaning in life). Finally, the participants developed their writing skills despite variable previous school experiences. This was interesting because we had an idea that those who would choose to participate were people who previously had felt some kind of mastery in writing. However, this was not necessary to obtain a feeling of empowerment and joy (empowerment).

Our findings are also in line with Lynch et al. (2019) who study art therapy delivered by art therapists; they find that art-making seemed like a mental buffer and facilitated communication between themselves, the therapist and others in the group; it gave them autonomy over the communication. Through the writing sessions, we were told that the participants communicated more freely than what they described as happening elsewhere in the treatment facilities. We also found the participants able to reflect on their own and other's perspectives. Lynch et al. (2019) discuss this in relation to Bateman and Fonagy's (2006) model concerning how we read our own and other people's mental state. We noticed that the participants not only valued hearing about the other group members' perspectives, but also reflected on how surprised they were by the views that came up during discussions. They found it fascinating, but also scary because one could evoke negative feelings in other people. This is in line with Montag et al. (2014), who propose that art-sharing may help to appreciate the perspective of others, find a language for mental content and facilitate explicit mentalising. This is important because impaired mentalisation may contribute to both positive and negative symptoms, as well as social difficulties (Weijers et al., 2020). Although the present study was not led by art therapists, we suggest that CW may have comparable potential to arts therapy led by therapists and support mentalisation (Springham et al., 2012).

As mentioned above, OS has provided CW workshops in dementia care, cancer care and palliative care. OS noticed that the group was more associative than any other group he had been teaching. Creativity and mental illness have been investigated from different angles, and a shared genetic vulnerability has been proposed (Andreasen, 2008; Jamison, 1989; Kyaga et al., 2011; Parnas et al., 2019). Severe psychopathology seems to inhibit creative processes, while mild and moderate episodes can lead to creative work of high quality (Holm-Hadulla et al., 2021; Kar & Barreto, 2018). Creative abilities seem to involve specific neural networks (Beaty et al., 2018). One hypothesis is that people with schizophrenia may have a special ability to engage in divergent thinking, meaning exploring many possible solutions to a given problem, when they are less burdened by their symptoms (Acar et al., 2018). In this context, it makes sense that CW can draw on an inherent ability to associate and make use of divergent thinking. This might be important not only for the end result, but also as a means to acknowledge these skills, boost confidence and underpin a recovery-oriented focus in rehabilitation.

Limitations: There are several limitations. The number of participants was small. There were people who did not want to participate and left the study; and we have no information about why they did so. This might be important as previous research has suggested that willingness to take part in art therapy predicts who finds it more beneficial than diagnoses or clinical presentation (Patterson et al., 2011). We do not know if this intervention is applicable to only a few or wider selection of patients. Furthermore, we were all part of the workshop and might be biased towards the positive aspects of it. We have tried to accommodate this by reading the transcripts several times and incorporating the few negative experiences. We do not know if the participants found it too hard to convey negative feelings about the course to us. However, the course was extended because of the participants' wishes.

Conclusion: We found CW to be well perceived by these participants in treatment for psychotic symptoms. We think there are several reasons to pursue CW for young people with psychosis because it supports factors considered important for recovery. However, this warrants future research. We think the structured approach with specific, yet flexible set of tasks could be a viable route to test this particular method in a larger sample. On the one hand we believe that future research should attempt to shed light on the specific benefits that CW might provide. This could be by looking into how different genres might open for various forms of meaning-making and empowerment, the benefits of writing at home versus at the course, and how the sharing and co-writing of texts in a group can facilitate social relations and communication. On the other hand, it will also be important to explore whether our findings are specific for creative writing or if they are comparable to different forms of art therapy and other psychosocial rehabilitation interventions.

Thus it will be important to account for this in a future study design

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Declarations

Availability of data and material: Because of the small sample size and the written informed consent, the data are not available to other researchers.

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