

WRITING FOR HEALTH ANNOTATED BIBLIOGRAPHY

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James Pennebaker Writing to Heal, a Guided Journal for Recovering from Trauma & Emotional Upheaval 2004.

Dr. Pennebaker is not a clinician. He says that he accidentally discovered the power of writing during an experiment in the mid-1980's. He asked his subjects to write about either a traumatic experience or a superficial event for four consecutive days, fifteen minutes a day. Those who wrote about trauma needed less medical attention in the following months and many said that the writing changed their lives. This book, based on the work of hundreds of researchers, is a guide to why and how to use writing to tackle one's own demons and to trust intuition to go in one's own right direction. Options include formal writing exercises, re-writing, playing with type of writing, saving and sharing work, throwing it away after writing, and using writing to alter personal history. He's still not sure why expressive writing helps people, but it does aid most.

Mary Pipher Writing to Change the World 2006.

"While we call our time the Age of Information, wisdom is in short supply." Writing can help reduce Buber's "I-it" relationships and encourage "I-thou" ones, so that rather than seeing people and societies as 'other,' we make connections that facilitate openheartedness, thinking, talking, sharing, and honorable action. "The stories we are told by people who want to sell us things will not save us. We need stories that teach us to be patient, to share, and to put things in perspective." Healing-stories give us hope and empathy, both the writer and her world. Connecting people - with oral and written stories - might save the world.

David Watts Bedside Manners, One Doctor's Reflections on the Oddly Intimate Encounters Between Patient and Healer 2005.

Dr. Watts is a poet and organizer of workshops on "Writing the Medical Experience." His book of stories is an example of writing about the work of doctoring and its intense meaning to doctors and patients. These stories resonant and inspire.

James Pennebaker Opening Up, the Healing Power of Expressing Emotions 1990 (1997 revised)

The author writes about his own journey to find answers about "the nature of secrets, self-disclosure, and health." He concludes that "actively holding back or inhibiting our thoughts and feelings can be hard work" and undermine our bodily defenses: immune function, autonomic nervous system regulation, biochemistry of neurohormones all through the corpus. The converse, confronting deepest thoughts and feelings - confession - can benefit health. Writing or talking about upsetting things can influence our basic values, daily thinking patterns, and feelings about ourselves. Many cultures have elaborate confession rituals. Many people don't disclose personal selves to the people that they live and work with every day. Many strangers in "safe" settings, like waiting rooms and shared travel, are likely to talk about intimacies with people whom they never

expect to see again. Structuring and supporting this human tendency to confess can be healing. The general weakness of ritual in Western culture may be harmful because it leaves people alone, disconnected, and over-private.

James Pennebaker (ed) Emotion, Disclosure, and Health 1995. This reference represents the science of the connection between disclosure and health. Translating experience into words has broad value, as noted in cultural history, the power of narrative, studies of physical pain in varying contexts, and recovery from trauma.

James Pennebaker The Psychology of Physical Symptoms 1982. From a cognitive/behavioral perspective, patients vary in how we notice sensations, how we organize and search for our memories of sensations depending on our beliefs, correspondence (and lack thereof) between perceived and actual physiological activity, how we categorize sensations and emotions, and decisions about whether something is a "symptom" worth discussing. Context and attention have great impact on patients' experiences and choices to seek medical help. Conceptualizing one of the basic elements of medical work - "what are your symptoms?" - in a broader way as a story that fits within these variances in perception and meaning of physical sensation can enhance doctor-patient interaction and healing. What if we asked a patient to write a story for us to review at the next visit? A story about feelings and beliefs and meaning?

Rita Charon (ed) Stories Matter, the Role of Narrative in Medical Ethics 2002.

"Narrative ethics" emerged from individuals who listened to their patients in new ways and thought about cases in different contexts: bearing witness to patients' suffering and honoring patients' experience of illness. From these new ways of interacting flow new choices about care and new healing dividends. As doctors and patients take their telling and writing seriously, together they redefine health and soften the tough situations in which they find themselves. "Although illness is, indeed, a biological and material phenomenon, the human response to it is neither biologically determined nor arithmetical. In extending help to a sick person, one not only determines what the matter might be; one also by the necessity of illness determines what its meaning might be." Narrative competence [remember the ACGME competencies - patient care, medical knowledge, professionalism, communication, practice-based learning, systems-based practice; here's a new competency] as a part of medical practice requires following the story, making sense of metaphor, grasping significance, and seeing conflicting perspectives. The case emerges, for the doctor and for the patient, only in the telling of it. Only in the telling or writing of it.

Rita Charon Narrative Medicine, Honoring the Stories of Illness 2006.

Beyond narrative as it relates to ethics, what is "narrative competence" as it applies to medical practice? What are its dividends for patients and doctors? "A scientifically competent medicine alone cannot help a patient grapple with the loss of health and find meaning in illness and dying." Patients feel abandoned when we cannot 'find it and fix it' and then withdraw from our own helpless feelings. Teachers of literature, novelists, and storytellers become collaborators in learning the skills of narrative medicine, enabling one person to receive and understand the stories told by another. Healthcare is made

richer and more beneficial by including this aspect of practice. Within the limits of office and bedside hospital visits, how can we integrate narrative medicine? When a patient can't write or talk, how can we include family or speak on their behalf?

James Pennebaker et al (ed) Collective Memory of Political Events: Social Psychological Perspectives 1997.

Social groups have a 20-30 year cycle for commemorating important events, with rituals and monuments. Unspoken choices about the significance of events relate to their cultural and individual importance. WWI, for example, was a shocking change in type of warfare and a source of great loss to communities, but perceived as leading to meaningful change in social life on both "winning" and "losing" sides. (By contrast, the 1st Persian Gulf War did not, because also it seemed initially rapid and decisive, the public soon discovered that nothing had changed because of it. That led to group-forgetting, with no monuments or rituals about it.) The links among physical trauma, emotional hurt, and life change are essential factors in subsequent group stories about the event. Those histories, embodied in rituals, allow a theatrical quality to permitted expression of emotion and shared public support. This distances the individual from the emotion, making it more objective, less painful, and more assimilatable. Homer, in the Iliad, said "So she spoke, Briseis, weeping, and the other women wept with her, because of Patroclos, but beyond that each for her own miserable fate." A commemorative ritual, or any transition ritual, defines an acceptable social role. Joys, too, are public and legitimate. The emotion becomes a story, with enough structure to help the individual experience it fully and contribute to her coming to terms with it. This connects to writing because the public aspect of it, a forum to share and be heard, contributes to its healing force.