Tell It Slant: History, Memory, and Imagination in the Healing Writing Workshop

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Abstract

This paper investigates the practice of using writing as a healing modality with patients traumatized by the diagnosis and treatment of cancer. Based on the clinical experience of patients in an outpatient writing class, it investigates the stressors particular to cancer patients and the ways in which these stressors may affect inhibition and the ability to disclose. It poses the questions: How do we avoid retraumatization when facilitating a writing experience for this population? How does expressive writing–writing that asks the patient to confront trauma by expressing both the cognitive and emotional aspects of the trauma–compare with imaginative writing in effectively allowing for the three stages of recovery from trauma: safety, remembrance and mourning, and reconnection? Current research on expressive writing and the Pennebaker paradigm are discussed, as well as the difficulty of accessing memories "encrypted" by trauma and incorporating them into a life narrative. The resistance to memoir writing in both patient examples and in the work of a noted writer is investigated. Theories related to memory plasticity and the importance of the imagination in creating memories are considered as ways to understand how fiction, in particular, is able to address the emotional truths of the past and so allow for appropriate mourning without risking retraumatization.

Keywords

writing, cancer, retraumatization, memory, fiction

Not Now, Maybe Never

4/21/2005

Dear Sara,

I just wanted to share with you the joy I experience being in your class. It's really better than chocolate!! I am learning so much about writing; about poetry and prose. The sharing with the others in the class is so meaningful and helpful. I just look forward each week to our class. And, I hate it when I have to miss class! I recommend your class to those I encounter and seem interested.

Sincerely yours, N.

9/25/2005

I think I am feeling some frustration with my writing. I don't have a clear idea of what to do. Lately I resist writing about my "stuff"; feels "old." I would like to do something new and different. I have answered my own question about a memoir. *Not now, maybe never.*

Take Care,

Love, N.

Writing is increasingly being used as a therapeutic agent in diverse clinical settings, including community centers for the aged, mental health clinics, cancer support centers, and hospitals. The efficacy of this modality is based on several decades of evidence-based research, and the advantages are many, including the relative simplicity of writing as a skill, as well as the low cost. The most popular methods of "healing writing" include journaling, bibliotherapy/poetry therapy, memoir writing, and creative writing done in groups or alone. There are also online writing courses, all predicated on the idea that in expressing our emotions and telling our stories, we are more able to integrate our experiences and move on with our lives.

One of the foremost researchers in this field is James Pennebaker, a psychologist, who for more than 20 years has done studies proving the efficacy of writing as a way of healing. He summarizes his findings thus: "the art of disclosure is a powerful therapeutic agent that may account for much of the healing process. When people put their emotional

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upheavals into words, their physical and mental health seems to improve remarkably" (Smyth & Pennebaker, 1999, p. 95).

Disclosure, then, is widely viewed as one of the main factors in the therapeutic aspect of writing. Another tenet of writing, which serves a healing function, is that in creating a coherent narrative of traumatic events, the events become named, contained, and integrated into the life story of the individual. In "Telling Stories: The Health Benefits of Narrative," Pennebaker states that "converting emotions and images into words changes the way a person organizes and thinks about the trauma . . . By integrating thoughts and feelings, then, the person can more easily construct a coherent narrative of the experience" (Pennebaker, 2000, p. 3). Judith Herman (1997), in her seminal *Trauma and Recovery*, asserts much the same thing: "After many repetitions, the moment comes when the telling of the trauma story no longer arouses quite such intense feelings. It has become part of the survivor's experience—but only one part of it" (p. 195).

Practice Seeking Theory

I am a creative writer who has taught healing writing classes in an outpatient cancer support clinic for the past 8 years. Our classes are free and open to all whose lives have been touched by cancer. I offer three 8-week workshops per year, and each of these is sequential, that is, we build on the ideas and skills mastered in earlier workshops. In addition, there is an advanced class for "graduates" of the year-long sequence of three workshops (some of whom have been attending for all 8 years). In the first two "seminars," we work with imagery, fairytales, and poetry; in the third, we work with memoir and essay.

What I began to notice in the workshops was a pattern that did not seem to fit the Pennebaker paradigm, which is used as the gold standard of expressive or healing writing. The paradigm is to write for at least 20 minutes a day for at least 4 days on a major trauma, expressing one's deepest thoughts and feelings about the event.

Although research bears out the efficacy of this technique, I have often found that asking my patients to write explicitly about a trauma—whether it is a cancer diagnosis or an earlier trauma, which surfaces at the time of diagnosis or treatment—can inhibit their writing. Many times, as patient writers edge closer to their own histories, they shut down. This article explores why this can be so, and it is written from the point of view of practice seeking theory rather than practice implementing theory.

When I began this work, I based it on my previous experience as a teacher of writing for college students. In that work, I had discovered that requiring writing in which the students were the authorities, writing from their experiences, had produced powerful texts with force, structure, voice, and telling detail. Working with the classic text, *Beat Not the Poor Desk* (Ponsot & Deen, 1982), we responded to student texts with observations, a particular form of close listening. The entire process of listening and observing turned into something much more than simply a class to master the five paragraph essay. I was humbled and awed by what came to light in the texts: a 19-year-old having to run a farm after the sudden death of his father, a devout Black woman having a secret late-term abortion and no one to tell, the abuse of a golden-haired be-pearled young woman by her wealthy stepfather, and so on. The paper became that space where the students could meet themselves and their concerns unimpeded by the predetermined expectations of others; the classroom became a safe place to read the stories that could not be heard elsewhere. It became clear to me that what was going on here might have applications for others who were in crisis. Even though at that time I had not read the work of Pennebaker, I was finding empirically what he was testing explicitly.

When I began working with cancer patients, I naively assumed that, as with my college students, traumatic material would come up rather quickly and transparently. I also assumed that, as I began to read in the work of Pennebaker and others, it would be good for my patients to confront their feelings, feel them, and then deal with them in their writings. I was prepared for this. What I was not prepared for was the ways in which these patients, many of whom had worked enthusiastically with image, fairy tales, and poetry, often retreated from the task of writing directly about their own experiences of diagnosis and illness, as well as other traumatic events that preceded their diagnoses.

I have had some patients able to write directly about their illnesses but many others who were only able to touch on traumatic events obliquely. One patient was able to write directly about her own cancer (she was in remission) with a great sense of purpose: This memoir was her gift to others struggling with cancer. Yet even she was unable to finish the section about her husband's death.

At the other end of the scale, many people were unable to write directly about significant, traumatic experiences without reexperiencing overwhelming emotions. One woman, an experienced licensed counselor, wrote copious and beautiful poetry but became rigid and almost frantic when we worked with memoir. Interestingly, in her poetry, deep issues and memories would surface. She was able as well to write a fictional, third person story full of effective emotional content and events similar to her life. Yet to approach her past directly frightened her. There was clearly no safe place for her to go to in her own history.

These experiences left me with many questions. How do we avoid retraumatization when facilitating a writing experience for patients? How does expressive writing—writing that asks the patient to confront a trauma by expressing both the cognitive and emotional aspects of the trauma—compare with imaginative or creative writing in effectively allowing for the three stages of recovery from trauma: safety, remembrance and mourning, and reconnection (Herman, 1997).

Trauma and the Cancer Patient

In exploring why writing from their own experiences might be difficult for some patients, and why it seemed to be a distinctly different experience from my student writers, I began to examine the factors that might influence inhibition. Cancer patients have a spectrum of forces bearing down on them, as well as coming into the workshop with various predisposing attributes and histories. As opposed to my student writers, patients for the most part are older and may have fewer resiliencies than students. Students, even those with traumatic histories, tend to be oriented toward the future in a positive way. This sense of time is an important distinction. For cancer patients, whether their prognosis is good or poor, the diagnosis of cancer changes one's sense of the future. Second, although not all patients are traumatized by their diagnosis, many exhibit symptoms typical of trauma, including feelings of detachment or estrangement from others, restricted range of affect, difficulty falling asleep or concentrating, hypervigilance, irritability, and exaggerated startled response. A diagnosis of and treatment for cancer can in itself be considered traumatic, according to the National Cancer Institute.

In addition to how they respond to a cancer diagnosis, patients are in various stages of diagnoses and recovery. Some patients are newly diagnosed, some are in treatment, and some are survivors of many years. Some patients have had time to reflect on their experience with cancer and are ready to fit that experience into their life story; others are in the chaos of a new diagnosis and others are in the paradoxical disorientation of finishing treatment and having to focus on the remainder of their lives. For some, the uppermost need may be simply to find a safe place, an anchor in the chaos of the present, whereas for others there is a need to come to terms with the meaning of cancer in their lives.

Another factor influencing how patients may respond to a writing opportunity involves the makeup of the patients themselves. Patients have various preexisting psychological attributes that may make them more or less amenable to writing directly about their experiences. Stanton and Danoff-Burg (2002) indicate that disclosure produces decreased stress for women low in avoidance but not for high avoidant women, for whom it can increase stress. Patients have different types of emotional awareness, understanding, and expression. Those with repressive personalities may be harmed or at least not benefit from written disclosure. Lumlye, Tojek, and Caclem (2002) found that disclosure was found to have no effect on a large sample of bereaved older adults and to have deleterious effects in a small sample of people with posttraumatic stress disorder.

Other findings involving journaling suggest that

> dwelling on emotions alone may be counterproductive in terms of health outcomes. . . . Writers may be able to relive the physiological and emotional activation of the trauma during its recall, but because they are focused on the affective experience, they may not be able to work through the trauma to reach a state of resolution from which they have a different perspective. (Lutgendorf & Ullrich, 2002, p. 182)

However, writing that avoids emotional content and goes directly to abstraction does not provide a healing opportunity as it perpetuates disassociation from sensory and emotional experience (MacCurdy, 1999).

Given these variables, how does one structure a writing experience for cancer patients that allows for the maximum healing opportunities while avoiding both inhibition and retraumatization?

The Workshop

The overarching objective of the writing workshop I teach is to allow the writers to reconnect with their feelings and their bodies in a safe environment. Often, trauma freezes the body-mind, and energy that can be used for healing is used to suppress feelings that are too overwhelming to process. The first task, then, is build stability and support into the workshop experience. The next task is to free the imagination. The way to do this, it seems to me, is through nonthreatening play—to invite patients, through visual images, poetry, and fairytales, to enter the realm of imagination, to learn the language of the symbolic. In the writing workshop, the play of the imagination becomes a transitional space where healing can occur.

I think it is important to define what *healing* means in this context, as it is a word that can become a catchall term. Healing can include both mental and physical gains, as Pennebaker in his research has been able to demonstrate, but it does not necessarily mean physical cure. The kinds of healing objectives I have for my patients include developing a feeling of safety, finding ways to experience emotions as sensations in the body, befriending emotions, tolerating ambiguity, and finding ways to take the pieces of their lives that have been shattered by illness and weave them into a new sense of self. My objectives for them as writers are to find their voices, to write accurately and concretely, to learn to hear the literary aspects of a text, and to master their material through mastery of forms. A final objective is for the group, through a specific method of listening and observing, to become the container and witness for each patient.

My initial intuition about how to structure experiences for my patients came from my personal bias as a fiction writer. At the outset, choosing to work with image, metaphor, simile, symbolism, and story was simply using my own vocabulary. It was an educated hunch, but it proved to be fruitful. It seemed to free these fledgling writers from not only the tedious present of relentless treatments and illness but also from their own histories and uncertain futures. Our workshop became a space, a sandbox, in which they could come to play. My guiding principle is that the individual's

healthy self will gravitate toward what it needs; that I as the practitioner cannot know whether this is ahead of time and that my job is to listen to the emerging self and allow it expression.

An important development in my efforts to articulate for myself was how writing allowed for growth and healing came when I discovered the work of British psychologist Donald Winnicott and his theory of potential or transitional, space. Thomas H. Ogden, in an article in the *International Journal of Psychoanalysis* defines it thus:

> Potential space is the general term Winnicott used to refer to an intermediate area of experiencing that lies between fantasy and reality. Specific forms of potential space include the play space, the area of the transitional object and phenomena, the analytic space, the area of cultural experience, and the area of creativity. (Ogden, 1985, p. 129)

This seemed to describe what I had been witnessing in the workshops. This idea of a third space, which lies between fantasy and reality, but partakes of both, began to make sense to me, and so I searched for others who might also be using the concept in the context of healing writing. In "Writing Well: Health and the Power to Make Images," Mark Robinson observes that

> writing does not reflect experience but creates a reflecting space which allows us to conceptualize our experience . . . writing can be seen as existing in what Winnicott called the transitional space, being neither of the psychic inner reality nor of the objective outer reality, but in a third space which allows the individual to negotiate between the other two. (Robinson, 2000, p. 80)

So in the workshops, while we stayed in this "playground of transitional space," participants opened up, gained mastery, and exhibited delight in their creations, even when they dealt with painful issues. Yet as we moved from more imaginary and poetic work toward prose and memoir, there seemed to be more resistance.

It was often in the memoir session, after many weeks of engagement and productivity in other forms, that the whole tenor of the group would change. Attendance dropped. Many said they did not like the memoirs we read, although I carefully selected memoirs dealing with cancer, written by fine writers. One woman, dealing with a recurrence of ovarian cancer, had been writing about her youth as a gift for her grandchildren, but when she realized, through her writing, that she may have made some inauthentic choices in her life, she was crushed. She said, shaking, "I can't write this." Not only was she losing her life, she was looking at a life about which she had just discovered some profound regrets. The writing had worked powerfully, and it seemed she needed to mourn these aspects of her life, but, in the current crisis, she could not take on working through this new realization.

On the other hand, there was a woman in another group who worked on memoir avidly. She wrote charming, descriptive pieces about the colorful characters in her life growing up, yet she never touched on her own cancer. She was in Stage IV breast cancer, and it had metastasized to her bones. Just before her diagnosis, her only brother had committed suicide. She had also told the group over the course of the year about her bipolar father, the poverty of the family, and her mentally ill sister who had disappeared years ago. But none of these facts surfaced in her writing, or any emotions about them. It was only much later, after several years, and shortly before she died, that she wrote a powerful and moving poem that expressed her grief about her illness.

As a practitioner, my experiences did not seem to be fitting the theories of expressive writing or my own previous experience in the classroom. I was not finding the responses I had found in earlier work with more imaginative writing. Working with that writing, we had laughed and cried, and I had often witnessed the loosening of frozen emotions. To have these patient writers shut down, then, was disappointing and frustrating. What was wrong? Was not memoir the *sin qua non* of expressive writing? Was not facing into one's history the best way to mourn and to integrate the pain and move on?

Charles M. Anderson and Marian M. MacCurdy (1999), in the introduction to their book *Writing and Healing: Toward an Informed Practice*, assert the following:

> When past and present selves collide, often precipitated by a single incident or a crisis that calls up past traumas, business as usual cannot continue, and the survivor is motivated to delve into the past to see what was left behind in an attempt to make sense of the present . . . failure to complete the normal process of grieving perpetuates the traumatic reaction. Grieving and the healing that accompanies it, allow the survivor to reclaim the self and its agency. As we manipulate the words on the page, as we articulate to ourselves and to others the emotional truth of our pasts, we become agents of our own healing. (p. 7)

The key phrase here is *the emotional truths of our past*. That the work of mourning is essential to the healing process for traumatized individuals has been well established. In my practice, I have witnessed patients find their voices, and own their stories, but often through indirect means. One patient wrote a dark poem about a 12-year-old dressed up in a sexy outfit, and the speaker asks, in the poem, who had dressed her? Who had taken the photo? She did not know where this poem came from, it just came, she said. She was beginning a tentative foray into the past but was not able in a direct, linear, discursive way to go there. She could only go there

through the poem, indirectly. Another woman, responding to a prompt to write a poem using the sense of smell, wrote a beautiful poem about going to her grandmother's house for pancakes, leaving behind her frantic, cleaning-obsessed mother on a Saturday morning. In the discussion that followed, out tumbled a grief, almost a physical cry, about her mother, and the bleakness of her home, memories that were triggered by the smell of pancakes and syrup but which had been in cold storage. She seemed to be discovering her own grief as she spoke; her eyes seemed surprised. Had I asked her to write a poem about her relationship with her mother, with whom I knew she had a fraught relationship, I feel that she would not have gotten to this powerful place, that her habitual defenses would have been called up.

The work of recovering ourselves, of mourning our losses, is, it seems, a tricky business. The question is not whether it must be done, but *how*. How do we uncover the *emotional truths* of our past if our history is a loaded minefield? What if the ego is not yet strong enough to face into the "reality" of a person's history? What if recounting such a history results in retraumatization?

These questions bring up issues of history, memory, and imagination—how we understand these terms, how these processes interact, and how they can be useful in understanding the place of creative writing in a setting in which we have healing objectives. Can emotional truths only be accessed through a recounting of actual events, or can the emotional truths that need to be externalized and shared also be accessed just as powerfully through the obliqueness of poetry, or the alternate realities that fiction constructs?

History, Memory, and Imagination

> The content of our lives up to the present moment is a fact and must stand as it is. But we can interpret and reinterpret our past from the standpoint of what we are and of our future possibilities. As a result, the meaning of the past is always being altered. Your self is the totality of what you have lived. We can't just live in the present or we would be mindless. We live with the past.
>
> —Ruth Stone (1990)

Hilary Mantel, a British novelist, after writing eight novels, wrote her autobiography, *Giving Up the Ghost*. In it, Mantel reveals how hamstrung she feels by the constriction of the memoir form. "I hardly know how to write about myself," she says early in the book, and we witness her self-admonition that she will put "plain words on plain paper." Yet like the messy little girl she describes herself to have been, she finds herself scribbling outside the lines: "I stray away from the beaten path of plain words into the meadow of extravagant simile" (Mantel, 2003, p. 4).

Ironically, the novel she wrote on the heels of *Giving Up the Ghost*, *Beyond Black* (Mantel, 2005), takes up the story of a woman facing into her past. As Terrence Rafferty (2005) observes in his *New York Times* review of *Beyond Black*, describing the premise of the book,

> The process undergone in the pages of *Beyond Black* by its fat, middle-aged English heroine, Alison Hart, is self-analysis and memory recovery of almost unimaginable psychic violence . . . Alison is a professional medium and clairvoyant—in her preferred terminology, a "Sensitive" and depends for her peculiar living on the services of a "spirit guide" named Morris who is . . . an exceptionally nasty piece of work. He is also a constant reminder of the unspeakable childhood that Alison, for all her extrasensory powers, *can recall only dimly*. (p. 1)

In this novel, Terrence Rafferty (2005) goes on to say, Mantel

> allows herself to gorge on simile and metaphor and wild comic invention—the treats she had tried and, guiltily failed, to deny herself while following the hard-fact regimen of *Giving up the Ghost*. *Beyond Black* feels like a great, gleeful binge, a wallow in the not-good-for you riches of this writer's extraordinarily vivid, violent imagination. (p. 1)

There is much to unpack here for our purpose of understanding the interplay of history, memory, and imagination, and how these forces lead or do not lead to healing and catharsis in writing. In his review, Rafferty uses the words "gorging" and "binging" to describe the act of creating the novel: The novel is a "wallow" in the imagination. All of these words—*wallow, treat, riches*—suggest the sensuality, the playfulness, of the act of creating the novel, as opposed to the "hard-fact regime" of the memoir. *Regime* suggests a diet, a discipline, whereas wallow suggests *license*. What is it about simile and metaphor and "wild comic invention"—the province of the imagination—that seemed to free Mantel to address the *emotional truths* of her past in a way her memoir did not?

Ms. Mantel is a particularly apt writer for this question. Her own life, as revealed in her memoir, has been a series of emotional and physical upheavals, not the least of which is ongoing chronic illness. Like many cancer patients, she is negotiating not only a traumatic past but also a difficult present.

In an article titled "Memory and the Inner Life; Fiction, Between Inner Life and Collective Memory," Lavenne, Renard, and Tollet (2005) posit: "literature provides more than a means of reflecting on memory: it is also the site of the rebirth and construction of individual and collective memories, which can serve as a foundation for the writing of fictional works" (introduction).

Here again we see the earlier triad suggested by Winnicott's idea of potential space. There is the psychic reality of memory, the objective reality of history, and the third space, which is neither but partakes of both, literature, the work of the imagination.

Lavenne et al. (2005) explore the apparent dichotomy between memory and imagination: Memory, they say, seems opposed to fiction writing. "As Ricoeur has pointed out, memory and fiction pursue different aims: memory, like history, pursues the past, whereas fiction need not do so" (sec. 2.1). Yet they also cite the theory of "memory plasticity," which holds that "imagination plays an important role in the formation and perpetuation of memories" (sec. 2.2). Memory, they say, is a dynamic and evolving phenomenon, which changes in the light of present knowledge and experience and to which forgetting is an integral part. It may be claimed, then, that when imaginative writing is used to access memories, the tools of simile, metaphor, and invention can be more incisive, more evocative, and more true, in an *emotional* sense, than simply reporting the literal, historical event. If imagination "plays an important role in the formation and perpetuation of memories," if memories are dynamic and constructed, then using the tools of imaginative writing would be a powerful way to elicit memories.

Indeed, Lavenne et al. (2005) assert that fiction is able to "convey something about past events and experiences that could not be expressed otherwise" (sec. 3). Literature, they claim,

> can also help overcome the three major obstacles potentially obstructing the recollection of a traumatic event. According to Vincent Engel, a traumatic event can seem "unimaginable, incommunicable and unspeakable." However, it is essential, when confronted with these three impediments, to imagine, communicate and speak, which can be achieved in fiction, as Elie Wiesel's novels have shown. (sec. 3)

Here we come back to the necessary work of mourning as described by Anderson and MacCurdy (1999), but work which is done obliquely. It is not an eschewing of history or memory, but a way of getting at "buried truths," or, as Gabriele Schwab describes in "Writing Against Memory and Forgetting," truths which have been consigned to the psychic crypt (Schwab, 2006). Fiction, Lavenne et al. (2005) assert,

> does not have the obligation to tell the truth and can thus express things that would otherwise remain unsaid. Paradoxically, fiction is able to say essential things about reality precisely because it does not have to tell the truth about this reality. (sec. 3)

This was borne out in a workshop in which N, a woman dealing with a recurrence of colon cancer, brought in a piece of prose entitled "Chasing Her Tail." She said she had to write it in third person because it was *too painful* to write in first. It began with a painful description of waiting and of a woman who hates to wait. She described a woman who is an achiever, who never stops, is goal driven—"all as a coping mechanism." She describes an early happy marriage to the love of her life, a man with a rare and deadly heart problem. She describes his death, the loss of the possible children they had dreamed of, and the consequent loss of part of herself. After his untimely death, the woman rushes headlong into frenetic activity. "Responsibility is in your blood," the narrator says to the protagonist. Then, she describes the cancer, and the strange gift the woman has received from it—time to muse, to read, to live in the moment. "Waiting is only waiting if you think it is; to believe you are waiting is paralyzing."

This example is useful on several fronts. N was extroverted, in charge, highly successful in her work, from which she had recently retired. Yet she only reluctantly self-disclosed, as in the poem about her grandmother's pancakes, which I cited earlier. Although "Chasing Her Tail" was clearly autobiographical, she was only able to approach the material by the distance that fiction implies. To use first person, to be that close to the raw facts of her life, was not possible. Instead, she created a "character" who was both her and not her. She addressed that character as the narrator, another construct, in the second person. And she crafted a piece that began and ended with the idea of waiting, bracketing the intensely emotional facts with her changing *idea* of what waiting could mean, of time and our experience of it. In the tone of the piece there was an anchor of calm at both the beginning and the end, while the understated facts of her experiences delineated a moving, wrenching story. By doing this, the experience was not only conveyed, but reflected on. Finally, in reading this piece to a group who had been with her the better part of 6 months, she was able to reveal herself in a way that felt safe.

Writing Well and Being Well

Marian MacCurdy (1999), in her essay, "From Trauma to Writing: A Theoretical Model for Practical Use," discusses how traumatic memories differ from other memories. "Traumatic memories are sensory, that is, the body reacts to them even when the conscious mind is not aware of the cause of such reactions . . . while these images are noncognitive, they have deep emotional presence." (p. 162) According to an article cited by MacCurdy, research shows that traumatic events are encoded via "emotional, pictorial, auditory and other sensory-based memory systems . . . traumatic memories may not be encoded or retrieved linguistically *unless that retrieval encourages the survivor to integrate the emotional memory with the description* (pp. 162-163).

The difficulty in linguistically retrieving traumatic memories is borne out in the experience of healing practitioners from many fields. Belleruth Naparstek (2005), who has done extensive work with trauma victims, including Vietnam

veterans and survivors of both the Oklahoma City bombing and 9/11, makes this observation in her book, *Invisible Heroes*:

> If a person is deeply impacted by trauma, it is more than likely that he first needs to find an oblique route through the imaginal realm, using metaphor and symbolic language, to help him manage his symptoms, find a sense of safety, recontact his most whole self and make language a viable avenue again. (p. 13)

I take her use of the word *language* here to mean *discursive* language. The Random House Unabridged Dictionary's second definition for discursive is "proceeding by reasoning and argument rather than intuition."

In teaching creative writing to traumatized individuals, then, the oblique route may, in the end, for some individuals, be as effective or more effective than the direct route. Trauma disrupts one's sense of identity, and those traumatized often lack a coherent self and therefore cannot regard their history from a safe place. Often, those traumatized find their perceptions biased, "towards what is worrisome or frightening at the expense of registering what is pleasurable, beautiful and nourishing" (Naparstek, 2005, p. 13). So for a person who has experienced trauma, memory can include negatively biased habits of perception. The way one sees one's story, the story one tells oneself about the memory as well as the memory itself, can be defeating. To simply trigger a defeating story does not necessarily lead to healing. One can say, "well, maybe the way you see it isn't the whole truth," but it may be a *felt* truth. It may be a stubbornly worn rut in the person, not only her mind, but in her body—her reactions, her flight or fight response, her ability to feel her feelings, her ability to live safely and fully in a sensate world.

For a person traumatized by cancer treatment, there is an understandable response of distancing oneself from one's body—from both sensation and feeling. The medical community often colludes in this objectification of the body by treating the disease and not the person. As the sociologist Arthur Frank has observed, "'objective' talk about disease is always medical talk. Patients quickly learn to express themselves in these terms, but in using medical expressions ill persons lose themselves: the body I experience cannot be reduced to the body someone else measures" (Frank, 2002, p. 12). This alienation from one's one body may be something new, or it may exacerbate an "armoring" or defensiveness, which is an ingrained response to earlier traumas, whether psychological or physical. In the work I do, it is often the case that the cancer diagnosis and treatment trigger activation of underlying and unexpressed grief, sometimes grief, which is intrinsic to the story a person has been telling herself all her life. It is a delicate dance to allow for these feelings to surface, to create a container for them in the writing and in the group, and often this process can only be entered into obliquely. As in the story of Psyche and Eros, shining the light directly on the wounds, prematurely, may cause a cessation of the process. For a traumatized person to recover emotional responsiveness, to befriend her body, she has to first experience trust, both in herself, the process and the group. Then, grief in need of mourning surfaces as she is ready to feel it.

The question for the practitioner becomes how to help the patient writer toward linguistic retrieval of traumatic memories, which can be incorporated into writing that serves a healing function. Simply invoking the past does not necessarily do it. B, a breast cancer survivor, diabetic, and a former nurse, wrote a piece several years ago about what was supposedly one of the most traumatic memories of her life, yet, for her listeners, it seemed flat, and I doubted the writing of it served to move her toward healing:

> Then the teasing began. The other guys in our senior class began to tease E about me. This teasing caused him to shy away from me. Rejection. Rejection. What a devastating feeling to have to cope with in my senior year of high school. My heart ached; tears flowed from my eyes, and it was very difficult to try and hide my desires and feelings from him . . .

As a writer and as a facilitator, I was frustrated by this kind of writing. I knew the experience for her was powerful, yet the representation of it was not. She relied on labeling feelings rather than describing them. Her language tended toward abstraction and cliché. I wanted to dig deeper, to find a way in which she could integrate her "emotional memory with the description." Yet, later, when working on fiction, I felt that some real progress was being made. In a story, also highly autobiographical, B is able to write about Julie and her problematic relationship with her son with an immediacy and sensuality that was not evident in earlier writings:

> In her sleep, Julie allowed her mind to be carried back . . . to happier days with her son Joseph . . . she heard Joseph speaking to something or someone. She looked into the den to see Joseph with the front door open, gesturing and inviting someone or something to come into the house. Then Julie saw it. Joseph was allowing a field mouse into the house. The mouse ran straight into the kitchen and hid under the refrigerator; all the while Julie was screaming at the top of her voice. Joseph was laughing.
>
> The mouse dream faded into how Julie would always awaken Joseph each morning to get him ready for school. In her dream, Julie could see herself kneeling beside Joseph's bed . . . His hair was tousled and golden in color like a sunset; his eyes were blue in color with a twinkle reminiscent of a star sapphire; his skin was soft, smooth, and warm like a fleece blanket. As Julie's dream continued she could see herself kneeling at Joseph's bedside, stroking and caressing his little hairy arm.

This excerpt does what the former did not; it invites the reader into the experience through sensory detail, through scenes and actions. Like N, the distance fiction provides released B from the literal recitation of her history. It allowed her to embed a dream into the narrative line, creating a back story and layered depth. It moved her away from abstraction and toward concreteness. Like all effective writing, it evoked a felt experience. But did it move her toward healing?

MacCurdy (1999) cites the work of Wilma Bucci who has created an instrument to evaluate writing for its ability to provide a healing function. Bucci uses the term *referential activity* for a process for symbolizing emotional experience while retaining access to the "anologic components of the feeling state" (MacCurdy, 1999, p. 162).

In comparing the two pieces above for word content we can see that the first, while anchored in B's history, relies on abstract words such as "rejection, devastating, feeling." There is little sensory description of feeling states, instead there is a feeling of being cutoff from the body and not being grounded or oriented in space. In the short story, however, there is embodiment: characters are situated spatially in a room, we can see the door, the inside and outside of the house. Furthermore, there is the concrete image of the mouse, its movements, as well as the verbs—gesturing, inviting, screaming—describing how each character responded to the creature. In the memory/dream of the young son, similes are used to describe in sensual detail the child, his "hair tousled and golden in color like a sunset . . . his skin was soft, smooth, and warm like a fleece blanket." The affection of the mother for the son, her enjoyment and apprehension of him even as he lets a mouse into the house, is all evident without needing to be labeled.

If Bucci's theory holds, that concreteness, sensual detail, imagery, specificity, clarity, and emotional tone make for a healing experience, then B seems to have moved toward greater healing.

The Better Story

A healing writing experience, then, is not so much about genre—memoir, fiction, or poetry—but about clarity, emotional tone, concreteness, sensual detail, and imagery. I think it is also about form, and finding the form suitable for one's voice, one's experience. In Yann Martel's (2001) novel, *Life of Pi*, several characters refer to the *better story.* At the end of the book, when Pi is being questioned about the veracity of his story of surviving on the life raft with a tiger, he answers with the following:

> So tell me, since it makes no factual difference to you and you can't prove the question either way, which story do you prefer? Which is the better story, the story with the animals or the story without the animals? (p. 317)

For some people, the better story may not adhere to the historical facts but may be more true to the emotional truths of their experience. In his author's note, Martel claims that "fiction is the selective transforming of reality, the twisting of it to bring out its essence." It is essence that concerns the writers of fiction and poetry, the writers of memoir and the practitioners of healing writing. In the writing of memoir, the selection and emphasis of certain details, the of point of view, the feeling tone, all structure the memory of an experience—there is no absolute memory without the shaping powers of the imagination. The tools of fiction are used to create "true" narratives of memories, often to the point of blurring the distinctions between the two.

Patients who have "encrypted" trauma may, as a default position, escape into abstract language, superficial language, or silence to avoid overwhelming feelings when asked to write directly about traumatic events (Schwab, 2006). Offering them an oblique route may allow them to dismantle habitual defenses and offering a transitional space in which to play may allow them to locate resources within themselves that were previously unknown to them. Furthermore, the possibilities of leaving the literal facts of one's history can give rise, paradoxically, to more freedom to connect with emotional and often buried truths.

As a practitioner, I do not eschew the efficacy of writing directly about trauma. However, I wish to expand the palette, as it were, of the facilitator, and to respect the complex and circuitous ways people are able to integrate such memories into their life stories. It is important to follow a patient writer's own intuition about the route they need to take rather than forcing on them a template of how they should proceed. Ultimately, there is a mystery at the heart of writing which resists formulation into a schema. As Donald Winnicott (2005) said about his approach to therapy, "If only we can wait, the patient arrives at understanding creatively and with immense joy . . . the principle is that it is the patient and only the patient who has the answers" (p. 86).

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Bio

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