

PAIN MANAGEMENT

Therapeutic writing and chronic pain: experiences of therapeutic writing in a cognitive behavioural programme for people with chronic pain

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Aims and objectives. To examine the experiences of therapeutic writing from the perspectives of patients attending a chronic pain management programme.

Background. Pain is a multifaceted experience. Increased awareness, understanding and gaining new insights are essential aspects of dealing with chronic pain. It is crucial to find powerful ways to cope with chronic pain. Several studies point to writing as a tool for managing such demanding life experiences. Therapeutic writing in a cognitive behavioural approach may be used to facilitate the rehabilitation process.

Design. A qualitative study with a descriptive and explorative design including a phenomenological perspective was used.

Methods. A consecutive sample of 34 outpatients with chronic pain was recruited to an eight-week group-based pain management programme. A therapeutic writing tool was developed and included as part of the homework tasks. Guidelines were used to initiate and guide the therapeutic writing activity. Written reports were collected after completion.

Results. Three thematic findings emerged from the analysis: 'increased understanding of chronic pain as a multifaceted experience', 'new insights into managing the chronic pain situation' and 'different performances lead to different experiences with therapeutic writing'.

Conclusions. Increased awareness, understanding and new insights are essential to dealing with chronic pain. People with chronic pain need tools and skills for optimal adaptation. Our findings suggest therapeutic writing may strengthen cognitive behavioural therapy by facilitating cognitive restructuring processes.

Relevance to clinical practice. Therapeutic writing may be used as a tool to express individual experiences and to improve adaptation to chronic pain.

Key words: chronic pain, cognitive behavioural therapy approach, rehabilitation programme, therapeutic writing

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Introduction

Pain is a multifaceted experience that incorporates the individual's thoughts and feelings. Pain management programmes based on cognitive behavioural therapy (CBT) are often recommended in chronic pain rehabilitation (Turk 2002). Although CBT approaches have shown generally

positive results, potential remains for further improvement through the use of qualitative methods to understand processes of change in greater depth (Morley & Williams 2002). Expressive writing has great potential as a therapeutic tool in diverse clinical settings or as a means of self-help, either in isolation or as a supplement to traditional therapies (Pennebaker 2004).

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The International Association for the Study of Pain (IASP) defines pain as an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage (IASP 1986). Thus, understanding chronic pain as a complex mix of biopsychosocial–spiritual factors is an important nursing competence (Dossey 2005).

In the absence of a medical cure for chronic non-malignant pain, it is crucial to find powerful ways to manage chronic pain issues. Several studies point to writing as a therapeutic tool to manage demanding life experiences. Comprehensive research documents the effects of writing in adjusting to challenging or traumatic experiences (Francis & Pennebaker 1992, Pennebaker 1997, Smyth *et al.* 2001, Baikie & Wilhelm 2005). Studies on writing and its implications for health indicate potential for a positive health and well-being gain through such writing (Smyth 1998, Pennebaker 2000, Pennebaker *et al.* 2002, Lowe 2006, Furnes & Dysvik 2011). Writing may be used as a tool in chronic pain rehabilitation in the management and adaptation to a challenging life situation.

Therapeutic writing

Therapeutic writing is defined as: ‘client expressive and reflective writing, whether self-generated or suggested by a therapist or researcher’ (Wright 2004, p. 8). A growing body of literature presents different perspectives on such writing (Wright 2004). Writing for therapeutic ends seems to have emerged from the psychotherapeutic tradition, using therapies like writing to relieve ailments associated with traumatic experiences (Smyth & Greenberg 2000). Elbow (1981) states that an expressive writing form is a sort of introspective technique of discovery, and shows up to have the effect of raising the writers’ awareness. This may also point at the therapeutic effect of such writing (Elbow 1981), which can also be transferred to writing in pain management groups. Therapeutic writing could be a helpful tool to troubled minds as emphasised by Lowe (2006). According to Bolton and Wright (2004), therapeutic writing is of great value within health care as it employs processes of personal, explorative and expressive writing. Considering its power, therapeutic writing could also be a support of people who experience any social or psychological difficulties (Bolton & Wright 2004), like people suffering from chronic pain where such difficulties are commonly reported (Turk 2002). In explorative and creative approaches, patients are offered guidance and inspiration by a therapist. These approaches may also take the form of a ‘guided fantasy’, an ‘essay topic’ or structured writing (Bolton & Wright 2004).

By following a scientific paradigm, Pennebaker and colleagues seek to measure, explain and predict the therapeutic effects of writing using a randomised controlled trial (Wright 2004). In such writing studies, the writing sessions are highly structured (Wright 2004). By contrast, the humanities paradigm uses creative writing and qualitative research methods. In this approach, the writing is more open-ended, explorative and personal. Several researchers and therapists also suggest an eclectic model that incorporates elements from both approaches (Wright 2004).

Cognitive behavioural group approach

The chronic pain management programme including therapeutic writing was based on a cognitive behavioural approach (Table 1). The major aims of CBT within the broad framework of learning theory are to improve quality of life, coping skills and physical functioning. Cognitive behavioural therapy for chronic pain involves a variety of interventions that share three basic components: emphasising the patients’ ability to help themselves rather than depending on therapists; interest in the nature and modification of the patients’ thoughts, feelings and behaviours, which may worsen the pain experience; and the use of CBT procedures in promoting change (such as homework, relaxation, social skill training and physical activity) (Turk 2002). These components, along with therapeutic writing, are integral to the present programme. The present pain management programme was based on the eclectic approach described earlier. Participants were guided in writing about specific structured themes. In addition, they could choose to write about personal themes, and whatever they felt was important to create, explore and express.

According to Keefe *et al.* (2002), a group provides a setting in which patients can be in touch with others with similar problems. Group participation can help patients gain a better understanding of their life situation, the effects of their own behaviour and they can express their thoughts and feelings regarding their perceptions of the situation (Keefe *et al.* 2002). Self-revelation and learning from others are important supportive factors in a group approach (Yalom 2005). Therapeutic writing in the management programme was seen as a way to gain awareness and new perspectives on individuals’ thoughts, feelings and behaviours in managing chronic pain. In the group meetings, each participant was free to discuss his/her own ideas, thoughts and feelings related to the home-writing tasks. Participation in such groups may increase the power of writing (Furnes & Dysvik 2011).

Table 1 A chronic pain management programme: organisation of the sessions and corresponding topics covered in the programme

Session	Physical activity	Topics	Homework/writing
1		Establishing the group goals	Develop own goals/*present life situation, hope and joy
2	Progressive relaxation	Physical activity and pain	Plan for physical activity
3	Progressive relaxation	Pain as a complex phenomenon	*Recording of factors that increase and decrease pain/the pain problem, thoughts and feelings related to loss and grief
4	Breathing, movements	Muscle tension, relaxation and pain	Muscle relaxation and tension Practice in autogenic training
5	Active exercise training	Coping and pain	*Recording of coping strategies and appraisals and alternative ways of coping/previous and present relationship with important persons
6	Mobility, stability	Self-esteem, social network and pain	*Recording of self-esteem and social network and alternative ways of behaving
7	Mobility, stability	Thoughts, feelings and behaviours	*Recording of thinking patterns and the relationship between thoughts, feelings and behaviours/adaptation, meaningful life, future plans
8	Active exercise training	Communication, self-help	*Recording of communication patterns and suggestions for improvement

*Topics for therapeutic writing undertaken.

Aim and research questions

On the basis of the previous considerations, the aim of this study is to examine patients' experiences of therapeutic writing in a chronic pain management programme. Two research questions were formulated: What kind of understanding and insights are revealed through therapeutic writing? What kinds of experiences are described related to performing homework writing tasks?

Method

The present qualitative study had a descriptive and explorative design including a phenomenological perspective (Richards & Morse 2002, Kvale & Brinkmann 2009). Thus, our approach was open to the experiences of patients suffering from chronic pain. The empirical material was patients' written reports from a therapeutic writing unit in the chronic pain management programme (Table 1).

Participants

A consecutive sample of outpatients was recruited to a group-based pain management programme based on a CBT approach. The study was carried out in a rehabilitation unit of a university hospital. A total of 34 subjects (24 women and 10 men) organised into three groups participated in this study. The subjects met the following inclusion criteria:

- 18–67 years of age;
- chronic non-malignant pain lasting for more than six months;
- medical investigation and/or treatment completed prior to referral;
- motivation to participate in an active rehabilitation programme;
- no ongoing litigation related to the cause of their pain.

The mean age of the participants was 49 years. Twenty-four participants had low education, while 10 had higher education. Five were employed, and the others received social security benefits because of their chronic pain. The participants had different chronic pain problems, and 21 of them had suffered from pain for more than six years. The majority reported pain problems related to several body regions.

Prior to inclusion, all patients underwent a medical evaluation. In a clinical interview with one of the therapists, they were fully informed about the programme, including expectations and obligations, and also received written instructions. The therapist emphasised that participation was voluntary and that participants could leave the programme at any time. Confidentiality was guaranteed, and a written consent form was obtained prior to inclusion in the programme. The patients had on hand professional support from psychologist and nurse if needed. The study was approved by the Regional Ethics Committee and the Data Inspectorate (Ethical approval no.428.10) and was conducted in accordance with the Helsinki Declaration (Carlson *et al.* 2004).

Description of the intervention

The intervention was an eight-week cognitive behavioural group-based chronic pain management programme offered to patients with non-malignant chronic pain. The programme consisted of supervised dialogue, physical activity, education and corresponding homework including therapeutic writing (Table 1). As such, using therapeutic writing as a tool was an integral part of the programme. The homework writing tasks were assigned to initiate therapeutic writing. Guidelines were followed and communicated to guide and initiate the therapeutic writing activity (see Appendix 1).

Data collection

Data were collected by written reports in which patients described their subjective experiences with therapeutic writing after completing participation in the chronic pain management programme. All reports were submitted to the rehabilitation unit.

The reports were responses to the following open-ended questions:

- Could you talk about how you experienced writing about what concerns you?
- Could you describe how it affected you then and affects you now to write about your experiences, thoughts and feelings?
- How would you describe the help that writing has given you in raising awareness of yourself (through thoughts and feelings) and your situation?

Analysis and interpretation

A phenomenological–hermeneutic approach inspired by Ricoeur (Ricoeur 1976, Delmar *et al.* 2005, 2006, Furnes 2008, Furnes & Dysvik 2011) was used to extract the meaning content of participants' experiences described in their written reports. According to Ricoeur, reading the text is the dialectic of the two attitudes of explanation and understanding, and both these potentialities belong to the reading of a text (Ricoeur 1976, Delmar *et al.* 2005, 2006, Furnes & Dysvik 2011). The analysis and interpretation followed three stages:

- 1 *Naive reading*. This reading gained an overall view of report texts, arriving at a holistic understanding of the meaning content of 'what is said'.
- 2 *Structural analysis*. Structural analysis clarifies the dialectic of holistic understanding ('what is said') and an explanation of the text ('what is spoken about') to make a deeper critical interpretation possible (Delmar *et al.* 2005, 2006,

Furnes & Dysvik 2011). Interpretation of the explanatory structures and an understanding of the content will lead to the development of themes. Presentation of the findings reflects the dialectic of 'what is said' and 'what is spoken about'.

- 3 *Critical interpretation and discussion*. The naive reading and the structural analysis give direction to the selection of theory. The critical interpretation and analysis illuminated by theoretical substance can bring new understanding. Hence, the presentation form cannot be compared with the research process. The thematic findings will be presented first, followed by further interpretation and discussion.

Findings

The data represented rich and detailed descriptions of the experiences of therapeutic writing. Examples of the analysis are presented in Table 2. Three thematic findings emerged from the analysis:

- 1 Increased understanding of chronic pain as a multifaceted experience;
- 2 New insights into managing the chronic pain situation;
- 3 Different performances lead to different experiences with therapeutic writing.

Increased understanding of chronic pain as a multifaceted experience

Several participants reported that writing brought up new thoughts that led to extended understanding, suggesting that the writing tasks helped them to organise their thoughts. They also described becoming aware of the relationships between thoughts, feelings and behaviours. This awareness helped them to interpret the complexity of their chronic pain and develop the ability to manage their pain.

Participants expressed the view that writing about their own social networks and the importance of social relationships was the most enlightening of the tasks. They similarly emphasised that writing about pain and self-efficacy increased their understanding of the relationships between thoughts, feelings and behaviours. Increased insight was described in several ways:

- 'I am more attentive to nuances in my situation.' (M)
- 'Helped me to get an overview, see new relationships ... has an organizing and awareness-raising function. I have gained more understanding of how things are related, more understanding of what is happening ... aware that the pain is related to many other things.' (P)

Table 2 Example from the analysis process

Meaning unit	Significance	Theme
<i>What is said</i>	<i>What it is about</i>	<i>New insight into managing own pain situation</i>
‘Got some “aha” experiences when things are put down on paper. Things were a little brighter. A number of thoughts and feelings that I was not aware of appeared.’	The creative elements of writing	Writing leads to new thoughts
‘I discovered nuances in my situation. I asked myself questions, introspective questions.’	New questions arise as a result of writing	Writing promotes thinking
‘Helped me to get an overview, see new relationships.’	The clarification related to writing	
‘Has an organizing and awareness-raising function.’	The awareness of writing	The writing expands insight
‘The writing was very informative and awareness-raising for me. I had to take a position and think about how I could contribute myself.’		
‘The writing was very informative and awareness-raising for me. I had to take a position and think about how I could contribute myself.’	The clarification related to writing	The writing brings increased reflection on one’s life situation.
‘I have learned that to change my thoughts and confront my thinking patterns may contribute to better management of everyday activities.’	The awareness of writing	The writing leads to awareness of self-management of the chronic pain situation
‘To write and clear out own thoughts and feelings are quite painful, but this work could help me further.’ ‘I have more understanding of what and why things happen.’ ‘New ideas are shaped during and after writing. It was clarifying. To me writing is a good medium for self-help.’	Expanded perspective of one’s own situation	The writing leads to discovery and insight

Writing helped participants become aware of details and obtain a wider view. It also helped them be more focused on how issues are interrelated and affect one another. Several participants also clarified how a nuanced and expanded understanding was important in their own attitude to pain:

I have become more aware of how I can influence my own situation and the pain. (K)

To write about the relationship between pain and coping made me understand why this is so ... how the body works ... a glimmer of understanding and acceptance was sown, so now I’m trying to plan my days based on how the body works. (C)

Writing about my situation has helped me become more aware of what triggers the pain. (L)

I am ready to focus more on the causes and problems connected to the pain situation and I am also looking at options and opportunities that make me carry on despite the pain. (J)

Increased awareness of the possibilities for influencing the experience of chronic pain seems to have arisen as a result of new insights.

New insights into managing the chronic pain situation

Many comments indicate that therapeutic writing can lead to increased self-reflection:

The writing was very informative and awareness-raising for me. I had to take a position and think about how I could contribute myself. (A)

Got some “aha” experiences when things were put down on paper. Things were a little brighter. A number of thoughts and feelings that I was not aware of appeared. (G)

New ideas always show up. (O)

I have more understanding of what and why things happen. (R)

I have learned to set goals in terms of what I should do, it has helped me. (K)

I have learned that to change my thoughts and confront my thinking patterns may contribute to better management of everyday activities. (L)

The writing creates new ideas, and participants were surprised when new insights and greater understanding emerged. People discover and understand their own thoughts about

their situation and confront their entrenched thought patterns. Several participants stated that an increased awareness of self-management of chronic pain emerges from the writing tasks:

I discovered nuances in my situation. I asked myself questions, introspective questions. (N)

Feels good to get it down on paper, it is easier to see things, and it was easier to focus on now and the future. (G)

One becomes more aware of what the larger and smaller challenges in life really are now. (E)

Know that I can put things behind me and focus on the future instead. For it is the future I can control and affect. Writing helps to focus the future! Writing was the opportunity, the way for me. (AE)

New ideas are shaped during and after writing. It was clarifying. To me writing is a good medium for self-help. (P)

The writing was enlightening and opened up new and important perspectives on participants' life situations. It also challenged their own beliefs and thought patterns. The writing process raises awareness about self-management of various aspects of life and the connections between one's thoughts, feelings and behaviours.

Different performances lead to different experiences with therapeutic writing

Each pain experience is unique and accordingly the impact of pain was experienced differently within the groups. Some participants expressed difficulties with homework writing tasks such as painful experiences related to therapeutic writing:

It was hard and difficult ... cannot get started with writing ... I have trouble putting my thoughts down on paper ... thoughts and emotions during the writing were very difficult and harrowing. (H)

It is tough to be honest. When I wrote about some episodes from my life, a few tears came, but it made me feel good to write, to write about all that is difficult for me ... put into words all the pain that I feel. (L)

To carry out writing tasks seems difficult in several ways. It is described as painful to open up to confront one's experiences, to remember, reflect and manage one's thoughts and feelings. Several participants also recalled negative responses expressed as ambivalent experiences:

When I had finished writing, it was good. I felt that now a lot of evil was on the sheet, and I felt that it took a few pounds from my shoulders, in a way liberating, but at the same time frustrating. (M)

I feel that I expose myself and sometimes I become very sad and start crying ... I think it's hard to describe what I feel. I am struggling to put into words the feelings ... good and bad at the same time. (Q)

Therapeutic writing entails both positive and negative outcomes. It feels good to explore personal experiences, but expressive writing also releases painful feelings.

As previously mentioned, several reports emphasised the relationship between writing and thinking by pointing to the creative elements of the writing process. The majority of reports described writing as revealing close connections between thoughts and feelings. Moreover, writing also stimulated thinking and gave rise to new questions and insights. In summary, the majority of participants described writing as valuable and liberating:

Writing creates a liberating feeling. It is a sort of ventilation and gives me a good feeling. (EE)

It provides a better mood in my body. (A)

To write means to me to store away bad experiences ... feels good to get thoughts down on paper ... some of it is harrowing to write about, but this made it easier afterwards. (E)

I felt satisfaction by getting rid of and bringing out thoughts and feelings ... it's always liberating to write. (O)

Writing gives an unconscious processing of all you cannot express in words and conversation ... my notebook is my ally and I often feel that I have parked a part of my anger and frustration between the covers of my book, and out of myself. (P)

It's good to write it down, good to get it out and a relief afterwards. (T)

Rejecting thoughts and feelings through writing provides relief from pain. Writing offers a possibility for distancing the pain—to push bad experiences into the background. To ventilate unpleasant experiences appears to offer relief.

However, some participants had the opposite experience and emphasised that they did not manage to carry out the homework writing tasks. They found it difficult to start writing and concentrate on the task. Furthermore, they described difficulties in putting their reflections into words:

Writing is nothing for me ... I cannot do it. (S)

I found it difficult to perform writing, and hard to manage the writing tasks. It was painful to express my thoughts and feelings through writing. (Y)

I do not get anything out of writing ... I have never liked to write. (X)

It is sometimes burdensome to perform therapeutic writing and put thoughts and feelings into words and resistance to writing sometimes occurs.

Critical interpretation and discussion

The aim of this study was to examine the experiences of therapeutic writing from the perspectives of patients attending a chronic pain management programme.

In the following section, we go more deeply into the interpretation to illuminate the findings within a theoretical context. We see the thematic findings 1 (Increased understanding of chronic pain as a multifaceted experience) and 2 (New insights into managing the chronic pain situation) to be clearly related. As such, an increased understanding of the nature of pain may lead to a change in behaviour. Thus, these two themes are merged in the following discussion.

Increased understanding and new insights into chronic pain

Group CBT approaches are based on self-management, structure, focus and acquisition of cognitive and behaviour skills (Turk 2002). There is strong evidence for the efficacy of CBT in restoring function and mood and in reducing pain and disability-related behaviour (Morley *et al.* 1999, McCracken & Turk 2002, Turk & Burwinkle 2006). Based on the idea that people themselves are instruments in developing and maintaining maladaptive features, CBT aims to change a person's behaviour by changing their thoughts and feelings in more adaptive ways (Turk 2002).

Pain is a complex, multidimensional and subjective phenomenon (IASP 1986), and people living with chronic pain have difficult and challenging lives. Focusing on emotions is important in CBT. Feelings of anger in particular are considered a key factor in the maintenance of chronic pain. When the source of anger has been identified by the group leaders, problem-solving methods can be used to cope better with such feelings (Keefe *et al.* 2002). The writing tasks in our programme may be one way to manage these feelings.

Several losses caused by chronic pain are common, such as impaired health and loss of work or social relations (Harvey 1998). Thus, understanding pain as a multifaceted experience must include loss, of which the experience of grief is a natural element (Furnes & Dysvik 2010). Moreover, loss and grief experiences are expressed through the movement between 'relearning the world' and 'adaptation' (Furnes & Dysvik 2010, p. 137) according to the major aim of CBT.

The findings of the present study clearly indicate that therapeutic writing for many participants leads to increased awareness and clarification of different facets of the pain experience. Moreover, new perspectives on behaviour related to an individual's pain and life situation may arise. We see therapeutic writing as a tool in the adaptation process.

However, an important prerequisite for such an adaptation is recognition that one must adjust actively according to an individual and multifaceted chronic pain situation.

Several participants reported the emergence of thoughts and feelings connected to their chronic pain situation during writing. The guidelines for writing (Appendix 1) offered to the patients in the beginning of the course might have been helpful to get started with therapeutic writing. Moreover, advices in the guidelines, like being open and spontaneous, might have contributed to articulation of thoughts and feelings. According to previous research, writing is an aid to reflection, and a way of exploring and discovering one's thoughts and feelings (Elbow 1981, Koopman *et al.* 2005, Furnes & Dysvik 2011). Writing yields new thoughts by putting ideas, images and feelings into words. Furthermore, this leads to increased awareness, clarification, understanding and structuring of one's thoughts and feelings (Elbow 1981, Sloan & Marx 2004, Furnes & Dysvik 2011). Lowe (2006) argues there are close connections between feelings, writing and healing.

As indicated in Table 1, in the present study, several strategies are directed towards developing the patient's awareness of the connections between thoughts and feelings. Maladaptive thoughts and feelings may lead to inappropriate behaviour and contribute to worsening the problem (Turk 2002). Therapeutic writing in particular seems to raise participants' awareness of their efforts and responsibilities related to their progression in pain management. We argue that reflections on the individual's pain situation as well as a focus on possibilities instead of limitations are important means of developing a greater repertoire of action alternatives. As such, therapeutic writing may lead to reflection and awareness and thereby challenge negative automatic thought patterns.

Several participants emphasised that expressing negative feelings through writing brought them relief. In this way, writing appears to have several therapeutic values: as a psychological 'container' and as a source of enhancing personal understanding and interpersonal value (Lago 2004). According to Lowe (2006), a cognitive behavioural framework of writing therapy includes the informative functions of emotions, self-regulation, reframing and dealing more effectively with negative feelings. Moreover, participation in a group with the opportunities for dealing with one's thoughts can help patients gain a better understanding of pain and the factors that influence how it is experienced (Keefe *et al.* 2002). Davis (2000) concludes that awareness of one's own thoughts and alternative interpretations of the pain experience may help patients cope more effectively with their pain.

As mentioned earlier, therapeutic writing opens up thought processes. This conceptualisation can lead to improved clarification, understanding and organisation of new insights

(Elbow 1981, Koopman *et al.* 2005, Furnes & Dysvik 2011). Several participants described the writing process as enlightening and as providing new perspectives on their own pain situation. Their observations are supported by Lowe (2006) who states that writing bestows its benefits through its power to influence the way people think about things. As such, changing thought patterns may lead to a better understanding of stressful experiences and the emotions they elicit (Cameron & Nicholls 1998). Lastly, different thought patterns can moderate intrusive thoughts about upsetting life experiences (Stone *et al.* 2000).

Different performances lead to different experiences with writing as a tool

The pain experience is unique and its impacts are individual. Participants in the present study revealed widely differing experiences of living with chronic pain. Their accounts indicate that chronic pain varies by cause, intensity, shape and frequency. They also had differing writing and writing skills. It seems reasonable to suggest that such different experiences will influence the management, the therapeutic value of writing and the total course.

Some participants found writing painful and distressing. Previous findings indicate that therapeutic writing opens up the individual's thoughts and feelings for exploration and discovery (Furnes & Dysvik 2011). Therefore, it is likely that difficult and painful experiences arise during writing. Turk (2002) suggests that patients with chronic pain have a number of vulnerabilities. One is that writing about experiences related to personal pain may evoke strong and demanding thoughts and feelings that can be difficult to manage. Some participants expressed ambivalence towards feelings that arose during their writing.

Several participants strongly emphasised the valuable sense of ventilation and relief they obtained from writing about their thoughts and feelings. Writing about personal upsetting experiences appears to improve wellness and health (Pennebaker 2000, Pennebaker *et al.* 2002, Lowe 2006). Other studies using written emotional disclosure methods emphasise that people who wrote about topics that they had actively resisted telling others about showed improvements in health. Moreover, several studies state that expressive writing about emotions and stress-filled experiences could be associated with increased psychological well-being (Smyth 1998, Smyth *et al.* 2001).

Despite being generally considered useful, the writing tool was considered to have some problems. These included the difficulty of starting to write, and a lack of motivation to do the writing tasks at home. In addition, the writing tasks were

described as stressful and related to negative feelings. We argue that personal, expressive writing carried out in private does not allow for an objective outside opinion, support from others, or communication of helpful information. Lack of feedback from the outside world may lower motivation to carry out the writing tasks. Alternatively, suffering from chronic pain may reduce capability and impair concentration (Davis 2000). Chronic pain has such a strong influence on the whole person that it can invade all aspects of one's life (Davis 2000). This may affect the desire and capacity to participate actively in the rehabilitation programme. Decreased interest and avoidance of writing tasks at home may indicate an overpowering negativity. For some participants, it might be necessary to restrict the time spent in therapeutic writing to avoid painful and difficult confrontations. Helping them overcome these barriers should also be a task for counsellors in group programmes. In the present study, it became clear that some participants preferred talking to writing. Counsellors must therefore be open to alternative ways of meeting individual needs. We suggest that writing associated with conversations in the group could be an important programme offering. A previous study on writing as a tool in grief work indicates that sharing thoughts and feelings following writing tasks is of great value (Furnes & Dysvik 2011).

Conclusion

The data from an examination of the experiences of therapeutic writing clearly indicate that chronic pain is an individual and internal experience. A major challenge therefore is to help the pain sufferer to interpret their chronic pain situation and provide more effective treatment.

Alleviation of pain and the possibility of a better or more enjoyable life may be achieved when the sufferer plays an active role in the relearning and adaptation process. Emotional processing is revealed as a crucial element in the adaptation process. Increased awareness, understanding and new insights are certainly essential aspects of dealing with chronic pain. Although our findings reveal the value of therapeutic writing, negative responses are also reflected. We mean that the effectiveness of therapeutic writing as a tool in active pain management depends on support and assistance during the writing process. Our findings indicate that therapeutic writing may strengthen CBT by facilitating cognitive restructuring processes. Further research in this field is needed.

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Conflict of interest

None.

Contributions

Study design: BF, ED; data collection and analysis: BF, ED and manuscript preparation: BF, ED.

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Appendix 1. Guidelines for writing

Guidelines

- Be honest and open in the writing process.
- Be patient. To get started, you may write about whatever you wish/daily situations.
- Do not be concerned about grammar and punctuation.
- Write about everything that occurs during writing.
- Be open and spontaneous.
- Ask yourself questions and try to talk to yourself during the writing.
- Emphasise your feelings and how they are experienced.
- You are the owner of the text, and no one else should have access to it.

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