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RESEARCH ARTICLE



# Rewriting grief following bereavement and non-death loss: a pilot writing-for-wellbeing study

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## ABSTRACT

This mixed-method Writing-for-wellbeing pilot study used a pre–post–follow-up design with 20 adults in two groups (10 in a bereaved group and 10 in a non-death/living losses group) to assess the feasibility, acceptability, and potential efficacy of a longitudinal writing intervention in helping participants to work through their grief. Participants completed measures of prolonged grief, adaptive coping, anxiety and depression, and meaning reconstruction. The qualitative analysis was based on a satisfaction questionnaire that included open-ended questions. The intervention was well-received, safe, and personally valuable. The bereaved group reported reductions in symptoms of anxiety, depression, and prolonged grief, and increases in adaptive meaning, help seeking, and spiritual support. The living losses group reported a decrease in help seeking.

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Grief; writing-for-wellbeing; therapeutic writing; bereavement; non-death losses; meaning-making

## Introduction

Grief is widely recognised as one of the most challenging and emotionally painful experiences we may face. This is not only the case for grief in response to bereavement, but also to non-death losses. Experts agree that we are experiencing an unprecedented grief pandemic due to the large number of deaths and non-death losses evoked by the COVID-19 crisis, which threatens our understanding of the world and ourselves (Breen, 2021; Breen, Mancini, Lee, Pappalardo, & Neimeyer, 2022). Research shows that tragic loss often precipitates people into a quest to find sense and significance in the experience, and that this crisis of meaning predicts both contemporaneous and subsequent struggles with intense and debilitating grief which frequently requires active processing and meaning-making (Neimeyer, 2019). Without intervention for more complicated or prolonged forms of grief, it may not be possible to achieve adaptation and integration (Breen, Hall, & Bryant, 2017; Neimeyer, 2019).

Although grief is often described in relation to bereavement (i.e. death losses), grief is also a response to a range of non-death losses, also referred to as living losses, such as life-threatening illness, relationship and family breakdown, infertility, disability, job loss, and losses related to a crisis such as the current pandemic, including loss of freedom of movement, security, and safety. Such living losses may be particularly challenging because they are socially not recognised like bereavement, and have no real resolution or sense of closure, and consequently grief can persist indefinitely (Harris, 2020). Additionally, living losses often present an existential crisis whereby connections and meanings are challenged or even destroyed, requiring new actions to safeguard

understandings of the world (van Deurzen, 2021, 2023). Harris (2020) highlights that one's sense of security is replaced by an initially unknown, unwanted, and often terrifying new reality that is extremely difficult, thus forcing a re-appraisal of one's assumptive world and engendering a consequent lack of meaning. These challenges are experienced by individuals contending with death and non-death losses alike, yet, non-death losses are a:

... well-kept secret, one that has been hidden in plain view for most of the history of thanatology as a profession. That secret is this: ... the far vaster domain of non-death losses has receded into relative invisibility, though the grief that attends them often may be equally substantial. (Neimeyer, foreword to Harris, 2020, p. xii)

Neimeyer (2020) states that the range of living losses, "can fracture or erode our sense of security fully as much as many losses through bereavement" and explains what makes living losses especially challenging is their "ambiguity, pervasiveness, marginalisation, chronicity, disenfranchisement, and often privacy" (cited in Harris, 2020, p. xii). Harris (2020) concurs with the challenging nature of living losses, highlighting that due to their ambiguous or intangible nature they are often disenfranchised. The lack of social recognition and empathy means that the

experience of grief is compounded by isolation and pressure to deny the subjective account, creating a disparity between how a loss *should* be experienced (as determined by the dominant social narrative) versus how a loss is *actually* experienced by that individual. (Harris, 2020, p. 13, emphasis in original)

This contrasts with the death of a loved one, which is socially recognised as a challenging life experience, with empathy afforded to the bereaved person, at least in the initial period following the loss.

Writing has long been recognised as a powerful medium for attaining health benefits such as emotional, physical, and psychological wellbeing. While autobiographical writing is not new, the psychological study of expressive writing as a therapeutic tool is a relatively recent field. This work was pioneered by James Pennebaker and Sandra Beall in the 1980s. Pennebaker coined the term "Expressive Writing" to refer to personal writing undertaken in response to traumatic or emotional experiences (Pennebaker & Chung, 2007, p. 267) and prompted by Expressive Writing instructions (Pennebaker & Beall, 1986).

The Expressive Writing paradigm is a short-term intervention based on and constrained by reliance on a single writing-task instruction. In most Expressive Writing studies, participants are instructed to write about distressing events for 15–20 min on 3–5 occasions (Frattaroli, 2006). Why and how Expressive Writing brings about health benefits remains under investigation. Pennebaker (2017) suggested that there is a need for ongoing research to identify the underlying mechanisms of the paradigm.

The largest meta-analysis of Expressive Writing studies to date was undertaken by Frattaroli (2006), who identified 146 studies, both published and unpublished. The majority of studies addressed emotional wellbeing and psychological health. Frattaroli concluded that expressive writing brings about health improvements, which tend to last a few weeks. Expressive Writing studies have also shown health improvements with people experiencing divorce, mental health issues such as anxiety and depression, and people facing life-threatening illness.

Later meta-analyses are less comprehensive in that they focus on specific conditions, such as post-traumatic stress (van Emmerik, Reijntjes, & Kamphuis, 2013) and depression (Reinhold, Bürkner, & Holling, 2018). Neimeyer, Van Dyke, and Pennebaker (2009) found that only a handful of Expressive Writing studies have been undertaken with a bereaved cohort, and that the results were mixed. They surmised that this may be because these studies used the generic Expressive Writing instructions without modification relevant to the specific challenges of bereavement. They concluded that further evaluation of therapeutic writing in relation to grief is warranted, in particular calling for methodologically rigorous studies that evaluate specific, tailored narrative interventions for the bereaved.

Subsequent research has answered this call. For example, Neimeyer and Young-Eisendrath (2015) conducted an open trial of a distinctive meaning-focused weekend workshop, integrating poetry

and creative writing with Buddhist dharma lessons on the nature of suffering and impermanence. Results with 41 participants documented significant decreases in validated measures of grief-related suffering and increases in both meaning-making and personal growth.

Though it was not a formally administered intervention, per se, Barak and Leichtenritt (2017) conducted a hermeneutic analysis of the poems of 10 Israeli parents who lost children to violent death. They concluded that such “generative writing” affirmed continuing bonds and gave parents permission to “move on”, creatively extend the life of the child, and shape meanings to amplify their impact.

A recent online therapeutic writing study undertaken with a group of 35 Norwegian mothers following the unexpected death of a child reinforces this interpretation. Lehmann et al. (2022) used a qualitative approach to analyse the experiences of participants across the 8-week program and found that “therapeutic writing is a powerful tool to promote self-exploration, enhance emotional literacy, and foster insight into the nature of grief” (p. 13). In contrast, recent research using very brief (5 min) intervals of expressive online writing about a literal happy memory of the deceased vs. similar intervals of neutral writing in a group of 314 bereaved participants provided no evidence that the former condition enhanced positive affect (Rubin, Hawkins, Cobb, & Telch, 2020). In fact, participants with high levels of complicated or prolonged grief showed greater *increases* in negative emotion after engaging in the “happy memory” writing exercise.

An under-researched writing intervention is Writing-for-wellbeing, which is therapeutic writing inclusive of creative, imaginary, expressive, poetic, and metaphorical writing (Lapidus, 2022). This form of creative writing might help foster positive adaptation in grief, especially when practiced across a distributed period and in the context of a supportive group. Brief and impersonal prompts to recount simply positive memories, however, can achieve the opposite effect, underscoring the importance of carefully crafted writing interventions that meet the bereaved where they are and offer ample opportunity for creative and self-exploratory work, ideally in a supportive group context.

### ***Gaps in knowledge regarding expressive writing***

To date, then, there is a significant gap in knowledge regarding the benefits of more holistic writing interventions in relation to grief and loss. This gap is fourfold:

- (1) Few studies have tested the feasibility of Writing-for-wellbeing in a therapeutic setting over a longer period, as opposed to brief, one-off administrations.
- (2) Existing Expressive Writing studies have generally relied on a single writing-task instruction in a one-on-one laboratory setting, rather than the more richly variegated prompts that can be offered in a more distributed Writing-for-wellbeing intervention implemented in a socially supportive group context.
- (3) Minimal research has been undertaken with bereaved participants and still less with people suffering grief evoked by non-death losses.
- (4) Only limited research has been undertaken that makes use of creative writing techniques as opposed to the hundreds of studies prompting literal emotion-focused recall of loss and other traumatic events.

### ***The current study***

In their meta-analysis of writing studies with depressed participants, Reinhold et al. (2018) suggested that healing effects are larger when the number of sessions is higher, when the writing topic is more specific, and the instructions are varied. In another meta-analysis of online studies with participants with PTSD, van Emmerik and colleagues (2013) advocated research that included feedback to

participants, a therapeutic setting, and a therapist undertaking the research, all of which could increase the effectiveness of therapeutic writing.

Accordingly, this research evaluated a therapeutic writing intervention over a six-week period with 20 adults who had experienced a death or non-death loss. Instructions varied for each writing session and took place in a supportive group setting that featured member sharing as well as feedback from the facilitator.

The study's design drew on Dialogical Self Theory (DST), which views the self as being constituted by multiple "I-positions" that relate to one another through dialogue, both within and outside of the self, akin to a micro-society. An "I-position" describes how "you position yourself in relation to other people and yourself", such as I-as-widow or I-as-divorced (Hermans & Bartels, 2020, p. 8).

The intervention was offered in a purposely designed sequence intended to foster meaning-making, emotional awareness and processing, and identity reconstruction. As such, it aligns with meaning-focused grief therapy (Neimeyer, 2019; 2023) and is designed to help grieving people to make sense of their loss and to develop a new story about it.

## Methods

### *Ethics*

Ethics approval was granted by the Curtin University Human Research Ethics Committee (approval number HRE2021-0075). All participants provided informed consent to be part of the study and were offered access to counselling in case the writing evoked intense negative emotion requiring additional support. No participant made use of this offer.

### *Design*

The pre–post–follow-up study was designed to test a 6-session writing intervention with two groups of 10 adult participants each. The first comprised bereaved participants and the second participants who had experienced living losses. Groups were small to facilitate a safe environment and an intimate space for sharing. To assess potential efficacy, participants completed a series of measures at pre-test (immediately before session 1), at post-test (at the conclusion of session 6) and one-month after post-completion of the intervention follow-up. An independent person distributed and collected the questionnaires.

### *Participants*

Participants were recruited via social media, email contact with relevant organisations, a flyer, and an item in a newsletter for The Grief Centre of Western Australia, a community-based grief organisation. The bereaved group comprised participants who had lost a spouse, child, or parent. The causes of death included sudden loss, loss due to illness, suicide, and homicide. No limitation was placed on how long ago the loss occurred to allow people to actively address their grief even long after their loss occurred. Time since bereavement ranged from 6 months to 19 years in the case of two young women who had each lost her mother, one as a child and the second as a young teenager. Now in their late 20s and early 30s respectively, they wanted to process their loss from the perspective of adulthood.

The living losses experienced in the second group included life-threatening illness, divorce, infertility, severe long-term menopause, caring for an elderly parent with dementia, loss of family connection, family court proceedings, and caring for a disabled child.

In total 19 women and one man participated in the study, the latter in the bereaved group. Their ages ranged from 21 to 68 years. All participants were Australian and native English speakers. No special writing skills were necessary.

Some participants missed one or in one case, two writing sessions, and initiated making up those sessions. One participant only completed three of six sessions and declined to make up the other sessions. Thus, 19 participants completed the intervention.

### ***Intervention***

Participants took part in six 2.5-hour writing sessions, held April to May 2021 in Perth, Australia, at the premises of the Grief Centre of Western Australia facilitated by the first author, who is an experienced facilitator of writing interventions. The study was inspired by the first author's personal experience of writing a grief memoir about the illness and death of her husband (Den Elzen, 2017, 2018). Over the years she noted that if such a short set of writing sessions as Expressive Writing could bring about noteworthy health benefits, then it follows that more and longer-lasting benefits could be possible if the writing was longitudinal and if instructions were more varied.

Each 2.5-hour session included two writing exercises followed by sharing after each. Participants sat at individual tables arranged in a circle, which included the facilitator. As this intervention was run during the COVID-19 pandemic, physical distancing measures were observed. For some sessions mask wearing was required. There was a snap lockdown in Week 2 on Friday afternoon, and with the workshops being held on Saturday, participants were quickly notified and given the choice to have the session the next day either via video conference or to make it up later. The living losses group unanimously chose to hold the session online and the bereaved group chose to make up the session in person.

The sharing relating to the writing exercise itself and any insights gained took place in the plenary group and was always voluntary, though it was an integral part of the intervention. Participants received guidelines for the sharing, emphasising that they did not need to read out any of their writing to the group, though they could choose to do so. They were advised to engage in the sharing with attentive, empathic listening and to avoid advice giving to each other, including during the breaks. Alternation of writing with sharing fostered social connection. Feedback from several past workshops held by two of the authors suggested that the meaning-making, self-understanding, and identity rebuilding that took place as a direct result of sharing can be substantial, as is the resulting bonding amongst the group members.

Confidentiality was highlighted as paramount and participants were reminded not to discuss what another person had said outside of the group setting or with other participants (e.g. during a break). During the sharing, the facilitator occasionally provided information regarding contemporary grief research as was appropriate to the group discussion.

The intervention was designed to foster emotional awareness and regulation. Processing, understanding, and integrating grief and other painful emotions were central to this intervention. Another cornerstone of the intervention was meaning-making (Neimeyer, 2016, 2023), which along with identity reconstruction and identifying one's inner resilience, inner resources and strengths, constitute the three cornerstones to adaptation and recovery from loss (Neimeyer, 2001). The intervention addressed all three cornerstones through the tailored design of the writing prompts, and the progression of instructions over the six-week period fostered exploration and group sharing of wide-ranging perspectives in relation to participants' grief, meaning-making, and identity.

### ***Writing instructions***

The intervention employed therapeutic writing. Bolton and Wright (2004) argued for the specific therapeutic potential of writing: "writing is different from talking and has its own particularly powerful benefits" (p. 228). In this context they define therapeutic writing as "... employing processes of personal, explorative and expressive writing, which might also be creative or literary, in which patients or clients are offered guidance and inspiration by a clinician or creative writer" (p. 228).

For the purposes of this intervention, creative writing draws on a range of writing techniques, including metaphors and symbolic writing, which research on trauma shows to be instrumental in giving voice to unspeakable experience and thus fostering recovery (Bolton, 2011; Neimeyer, 2001).

Each session included two writing exercises and facilitated sharing. Each of the 12 writing exercises lasted 20–30 min and had different and varied writing instructions (see Table 1).

Most of the writing exercises used Free-Flow Writing (FFW), a technique that works on the principle of free association. Participants are given a set of guidelines that are designed to access thoughts, feelings, and “the unconscious” by free association, without revision, editing or correction (Schneider & Killick, 2010) and write for a set time (15–30 min).

Therapeutic writing facilitators concur that FFW is a highly effective technique, which accesses the subconscious mind (Bolton, Field, & Thompson, 2006; Schneider & Killick, 2010). They also agree that it can release powerful emotions and memories. This characteristic makes it highly suitable to facilitate adaptive grieving. The structure of this therapeutic intervention is important in providing participants with the safe space they need (Bolton et al., 2006).

**Table 1.** Writing prompts used in the study.

Exercise #	Writing prompts
1a	<b>Initial FFW.</b> Participants used sentence opening prompts such as “For the first time in my life”, “If I’m really honest”, “I couldn’t speak because”, “What I wanted was” to write for 20 min FFW (Schneider & Killick, 1998, pp. 14–15; Thompson, 2006, p. 144).
1b + 2b	<b>Emotion FFW.</b> Participants are prompted with various emotions such as fear, worry, anger, sadness, grief, and hope and use FFW for about 25 min to explore a feeling. Participants chose a different emotion for 1b and 2b. This was the only exercise in the intervention that was repeated due to the emphasis on emotional self-understanding and management (Schneider & Killick, 1998, p. 17).
2a	<b>Expressive Writing</b> (Pennebaker, 2004). Participants were given the EW instructions and prompted to write for 25 min about their loss and grief.
3a	<b>Third person writing.</b> Participants are prompted to write for 25 min about their loss by viewing themselves through the eyes of another person, either known or imagined. How do they describe what happened, how they see you and how you handled your loss, what lessons you may have learned and possible new strengths gained.
3b	<b>Positive experience writing.</b> This prompt has two instructions. First participants wrote in vivid detail in the style of creative writing about one of the most wonderful experiences or happiest moments of their life, including their emotions, and tied this experience to other areas of their life (based on Burton & King, 2009) for 20 min. Secondly, participants were given instructions to foster transpositioning (van Loon, 2017): Write about the strengths that you narrated in the previous exercises. Contemplate your strengths and inner resources and apply them to your grieving self. How can they support you in your grief and loss? (20 min).
4a + b	<b>Composition work.</b> These instructions are derived from the modality of Composition work, which uses stones and other natural objects as a symbolic representation of different aspects of the self, or I-positions (Konopka & Zhang, 2021). Participants were provided with stones and natural objects. Exercise 4a prompted them to choose one object that represented an I-position, understood as significant roles, identities, or emotional states, and to write from the perspective of that I-position in the first person (25 min). Exercise 4b prompted participants to choose another object to represent an I-position that wishes to respond to the first one and to write a dialogue between these two positions using two different colours (coloured pens were provided) (25 min).
5a	<b>The box.</b> This prompt entails a three-part staged instruction that fosters image exploration of the metaphor of <i>something either real or abstract being out of reach</i> , and then exploring it becoming within one’s reach. As a prompt, a small, painted wooden box was placed in the middle of the room, with the lid closed (adapted from Schneider & Killick, 1998, p. 53–54).
5b	<b>Writing to music.</b> Participants engaged in FFW for 20 min to a piece of music that has no vocals. This piece of music was specifically composed for this study. This exercise acknowledged that people favour different senses in their meaning-making with aural input able to offer particular people the pathway to a deeper expression and understanding.
6a	<b>Crossroads.</b> This was an image exploration that used the metaphor of crossroads, whereby a scene involving crossroads was read out to participants, who imagined having walked for a long time and then described how their journey had been before reaching the crossroads, to write about and choose between two different ways forward, what happens on that path and how they feel.
6b	<b>Future self.</b> This was another imaginative exercise that prompted participants to write a letter to themselves from a future, wiser self (adapted from Neimeyer et al., 2009).

Note. Exercise numbers correspond to the session number.

The FFW instructions given to participants are as follows:

You write the prompt that you will be given, such as an emotion or sentence beginning, on the top of your page. Write whatever comes to mind without stopping, censoring, judging, or thinking about it; don't worry about grammar, spelling, or style. You keep following this memory/train of thought wherever it takes you. As your deepest ideas and feelings begin to surface, describe them. Allow details to emerge, be specific, include sensory and vivid descriptions. If your mind goes blank, repeat the last few words or the last sentence you have written until something new suggests itself or you can write, *I don't know what to write*. Keep writing continuously until the time is up. The facilitator keeps the time.

In line with the recommendation by Schneider and Killick (2010), participants wrote by hand.

The range of instructions included literal, metaphorical, physical, imaginary, and auditory prompts to offer participants a range of writing prompts that draw on different ways of processing and expressing grief and loss. The auditory prompt acknowledged that people favour different senses in their meaning-making; aural input can, for instance, offer particular people a pathway to deeper expression and understanding.

## Measures

*Feasibility* was measured in relation to enrolment, retention, and attendance.

*Acceptability* was measured with a satisfaction questionnaire adapted from Wenn, O'Connor, Breen, Kane, and Rees (2015), which has 19 questions that are rated on a scale from 1 (not at all) to 5 (very much). Topics covered included how satisfied participants were with the content, the ease of understanding the sessions, the usefulness of the program, how enjoyable the program was, if participants would recommend it, and if learning about grief, emotions, writing about grief, sharing, and listening to others was useful. An example item is *How effective do you feel the program was in helping you?* There were 10 open-ended questions, enquiring about exercises participants liked best, the most important things and useful lessons learned, if there were activities participants did not enjoy, recommendations, sense-making, deepened emotion-awareness, adaptation to grief, and being better equipped to deal with grief.

The study also used the validated scales described below to examine the benefits of such interventions in the context of both bereavement and living losses:

*Prolonged grief.* The Prolonged Grief Scale (PG-13; Prigerson & Maciejewski, 2006) is a 13-item measure of grief and intense feelings of emotional pain, shock, avoidance, loss of identity and trust, bitterness, difficulty moving on, meaninglessness and emptiness and a significant reduction in functioning in important areas of one's life. Higher scores indicate more grief symptoms.

*Adaptive coping.* The Coping Assessment for Bereavement and Loss Experiences (CABLE, Crunk, Burke, Neimeyer, Robinson, & Bai, 2021), a 28-item measure of coping mechanisms, with six dimensions: help seeking, positive outlook, spiritual support, continuing bonds, compassionate outreach, and social support. Each item is scored on a 5-point scale from 0 (never) to 4 (daily), with a neutral option (N/A – this does not apply to me). We adapted this for use with the living losses group. The opening instructions were minimally altered whereby the phrase "following the death of a loved one" was changed to "following a stressful loss such as divorce, life-threatening illness, COVID-19 related losses such as social isolation, fear of the future or unemployment". Four items specific to the ongoing relation to the deceased were omitted, resulting in 24 items for this group.

*Meaning reconstruction.* The Integration of Stressful Life Experiences Scale (ISLES Holland, Currier, Coleman, & Neimeyer, 2010), is a 16-item measure used for both groups that evaluates sense-making, participants' changes in worldview, beliefs and values, purpose in life, crisis of faith, loss of goals, hopes and direction, seeing the loss as incomprehensible and life as more random, being seen differently by others, an inability to understand oneself and to put one's life back together. Each item is scored on a 5-point scale from 1 (strongly agree) to 5 (strongly disagree); higher scores indicate greater meaning integration.



*Depression and Anxiety:* The PHQ-4 scale was used with four questions (Kroenke, Spitzer, Williams, & Löwe, 2009), with sample items being: *over the last 2 weeks*, how often have you been bothered by the following problems: feeling nervous, anxious, or on edge; not being able to stop or control worrying; feeling down, depressed, or hopeless. Higher scores indicate more symptoms.

## **Analysis**

The satisfaction questionnaire was analysed using descriptive statistics. Given the small sample sizes, the validated scales were analysed using a series of Wilcoxon signed-rank *t*-tests.

The qualitative data obtained from the questionnaires was analysed manually by the first author using conventional content analysis (Hsieh & Shannon, 2005). Conventional content analysis is ideal for interpreting text-based data such as the open-ended questions in the satisfaction questionnaire. The analysis initially focused on each participant and encompassed the reading and rereading of answers. The analysis aligned with the sections of the questionnaire and responses were systematically analysed and then compared across the sample to identify similarities and differences. Initial themes were refined throughout the analysis and excerpts were chosen to illustrate the extracted themes: Emotion awareness and regulation, Making sense, Sharing and the therapeutic group setting, Adaptation, Skilled facilitation, Recommendations for the program, Design of the intervention, and What participants will use in the future.

## **Results**

### **Feasibility**

All measures of feasibility (i.e. enrolment, retention, and attendance) support the program's feasibility. Completion of the intervention measured by attendance was achieved by 19 of the 20 recruited participants; as such, retention and attendance were very high. Participants were highly motivated and enthusiastic, as evidenced by their keenness to either complete all sessions or to make up missed sessions. At the end of the study, several participants asked the facilitator to run more writing sessions and expressed that Writing-for-wellbeing was beneficial to them.

### **Acceptability**

Nine of the 10 participants in the bereaved group completed the satisfaction measure at post-test. Overall, they appeared very satisfied with the program, and enjoyed participation: the content, learning about grief and emotions, and how to write about them (see Table 2).

Six of the 10 participants in the living losses group completed the satisfaction measure at post-test. Overall, they appeared highly satisfied with the program, particularly the content, effectiveness, usefulness, enjoyment of participation, and looking forward to each session (see Table 3).

Participants in both groups reported they would recommend the program to others. They indicated that the sharing process was a central part of the study for them and expanded upon this in their responses to the open-ended questions (see section below). The perceived benefits, while profound, were largely internal in nature, and were not necessarily visible to others. Neither group experienced negative changes and no adverse events were reported.

### **Potential efficacy**

Almost all bereaved participants completed the measures at pre-test and all but one at post-test. The bereaved group showed significant pre-post reductions in anxiety and depression symptoms and prolonged grief symptoms, and significant increases in adaptive meaning, help seeking, and spiritual support (see Table 4). No other pre-post comparisons were significant.

**Table 2.** Bereaved – satisfaction questionnaire ( $N = 9$ ).

Item	<i>M</i> ( <i>SD</i> )
I would recommend the program to others experiencing grief	4.67 (0.50)
I am satisfied with the content covered in the program	4.56 (0.73)
Learning about emotions was useful	4.56 (0.53)
Learning how to write about my grief was useful	4.56 (0.73)
Listening to others about their grief was useful	4.44 (1.01)
Learning about grief was useful	4.44 (0.73)
The sessions were easy to understand	4.44 (1.01)
Sharing with others about my grief was useful	4.33 (1.00)
Overall, I am satisfied with the program	4.33 (0.87)
Learning how to manage my emotions through writing was useful	4.33 (0.41)
I looked forward to the session each week	4.22 (1.20)
The program was useful in my everyday life	4.22 (1.09)
The program helped me to feel more positive about everyday life	4.22 (1.09)
I enjoyed participating this program	4.22 (0.97)
The program was effective in helping me	4.11 (1.27)
I have noticed positive changes in myself since participating in the program	4.11 (1.17)
My family have commented on changes in me as a result of the program	2.11 (1.45)
My friends have commented on changes in me as a result of the program	1.78 (1.09)
I have noticed negative changes in myself since participating in the program	1.22 (0.44)

Note. 1 = not at all, 5 = very much.

Compared to the bereaved group, fewer living losses participants completed the PG-13 and ISLES at pre-test and all measures at post-test. Analysis showed a significant decrease in help seeking and no other comparisons were significant (see Table 5).

### ***Open-ended responses***

Several themes were extracted from the italicised answers given by participants, as summarised below.

#### ***Emotion awareness and regulation***

There was a strong emphasis on understanding one's emotions and learning emotion management in the design of the intervention. Participants agreed that they gained a deeper understanding of their

**Table 3.** Living losses – satisfaction questionnaire ( $N = 6$ ).

Item	<i>M</i> ( <i>SD</i> )
I am satisfied with the content covered in the program	5.00 (0.00)
I looked forward to the session each week	4.83 (0.41)
The sessions were easy to understand	4.83 (0.41)
I would recommend the program to others experiencing grief	4.83 (0.41)
I enjoyed participating this program	4.83 (0.41)
The program was effective in helping me	4.83 (1.27)
Overall, I am satisfied with the program	4.83 (0.41)
Learning how to manage my emotions through writing was useful	4.83 (0.41)
Learning how to write about my grief was useful	4.83 (0.41)
Learning about grief was useful	4.67 (0.52)
Learning about emotions was useful	4.67 (0.52)
Listening to others about their grief was useful	4.67 (0.82)
The program was useful in my everyday life	4.50 (0.55)
The program helped me to feel more positive about everyday life	4.50 (0.55)
Sharing with others about my grief was useful	4.50 (0.84)
I have noticed positive changes in myself since participating in the program	4.50 (0.55)
My friends have commented on changes in me as a result of the program	2.67 (1.03)
My family have commented on changes in me as a result of the program	2.17 (1.45)
I have noticed negative changes in myself since participating in the program	1.67 (1.63)

Note. 1 = not at all, 5 = very much.

**Table 4.** Descriptive statistics for the measures – Bereaved group.

Measure	Pre		Post		Z	p
	n	M (SD)	n	M (SD)		
PHQ4	9	6.67 (2.91)	9	2.89 (1.53)	2.50	.13*
PHQ4 anxiety	10	3.20 (1.81)	9	1.56 (0.73)	2.63	.009**
PHQ4 depression	9	3.11 (1.83)	9	1.33 (1.12)	2.26	.024*
PG-13	10	31.40 (11.96)	9	26.22 (9.23)	2.68	.007**
ISLES	10	43.80 (15.96)	9	50.56 (10.49)	2.53	.012*
CABLE help seeking	10	0.66 (0.51)	9	1.25 (1.01)	2.10	.035*
CABLE positive outlook	10	2.26 (0.78)	9	2.60 (0.93)	1.69	.092
CABLE spiritual support	10	2.10 (1.35)	9	3.67 (1.79)	2.37	.018*
CABLE continuing bonds	10	2.32 (1.08)	9	2.42 (1.03)	.21	.833
CABLE compassionate outreach	10	2.63 (0.60)	9	3.04 (0.75)	1.45	.147
CABLE social support	10	1.60 (0.68)	9	1.42 (0.98)	.56	.573

Note. Z = Standardised test statistic in the Wilcoxon Signed Rank Test. \* $p < 0.05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

emotions and that this supported their adaptation to grief. Most participants expressed a significant increase in emotion awareness and a new ability to manage emotions. Participants felt that they were better equipped to navigate grief and that they now had tools that were helpful and effective:

Having a deeper understanding of my emotions has supported me immensely. I feel now after the 6-week workshop that I am adapting better to my losses and grief.

Another insight some participants expressed was that they had not been aware prior to the intervention that they were removed from their emotions and unaware of them:

I've learnt that I'm quite removed from my emotions and that actually, if I was MORE in touch with them, I would feel safer – which is contrary to what I've always believed.

Some recognised that they had been avoiding their emotions and pushing painful memories away:

I've allowed myself to go back and relive what happened rather than pushing it away. While it's been painful it has helped me take positive steps to move forward.

No longer feeling stuck and being able to move on was a related aspect to emotion management. Most participants conveyed a sense of having felt stuck prior to the writing program. They agreed that this had changed because of the intervention and that they experienced a sense of hope and the ability to move forward better now.

When I was asked to describe events in my past, I was struck by how much of an observer I was at the time. Not a participant – it was useful to learn how disconnected I am from my emotions. I struggle to name them and feel overwhelmed when asked to view or write about them. Feeling so safe in a shared space.

**Table 5.** Descriptive statistics for the measures – living losses group.

Measure	Pre		Post		Z	p
	n	M (SD)	n	M (SD)		
PHQ4	10	4.10 (3.87)	7	3.57 (3.26)	1.07	.285
PHQ anxiety	10	2.30 (2.31)	7	2.29 (1.98)	.82	.414
PHQ depression	10	1.80 (1.62)	8	1.12 (1.35)	1.34	.180
PG-13	7	31.86 (9.62)	5	26.00 (10.65)	1.34	.180
ISLES	7	52.71 (14.02)	7	61.14 (8.69)	1.60	.109
CABLE help seeking	10	0.99 (0.65)	8	0.79 (0.60)	2.21	.027*
CABLE positive outlook	10	2.36 (0.62)	8	2.75 (0.65)	.41	.684
CABLE spiritual support	10	3.04 (2.02)	8	3.18 (2.13)	.95	.344
CABLE continuing bonds	10	1.80 (1.14)	8	1.38 (1.06)	.65	.518
CABLE compassionate outreach	10	3.07 (0.78)	8	3.12 (0.59)	.71	.480
CABLE social support	10	2.10 (0.57)	8	2.28 (0.63)	.73	.465

Note. Z = Standardised test statistic in the Wilcoxon Signed Rank Test. \* $p < 0.05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

Less stuck. I still honour the grief but am able to put one foot in front of the other much easier. I see hope now. I was deeply stuck before this study.

### ***Making sense***

Most participants described being able to make some sense of their experiences of loss. For some, it was the beginning of an ongoing process, for others it was a significant shift. Those who had already been able to make sense prior to the study stated that they deepened their meaning-making.

Where to start? In so many ways, having this forum is perfect because we are doing solo/private work, yet in a group and [in a] supported and safe environment. Really, how often do we get such a chance to participate in such a valuable study? I was able to express emotions and reflect on my experiences in a way I never had and opened my eyes to the beauty of possibility.

A smaller number of participants felt that making sense of their loss was perhaps not possible, but that the intervention helped them to accept what had happened and thus supported their moving forward.

### ***Sharing and the therapeutic group setting***

There was a strong sense that the combination of Writing-for-wellbeing followed by sharing promoted adaptation and meaning-making. As two participants wrote:

Hearing others talk about their experience in loss helps me make sense of mine, that we all feel the same way and it's OK, it's part of recovery.

I feel validated and less alone in my grief.

Sharing was viewed as having been a central and effective component of the intervention. Two participants highlighted the importance of sharing being voluntary.

The following themes emerged regarding the sharing: that the group setting offered a sense of community, of not feeling alone anymore, validation, and being heard and witnessed.

Following the prompts seemed to take me deeper in. Sharing and listening helped me validate my own experience and deepen my compassion for others.

### ***Adaptation***

Participants concurred that the writing intervention facilitated and supported adaptation to grief. They mentioned the usefulness of having gained new skills, being better equipped, and being able to move forward.

100% I feel I can move through the grief; it comes with me; however, I am less stuck by it. I'm a little lighter as I go about my day, and I feel hopeful that my joie de vivre is reappearing in a small way, which reassures me.

The writing has given me a greater insight and clarity. It has made me grateful for my loss.

Responses varied according to the length of time since the loss had occurred. Participants whose loss occurred a long time ago felt that they had at least partially adapted to their loss, but that the program was still useful.

Have been making sense of it throughout the 9 years it has been and continues to be a profound journey and one of intuition. But this added another avenue and provided additional support.

Those who had experienced more recent losses seemed to demonstrate the most noticeable improvements in adaptation and meaning-making. One participant whose loss occurred during childhood felt less connected to other group members and less able to relate to those participants whose bereavement was recent.

### ***Skilled facilitation***

Participants agreed that their facilitator was skilled, supportive, and knowledgeable and that she provided a safe environment, which allowed participants to feel safe and comfortable. They explained that this facilitated adaptation, the space to explore their inner landscape, and strengthened the group cohesion and its sense of community.

I would really like to acknowledge the skills and manner in which Katrin created a safe and welcoming space for this experience. Her kind, engaged, and gentle manner was supportive. The way she would respect the experiences shared was helpful and expert.

### ***Recommendations for the program***

In answer to the prompt, "Activities or aspects of the program that I did not enjoy were ..." the overwhelming majority of participants answered, "not applicable". Some expressed that it was perfect and that they loved all the activities.

NA. I thought all the activities were useful and gave me more insight into my emotions and into the loss.

I know this question is so helpful to receive answers from but I truly feel it was so well done, so thoughtful, so motivational – no improvements necessary.

Interestingly, a couple of participants did not enjoy the music exercise, while other participants emphasised that they enjoyed it and one identified it as their favourite.

### ***Design of the intervention***

Participants expressed that they felt the progression of the writing prompts made sense and was effective:

I liked how well planned the content of this course was. It all made sense in the order of the self-work.

### ***What participants will use in the future***

Most participants indicated an intention to continue using Writing-for-wellbeing in the future. For most, FFW was a new skill; they reported that it helped them in moving beyond the analytical mind; although it took some getting used to for many participants initially, but in the end was highly valued.

### ***A year later***

The Grief Centre of Western Australia launched a report for participants and local stakeholders nearly a year after the intervention; two participants reflected on the writing program, showing the lasting effect of the writing in this format.

One participant shared this insight:

Somehow the act of writing has changed the way I carry things in my head. Some things have resolved with time. Some aspects haven't changed but I've changed the way I feel about them. Through a diverse range of writing prompts, I've been reminded that situations aren't always how you believe them to be. (25 March 2022)

Another participant shared during a conversation with the facilitator and others at the launch that consciously reflecting a year later gave her another perspective compared to the immediacy of completion:

When I look back, I can definitely say I am so thankful that I did get involved and I now realise that it had helped me navigate through my grief immensely. If I did not do this, I feel I would have been in a worse off place today. I felt seen and heard for the first time. (Personal communication, 25 March 2022)

## Discussion

Results of the study demonstrated the feasibility and acceptability of the Writing-for-wellbeing intervention for grieving persons. The study demonstrated that the intervention has the potential to improve some important psychological variables for the bereaved group, such as reducing anxiety, depression, and prolonged grief symptoms, and increasing meaning-making, spiritual support, and help seeking. Few differences were found for the living losses group, even though the magnitudes of the pre–post changes observed on the PG-13 and ISLES were broadly comparable between the two groups. However, the magnitude of change on depression and anxiety symptoms was visibly smaller for the living losses group, although the limited number of respondents precluded a meaningful statistical comparison. It could be that the intervention does not have the same potential for efficacy for people struggling with living losses, or it could be that the measures we used – even with adaptations – are not as sensitive to change for this group. Further, the losses in the bereaved group were more homogeneous than the large range of living losses experienced by participants in the other group, perhaps with corresponding implications of lower group cohesion or inter-member identification for those experiencing quite different non-death losses. This in turn could have diminished the support or safety provided for the latter group, resulting in lower efficacy.

People who experience a distressing life event such as profound loss create a “first story” (Lengelle & Meijers, 2009, p. 59), generally characterised by loss of meaning and intense emotion, which tends to be unstructured. Neimeyer (2019) explained that in the context of grief counselling the narratives of our lives consist of three storylines: the *external narrative*, which is the event story, the *internal story*, which is the emotion-focused story and the *reflexive narrative*, which is the meaning-oriented story. Feedback from participants suggested that the initial prompts, namely emotion FFW and Expressive Writing, allowed participants to express their first story. This aligns with the internal, emotion-focused story and the external event story identified by Neimeyer (2019). The first step in integrating grief is to voice both what happened and which emotions were present. Emotion awareness paves the way for emotion regulation, which is the ability to “influence emotions in ourselves and others” (McRae & Gross, 2020, p. 1).

Emotion regulation is first based on the expression and awareness of one’s emotions. Second, it requires cultivating some detachment from one’s painful experiences and feelings to become the observer of them (Lengelle & Meijers, 2009). Participants commonly reported that they didn’t know that they didn’t know their own emotions and that it was a revelation to become aware of them. The consequence of not identifying a need to regulate is emotion regulation failure (McRae & Gross, 2020), which may result in suffering. The Writing-for-wellbeing prompts used in this intervention were effective and adaptive emotional regulation strategies, as reported by participants. The intervention appeared to facilitate the process of externalising participants’ experiences and emotions through expressive and creative writing prompts that fostered useful detachment. In this way, “the text becomes a physical object that can be reflected upon and talked about” (Lengelle & Meijers, 2009, p. 59). Findings from a creative writing group intervention for young adults being treated for psychosis undertaken with five patients over two-hour weekly sessions for 12 weeks show a comparable result regarding emotion awareness, whereby participants reported that the intervention allowed them to gain understanding of their emotions and to grow their skills. Some participants specifically reported an increased ability to convey their feelings through written language (Romm, Synnes, & Bondevik, 2022).

From session 3 of the intervention onwards, the writing instructions were designed to explore different perspectives, as reappraisal is essential to the reframing of the second story. The dialogical approach underlying this study emphasises that identities, or I-positions, are not fixed, but constructed, and that each identity holds their own interpretation of their lived experience. Without a change of perspective, identities remain stuck in their perception, whereas exploring different perspectives opens up the space to transform and re-construct an identity (Hermans & Bartels, 2020). McRae and Gross (2020) explained that the emotional regulation literature has shown that the

greater use of reappraisal, which “involves changing how one thinks about a situation to influence one’s emotional response” increases psychological wellbeing (p. 1). This developmental process began with a shift from first person to third person writing to evoke detachment (i.e. exercise 3a). Participants expressed in the discussion with the facilitator the surprising and useful impact of this reappraisal.

Then an important switch in perspective was evoked by the Positive Emotion writing exercise (i.e. exercise 3b). This prompt was informed by the finding that the most healing benefits resulted from participants who included positive emotions in their writing (Pennebaker & Chung, 2007). Further, emotion regulation based on the reappraisal of a negative emotion-eliciting situation has been found to be enhanced by the presence of positive emotion (McRae & Gross, 2020). The DST concept of *transpositioning*, described by van Loon (2017) as “the act of transposing an I-position from one domain of your life to another” (p. 35) prompted participants to identify an I-position in their life that is resilient and strong and then to transpose it to another disempowered I-position to support it. Many participants reported that this exercise increased their ability to adapt to their grief, and that they experienced an increase in hope as a result of empowering their disempowered position of I-as-grieving. Importantly, participants discovered, especially through the positive emotion writing prompt, that painful emotions can occur in close proximity with positive emotions, and that they can oscillate. The perspective that grief does not have to cancel out positive emotion was perceived as a revelation by some participants. Lehmann et al. (2022) also found in their online writing study of bereaved mothers that participants came to understand that they could have moments of happiness and still grieve instead of either-or polarities, such as “if I grieve I cannot/must not feel happiness” (p. 10).

In the following week, perspective shifting focused on specific identities, or I-positions, in the Composition Work exercises (i.e. 4a and 4b). As emotions are conceptualised as possible I-positions, this continued employing emotion regulation strategies. Konopka and Zhang (2021) explained that concealed layers of implicit feelings and I-positions exist beneath consciousness and that Composition Work facilitates accessing the “not-yet-verbalised, bodily felt multiplicity of I-positions and include them in a dialogue” (p. 171). They described that stones act as symbols which become useful bridges between implicit and explicit I-positions. The multilayered character of the self is conceptualised as offering the possibility of integrating loss through the further development of the dialogical self, which can respond with re-positioning or even counter-positioning. However, as taking a position is not merely a cognitive process, they stated that we cannot explore another I-position if it is not experientially accessible. Giving voice to I-positions, including as yet unknown positions, “may encourage construction of new meanings and increase one’s agency” in integrating loss (p. 177). Participants appeared to be drawn to the metaphorical nature of the stones, which opened new and often unexpected insights into their identity. For most participants, these writing exercises with natural objects were a favourite. Both this intervention and the Lehmann et al. study (2022) took a dialogical approach, whereby both studies aimed to foster the voicing and exploration of different identities and the dialogical relations between them. Both studies then highlighted the importance of exploring and restoring identity as significant loss tends to fragment one’s sense of self.

In the last two weeks of the intervention, writing prompts moved towards employing imagery in various ways. Image explorations are widely regarded as useful tools for therapeutic reflective writing (Bolton et al., 2006; Schneider & Killick, 2010). Schneider explained that “image explorations offer a framework in which the writer can make imaginative journeys using whatever mix of fantasy, reality and metaphor she/he chooses without feeling any pressure to label or focus directly on personal experience” (cited in Bolton et al., 2006, p. 70). Participants reported that employing the imagery of the crossroads (i.e. exercise 6a) facilitated new ways of thinking and feeling about their grief and loss. This offered them new perspectives on moving forward adaptively through their loss compared to descriptions of actual experience.

The intervention concluded with a letter to the self from a future, wiser self, which pulled together the previous writing sessions. This prompt fostered integrative and restorative writing in the form of

a letter (Neimeyer et al., 2009). Participants acknowledged that this final prompt (i.e. exercise 6b) tied together the insights and reflections that they gained over the course of the intervention. They shared that this made them consciously aware of the meaning-making they had undertaken during the intervention, that they had identified previously unacknowledged or undervalued strengths and that the perspective of their future, wiser self fostered hopefulness regarding being able to move forward. Hopefulness at the end of the intervention was also reported by Lehmann et al. (2022). The expression of and reflection on one's stories helps facilitate meaning-making, reshaping experience, and rebuilding a coherent self-narrative, leading to the creation of a "second story" (Lengelle & Meijers, 2009). The Letter Writing exercise can be said to form part of the second story, which allowed the rebuilding of coherence.

Having discussed the writing component of this intervention, we conclude this section by turning to the other central aspect of this intervention: the therapeutic group setting and sharing. The results showed that both were viewed as an effective and vital component of the intervention and the emergent themes, namely the sense of community, of not feeling alone anymore, and being heard and witnessed, correspond to results from therapeutic writing group studies with other cohorts.

In their analysis of the creative writing group intervention for young adults treated for psychosis Romm et al. (2022) also found that participants valued the sense of community and being heard by other group members, that this made it safe to reveal vulnerability, that the experiences other group members wrote about and shared gave meaning to their own experiences and led to insights. Like the participants in our study reported, the sharing by other participants was also seen to be helpful in becoming more compassionate towards oneself and others and helped to foster self-understanding.

Malyn, Thomas, and Ramsey-Wade (2020) studied the therapeutic mechanisms underlying three UK community-based reading and writing for well-being groups for older adults through 12 semi-structured interviews. In accord with our results, their findings highlight the group as a safe space as a key component of the intervention, and that participants felt acknowledged, seen, and heard and that they valued the connection afforded by the group. Further, they also reported that the group dynamic fostered identification by members, which paved the way for insight and integration. This study, then, with its inclusion of a therapeutic setting and feedback given to participants in the context of the sharing and discussion, answers the call by van Emmerik et al. (2013) for such research to inform clinical practice.

### ***Clinical implications***

In terms of recommendations for delivering a Writing-for-wellbeing intervention, this study highlights the potential power and importance of the sequence of the writing prompts. The intervention employed a purposeful sequence, whereby prompts built upon one another. It seems this structured approach was well-received by participants. For example, in this study the Positive Experience Writing prompts (i.e. exercise 3b) were acceptable, in contrast to the Rubin et al. study (2020) and its stand-alone positive writing intervention (i.e. writing only of positive memories of the deceased), which triggered higher levels of negative affect. We speculate that the favourable reception of positive writing in our study was due in part to its position in the sequence of writing instructions, wherein it was the sixth prompt and followed the initial expression of the experience of loss. In addition, though not considered by Rubin et al. (2020), possible explanations of their negative finding could include (1) the failure of the intervention to afford participants an opportunity to validate and explore their grief, (2) the absence of group interaction in processing the writing experiences and the resulting absence of social support and vicarious learning, and (3) the activation of more intense yearning for the deceased following the kindling of happy memories from their shared lives, especially for those with more prolonged and complicated grief reactions. Although we did not measure the impact of individual prompts, sharing by participants during the discussion



showed that our Positive Experience prompt reminded them of being capable of great joy and the possibility of happiness, which aligns with the findings by Burton and King (2009), who employed a positive writing study on three consecutive days with a general cohort of college students. In the bereaved group in particular, this was perceived as a crucial insight and expansion of their view on grief and for some, this was the first time since their bereavement that they were conscious of feeling positive emotion.

This is not to suggest that all writing prompts from this intervention must be used by practitioners who employ Writing-for-wellbeing with clients to ensure positive outcomes, as it also could be beneficial to use fewer selective prompts. However, the notion that writing instructions that build upon one another across a distributed intervention contributes to more positive outcomes deserves closer evaluation. Our pilot study suggests that Writing-for-wellbeing could be an effective and well-received way of supporting people in grief and could be incorporated into grief therapy in a variety of ways, ranging from in-session applications in individual or group therapy, to homework for clients that can then be discussed with the therapists in future sessions.

### ***Limitations and future directions***

The main limitations of the current research are the small number of participants and the absence of a control group to ensure that the effects are a function of the intervention rather than merely the passage of time. An intervention that has the potential to reduce anxiety, depression, and prolonged grief symptoms, and promote adaptive meaning, help seeking, and spiritual support among the bereaved merits further study in randomised controlled designs, as well as in dismantling studies that evaluate the unique impact of its components. Similarly, as the intervention interwove writing and selective sharing and discussion among participants, the potential impact of social support as opposed to therapeutic writing per se could be evaluated by comparing otherwise identical interventions, one of which would lack this social dynamic in processing the writing and fostering a sense of “we-ness” among the participants.

It is noteworthy that although grief is rarely measured for non-bereaved individuals experiencing other losses, their PG-13 scores closely matched that of the bereaved participants, suggesting that the former group deserves greater attention in both research and clinical contexts. In particular, future studies should evaluate the possibility that greater similarity of living losses (e.g. offering groups tailored to relationship loss through divorce or separation, or to those losing a career or valued role) could yield more favourable outcomes, perhaps mediated by greater group cohesion or identification with other members. Finally, in light of the feasibility of online administration of an extended creative writing program demonstrated by Lehmann and colleagues (2022), it would be useful to investigate the efficacy of the current program being delivered in virtual space, so that people in remote locations could participate. The generally encouraging findings of the present study suggest that such research is clearly indicated.

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Katrin Den Elzen is affiliated with the Grief Centre of Western Australia. No other interests are declared.

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## Data availability statement

The data that support the findings of this study are available on request from the corresponding author, [K.D.E.]. The data are not publicly available due to requirements of the Curtin Human Research Ethics Committee (e.g. their containing information that could compromise the privacy of research participants).

## Clinical trial registration

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