

Five predictors of client success

Journal therapy can be used effectively with clients at most developmental skill levels and with a broad variety of therapeutic issues and tasks. As with any effective therapy, the journal intervention should be matched to the client's ability to master it.

Lower functioning clients will be served by the structured, concrete tasks at the bottom of the journal ladder, whereas higher functioning clients can effectively use the more insight-oriented and abstract/intuitive techniques of the middle and upper rungs in addition to the techniques at the lower rungs.

One of the therapist's first tasks is to assess whether an individual client is a likely candidate for journal therapy. No matter how inexperienced or aversive the client, if only one of the following predictors of success is strongly in place, journal therapy has a realistic chance of being effective. Of course, the more predictors of success there are, the better are the chances that journal therapy can become an active, viable tool in the therapeutic process. Screening for each of these predictors can be done in concert with the journal therapy assessment offered in Lesson 6.6.

1. Prior experience with journaling

Anyone who has written a journal or diary in the past, even those who report negative outcomes, is familiar with the concept and process. The little locking diary from late childhood and adolescence is a familiar rite for many women; those who wrote as preteens or teens are likely to report other stages of turning to journals for emotional support or problem-solving. Male clients are less likely to report direct experiences with journalkeeping, particularly from childhood; one study (Adams et. al, 2015) reports that almost 80% of women had journaled by early adulthood, compared to 34% of men. Comparatively, only 17% of women had started writing within the prior two years, while 52% of men had started within that time frame.

Men are more likely than women to have their primary journal activity be digital rather than handwritten. It is important to validate this choice and assure the client there are no significant differences in outcomes (Adams et al. 2015). There are many fine apps for both iOS and Android computers, laptops, tablets and phones. Popular apps include Day One, Diaro, Writr and Penzu. Some are free, some offer paid upgrades, and some are paid (fees are usually small).

When clients are asked about prior experience, some will report invasion of privacy stories, often resulting in a decision not to write at all rather than risk additional vulnerability. This is an invitation to have the privacy conversation (see 1.9) and encourage the client to find ways to take responsibility for privacy.

2. Motivation

Clients who have significant emotional, psychological or physical pain are usually motivated to try treatment strategies that offer relief or respite from suffering. The journal's accessibility as a container and its availability as a therapeutic presence are often determinants for clients motivated by pain as a locus of control.

Clients frequently declare themselves to be motivated but state that they "just don't have the discipline" for writing. This is a teachable moment. It usually speaks to the client's imbedded assumptions about what keeping a journal involves ("I'm supposed to write every day" or "I'm supposed to keep writing until I get to the bottom of an issue.") Counter this with the question, "If I could help you find ways to write that don't require much discipline,

would you be willing to try?" Then begin with short, structured interventions from the bottom of the journal ladder.

I often tell clients that the only question to which they owe allegiance is, "Am I getting results that matter to me?" When they can answer this question affirmatively, motivation shifts to an internal locus of control, and discipline becomes moot. Our task as therapists is to find ways of offering journal therapy that help clients answer the question affirmatively.

3. Commitment

Even unmotivated, unwilling clients--for instance, many who are court-ordered into treatment--may be able to commit to the behavioral activity of journalkeeping. These clients do best with clearly defined and well-structured tasks, specific instructions about expectations, a consistent method of follow-up, and consistent reinforcement. Anecdotal reports suggest that about half of involuntary clients report actual benefits from the process and develop an internal motivation to continue.

4. Positive relationship with writing

Clients who did well in English classes, who have experimented with one or more creative writing forms, who enjoy writing letters, or who say they have "always wanted to write a book" or "always known I was a writer" are excellent candidates for journal therapy. They are often touchingly grateful to be offered the opportunity to include writing as a tool in the therapeutic process and are eager to learn.

5. Positive relationship with therapist

Even if none of the other factors on this list are present, clients with a strong therapeutic alliance are often willing to take direction and recommendation from their helping professionals. When this is the only predictor in place, it is often the case that the therapist must take an active role in the journal process, such as giving structured journal "homework" to be completed between sessions, and inviting the client to briefly report on the process of writing since the last session with an opening question such as "How has your journal writing been this week?"

When this is the only predictor, the client may think of the therapist as the audience for the journal. You can gently redirect this tendency by encouraging the client to think of his or her "emerging self" -- the woman or man that will be present in the future, who has developed skills and resources and has worked through much of the current challenge--and then write a character sketch of that aspect of self. Then suggest the Emerging Self as the "audience" for the journal, with you as witness to and advocate for the process.

Citation

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[The journal therapy assessment](#)

The power of therapeutic writing is democratic; the journal and its techniques are adaptable for nearly every theoretical orientation and most presenting problems. Across all theories and problems, however, there is a consistent first step to ascertain if writing is appropriate for a client at the current stage of treatment: the assessment of client resources predictive of a capacity for positive relationship with writing.

For clients with established therapeutic relationships, the therapist can typically scan this list and mentally place the client on a scale. Newer relationships benefit from a period of observation and inquiry. Assessment questions can include:

- What is the client's history with diary/journal writing? With writing in general (e.g. English classes in school)?
- What is the current relationship, if any, with a diary/journal or with other writing?
- Has the client had the experience of having a diary/journal invaded, read without permission, or destroyed? What was the effect?
 - Is there any ridicule, shaming or punishment associated with writing (e.g. school, invasion of privacy)?
 - What is the client's history with therapy?
 - When did the current therapeutic relationship begin?
 - How has the therapeutic alliance developed?
 - What is the therapeutic modality primarily in use for this client (e.g. cognitive-behavioral, brief therapy, insight-oriented, family systems, depth)?
 - What is the client's level of ego strength?
 - What role has trauma played in the work to date and ahead?
 - What is the client's cognitive processing style?
 - What is the client's emotional processing style?
 - What is the level of resistance or willingness to writing a diary/journal as part of treatment?
 - How is the client's capacity for metaphoric and abstract thinking?
 - [Add any questions of your own.]

Your thoughts on the journal assessment? Does this seem like something that would be helpful in your practice?

Troubleshooting tips

Above all else: Privacy

Possibly the single biggest determinant of a client's success with the journal is how safe and secure the client feels in the writing. Many clients will have invasion-of-privacy stories, some catastrophic. There may be a large trust gap that must be bridged. Help the client find reliable ways to protect privacy, as outlined in 1.9. Don't confuse the product with the process.

Although almost all writing that comes from an authentic place is effective and often lovely in its expression, therapeutic writing does not place inherent value on "good" writing. A client is better served when the therapist calls attention to process and outcome rather than lyrical or well-crafted writing. This approach also troubleshoots any tendency on the client's part to take the focus off of authentic expression in favor of the secondary gain of positive reinforcement for creative talent or technical skill.

One size does not fit all.

In writing, as in therapy, one size does not fit all. Be skeptical of any writing program or protocol that insists on a "right" way, method, technique or style that will work for everyone. It doesn't exist.

Permission, permission, permission.

The relationship with the journal is a powerful predictor of the capacity for healthy relationship with self, and it all starts with the permission and freedom to experiment and find authentic expression of authentic voice.

I once had an intake appointment with a rather headstrong client who made sure I knew she would not write a journal under any circumstances. I assured her our work was not contingent on a journal. Later in the interview she referenced a self-observation, and I asked

how she had come to that conclusion. She said, "I wrote it in my pages." I asked about pages. She said, "You know, my thoughts and feelings, the place where I work things out." She confirmed that she wrote pages regularly. "Would you be willing to write pages based on our work together?" I asked. "Sure," she said. Permission to write "pages" instead of a journal made all the difference in her capacity to fully engage.

Allow for emotional truth.

We imbue the journal with a heavy responsibility: the inherent journal ethic to tell the truth about our experience, feelings, thoughts. "Factual truth" (literally accurate; objective reality) is both useful and important. Reliance on factual truth exclusively, however, can become an impediment to therapeutic writing.

For every event or circumstance that can be written factually, there are feelings, observations, reactions, reflections and interpretations that can only be made at the level of subjective reality. These contain the emotional or poetic truths that can and must be written even though they are not verifiable except as the compass that guides us through internal landscapes, where resonance edges out rational proof. Metaphoric writing, creative writing, artwork, collage and poetry are all ways to layer into emotional truth that represents reality in a more impressionistic way.

Adapt for differences in culture and ability.

Not all cultural groups value written expression. People tell stories in many ways-- art, dance, oral storytelling, poetry, puppetry, craft. Encourage whatever is culturally aligned and make referrals to other creative arts therapists as appropriate. Be creative in finding adaptations for those with disabilities. There are many adaptive devices for the blind. There is speech-to-text software for those with limited mobility. I have served as scribe for the reminiscences of frail elders and for the spoken poems of preschoolers.

Read between the lines.

What is written is only part of the story. The story behind the story hovers in the white space between and around the words. Learn to read with soft eyes and listen with soft ears. Stay open to the questions not asked, the details left out, the story untold.

Your thoughts? Questions? Comments?

Journal therapy interventions for common clinical situations

Anxiety

- Writing helps reality-test by challenging cognitive distortions and irrational ideas.
- Lists and logs provide structure and organization of chaotic thoughts.
- Suggest Unsent Letters from the calm, rational self to the anxious self.
- Too much unproductive writing can anchor in anxiety; watch for looping.

Caregivers

- Journals allow caregivers an easy, portable and effective means for self-care.
- Clustering or listing care issues (symptoms, daily activities, etc.) provides reference for

doctor appointments.

- The journal is a safe place to release frustration and caregiving tension.

Children and Adolescents

- Younger children can tell stories through drawing or pasting pictures. Or you can scribe the story they tell.
- Older children do well with Sentence Stems and other fill-in-the-blank structures.
- Adolescents respond well to poetry and fantasy. They love AlphaPoems!

- Confidentiality/privacy are crucial issues; help teens problem-solve.

Couples and Families

- Suggest a “community journal” or “family journal” -- an ongoing communication book kept interactively with a spouse, housemate, lover, child or children.
- Help to level the communications playing field by giving partners who have less verbal acuity, or who need more time to process and respond, an equal forum.
- Establish ground rules to keep the community journal safe and productive.
- Keep it in a neutral and accessible location.
- Younger children can draw or paste pictures.
- Family or community journals can become scrapbooks of family history as well as pragmatic message books for day-to-day problem-solving.

Depression

- Writing can provide a sense of task-orientation and accomplishment when immobilization sets in.
- Writing exclusively about depressive material can reinforce futility; remember balance! 80
- Advocate for balance through “win lists,” gratitude lists, or Captured Moments of pleasure, beauty, or gratitude.
- Clustering the day (write the date in the center of the page) can bring closure by quickly acknowledging both difficult and positive experiences. Often times this will reduce rumination and allow for better quality sleep.

Elderly

- Reminiscence, memoir or life story writing/telling are gratifying activities.
- Offer historical topics (write a story about the war years, the Depression, the World's Fair, etc.) as well as personal topics (childhood summers, courtship, etc.),
- Writing can be painful for arthritic hands/shoulders and aging eyes; keep writes short,

or arrange for a scribe (someone to write down the story verbatim, preserving idiosyncratic language and phrasing).

- Keep verbal instructions brief & clear.

Grief and Loss

- Short, structured journal processes work best in early bereavement.
- Unsent Letters and/or Dialogue help with closure.
- Numbering pages in the journal helps document forward movement through time.
- Since memory is often faulty, journal lists help structure time and tasks.

Serious/Terminal Illness

- Life review through memoir or narrative life story can be a rewarding task.
- Photographs are excellent story starters.
- Writing an “ethical will” (values, life lessons) is a powerful legacy.
- Family members can scribe or record on tape if writing is difficult. If scribing, retain original voice.

- Reading Resource: Legacy, Linda Spence, Swallow Press/Ohio Univ. Press, 1997.

Sexual Abuse/PTSD

- Reading the writes of other trauma survivors can be a powerful way to break silence.
- Writing about memories of trauma helps to define and organize reality. Offer containment, e.g. 10-15 minutes, or one page.
- Writing with the non-dominant hand can access repressed material without appropriate

spacing or structure. Use with discernment, and monitor carefully.

Substance Abuse

- Writing is a key ingredient of 12-Step programs.
- The journal can serve as a bridge into a new lifestyle.
- Writing helps ventilate the edginess part of first-stage recovery.
- Since emotional response is often blunted with addictions, encourage journal work that identifies and works with feelings.

Contraindications

A few client populations do not respond well to journal therapy treatment. These are the ones I have seen in my practice. Your additions are welcome in the Comments section.

Thought-disordered clients

Clients who have psychotic episodes or brittle fragmentation may find that writing is disorganizing and reinforces chaotic thought processes. "It's like falling into a black hole in my mind," said one client diagnosed with paranoid schizophrenia, "and I can't crawl back out again. I'm stuck in the notebook, swimming around in all these disturbing thoughts. And the more I write them down, the scarier and more real they seem."

Clients who have difficulty with impulse control

Clients often attempt to "write through" destructive or self-destructive urges. Writing in the impulsive moment may intensify distorted thinking instead of helping it abate. Clients who direct impulses outward through physical or emotional abuse or inward through suicidal or other self-destructive behaviors may find that writing about dangerous impulses serves to anchor the reasons and justifications for actions. The therapist can help clients regulate writing by helping prepare the client to find appropriate release or management of the impulse event. Then, when manageable distance of the event can be maintained, clients can be encouraged to reflect on or process the impulse event in short writing episodes.

Clients with severe mood disorders

Clients with high states of mania or anxiety often embrace writing as a container for excess energy and a pressure valve that helps regulate affective flooding. It is often the case, however, that mania or severe anxiety can result in writes that are consistently pressured, rapidly shifting, labile, loose or tangential. In short, writing can exacerbate these high acuity states by overstimulating without appropriately pacing.

Similarly, clients in profound depressive episodes may be vulnerable to worsening symptoms if they undertake the journal process with insufficient attention to potential difficulties.

In the 1990s a book that advocated a creative lifestyle, *The Artist's Way* (Cameron 1992), became quite popular with those interested in self-help and personal/spiritual growth. I had not personally experienced the book until I started getting questions from therapist colleagues who said their clients had started writing journals and they seemed to be getting worse.

Upon investigation into how and why these clients had started writing journals, it turned out most of them were following *The Artist's Way's* self-directed 12-week program that included a daily practice called "morning pages."

"Morning pages" go like this: Roll out of bed, grab your journal, and write three 8.5x11 pages of whatever occurs to you. Follow the pen wherever it leads. Don't censor, don't edit; just write. Stop at the end of three pages. Don't read back what you've written; just close the book and move on. Repeat every 24 hours.

Although I've had an early morning writing practice for most of my life, I'd never adhered to a particular structure, other than making sure I had a full cup of coffee in hand before pen met paper. So my journal and I went on a morning pages experiment.* It didn't take long to form some ideas about the effect of morning pages on depressive state.

Extended episodes of unstructured, unboundaried, unpaced writing (my three-page Free Writes averaged 37 minutes and roamed expansively), attempted first thing in the morning when the membrane between the conscious and unconscious minds is most permeable, and the first voice heard is the internal voice (often the "inner critic" or the voice of weariness, negativity, loneliness, disappointment or despair) can take a toll on those already in a depressed mood. However, when simple adjustments are made (e.g., start the day

differently by writing after walking the dog, eating breakfast or taking a shower; write "evening pages"; write one page instead of three, or set the timer for ten minutes), the clients reported self-correction in fairly short order.

For any variation of mood disorders--mania, anxiety or depression--the resolution typically lies in the Journal Ladder. Keep writing interventions structured, paced and contained. The lower rungs consistently work well. Middle and upper rungs can also be successfully utilized if limits are placed: *Write for ten minutes (or five) and stop*, or *Write for one page (or paragraph) and stop*. This is a time to be directive with prompts; offer suggestions designed to evoke balance in the journal--a captured moment of beauty, a list of gratitudes, a cluster of the day--focusing on small successes as well as struggles.

** I continued to write morning pages in dedicated journals for 19 months, missing only a handful of days and filling about 1700 pages with my own handwriting. Those journals now live in a box that I have kept for almost 25 years, thinking some day I will overcome*
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my reluctance to revisit them. At the time they felt revealing and important. Now they feel tedious.

Clients who simply do not want to write

I make my best case for why writing works, including ways in which I can help make it accessible, and then I respect my client's choice. Sometimes we need to develop a stronger therapeutic alliance. Sometimes the client isn't ready. Sometimes the client truly isn't interested. I might bring it up again later in treatment, or I might ask permission to include 5-minute writes imbedded in the session itself. As much as I love it, writing isn't for everyone--and it's only one of many tools in my therapeutic toolbox.

Cautionary note: Writing with the non-dominant hand can be a wild card

Lucia Capaccione is a California art therapist and educator whose signature method includes writing, artmaking and the dialogue technique, using both dominant and non-dominant hands for the writing and art. Her first book, *The Creative Journal* (1975) is a best-selling classic.

According to Capaccione (1988), the non-dominant hand is "hard-wired" to the non-dominant hemisphere of the brain. She says that for the vast majority of North Americans, even left-handed ones, the non-dominant hemisphere is the right brain, associated with visual/spatial perception, emotional expression and intuitive abilities. Therefore, Capaccione argues, writing with the non-dominant hand may offer quick and easy access to feelings, intuition, wisdom and insight. She attains remarkable outcomes which I think are informed by the care she takes to prepare the field for safety with her own versions of structure, pacing and containment.

So if you're familiar with Lucia and her methods, and you've tried them yourself and have a sense of how non-dominant hand writing works, you're ahead of the game. Otherwise, please note --

I came into sexual trauma work at a time (the cusp of the 1990s) when the "inner child" movement was trending. Self-help literature and workshops on healing the inner child flourished. Because non-dominant hand writing to communicate with the inner child was often a component of these workshops, many of the patients I worked with in my role as journal therapist had exposure to this process. (This was a different theoretical model working parallel to, but rarely overlapping, Capaccione's work. It was loosely based in the addictions recovery methods of that time. Had the facilitators been equipped with

Capacchione's methods, they probably would have not had so many unintended consequences of well-intentioned acts.)

I heard many stories about the shadow side of non-dominant hand writing. Perhaps because for most of us it is "hard-wired" to the right brain, non-dominant hand writing may be effective in accessing whatever is repressed or held at a less-than-conscious level of the mind. In dozens of cases, clients reported flooding of raw primary process material when they attempted to use non-dominant hand writing to access the voice of the "inner child." For some, this represented the first time they had active recall of sexual trauma from childhood.

It's not a tool that I keep in my toolbox; I just don't care much for it. I find its inherent regression unpredictable, and there are other tools on the Journal Ladder that I prefer for exploration of deeply evocative material from the personal past.

There are many therapists who disagree, who believe in the process fully and have not had problems with clients. If you're in that camp, you're doing something right, so keep doing it. You might want to supplement with Capacchione's books or training if you don't already know them. It's also useful to review with clients the anchors of structure, pacing and containment, along with Pennebaker's Flip-Out Rule (*If you think you're going to flip out, or you start to flip out. stop writing*). Citations

Cameron, Julia. 1992 *The Artist's Way*. Los Angeles: J.P. Tarcher. Capacchione, Lucia. 1975. *The Creative Journal*. Athens, OH: Swallow Press. ----. 1988. *The Power of Your Other Hand*. North Hollywood: Newcastle.