

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.

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 gritudes, 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 23 years, thinking some day I will overcome 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.)

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, it 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 Capaccione'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.

Capaccione, Lucia. 1975. *The Creative Journal*. Athens, OH: Swallow Press.

----. 1988. *The Power of Your Other Hand*. North Hollywood: Newcastle.