Why Doesn’t the Writing Cure Help Poets?

James C. Kaufman and Janel D. Sexton
California State University at San Bernardino

This paper examines the literature on creative writing and mental illness and relates it to the “writing cure” research that shows that expressive writing improves health. There is an abundance of evidence that professional poets have poorer health outcomes relative to both other writers and to the population at large. Why doesn’t the writing cure help them? The formation of a narrative, an element often missing in poetry, may provide the answer. Other possible explanations are that poets may be more depressed to begin with and may be even worse off if they did not write. For female poets, they may be subject to stereotypic expectations about writing themes, which may put them at further risk. Those seeking improvements in health through writing are advised to adopt a narrative style.

Keywords: creative writing, mental illness, writing cure, expressive writing, creativity

Trying to pinpoint the moment psychology began to try to study creative writing is like trying to determine the moment that psychology became psychology. Do we start with Aristotle opining, “poetry is more philosophical and of higher value than history” (quoted in Winokur, 1990, p. 222)? Or with Freud’s essay on “Creative writers and day-dreaming,” in which he wrote, “We laymen have always been curious to know . . . from what source that strange being, the creative writer, draws his material, and how he manages to make such an impression on us with it . . .” (1954, p. 143)? A quick look at PsycINFO finds 672 hits for either “creative writing” or “creative writers,” with 220 since 2000.

Yet despite (or, perhaps, because of) a solid base of research, there are two conflicting lines of thought about the creative writer and mental health. These two approaches seem to directly contradict each other. The first approach we call the mad writer. Images of Edgar Allan Poe, Emily Dickinson, or Sylvia Plath may dance through your head as you ponder the writer battling inner demons and torments. The second approach is that of writing as therapy. This concept encompasses the many benefits of creative writing—perhaps you may think of a friend who was able to cope with a difficult life event by keeping a daily journal.

These two concepts seem to be diametrically opposite. Yet there is extensive research behind both. Is writing an outlet for those struggling to surmount emotional challenges? Do those with mental illness gravitate toward writing as a career? Might the two concepts work together? We argue that the formation of a narrative is a necessary precondition for expressive writing to have salutary effects. In contrast, writing that is fragmented may not only fail to improve health, but may actually be harmful. The key elements are the degree to which the writing is expressive and the degree to which a narrative is present. It is the interaction of these variables that creates the seemingly opposite findings present in the literature.

Before we discuss the theory in detail, however, we will briefly review of what we know.
What do we Know About Writers and Mental Illness

Comparing Writers to Non-Writers

Before we discuss mental illness and creative writing, it is important to set the stage with the current population rates. Approximately 1 in 5 people in America (18 years or older) suffer from mental illness. Depressive disorders occur in approximately 10% of the population, and approximately 1.2% of Americans have bipolar disorder (National Institute of Mental Health [NIMH], 2001).

Although there is an extensive body of research on writers and mental illness, surprisingly few studies have approached the question from an experimental perspective. Perhaps the most well-known empirical study is Andreasen (1987), who used structured interviews to analyze 30 creative writers, 30 matched controls, and 1st-degree relatives of each group. The writers had a higher rate of mental illness, with a particular tendency toward bipolar and other affective disorders. The writers’ 1st-degree relatives were more likely to both be creative and have affective disorders. This study is often used as a cornerstone for demonstrating a connection between creative writing and mental illness. It is worth pointing out, however, that Lindauer (1994) and Rothenberg (1990, 1995) have questioned the appropriateness of the methodology and the control group. Rothenberg (1990), for example, argues that Andreasen’s selection of writers was biased and that the use of a single interviewer introduced too much error. Despite these criticisms, the Andreasen study is still considered to be one of the best.

Jamison (1989) interviewed 47 British artists and writers and found that a significantly higher percentage of them suffered from some form of mental illness than would be expected from population rates, with affective disorders especially prevalent. Ludwig (1994) studied 59 female writers and 59 matched controls. He found that the writers were more likely to have mental illness, including mood disorders and general anxieties. Staltaro (2003) looked at 43 poets and found that approximately one third had a history of at least one psychiatric condition and more than half had been in therapy (this is notably higher than population rates). However, poets did not score significantly higher than the norm on a measure of current depression.

Barron (1969) tested many prominent and creative individuals throughout his work with the Institute for Personality Assessment and Research; foremost among the tests he administered was the Minnesota Multiphasic Personality Inventory (MMPI). Most creators scored higher on the pathology-related scales of the MMPI; writers foremost among them. Creative writers scored higher on the MMPI measures of Depression, Schizophrenia, Paranoia, and Hypomania, among others.

The majority of the work on writers and mental illness has not been experimental, but rather historiometric. In historiometric research, historical data on the lives of eminent individuals are analyzed using scientific methodology and statistics (Simonton, 1994). An advantage of the historiometric approach is that it allows the study of a much larger sample of individuals. Studies can include thousands of people across several hundred years. The disadvantages in this type of work are notable, however. Posthumous diagnosis of mental illness is a difficult and potentially unreliable measure; making distinctions regarding the severity or the nature of the illness may be particularly prone to error. Several researchers (e.g., Rothenberg, 1990) have also pointed out that studying biographies of well-known creators may lead to an overestimation of mental illness in the creative population because people who are eccentric (or have mental illness) may provide a biographer with a more compelling story to tell. There is also an importance distinction to be made between eminent and everyday creativity, which we will address later in the paper.

An early historiometric study of creativity and mental illness was Juda (1949), who embarked on a 17-year study of 409 German people. These included 113 creative individuals in the arts, 181 scientists, and 115 designated as control. Juda found more evidence of mental illness and more suicide in the artist group and their families; poets had the highest rates of psychiatric abnormalities. In another early study, Raskin (1936) found that eminent writers had higher rates of psychopathology (e.g., “despondency”) than eminent scientists, although the focus of the paper was more on comparing the genius-level writers and scientists to the general population.
Perhaps the most impressive historiometric study has been Ludwig (1995), who investigated over 1000 eminent individuals who were the subjects of major biographies written between 1960 and 1990. Among many other discoveries, he found a higher incidence of mental illness among those in artistic professions (e.g., writing, art, and theater) than in nonartistic professions (e.g., business, politics, and science).

Post (1994) analyzed biographical data on 291 eminent men, using DSM–IV (Diagnostic and Statistical Manual of Mental Disorders) categories when applicable. He found that visual artists and writers suffered from personality disorders more frequently than did members of other groups, and writers were more likely to suffer from depression. Post replicated this study (1996) with 100 writers and found higher rates of affective disorders and alcoholism than would be expected from population rates.

Some research has specifically looked at poets and compared them to population rates. Jamison (1993) examined 36 major British and Irish poets born between 1705 and 1805. She found that, compared to general population, they were 30 times more likely to suffer from bipolar depression and more than five times as likely to commit suicide. Martindale (1972), in a similar vein, found higher rates of psychosis and pathology in a sample of eminent poets than would be expected from population rates.

Several studies have examined suicide rates—with a variety of results, although writers tend to have higher rates. Lester (1994) studied writers from the United Kingdom, Russia, Japan, and the United States, and found higher rates of suicide than in the general population. Stack (1997) examined suicide rates among Americans in the arts and found that artists were three times more likely to commit suicide than nonartists. Preti and Miotto (1999) examined suicide rates in architects, painters, sculptors, writers, poets, and playwrights, going back to the 1800s. They found that writers and poets had the highest rates of suicide and architects and painters had the lowest rates. A further investigation (Preti, De Biasi, & Miotto, 2001) found that musicians had a lower suicide rate than both literary and visual artists. Schneider (2002) looked at suicide rates in Swiss writers, artists, philosophers, composers, and mathematicians compared to the general population. Writers, artists, and philosophers had higher rates in the Swiss population; the other three groups had lower rates. Stack’s (2001) investigation into suicide across many different occupations found that people in the arts did, indeed, have a higher-than-average suicide rate—but it is worth pointing out that he also found that dentists have (by far) the highest suicide rate.

Comparing Different Types of Writers

If the results tend to show that writers are at a higher risk for mental illness, what types of writers are particularly vulnerable? Most of these studies lump together novelists, poets, playwrights, and nonfiction writers together as “writers.” There have been many studies that examine different types of writers; many of these have specifically found that poets may be at a higher risk.

Several of the studies already discussed also examined different types of writers. Ludwig’s (1995) large-scale study found poets to have among the highest rates of psychosis and depression of all of the many different professionals studied (ranging from business people to artists), as well as the highest number of suicides. Jamison’s (1989) study found that poets had the highest rate of bipolar disorder of the writers studied, with 50% of the poets either hospitalized or otherwise treated for mood disorders. Post (1996) found mixed results for poets; they were more likely to have bipolar disorders, but less likely to have affective and personality disorders than fiction writers and playwrights.

Kaufman (2001a) found that female poets were significantly more likely to suffer from mental illness than other types of women writers (fiction writers, playwrights, and nonfiction writers) and male writers (fiction writers, poets, playwrights, and nonfiction writers). Kaufman also found that male nonfiction writers were the least likely of all the writers to have experienced a personal tragedy, although no significant differences were found for physical illness. An additional study looked only at women and compared poets with journalists, politicians, actresses, novelists, and visual artists. Again, poets were significantly more likely to have mental illness than any other group (Kaufman, 2001a). In a different study, Kaufman (2005) studied 826 writers from Eastern Europe from the 4th century to the present day. He found that
Poets were significantly more likely to suffer from mental illness than any other type of writer (fiction writer, playwright, nonfiction writer).

Another finding that bears mention is that writers have a shorter life span than people in other occupations, including other artistic-related occupations (Cassandro, 1998; Kaun, 1991; Ludwig, 1995; Simonton, 1975). A large-scale study of almost 2,000 American, Chinese, Turkish, and Eastern European writers found that, on average, poets died younger than fiction writers and nonfiction writers across all four cultures (Kaufman, 2003). Earlier studies (e.g., Ludwig, 1995; Simonton, 1975) also found poets to die the youngest of all writers.

**A Brief Recap**

What most studies have shown, therefore, is that those in arts are more likely to be mentally ill than those in other professions. Writers are, generally, more likely to be mentally ill and die young than others in the arts. Poets are the most at risk of them all, with higher rates of mental illness, suicide, and mortality than other writers, other artists, and the general population.

It is reasonable to assume that writers appear to be more at risk than other people in the arts because most of these studies lump poets together with nonpoets. There is not compelling evidence that nonpoets are particularly at risk. As a result, the rest of our review will focus primarily on poets, as opposed to writers in general.

**Why Might Poets be More at Risk?**

Why might poets be more likely to be mentally ill? There are several compelling reasons (many discussed in Kaufman & Baer, 2002). One area that has been less explored is the question of style. There is a relationship between the type of art someone pursues and his or her mental health. As Ludwig (1998) observed, people in professions that are more logical and objective tend to be more emotionally stable. People in professions that are more subjective or emotional tend to be less stable. Even the styles of art reflect this pattern: Ludwig (1998) found that visual artists with a more emotive style were more likely to suffer from depression and other disorders than those with more formal styles. There may easily be a similar relationship between the nature of writing and mental health. We hope that researchers will continue this important line of work, as writing style may be just as important an element as writing type.

A study of suicidal and nonsuicidal poets showed that suicidal poets were more likely to use words associated with the self (as opposed to the collective) in their poetry, revealing an inward focus. A linguistic analysis showed greater use of first person singular words and fewer first person plural pronouns such as “we” and “us.” According to the authors, this suggests that suicidal poets are less socially integrated than their nonsuicidal peers. We find it interesting that the number of positive and negative emotion words did not differ in the two groups (Stirman & Pennebaker, 2001).

Conversely, there might be a third variable (e.g., a biological factor) that could lead to both mental illness and to increased creative writing ability. There have been several studies that suggest such a relationship between schizophrenia and creativity (Kinney, Richards, Lowing, LeBlanc, & Zimbalist, 2001; Richards & Kinney, 1990), and Flaherty (2004) explores the biological factors that may underlie both illness and writing.

Another possibility is intriguing as well: Simonton has done extensive research on productivity, creativity, and age. He has found that people in the arts peak earlier than people in the sciences and academics (Simonton, 1990). Of people in the arts, writers tend to peak earlier than composers (Simonton, 1975, 1991). In particular, poets peak markedly earlier than novelists (Simonton, 1975, 1989). Novelists and (to a lesser extent) playwrights and nonfiction writers can debut late in life and still be productive and win awards, but poets who first publish after the age of 25 are much less likely to win awards or produce as much as those who get an earlier start (Kaufman & Gentile, 2002). Poets are simply much more likely to start young. Indeed, if you look at writer production across decades (measured by total number of works and by major accomplishments), poets produce twice as high of a percentage of their lifetime output in their twenties as do novelists (Simonton, 1984).

Many mental illnesses—particularly bipolar depression, the most common illness studied in conjunction with creativity (e.g., Jamison,
1993)—are likely to have an early onset. Indeed, the onset of bipolar affective illness is remarkably early – 20% of cases have shown evidence of the disorder as early as adolescence and the peak of the disorder is in the twenties (Loranger & Levine, 1978). Adolescence and young adulthood is considered to be a particularly essential period for whether an individual will develop bipolar disorder, unipolar depression, phobias, and drug and alcohol abuse (Burke, Burke, Regier, & Rae, 1990).

If mental illness is most likely to strike during young adulthood, particularly one’s twenties, and poets are the most likely to produce their greatest output during their young adulthood, particularly their twenties, then the connection between poetry and mental illness may be strengthened by the poet’s age. Other types of writers peak later and, by that time in their lives, they are more likely to be acclimated to illness. Poets tend to peak earlier, when mental illness is most likely to be an issue.

The fact that poets peak earlier can also help account for the finding mentioned earlier about poets dying young. If there are two young writers killed in a war at the age of 27, the first writer, a poet, may have already written enough work to be still considered an eminent poet. The second writer, a fiction writer, might have just begun outlining his first novel when he met his demise.

Female Poets

As mentioned earlier, Kaufman (2001b) found that female poets were at even more risk compared to male poets. This finding was dubbed the “Sylvia Plath Effect.”

Why are female poets more at risk? There are strong associations between rumination and depression, particularly in women. Women are more likely to use rumination as a form of emotion regulation (Garnefski, Teerds, Kraaij, Legerstee, & van den Kommer, 2004), and women who suffer from depression are specifically more likely to ruminate—whereas men are more likely to distract themselves (Nolen-Hoeksema, Larson, & Grayson, 1999). Verhaeghen, Joormann, and Khan (2005) found that rumination served as a mediating variable between depression and creativity in college undergraduates. Indeed, they found evidence that there was no direct connection between depression and creativity. Instead, self-reflective rumination was connected to both creative interests and behavior and depression.

In addition, there may be some qualitative differences in the way women express themselves and the purpose it serves for them. Although many of the claims of popular theorists on gender differences in communication (e.g., Tannen, 1990) have been challenged (see MacGeorge, Graves, Feng, Gillihan, & Burleson, 2004), there is empirical support for some differences. For example, men are more likely to change the subject during emotional situations, whereas women are more likely to express sympathy (Basow & Rubenfeld, 2003; Michaud & Warner, 1997) and show greater emotional sensitivity (MacGeorge, Gillihan, Samter, & Clark, 2003). Indeed, in general, females are more likely to be sensitive to interpersonal communication (Belenky, Clinchy, Goldberger, & Tarule, 1986). Additional research analyzing emails written by men and women found that women were more likely to write about social topics and men were more likely to write about impersonal and external concepts (Colley & Todd, 2002).

Similarly, females tend to value group cohesiveness and maintaining good relationship more than do males (Brown & Gilligan, 1992; Gilligan, 1982). These findings are consistent with personality research showing that, across many different cultures, women score themselves as being more “agreeable” on Big Five personality inventories (Costa, Terracciano, & McCrae, 2001). In addition, women tend to assign more positive ratings to other people on all of the Big Five personality traits than men (Winquist, Mohr, & Kenny, 1998).

Perhaps as a result of this desire for positive relationships, women may end up being more vulnerable to depression. Gore, Aseltine, and Colten (1993) studied stress and depression in high school students and found that about 25% of the gender differences (with females being more depressed) could be accounted for by higher levels of interpersonal caring and involvement. Additional research found that female middle school students were more likely to be interpersonally vulnerable and self-critical (Leadbeater, Kuperminc, Blatt, & Hertzog, 1999).

This increased agreeability and sensitivity can lead to impaired creative performance. Baer
had eighth-grade students (66 girls and 62 boys) write poems and stories under two conditions. In an intrinsic motivation condition, participants were told that their writing would not be evaluated; in the extrinsic motivation condition, they were not only told of impending evaluation but this evaluation was made highly salient. Experts then judged the poems and stories for creativity. Results revealed a significant Gender X Motivational Condition effect. Among boys, there were virtually no differences in creativity ratings under intrinsic and extrinsic conditions; among girls, however, these differences were quite large. Extrinsic constraints led to much worse creative performance. Baer (1998) also found that both anticipated evaluation and rewards had a significant impact on the creative performance of middle school girls—but not boys. Baer (1997, 1998) argued that girls’ greater sensitivity to interpersonal communications and desire to please others made them more susceptible than boys to messages and situations that could affect their levels of intrinsic and extrinsic motivation.

As discussed in Kaufman and Baer (2002), women having a heightened awareness of extrinsic constraints could lead to increased mental stress for female writers. As a writer gains critical and public acclaim, the extrinsic constraints—such as reviews, attention, royalties, and evaluations—become more and more salient. These extrinsic forces are difficult for anyone to resist. Producing a highly creative work under extrinsic constraints is more difficult than doing so under intrinsic motivation conditions (Amabile, 1996). One way of alleviating this difficulty and the resultant stress could be being able to ignore extrinsic constraints. Yet it is more difficult for females to do so than males.

But Isn’t Writing Supposed to Help You?

We have reviewed and explored a long series of studies that offer evidence that poets and, to a lesser extent, creative writers are more likely to suffer from mental illness than the general populations and other types of artists. Yet these findings seem to be in opposition to another stream of research that focuses on positive effects of creativity and writing. We will now discuss this line of work and propose ways that the two seemingly opposite series of findings may relate to each other.

Over the last 20 years, a growing body of scientific work has demonstrated the association between writing about an emotional experience and improvements in physical and mental health (King, 2001; Pennebaker, 1997; Pennebaker & Beall, 1986; Pennebaker, Colder, & Sharp, 1990; Pennebaker, Kiecolt-Glaser, & Glaser, 1988; Pennebaker, Mayne, & Francis, 1997; Schoutrop, Lange, Broschot, & Everaerd, 1997; Smyth, Stone, Hurewitz, & Kaell, 1999). A recent review of this research is collected in an edited book called *The Writing Cure* (Lepore & Smyth, 2002). This work shows that expressive writing can help people cope more effectively with traumas (Frisina, Borod, & Lepore, 2004; Lepore & Smyth, 2002; Smyth, 1998). Studies on a variety of populations and writing topics have found benefits for both mental and physical health. The diverse populations studied include first year college students (Pennebaker, Colder, & Sharp, 1990), survivors of sexual assault (Brown & Heimberg, 2001), laid-off engineers (Spera, Buhrfeind, & Pennebaker, 1994), and psychiatric prison inmates (Richards, Beal, Pennebaker, & Seagal, 2000). Writing topics have included coming to college (Pennebaker et al., 1990), the most traumatic experience of one’s life (Pennebaker, 1997), job loss (Spera et al., 1994), and one’s goals in life (King, 2001). These studies have shown that those randomly assigned to write about an emotional topic for as little as 15–20 minutes a day for three days show physical and mental health benefits relative to those who write about a mundane topic.

Although few studies have examined expressive writing among those with a mental illness, the preliminary results have been promising. Improvements have been shown for persons with various psychiatric conditions (Richards, et al., 2000), victims of rape (Brown & Heimberg, 2001), and those with depression (Koopman, Ismailji & Holmes, 2005). One exception to this is a small study in which persons with PTSD increased in physician visits after completing an expressive writing exercise; however, participants were also asked to talk in detail about what they wrote (Gidron, Peri, Connolly, & Shalev, 1996).

Finding the mechanisms responsible for these health improvements has been more elusive.
Although a variety of compelling explanations have been proffered, none fully accounts for the effect (for a review see Pennebaker & Graybeal, 2001; Sloan & Marx, 2004). In fact, it is likely that there is no single explanation for how and why writing works (Pennebaker, 2004). Despite this lack of a perfect connective theory, there are several promising leads. These include working through confusing and upsetting thoughts and feelings through a meaning-making process, shifting perspectives over time from a self-focus to a more socially integrated stance, and becoming desensitized to emotions through exposure as a result of sequenced writing sessions. We will discuss these with a focus on meaning making as a path to health. Deeper analyses into how the writing paradigm works have pointed to the importance of disclosing a traumatic event and translating it into language (Pennebaker, 1993), improving self-regulation (King, 2002), and freeing up working memory (Klein & Boals, 2001). Each of these explanations has as an underlying premise: the formation of a story or narrative. Evidence points to the idea that those who write but don’t form a narrative are worse off. Retelling a traumatic event to oneself in a story-like fashion organizes it, thereby making it more manageable and easier to store away in memory (Pennebaker & Seagal, 1999). Thus, there is good reason to believe that the formation of a story or narrative is a critical component of the healing process. Disclosure that takes on a narrative style resembles a story in that there is a beginning, middle, and end. It also spells out pertinent information relevant to understanding an event. Self-expression that has a narrative format is coherent and linear, while those lacking a narrative structure are fractionated and harder to follow.

A study by Smyth and colleagues (Smyth, True, & Souto, 2001) provides direct evidence that a narrative is an essential ingredient. In their study, subjects were assigned to write about traumatic events either in a narrative fashion (using the traditional Pennebaker paradigm), or a fragmented fashion in which they were told to list their thoughts and feelings; or, they were asked to write about a mundane topic. Health improved as measured by days restricted due to illness only for those who wrote in the narrative style. In another study with a similar design, participants were asked to write about either emotions related to a trauma or stressor, cognitions and emotions related to a trauma or stressor, or a control condition. Results showed that the emotion plus cognition group reported feeling the most growth. Those who only wrote about their emotions reported more physical symptoms subsequent to writing (Ullrich & Lutgendorf, 2002).

Other evidence comes from a close analysis of the essays people write. Using a test analysis software program that is programmed to count the number of words in different categories (Pennebaker, Francis, & Booth, 2001), it has been possible to link patterns of language use to health benefits after writing. Categories include “cognitive” words (e.g., “because,” “cause,” “reason”), positive and negative emotion, first person singular, and first person plural, to name a few. It has been found that people who increase in their use of cognitive words over the days of writing tend to show greater health improvements. Emotion words were also predictive of better health. Those writers who used a high rate of positive emotion and a moderate amount of negative emotion showed the greatest improvements (Pennebaker & Chung, in press).

Another finding is that writers who shift in their use of the first person singular (e.g., I, me, my) to third person (e.g., we, us, them) are better off than those who continue to use the first person singular (Stirman & Pennebaker, 2001). This suggests that a shift in perspective is an important element and is consistent with the idea of storytelling. The picture that emerges is that the healthy writer is telling an evolving story and using emotion while doing it—with a recognition of the negative, but more emphasis on the positive. This perspective is similar to the belief that one of the critical ingredients in psychotherapy is to tell a coherent story, or a narrative, about important life events that one can embrace and accept as one’s own (Mahoney, 1995). Story-making has long been thought to contribute to good mental health, not only in times of trauma, but also through the life span (McAdams, 1999; Sexton & Pennebaker, 2004). Conversely, a shift toward usage of the first-person singular may indicate a change in mental health. An analysis of the works of Kurt Cobain, John Cheever, and Cole Porter revealed that as their fame increased, all three writers used more first-person singular in both their creative work.
(song lyrics and stories) and in their private diaries and journals (Schaller, 1997). As this increase took place, so did an increase in self-destructive behaviors (e.g., excessive drinking) and depression (and for Cobain, an eventual suicide).

Why Narratives?

What is it about a narrative that makes writing therapeutic? Creation of a narrative helps make sense of an upsetting event. The event becomes more organized, gains new meaning, and can be “filed away,” allowing the writer to move on with life. Perhaps poets suffer from even poorer mental health because they may subconsciously try, but not succeed to find meaning. Wortman and Silver (1989) conducted a study with participants undergoing a traumatic experience (breast cancer) and discovered that some women search for meaning, while others do not. We find it interesting that those who searched for meaning but did not find it were worse off than those who searched and found it. In addition, they were also worse off than those who did not search at all. Furthermore, writing that organizes thoughts and feelings may free up mental resources, giving people more attention to allocate to other tasks. Klein’s (2002) work on writing and working memory posits that stressful memories are stored differently in the brain than nonstressful memories, are more accessible, and take more mental energy to store. Writing has been demonstrated to diminish intrusive thinking, result in linguistic changes, and bring about other cognitive changes as well. Taken together, these results suggest that the formation of a narrative has direct benefits for mental well-being.

We find it interesting that the narrative need not be a real event from one’s past. Two studies show that expressive writing about other topics can be salutary as well. King (2001) found that participants who wrote about their best possible future selves went to the doctor less often relative to those who wrote on a control topic. In another fascinating study, Greenberg, Wortman, and Stone (1996) had participants write about a real or imagined trauma, or a control topic. Remarkably, they found that both trauma group writers evidenced fewer illness visits as compared to control writers. These findings can be extrapolated to professional writers who often write about upheavals that do not come from personal experience.

Poets and Narratives: Perhaps it Should be Called the “Anne Sexton” Effect?

The importance of the narrative in the writing cure may diminish the effect for poets. It is clear that writing helps people, but does writing poetry help? The formation of a story has been identified as a key component in the health effects of writing. Yet poems do not carry the same narrative structure that stories do. Poems are less likely than short stories, novels, or plays to tell a story with a beginning, middle, and end. Many poems do not have narratives; most stories and plays do. It is not evident that writing poetry would have the same benefits as other kinds of writing. A comparison of a poet’s writing style to the fragmented writing conditions in the “writing cure” studies might explain why poets do not reap health benefits from writing. Furthermore, because poetry tends to be shorter than prose, there is less of an opportunity for a shift in perspective and/or an evolution of ideas, emotions, and cognitions to take place.

From another vantage point, even expressive writing about a traumatic experience may be deleterious to one’s health if adequate support and therapy are not in place (Honos-Webb, Harrick, Stiles, & Park, 2000). If the expressive work is focused on negative experiences, then the writer may experience an increase in negative mood (Marlo & Wagner, 1999). In addition, people who reported that writing served a cathartic function were more likely to suffer from poor health (Pennebaker, 1989). Scanlan (2000) studied students with dysphoria (depression) and found that although expressive writing raised their GPA, it had no effect on their mental health.

Few sex differences in outcomes after expressive writing have been reported (Pennebaker, 1990; Sheese, Brown, & Graziano, 2004). However, Smyth’s (1998) meta-analysis found that men were somewhat more likely to benefit from expressive writing than women. Specifically, he found that studies in which more men were included as participants had higher effect sizes. This suggests that writing may benefit men.
more, perhaps because they tend to be less emotionally expressive to begin with. Indeed, disclosing information that had been previously kept secret yields more benefits (Paez, Velasco, & Gonzalez, 1999).

One irony that has presented itself is that the original finding of female poets was initially called the “Sylvia Plath Effect,” after the famed poet who committed suicide in 1963. Yet Plath herself is a poor exemplar of the effect. Plath’s work is very narrative in its nature, and she wrote in a multitude of other formats (including extensive diaries and a novel, *The Bell Jar*). If any poet were a prime candidate for the Writing Cure and not the Sylvia Plath Effect, it would be Sylvia Plath herself. In contrast, Anne Sexton was encouraged to write by her therapist. Known as a confessional poet, she used her poetry as therapy (especially in response to tragic events, such as the death of her parents). Growing more depressed and despondent, she killed herself in 1974 (Middlebrook, 1991). Perhaps the “Sylvia Plath Effect” has chosen the wrong titular poet!

**Writing Versus Writers**

Even with these caveats, it may appear at first glance that creative writers—including poets—should nonetheless be healthier and in better moods than their counterparts. It is here that the imperfect translation between behavior in the lab and behavior in real life comes into play. In the real world, those who write by choice cannot be directly compared to those who are assigned to write in an experimental setting for a number of reasons. First, career writers are a different population than the general subject pool of people from which participants in writing studies have been drawn. There are likely to be a number of differences between those who have chosen writing as a career and others.

Some writers may be attracted to the field because of a desire to resolve preexisting emotional issues. Indeed, as mentioned, writing can serve as an important form of self-therapy. To the extent that this is the case, writers may comprise a higher risk population in terms of mental health than nonwriters. Along these lines, their health outcomes might be even worse if they were not to write. Writers may also be drawn to their field because they are searching for meaning. As mentioned earlier, those who place too much of a cathartic emphasis on their writing may be at risk for poor physical health (Pennebaker, 1989); might they also be at risk for poor mental health? In the case of poets, if they have initially poorer mental health and are drawn to writing to find meaning and or self-expression, they may suffer as a result of the very mode of expression they have chosen.

Throughout this paper, we have used the assumptions that the writing cure helps depression and encourages emotional health and that there is a link between poets and mental illness. Another possibility does exist: That when mental illness (such as unipolar or bipolar depression) expresses itself verbally, it is more often in an image or concept and less often in narrative form. As a result, individuals with mental illness who are inclined to express themselves in poetry may be more inclined to write poems that are less narrative.

Thus, although a spate of experimental studies have demonstrated that those assigned to write in a story-like fashion evince improved mental and physical health, perhaps under certain circumstances the causal arrow is in the other direction. Specifically, perhaps those with more severe forms of mental illness who are drawn to writing careers end up producing non-narrative pieces as a result of their illness as compared to those who are less ill or not ill at all. In this explanation, it is the illness that causes the fragmented writing, not the fragmented writing that prevents good health from materializing. This is another perspective to consider, although it is a somewhat unknowable question, given that the propensity to write in a non-narrative form cannot be assigned any more than one’s gender.

Another important consideration is that professional writers typically are not writing their deepest thoughts and feelings about the most traumatic experience of their life. Researchers using the Pennebaker approach have found improvements in health when people engage in expressive writing, not just any writing. Although some have found that the writing topic can be a positive topic, such as a best possible self, (King, 2001; King & Smith, 2004), or even

---

1 We thank an anonymous reviewer for suggesting this idea.
an imaginary trauma (Greenberg, Wortman, & Stone, 1996), emotional writing has always been a core ingredient. To think that any form of writing will produce benefits is naïve. Indeed, if any writing produced benefits, then most published studies would have found health improvements for both the experimental group and the writing control group. It is important to realize that what is known thus far about expressive writing and health shows that the topic must be personally relevant, emotionally laden, and narrative-like in structure.

Yet how do we treat the connection between poetry and expressive writing? One possibility is that poets are missing the last (but crucial) component of the narrative. Without the presence of the narrative, expressive and emotional writing may not reap benefits; indeed, it may even cause psychic harm. It is known that writing without narrative structure is at the very least not helpful (Smyth, True, & Souto, 2001), but it is plausible to consider that under certain conditions it may even cause harm. Perhaps drudging up personal and emotional topics without putting an order to them can cause an inner sense of confusion and frustration in a writer’s emotional life. We present our working model of why the writing cure does not help poets in Figure 1.

Caveat One: Writers Versus Eminent Writers

Before we too readily conclude that writers and particularly poets may represent an exception to the “writing cure phenomenon, it is important to establish two caveats. The first caveat is that just as the participants in the “writing cure” studies may not generalize to full-time writers, so too might the writers used in most of the mental illness studies not generalize to the average full-time writer.

Most of the mental illness studies focus on eminent writers, who may be a different breed altogether from “everyday” writers. Yet there is also evidence that the most eminent writers are also the most prone to mental illness. Kaufman (2001a) conducted two studies on mental illness in eminent writers. In both studies, those writers who had reached a pinnacle of achievement, such as the Pulitzer Prize or the Nobel Prize, were more likely to suffer from mental illness than those writers who were merely “good.” Ludwig (1995) found that those creative individuals (including writers) who scored on his Creative Achievement Scale were more likely to suffer from mental illness and emotional difficulties.

Eminent writers have to deal with what Csikszentmihalyi (1999) refers to as a “Systems

<table>
<thead>
<tr>
<th>Level of Expressiveness</th>
<th>Narrative Style</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Expressive</td>
<td>Less Expressive</td>
</tr>
<tr>
<td>Less Narrative</td>
<td>More Narrative</td>
</tr>
<tr>
<td>= “Dry Writing”</td>
<td>= “Non-reflective Writing Cure”</td>
</tr>
<tr>
<td>Doesn’t help, doesn’t hurt</td>
<td>Can help, doesn’t hurt</td>
</tr>
<tr>
<td>More Expressive</td>
<td>More Expressive</td>
</tr>
<tr>
<td>Less Narrative</td>
<td>More Narrative</td>
</tr>
<tr>
<td>= “Curse of the Poets”</td>
<td>= “Writing Cure”</td>
</tr>
<tr>
<td>Doesn’t help, but can hurt</td>
<td>Helps, doesn’t hurt</td>
</tr>
</tbody>
</table>

Figure 1. Narrative Style.
Model," in which the individual who creates is only part of a larger triangle that also includes the gatekeepers—those professors, agents, literary magazine editors, publishers, and so forth, who wield quite a bit of control over who actually rises into the category of intimate. Might these gatekeepers hold preconceived ideas (albeit unconscious ones) about what constitutes a great poem? These stereotypes may include the idea that poets are “supposed to” be mentally ill. Regardless of whether the stereotype is grounded in type of fact, however, such a stereotype may still exist in the conceptions of the gatekeepers.

Caveat Two: Writing as Therapy

We also want to make a second caveat about the role of the narrative in expressive writing. We have argued that the importance of such a narrative may diminish the amount that poets benefit from the writing cure. It is important to distinguish the importance of a narrative to writers from the importance of a narrative in therapeutic use. The lack of a narrative seems to not impede benefits of poetry in direct and applied clinical settings. Different forms of literature and writing are used in a multitude of ways—from reading to expressive writing to poetry—in both psychotherapy and mental health services (McArdle & Byrt, 2001). Among its many uses in this context, poetry has specifically been used as a facilitator for weekly group therapy (Kane, 1992), with mentally ill patients who did not communicate intimate thoughts in traditional therapy (Kobak & Neinken, 1984), displayed in mental health settings (Sampson, 1999), written by the therapists as vehicle for communicating with patients (Harower, 1972), and, of course, used by the patients for both expressive and healing purposes (McArdle & Byrt, 2001). The possible positive impact of poetry and poems in these circumstances are beyond the scope of this review, and we are not arguing that poetry can never be helpful and beneficial.

Conclusion

The research on creative writing and mental illness has followed a fairly consistent pattern: writers are more likely to be mentally ill than other eminent or artistic people; and female poets tend to be the most at risk. The reasons behind these findings are not as well established; possible reasons include personal tendencies of those drawn to poetry, a third factor related to both poetry and mental illness, trends in peak performance, links between rumination and depression, and stress resulting from gender differences in communication.

These findings may initially seem to be contradictory to the research on the benefits of expressive writings, but we argue that these two pieces fit together quite well, in part because of the importance of the narrative in the writing cure. When these two lines of research are compared, it does seem as though poets are the group at a disadvantage. If creative writers may be prone to mental illness or may encounter stress through their writing, it may be balanced by the therapeutic benefit that writing can provide. Yet poets may not receive this benefit as strongly because of the absence of a narrative in most poems.

Most writers invest both their time and their emotions into their creative works; indeed, it has been suggested that overinvesting in writing can be deleterious to mental health (see the analysis of Sylvia Plath’s work in Runco, 1998). If dedicated writers are investing themselves into an area that gives back emotional fortitude in return, it may be fine. But if poetry does not provide the same amount of mental relief as other types of writing do, then poets may be at a higher risk.

What can be done? It would be silly to suggest that writers not gravitate toward poetry. Robert Graves once said, “To be a poet is a condition rather than a profession” (quoted in Winokur, 1990), and the idea of advising anyone to not pursue a passion or vocation because of possible connections with worse mental health is absurd. Indeed, poets tend to scoff when presented with these types of findings (e.g., Lee, 2004; Murillo, 2004).

Poets should not assume that they will reap the benefits of the writing cure simply because they write. With the absence of a narrative, their poetry may not only fail to help them, it may make things worse. We suggest that it is more important for poets to know about the Writing Cure than the Sylvia Plath Effect. Poets—or anyone—are encouraged to write expressively with a narrative-based theme, whether in diaries, journals, letters, or e-mails. It will be very
unlikely to do any harm, and it may well keep them healthier—both physically and mentally.

References


National Institute of Mental Health. (2001). *The numbers count: Mental disorders in America*. Re-


Received August 8, 2005
Revision received December 3, 2005
Accepted December 15, 2005