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This sylvan game

Creative writing and GP wellbeing

■ In Sebastian Faulks' novel, *Human Traces*, which explores the profession of psychiatry in its infancy, one of the ill and wealthy patients, who has retreated to an Austrian sanitarium, explains to his doctor that his sadness stems from the fact that 'at the age of 55 I have essentially ceased to be of interest to myself'. The doctor smiles, and says: 'I suppose you still have your painting... presumably that provides some consolation'. The patient responds with ferocity: 'I did not turn to art for consolation... I turned to it in the hope that I could use it to push back experience. I hoped that I could use it to reset reality'.¹

Although narrative approaches to medical education have won great favour in the United Kingdom and elsewhere, the medical humanities remain a fledgling discipline in Australia.

During 2006 a research partnership between the author, North Coast GP Training (NCGPT), and Southern Cross University was established whereby we set up a pilot project exploring general practitioner wellbeing and creative writing. Part of the project involved offering creative writing workshops for GPs and medical educators. Our research was sympathetic to the notion expressed by Faulks in that the 'resetting of reality' was a guiding rationale, along with the belief that the desire to 'be of interest' to oneself is an essential component of wellbeing. The intention was not to offer 'consolation' or insist on writing as a therapy, but to focus on creative explorations of what it meant to be a GP, and to estimate the value of creativity and reflexivity to wellbeing.

This article focuses on the evaluation of that project, concerned primarily with participant responses to the 'Beyond the Medical Record: Creative Writing for Doctors' workshops.

An unusual research partnership?

This research partnership and its concern for writing and wellbeing for GPs had a somewhat unusual beginning. Some years ago, recovering

from depression, which included a period of being unable to read or write, part of my recovery involved completing a collection of poems.² Throughout my illness, my GP asked to read the poems. Once I was well, and after our doctor-patient relationship had been terminated, he read the poems. One poem was rather uncomplimentary about the suggestion of electroconvulsive therapy as a treatment option. When he read this poem, he wrote a poem 'back' to 'me', the first he had written since primary school. Thus began our creative and research relationship.

The GP, Hilton Koppe, a senior medical educator at NCGPT, was intrigued about how it felt for him, this process of getting something off your chest by writing it down, this 'resetting' of reality. At his suggestion, we decided to co-write a play about the doctor-patient relationship, exploring in particular the doctor's feelings. This cooperative venture soon expanded, funds were secured for a pilot, and the 'Beyond the Medical Record: Creative Writing for Doctors' workshops were formulated.

The workshops

From Anton Chekhov to Australia's own Peter Goldsworthy and Nic Earls, it is clear that doctors write about anything and everything. Our workshops however, with their focus on reflective writing, which concentrates on self exploration, had a more defined intention. Although an exercise might have begun, for example, with the challenge to write a poem pretending that you are a disease, the final draft of that poem could easily be about guilt, or love, or any emotion that might have surfaced during the reflective process.

The workshops, which underwent a formal evaluation process, comprised three 6 hour 'master classes' with 12–15 participants in each. The workshops had distinct themes. The first explored the role of stories in the doctor-patient relationship; the role of language in clinical practice; and stories of doctors' experiences and the effect their work has on their lives. The second enabled participants to explore the use of creative writing as a means of burnout prevention,

and how reflective writing can facilitate deeper understanding of the impact of a doctor's work on their wellbeing. The final theme was creative writing as a means of improving communication skills in the doctor-patient relationship.

The stated objectives of the program were to:

- assist in a greater understanding of what it means to be a doctor
- enhance participants' creative writing skills
- improve participants' professional and personal wellbeing.

So what did the doctors think?

In general, respondents were very satisfied with the workshops (4.2–4.7 on a five point scale). Of particular note was the workshop facilitation which combined not only a writer and a doctor, but two people who had been frank and revealing about their own selves while prefacing the history of their collaboration as part of the workshop warm up discussions: 'A further factor in participants' ease was the 'supportiveness, expertise and experience of the presenters. This was considered to be essential to the process of opening up one's creative writing ability and not feel too exposed or vulnerable'.

Most importantly, this resulted in highly productive and beneficial writing time for the participants. Several clusters of responses were revealed by the evaluation, with participants noting certain needs surfacing through their writing. These included: the urge to tell one's story ('there are incredible stories we want to record and are not able to do justice to') and 'writing our pain' to enhance wellbeing: 'We know there are a lot of miserable doctors. Burnt out. We talk a lot about ways you can manage, like doing less work. That is not a solution. We need to find ways to enjoy the work. Courses like this might help you get out of it what you said you wanted from it [the profession] in the beginning'.

Writing about vexing events and situations in which they found themselves was also mentioned often. Comments ranged from: 'Today I wrote about something I was angry about. It can help doctors to cope', to 'I will suffocate unless I do something creative in my life'. But allied with this notion that creative writing functions as a release was the expressed belief of some participants that the act of writing would help to find new meaning in daily practice, with all its complexities.

Significantly, one participant reflected, some 6 weeks later, that: 'The workshop seems to have given me a fresh look on my profession. I feel a bit less isolated with concerns that I sometimes have. It is a great opportunity to share ideas and feelings among colleagues. This usually does not happen between fellow doctors as we are too busy in our jobs. We also do not want to bother each other on the assumption that the colleague might not be responsive to that issue or that we might stir up some personal issues, he/she might have'.

It was generally agreed that the workshops provided a 'wonderful chance to share experiences with your colleagues' in an open, frank and nonjudgmental forum. Most agreed that the focus on 'doctoring' was a key ingredient of the workshops' success: 'Being a doctor is inhibiting – you can't talk about it. The general public has a different

experience than we do. This gave me a chance to do a workshop where we share common experiences among doctors'.

What next, reader?

While evaluation can never fully capture participant experience, it does seem that this pilot was a popular one, and provides enough data to suggest that a larger scale and longitudinal project would be worth running, if indeed the outcome were happier doctors. The arts and health in Australia have specific challenges to meet, one of which is attracting and keeping GPs happy, and in practice, so that (particularly rural) communities can thrive as they should.

Our research collaboration used creative and reflective writing to 'reset reality', or at least tamper with it, so that these challenges might better be met. In this instance, vitalisation relied on reflective practice. According to the social anthropologist Claude Lévi-Strauss, the tales that a society invents and mythologises are similar to mathematical structures in that they seek to solve contradictions. He argues that stories and 'mythical thought always progress from the awareness of oppositions toward their resolution'. That is, myths consist of elements that oppose or contradict each other, and as the narrative of the story progresses, bothersome contradictions are mediated.³ If it is true that storytelling and myth making – vital components of creative thinking – can solve problems, then the GPs who attended these writing workshops, especially if they are still writing, are well on their way to resetting realities, small and large. They are most certainly, at the very least, 'of interest' to themselves. Let's hope that this 'interest' is sufficient to generate further exploration and funded research for similar arts and health initiatives.

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