

Article

Connecting to Resilience, Hope, and Spirituality through a Narrative Therapy and Narrative Medicine Creative Writing Group for People Affected by Cancer

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Abstract: In this article, the authors will describe a creative writing therapeutic group program they developed based on narrative therapy and narrative medicine principles. This was a Social Science and Humanities Research Council—Partnership Engagement Grant funded project, the aim of which was to develop a facilitator's manual for people interested in offering this group, titled "Journey through Words". The link to the agency partner's website, where the manual is available, is provided. The group program is structured over 6 weeks and includes a writing prompt each week, focusing on the storyline of resilience rather than the storyline of diagnosis or disease. Using a narrative inquiry approach, the facilitators kept brief field notes following group meetings. These field notes indicate that although spirituality was not planned as an identified focus of the program, due to the space narrative therapy provides for people to describe their values, preferences, and hopes during hardship, the experience of the group was that members shared reflections which were deeply spiritual in nature.

Keywords: spirituality; hope; resilience; narrative therapy; narrative medicine; creative writing; group therapy



Citation: Béres, Laura, Leah Getchell, and Amandi Perera. 2024. Connecting to Resilience, Hope, and Spirituality through a Narrative Therapy and Narrative Medicine Creative Writing Group for People Affected by Cancer. *Religions* 15: 612. <https://doi.org/10.3390/rel15050612>

Academic Editors: Heather Boynton and Jo-Ann Vis

Received: 19 April 2024

Revised: 7 May 2024

Accepted: 8 May 2024

Published: 16 May 2024



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1. Introduction

Illness and trauma are understandably considered problematic experiences we would wish to avoid if we had the power to do so. Unfortunately, most of us will not be able to escape being touched by pain of one sort or another at some point in our lives. Thankfully, a growing body of research and literature shows that people can develop resilience and experience growth following challenges such as illness, trauma and natural disasters and that spirituality can assist with the development of that resilience (Boynton and Vis 2022; Chan et al. 2006; Cherry et al. 2018; Chirico and Nucera 2020; Davis et al. 2019; Tedeschi and Calhoun 1996; Tedeschi et al. 2017). In this paper, we describe being inspired by the resilience, hope, and spirituality of members of a creative writing group we facilitated for people affected by cancer. We begin by describing the background of this project and how narrative therapy and narrative medicine informed the content and process of the therapeutic creative writing group we facilitated. The group format and content descriptions will make clear how space and time were created for group members to truly consider themselves as being much more than their diagnosis and as not being stuck within problem-saturated storylines, as we focused on what was sustaining their resilience and providing hope as they responded to the difficulties in life. Some members spoke of the importance of their religious affiliations, while others discussed the importance of experiences of spirituality as being more related to connecting to nature and a sense of meaning in life. This was consistent with how a variety of authors discuss spirituality (Cook et al. (2009) and Crisp (2010), for example), while we continue to find Canda's

definition of spirituality useful since it presents a broad understanding of this element of a person's life. He says spirituality is "the human quest for personal meaning and mutually fulfilling relationships among people, the non human environment, and, for some, God" (Canda 1988, p. 243).

2. Background

Due to my extensive experience in narrative therapy, I, Laura, was approached by staff at Wellspring London and Region a few years ago to assist with the development of a narratively informed writing group for people affected by cancer. Particularly, they requested support in responding to a suggestion they had received from four medical students that they offer a creative writing group informed by narrative medicine. This expression of interest resulted in us forming a research and practice team, offering first a pilot group and then receiving funding through the Social Sciences and Humanities Research Council's (SSHRC) Partnership Engagement Grant (PEG) program to co-create a non-proprietary open-access facilitators' group manual including improvements identified by further offerings of the group. Members of the pilot group provided feedback based on their experiences with the content and timing of the group sessions, resulting in some minor changes. Following receipt of the SSHRC-PEG funding and using a narrative inquiry methodology (Clandinin 2007; Clandinin and Connelly 2000), Leah (a Master of Social work [MSW] student) and I interviewed group participants after the first series of the group she co-facilitated with Amandi (a medical student, with a creative writing background). Following that group series and resulting participant interviews, Leah and I offered the group once more, maintaining reflective field notes following each meeting of the group. This resulted in further adjustments to the content of the group manual one last time. Having been informed by this narrative inquiry approach, we will describe our observations and reflections. This narrative and reflective approach to inquiry is congruent with the sensibilities of this narrative practice methodology and is offered here in place of a traditional research article.

3. Narrative Therapy: A Professional Therapeutic Practice

Narrative therapy was developed as a therapeutic practice by social workers White and Epston (1990). White explains having significantly drawn from the work of cognitive psychologist Jerome Bruner and his "explorations of the narrative metaphor, specifically from his analysis of literary texts. In this analysis it was [Bruner's and White's] goal to develop further understandings of meaning-making activities that people engage with in everyday life" (White 2007, p. 75). Drawing upon Foucault's historical analysis of the use of power to ascribe and assign identity, White argues for a therapeutic posture and approach that is not informed by normalizing judgments, which act as a "mechanism of social control" (White 2007, p. 25). Rather, he argues for engaging in externalizing and re-authoring conversations where those people consulting a narrative therapist can begin to separate their identity from their problem/diagnosis and move from singular and deficit-focused storylines of their lives and experiences to preferred storylines. It was the work of sociologist Erving Goffman and his focus on "unique outcomes" (White 2007, p. 232) that influenced the development of the re-authoring conversation. In this context, unique outcomes are events in a person's life that have previously been overlooked while the person has focused on the events that made up a dominant, usually problematic, storyline in their life. For example, people with a cancer diagnosis can tell the story of the events related to their cancer journey and are also able to tell the story of other events more related to preferred themes, such as resilience.

In addition to the importance of considering alternate and preferred storylines, sometimes referred to as subordinate storylines (White 2007), what I, Laura, have found to be both engaging for the person requesting counseling as well as for myself as the narrative therapist, is the space created in re-authoring conversations for exploration of the person's values, hopes, dreams, and spirituality. This space in therapeutic conversations for identifi-

cation and discussion of a person's spirituality, broadly described, is particularly evident in the landscape of identity aspect of re-authoring conversations. (See [White \(2007\)](#) and [Béres \(2014\)](#) for a full description of the re-authoring conversation map.) Nonetheless, the other therapeutic conversations (externalizing, absent but implicit, remembering, and outsider witnessing) also prompt reflection on the impact of personal values on the evaluation of effects of problems and new initiatives, on the values and preferences underlying complaints, on the values celebrated in connection with others and on the values that people are reminded of through listening to other's stories and what resonates in those stories ([Béres 2014](#); [White 2007](#)).

Since narrative therapy was developed as a practice theory grounded in social constructionism and postmodernism, some practitioners and academics believe this practice leaves little space for discussions of spirituality, religion, or acknowledgment of a person's sense of their soul separate from the social construction of self/identity ([Guilfoyle 2014](#)). Nonetheless, in *The Language of the Soul in Narrative Therapy*, [Béres \(2023\)](#) provides an in-depth philosophical and practical exploration of how the social construction of the sense of self can exist alongside a person's sense of themselves also as an embodied soul. She presents a timeline for the language of the soul from Plato to the current day and then primarily relies on [Teresa of Avila \(2013\)](#), [Edith Stein \(2000\)](#) and Maurice [Merleau-Ponty \(1978\)](#) to explore how they have contributed to understanding how a person can experience the weaving together of both the spiritual and the physical. David Crawley also contributes to this book, exploring the work of Mikhail Bakhtin ([Bakhtin et al. 1986](#)). Together, [Béres \(2023\)](#) and Crawley reflect upon how spirituality and the language of the soul can be included within counseling and spiritual direction informed by narrative therapy's theory and practice.

4. Narrative Medicine: A Training Approach for Students

Although narrative therapy was developed as a therapeutic practice for use with service users, [Charon \(2006\)](#) developed narrative medicine as a non-therapeutic training practice for use with students. She argues "that what medicine lacks—[. . .] humility, accountability, empathy—can, in part, be provided through intensive narrative training" (p. vii). She says, in narrative training, "[w]e teach students fundamental skills of close reading and disciplined and considered reflective writing. [. . .] We introduce them to great literary texts and give them tools to make authentic contact with works of fiction [. . .] As a result, we deepen our students' capacity to hear what their patients tell them" (p. x). Nonetheless, narrative medicine, despite this initial focus on the training of practitioners to ensure their empathy for their patients as people with robust stories as well as symptoms and a diagnosis, has gone on to encourage patients to tell and write of their illness as a form of self-help practice ([Bray 2006](#); [Sandback Forsell et al. 2021](#)) and also to provide feedback to healthcare providers ([Grob et al. 2019](#)) and inform health research priorities ([Getchell et al. 2023](#)). [Frank \(1995, 2004, 2010\)](#) has also focused on the telling of illness narratives within the academic discipline of sociology and has, thus, also influenced narrative practices ([Frank 2018](#)).

Despite these developments in the use of narratives, engaging people in telling their illness story must also be considered through a trauma-informed lens ([Jirek 2017](#); [Levenson 2017](#)). When illness narratives are used as an attempt to provide feedback to healthcare providers or solely assist with the training of students, without narrative therapy's approach of also opening space for alternate and preferred storylines, there is the danger of the patient experiencing re-traumatization through the singular focus on the dominant storyline of the diagnosis/illness ([Hawthornthwaite et al. 2018](#); [Roebottom et al. 2018](#)). Hence, the inclusion of narrative therapy principles and practices in the creative writing group we facilitated—to ensure a focus on preferred storylines, which might include resilience, as well as on the illness storyline. These principles and practices also ensure inclusion of the topics of values, hopes and dreams, which are related to spirituality, a person's sense of

meaning and purpose, and ultimately assist people in continuing to manage difficulties in their lives.

5. Research Methodology: Narrative Inquiry

To explore how narrative therapy's practices were experienced as they were adapted for use in a creative writing group informed by narrative medicine, we used a narrative inquiry research methodology (Clandinin 2007; Clandinin and Connelly 2000; McAlpine 2016; Kohler Riessman and Speedy 2007; Shaw 2017). As Hayden and Riet (2017) point out, "narrative inquiry is a qualitative methodology that takes into account the relationship between participant and researcher" (p. 86), emphasising the holistic and relational nature of being. Rather than dissecting stories into themes, events discussed in research interviews/conversations are pulled together into a narrative plot (Hayden and Riet 2017; Kohler Riessman and Speedy 2007). This allows, as Polkinghorne (1988) contends, the opportunity for people to express their narratives in research interviews and for researchers to listen to the fullness of their experience to then provide new knowledge to clinicians and academics. One reason we chose to use a narrative inquiry methodology is that it provided congruence with the group process, flowing seamlessly from the creative writing group for those participants interested in discussing their experiences within follow-up research interview conversations. Another aspect of Clandinin and Connelly's (2000) approach we appreciated is the use of field notes, and Leah and I, Laura, ensured we made time to journal and reflect upon the group content and process (rather than on the participants, themselves) immediately following each group session we facilitated. It is our review of these field notes that primarily informed the final version of the Journey through Words group manual which is now available online for others to use, and which has informed the reflections that we present in this paper.

6. Journey through Words Group Content and Process

The Journey through Words group manual can be found on the Wellspring London and Region website (<https://wellspring.ca/london-region/online-resources/external-resources>, accessed on 1 March 2024). This link provides access to a range of resources, and the Journey through Words facilitators' guidebook/manual, along with PowerPoint slides, which can be used in support of the group process, can be found at the bottom of the page.

The Journey through Words group was first developed during the COVID-19 pandemic and so was initially offered in an online format, with participants joining each week via Zoom. The second and third iterations of the group were offered in a hybrid format, with most participants continuing to decide to attend via Zoom, while only one or two people chose to attend in person. We found that offering this flexibility made the group accessible to a wider range of people, but anyone deciding to offer this group in the future is encouraged to consider their circumstances when choosing to offer the group in person, online or in a hybrid format. The group manual provides an overview of what needs to be considered when offering the group via Zoom or in a hybrid format, but these issues are primarily in relation to the need for a stable internet connection and a private location when joining the group online.

At Wellspring London and Region, where this group was developed, the agency practice is not to interview potential participants interested in any of the groups they offer but rather to encourage members to just show up for the group in which they are interested. This was different from our past experiences of facilitating therapeutic groups and offered some challenges as participants were unaccustomed to the process of committing to attending all sessions, for example, and were more familiar with being able to drop in when available. This is probably less problematic when dropping in for an arts-based activity group but offers some challenges when a group like Journey through Words builds upon themes from week to week. Future facilitators of the group are encouraged, therefore, to have conversations with potential participants, if possible, about the benefits of committing to all six sessions and waiting until the group is offered again if this is not possible.

Content and Format of the Six Weeks

Each week's group session ran for one and one-half hours, beginning with a welcome, land acknowledgment, and brief check-in. The first session then started with participants introducing themselves to one another and us, as facilitators, offering an overview of the group focus for the next six weeks. In our first session, we also created a group charter to act as a mutually agreed-upon set of values the group wanted to live up to each week. Following that, in every subsequent session, we provided a description of the theme of the week, then an introduction to the writing prompt and writing tip for that week. The group members were then offered 20 minutes of silence in which to write, and we, as group facilitators, also engaged in the writing activity in order to also immerse ourselves in the experience. Group members were encouraged to ask questions during the writing period if they had any, but this never occurred as members seemed comfortable jumping into the writing activity and making any adjustments to the process as they preferred without asking for input about this. Following the 20 minutes of silent writing, group members were then invited back to a group discussion of their experience of engaging in the creative writing process. They were told they did not need to read aloud what they had written but were invited to do so if they chose, with the understanding that no one was to provide feedback on the writing quality since this was designed to be a therapeutic creative writing group rather than a skill-based or academic creative writing group. Members shared both their writing and where their writing had taken them in their thoughts and emotions, leading to rich discussions.

In the group manual, each of the six group sessions offers the following elements: the objective of the week; a narrative therapy tip for facilitators; the agenda for the week, including the writing prompt to be used for that week's theme, along with a suggested writing tip; and group discussion prompts for the discussion following the silent writing. The writing tips are offered in the spirit of providing a range of different ways to engage with creative writing and were all offered only as suggestions, encouraging people to write in any format they prefer.

The group facilitators' guidebook provides a full description of each of the six weeks' themes and writing prompts, while we will only describe week one here. Week one's theme is titled "What is sustaining you?" This theme is described as being offered while at the same time recognizing that everyone in the group has been affected by cancer in one way or another. It is explained that people can discuss their experiences with cancer, but this is not the main focus of the group. The main focus is on what sustains them during their cancer experiences. This is very much influenced by narrative therapy's understanding that people are more than any of their problems or diagnoses. Feedback received from group members was that it was useful to have this explained explicitly. In an earlier version of the group, facilitators focused on the theme of resilience and what was sustaining people without acknowledging the shared experiences of cancer, which resulted in some members reporting having felt confused about whether they were allowed to discuss their cancer or not. In being transparent about this shared experience of cancer and also pointing out they are all more than their cancer diagnosis, members commented that it was the fact that the group had been described as having a focus on resilience that made them interested in joining in the first place.

Week one's writing prompt is, "Imagine yourself as a plant that you connect with, real or imagined (e.g., flower, fruit, vegetable, tree). Imagine you are transplanted to a new area and hope to grow. What are the components that you would need to survive and thrive in this unknown environment? What would be present in a gardener's toolkit or environment that helps you in this transition, brings you comfort, protects you, and prepares you for the future? How does your image of this plant and the process of transition parallel your sense of self and what sustains you in your journey?"

Week one's creative writing tool is "prose", which is described as involving regular grammar and punctuation rules, sentences and paragraphs, and often does not contain

any rhyming scheme. Prose is also described as either simple and straightforward or more colorful and elaborate, and members could choose to write in the first or third person.

The group discussion prompts for week one are influenced by narrative therapy's inclusion of values and hopes, asking facilitators to be curious and ask participants about the personal values implied within their descriptions of what was sustaining the plant as it was transplanted. Possible questions include, "The fact that you/your plant seem so committed to trying your best to flourish after being transplanted, what does that imply you value and prefer in life? Does your story of how your plant managed suggest how you might also be attempting to manage and respond to the cancer? How do these qualities, strengths/values help you in standing up and resisting what cancer might otherwise be trying to convince you about yourself?"

While week two's theme is in relation to the "journey thus far", which tends to focus more on the immediate response to the cancer diagnosis and can, therefore, elicit more of the painful emotions about cancer and more of the difficult memories, facilitators are encouraged at the same time to link anything shared back to what was highlighted in the first week about what had been sustaining group members. Week three focuses on hopes, dreams and preferences, week four on reciprocal relationships, week five on extending connectedness and week six on celebrating connectedness and resilience. Each theme offers a different writing prompt and writing tip.

Although my (Laura's) hope had been that the Journey through Words group would offer people with an experience with cancer the opportunity to focus on preferred storylines rather than only the cancer storyline, the actual experience of co-facilitating the group was far richer than expected. While group members did focus on what had been sustaining them through their experiences of cancer and the importance of relationships and meaningful connections with people through this process, they also shared beautiful and more explicit descriptions of connecting to their spirituality through nature for some and through religious communities for others. We will, therefore, turn to our reflections of having been witnesses to the group members' experiences with the Journey through Words group.

7. Reflections on the Process from the Group Facilitators

Amandi

My involvement with the Journey through Words group was as a medical student with some background in writing and interest in narrative medicine, but new to the concept of narrative therapy. Being a part of the group as a co-facilitator was an amazing experience that allowed me to learn about narrative therapy, the facilitating process, the experiences of cancer patients, and how these spheres can overlap.

I was invited to create the weekly writing prompts for the group sessions, which I did by drawing inspiration from each of the topics used in the previous year's group and brainstorming different ways to represent these topics, whether through metaphor or different visuals. This ranged from being inspired by a plant reaching for sunlight in my room to imagining what method of creative writing might best help capture thoughts and feelings in relationships. I did not know what to expect regarding the participants' responses to these prompts, but it warmed my heart to see them translate vulnerability onto the page and into group discussions, and this showed their strength and courage just in these actions alone. While the prompts encouraged consideration of specific themes, such as imagining yourself as transplanted and connecting to themes of strength and support, participants were able to dive deeply into themselves and even resonate with each other's words. To me, that ability to connect and engage with themselves and others seemed spiritual in nature.

It was interesting to see how the different responses and even the way in which the responses were written often highlighted meaningful experiences and relationships in participants' lives. Then, the interaction within the group provided another space for spirituality. One participant noted that it was "powerful" listening to others' comments

during the discussion without judgment and being heard without judgment, which allowed them to build their empathy. Overall, the discussions revealed many themes, such as resilience, connection to community, relationship with others, and purpose. I saw some participants struggle to respond when probed about what their writing said about what they value, but perhaps this reveals that many of us do not reflect on our values in our day-to-day lives. Ultimately, it seemed like participants truly made some realizations from this process. The discussion of reciprocal relationships, for example, seemed to allow participants to consider not only how others add meaning to their lives but how the participants make meaningful contributions to others' lives as well. It appeared to deepen their understanding of their relationships and even encouraged one participant to act on this understanding by rekindling a friendship. It was a pleasant surprise to hear that some participants shared their group experiences with others in their lives and used them to strengthen relationships.

My medical school training has encouraged me to acknowledge patients' stories alongside their diseases. However, this narrative therapy experience taught me that, in the healing process, the alternative storylines deserve exploration. While time constraints and lack of training are often reported concerns for integrating new concepts, I can see the potential for the use of narrative therapy principles in clinical environments through the incorporation of key questions. These questions may include, "What have been your strengths during this illness journey," or "who in your life do you feel you can lean on for support?" Moreover, the use of narrative therapy to encourage reflection on spirituality and resilience can help address the aim of medicine to consider the "whole person" and not just the disease.

Leah

As a Master of Social Work student, I was thrilled to have the opportunity to participate as a facilitator and researcher with this unique therapeutic group. Previously, I had spent several years in the Canadian Patient-Oriented Research space, where those with lived experience of a particular health issue are being increasingly asked to "share their story" to influence research priorities, with the ultimate goal of creating better health outcomes for Canadians. While there have been benefits to this new collaboration in health research, I became worried that an increase in requests to share one's story, which I often witnessed as detailed descriptions of the challenging healthcare journeys, could potentially lead to more harm than good. As Laura mentioned above, a constant retelling of stressful health experiences poses a risk of retraumatizing the patient and reinforces a narrative of vulnerability rather than one of resilience and hope. It was not until engaging in narrative therapy training and my experience with the Journey through Words group that I truly came to appreciate narrative therapy's focus on helping people create a new and preferred storyline. Further, the addition of the creative writing prompts within the program led to some beautiful reflections and served as a guide for participants to explore the ways in which they kept on keeping on, despite living with a cancer diagnosis. Throughout the course of the two groups I co-facilitated, spirituality was often found in stories of hope. Some explicitly named their faith, while for others, it was implicit in their descriptions of finding comfort in nature and community.

In reviewing my field notes, I have seen that in much of the sharing over the weeks, I noted participants' somatic descriptions in their writing and subsequent discussions. For example, in week two, the writing prompt asked participants to imagine they had received some difficult news and "as you are leaving to go home on your way out, you walk through a long hallway with artwork hung up on the walls to your left and right". We asked them to think about what might be depicted in the artwork along the hallway. I noticed that a few women did not speak about the art at all but rather wrote about embodied experiences such as the "wind in the open hallway", "wetness of the rain", or the "warmth of the sun on my face". In week three, when the focus was on values, hopes and dreams, I noted the prominence again of nature and how the word "heartbeat" stood out, reflecting that this

was a reminder to me about our embodied experience and interconnectedness with the natural world.

What became clear over the course of my experience co-facilitating the Journey through Words group, first with Amandi and then Laura, was the effectiveness of creative writing as a tool to explore important narrative therapy themes. The weekly writing prompts allowed group members to tap into and explore their own spirituality in a way that may not have been so easily accessible if it were a more traditional discussion-based group. I discovered this myself, as I, too, participated in the weekly writing to enhance my ability to facilitate the group discussions. In the third week of the group, the writing prompt asks members to imagine they are in a dark room where they can hear a sound in the distance; “How does this source assist you and guide you to the door? What is on the other side of the door that this sound is guiding you towards?” While the participants wrote, I also took time to engage with this prompt and wrote of an underground cavern where I was met by my ancestors and found strength in my lineage. This faith drew me out of the darkness, and it was a wonderful reminder for me that I am a part of a long line of resilient women. It is this sort of personal revelation that was shared among members each week, and in this sharing, a further sense of hope was garnered from hearing one another’s stories of resilience, hope and connection to what I would name “Source” through the natural world.

Laura

As described above, I was brought into this project at its beginning due to my extensive experience with narrative therapy, but I was new to facilitating a group with the use of creative writing techniques, and I also had not previously had professional experience working with people affected by a cancer diagnosis. I knew that narrative therapy’s commitment to considering people as more than their problems/diagnoses, being interested in what was sustaining people and being curious about their values would not lead me astray. Nonetheless, I was humbled by the wisdom of the women who were involved in the Journey through Words group that I co-facilitated with Leah. Although the group was open to any gender of person affected by any form of cancer, the particular group I co-facilitated was only made up of cis-women. Although 13 women initially expressed interest in joining the group, only 6 women attended regularly, attending at least 5 of the 6 sessions.

Reflecting in my fieldnotes journal after the first session, I note that I commented that the writing was lovely, saying, “It seemed quite amazing to me the profound sharing through the metaphor of the plant being transplanted today—how they shared what has sustained them—relationships, nourishment, spirituality (in nature or in church), hope, water, clean air,—supports, stakes, walking sticks.”

Following week two, when the group members wrote about walking down a long hallway after receiving challenging news, which involved the greatest sharing about the sadness and stress of the cancer diagnosis of all the group session themes, I commented in my journal, “I really am in awe of these women! They all seemed comfortable talking about their cancer and also able to acknowledge the gifts that had come after it. I reiterated their sense of self/identity changes through difficult things like cancer.” I also made a note of one woman’s description of herself in her writing as if she felt like she had been “torn into scraps of paper after her medical treatment, which was a powerful image, while she also went on to comment on how this almost seemed to unsettle her in a way that then made her see more clearly and allowed her to see the beauty of the frost on the windows after she was home.” All of the women agreed they “appreciated life more now and had learned to look after themselves, by saying no, eating better, stopping smoking and resting when they need to. They said they don’t take things for granted anymore.” We made sure to ask the women how they were feeling at the end of the group session since it was the toughest of all the topics, and I note in my journal that “they all said they couldn’t believe how quickly they shared with one another. One said she believed that was the power of women.”

Following week three, with a focus on values, hopes, and dreams, which involved a writing prompt about being in a dark room/place and being drawn to a sound from outside, I wrote in my journal, “I could hear and acknowledge people’s pain, worry, depression

and anxiety but also I could hear them remarking upon their hopes and what keeps them going." For one woman, this seemed to be a connection to ancestors and her own children; for another, it was a connection to the forest and all the living beings. I also reflected that, at times, it seemed that the sharing of their writing was so powerful that it seemed to speak for itself, and I had to force myself to comment, reinforce and support their insights. Narrative therapy's approach argues about the power of language and the power of reinforcing the language that contains the preferred storyline and those elements of hope. This led us to ensure there are sufficient discussion prompts contained in the group facilitators' guidebook to assist facilitators in prompting helpful discussions and reflections during the period in which the writing is being shared.

Following week four, I reflected that the topic of reciprocal relationships went well despite the low energy from everyone this week. Some reflected on friends being like "everyday angels" while someone else commented on relying on "me, myself, and I"—saying that friends were there for her but she "needed to take care of herself too". They also said that connections were "awakening in the soul/mind/body, so they didn't hate cancer. Capable now of seeing things—gifts."

Week five focused on extending connections and invited members to write from another person's point of view about the ways in which they had contributed to their community. I commented in my journal that the conversation flowed naturally as they managed to see themselves through others' eyes. One said, "I'm adorable, and in a spiritual sense, God is like a gardener." Others spoke of resilience, hopes, gratitude, and hospitality as all being important. At one point, in relation to the majority of the members talking about getting people together and caring for them, the conversation shifted to how much fun some of them have had with tea parties in the past. This resulted in the decision that we would all have tea together—using china cups and saucers—in the final group session, whether in person or online.

In the final group session, with our tea and treats, the focus of the group was on celebrating connections and resilience, and the writing prompt suggested imagining meeting one's younger self while on a walk and providing that younger self with some advice and wisdom in the form of a letter, or any type of writing they preferred. Comments in my journal indicate that advice given to younger selves included the following: "Be prepared for challenges, but be honest and hopeful, living each day to the fullest. Express love and experience the life you have been given. God has not quite finished with you yet. Take one day at a time with your whole heart and soul. It is okay not to have all the answers. You are stronger than you think, and nature will sustain you. You are a child of the universe. You are never alone. Hold on to who you believe you are. The biggest transformation will come from finding your true self and learning to be a friend. There is no finish line. You can do a marathon one footstep at a time. You are beautiful. Spirituality is sustaining, so take a deep breath, and peace will come from realizing you are like a stone tumbled in the river, peaceful and beautiful now."

8. Conclusions

We have described the story behind the development of a Journey through Words group, grounded upon the principles and practices of narrative therapy, narrative medicine, and creative writing, for people affected by a cancer diagnosis. Following a description of the structure and content of the group, we have shared, in varying degrees, our reflections on facilitating this group, noting how group members quickly spoke of their resilience, hope and values after engaging with metaphor in the creative writing process. Although we did not raise the topic of spirituality directly with group members or in an explicit manner in the group themes, writing prompts or tips, the focus on what was sustaining them and building resilience appeared naturally to spark a focus on spirituality when spirituality is generally understood as "the human quest for personal meaning and mutually fulfilling relationships among people, the non human environment, and, for some, God" (Canda 1988, p. 243). This was consistent with our experiences of narrative therapy as a practice

that opens up space for people to consider what they believe to be most meaningful and sustaining in their lives even as they struggle with hardships. It also was consistent with our understanding of people as embodied souls, with participants naturally describing both the spiritual and the physical as being interwoven in their experiences living with cancer.

Author Contributions: Conceptualization, L.B.; methodology, L.B.; analysis, L.B. and L.G.; investigation, L.B. and L.G.; data curation, L.B. and L.G.; writing—original draft preparation, L.B. with contributions from L.G. and A.P.; writing—review and editing, L.B. with contributions from L.G. and A.P.; funding acquisition, L.B. with Wellspring London and Region and support and contributions from L.G. All authors have read and agreed to the published version of the manuscript.

Funding: This research received funding from the Government of Canada’s Social Sciences and Humanities Research Council’s Partnership Engagement Grant program (file number 892-2021-3012).

Institutional Review Board Statement: This research was approved by King’s University College’s Research Ethics Committee 1 April 2022 (there is no protocol code used in this institution). The approval letter indicated this study met the ethical standards outlined in the Canadian TCRS2 – in the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (2018).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the research-related aspects of this project.

Data Availability Statement: Our institution is developing a research data management process.

Conflicts of Interest: We have no known conflicts to disclose.

References

- Bakhtin, Mikhail M., Michael Holquist, and Caryl Emerson. 1986. *Speech Genres and Other Late Essays*. Translated by Vern W. McGee. Austin: University of Texas Press.
- Béres, Laura. 2014. *The Narrative Practitioner*. Basingstoke: Palgrave Macmillan.
- Béres, Laura. 2023. *The Language of the Soul in Narrative Therapy: Spirituality in Clinical Theory and Practice*. Contributions by David Crawley. New York: Routledge.
- Boynton, Heather M., and Jo-Ann Vis, eds. 2022. *Trauma, Spirituality and Posttraumatic Growth in Clinical Social Work Practice: A Canadian Perspective*. Toronto: University of Toronto Press.
- Bray, Sharon A. 2006. *When Words Heal: Writing through Cancer*. Berkeley: Frog Books.
- Canda, Edward R. 1988. Spirituality, diversity, and social work practice. *Social Casework* 69: 238–47.
- Chan, Cecilia L. W., Timothy H. Y. Chan, and Siv Man Ng. 2006. The strengths-focused and meaning-oriented approach to resilience and transformation (SMART): A body-mind-spirit approach to trauma management. *Social Work in Health Care* 43: 9–36. [[CrossRef](#)] [[PubMed](#)]
- Charon, Rita. 2006. *Narrative Medicine: Honoring the Stories of Illness*. New York: Oxford University Press.
- Cherry, Katie E., Laura Sampson, Sandro Galea, Loren D. Marks, Katie E. Stanko, Pamela F. Nezat, and Kayla H. Baudoin. 2018. Spirituality, humor, and resilience after natural and technological disasters. *Journal of Nursing Scholarship* 50: 495–501. [[CrossRef](#)]
- Chirico, Francesco, and Gabriella Nucera. 2020. Letter to the Editor: An Italian exploration of spirituality from the coronavirus pandemic. *Journal of Religion and Health* 59: 2193–95. [[CrossRef](#)] [[PubMed](#)]
- Clandinin, D. Jean. 2007. *Handbook of Narrative Inquiry: Mapping a Methodology*. Thousand Oaks: Sage.
- Clandinin, D. Jean, and F. Michael Connelly. 2000. *Narrative Inquiry: Experience and Story in Qualitative Research*. San Francisco: Jossey-Bass Inc.
- Cook, Chris, Andrew Powell, and Andrew Sims, eds. 2009. *Spirituality and Psychiatry*. Glasgow: RCPsych Publications.
- Crisp, Beth. 2010. *Spirituality and Social Work*. Aldershot: Ashgate.
- Davis, Edward B., Cynthia N. Kimball, Jamie D. Aten, Benjamin Andrews, Daryl R. Van Tongeren, Joshua N. Hook, Don E. Davis, Pehr Granquist, and Crystal L. Park. 2019. Religious meaning making and attachment in a disaster context: A longitudinal qualitative study of flood survivors. *The Journal of Positive Psychology* 14: 659–71. [[CrossRef](#)]
- Frank, Arthur W. 1995. *The Wounded Storyteller: Body, Illness and Ethics*. Chicago: University of Chicago Press.
- Frank, Arthur W. 2004. *The renewal of Generosity: Illness, Medicine and How to Live*. Chicago: University of Chicago Press.
- Frank, Arthur W. 2010. *Letting Stories Breathe: A Socio-Narratology*. Chicago: University of Chicago Press.
- Frank, Arthur W. 2018. What is narrative therapy and how can it help health humanities? *Journal of Medical Humanities* 39: 533–63. [[CrossRef](#)] [[PubMed](#)]
- Getchell, Leah E., Marian Reich, Selina Allu, Cathy Woods, Teresa Atkinson, Mary Beaucage, Leanne Stalker, Dwight Sparkes, Catherine Turner, Audrey L’Esperance, and et al. 2023. Storytelling for impact: The creation of a storytelling program for patient partners in research. *Research Involvement and Engagement* 9: 57. [[CrossRef](#)] [[PubMed](#)]

- Grob, Rachel, Mark Schlesinger, Lacey Rose Barre, Naomi Bordach, Tara Lagu, Dale Shaller, Andrew M. Parker, Steven C. Martino, Melissa L. Finucane, Jennifer L. Cerully, and et al. 2019. What words convey: The potential for patient narratives to inform quality improvement. *The Millbank Quarterly: A Multidisciplinary Journal of Population Health and Health Policy* 97: 176–227. [[CrossRef](#)]
- Guilfoyle, Michael. 2014. *The Person in Narrative Therapy. A post-Structuralist, Foucauldian Account*. Basingstoke: Palgrave Macmillan.
- Hawthornthwaite, Lisa, Taylor Roebotham, Lauren Lee, Mim O'Dowda, and Lorelei Lingard. 2018. Three sides to every story: Preparing patient and family storytellers, facilitators, and audience. *The Permanente Journal* 22: 17–119. [[CrossRef](#)] [[PubMed](#)]
- Hayden, Gunilla, and Pamela van der Riet. 2017. Narrative inquiry: A relational research methodology suitable to explore narratives of health and illness. *Nordic Journal of Nursing Research* 37: 85–89. [[CrossRef](#)]
- Jirek, Sarah L. 2017. Narrative reconstruction in post-traumatic growth among trauma survivors: The importance of narrative in social work research and practice. *Qualitative Social Work* 16: 166–88. [[CrossRef](#)]
- Kohler Riessman, Catherine, and Jane Speedy. 2007. Narrative inquiry in the psychotherapy professions: A critical review. In *Handbook of Narrative Inquiry: Mapping a Methodology*. Edited by D. Jean Clandinin. Thousand Oaks: Sage Publications, pp. 426–56. [[CrossRef](#)]
- Levenson, Jill. 2017. Trauma-informed social work practice. *Social Work* 62: 105–13. [[CrossRef](#)] [[PubMed](#)]
- McAlpine, Lynn. 2016. Why might you use narrative methodology? A story about narrative. *Esti Haridusteaduste Ajakiri* 4: 32–57. [[CrossRef](#)]
- Merleau-Ponty, Maurice. 1978. *Phenomenology of Perception*. Translated by Colin Smith. London: Routledge & Kegan Paul, Original work published in 1962.
- Polkinghorne, Donald E. 1988. *Narrative Knowing and the Human Sciences*. New York: University of New York Press.
- Roebotham, Taylor, Lisa Hawthornthwaite, Lauren Lee, and Lorelei A. Lingard. 2018. Beyond catharsis: The nuanced emotion of patient storytellers in an educational role. *Medical Education* 5: 526–35. [[CrossRef](#)]
- Sandbäck Forsell, Johanna, Linda Nyholm, and Camilla Koskinen. 2021. A caring science study of creative writing and human becoming. *Scandinavian Journal on Caring Sciences* 35: 156–62. [[CrossRef](#)] [[PubMed](#)]
- Shaw, Jessica. 2017. Thinking with stories: A renewed call for narrative inquiry as a social work epistemology and methodology. *Canadian Social Work Review* 34: 207–27. [[CrossRef](#)]
- Stein, Edith. 2000. *Philosophy of Psychology and the Humanities*. Edited by Marianne Sawicki. Translated by Mary Catharine Baseheart, and Marianne Sawicki. Washington, DC: ICS Publications, Original work published in 1922.
- Tedeschi, Richard G., and Lawrence G. Calhoun. 1996. The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress* 9: 455–71. [[CrossRef](#)] [[PubMed](#)]
- Tedeschi, Richard G., Arnie Cann, Kanako Taku, Emre Senol-Durak, and Lawrence G. Calhoun. 2017. The posttraumatic growth inventory: A revision integrating existential and spiritual change. *Journal of Traumatic Stress* 30: 11–18. [[CrossRef](#)] [[PubMed](#)]
- Teresa of Avila. 2013. *Interior Castle*. Translated and Edited by E. Allison Peers. New York: Random House, Original work published in 1577.
- White, Michael. 2007. *Maps of Narrative Practice*. New York: W.W. Norton and Company.
- White, Michael, and David Epston. 1990. *Narrative Means to Therapeutic Ends*. New York: W.W. Norton and Company.

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