

An open notebook with cream-colored pages is centered on a light-colored wooden surface. The words "WRITING" and "THERAPY" are written in large, bold, blue capital letters across the two pages. To the right of the notebook, a silver and green ballpoint pen and a black pencil are lying vertically. A black bookmark is visible at the bottom of the notebook.

**WRITING
THERAPY**

Les Schwartz

Writing Therapy

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Writing Therapy

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DEFINITION AND TECHNIQUE

Writing Therapy may serve 1) to develop writing skills, 2) for manual rehabilitation, 3) to improve impaired writing, 4) as compensation for speech impairment, 5) to develop self-awareness of dysfluent speech and associated symptoms, and 6) as a vehicle of transcribing emotions. It is therefore employed for deficient writing and/or as an alternate means of communication.

1. The development of acceptable writing is an integral part of the rehabilitation of the dyslexic and/or learning disabled child (Bryant, 1967). Tasks related to tracing, copying, and guideline writing are generally included.
2. Impaired motor ability is a frequent result of a neurological disorder. Various items are commercially available for enabling the neurologically impaired patient to gain a firmer grasp on writing instruments.
3. Writing serves as a compensatory means of communicating for apraxic and/or dysarthric patients. Beukelman and Yorkston (1977) successfully employed initial letter pointing as a speech aid for dysarthric patients. One might anticipate that

initial letter writing would be similarly helpful for these patients.

4. The writing of emotionally laden messages is sometimes carried out, as a part of a psychotherapeutic program (Bastien and Jacobs, 1974). Anxiety-producing situations/persons are written about, and reviewed. The slower and more deliberate act of writing generally allows for a better organization of ideas.

5. Writing has also been incorporated into therapy for stutterers. The technique of talking and writing in stuttering therapy was discussed by Van Riper (1958). The author posited that the stutterer's experience with speaking and writing may accomplish several (somewhat controversial) goals. It may a) increase the basic margin of cerebral dominance, so that fewer "neuromuscular blockings" occur, b) help the maintenance of the speech mechanism in action, on a highly voluntary level, and c) encourage stutterers to make a sudden direct contact with words that were often feared. He noted that experiences with speaking and writing better enabled the stutterer to understand his basic reactions to his dysfluent behavior. Van Riper reported that writing a message before it was said seemed to produce a marked reduction in the frequency and severity of stuttering, and served to clarify verbalization of thought.

6. The language disorder referred to as aphasia is most often the result of left cerebral damage. The patient most often has difficulty both in the comprehension and expression of

spoken and written verbal language and, for right-handed patients, a paresis of the dominant hand generally results. Therefore, these right-handed patients often experience motor as well as linguistic writing problems. In general, Writing Therapy for this patient progresses from letter to word to sentence production. Several other factors must be considered. The clinician should also consider the extent of concomitant linguistic, motor, and cognitive components. Although all are not mutually exclusive, these may include frequency, syllable length, word and letter length, as well as sound structure, part of speech, degree of abstraction, etc., of the stimuli (Carroll, et al., 1971).

Haskins (1976) and a number of other researchers have discussed plans and procedures for aphasia writing rehabilitation. A sampling of tasks includes 1) tracing copying shapes, 2) tracing alphabet letters with, and without, auditory stimulation, 3) the use of guide arrows for forming the letters, 4) the fading out of guidelines, 5) writing letters in serial order, then progressing, to random order, 6) writing the names of pictured or actual objects, 7) writing words to dictation with and without an accompanying sentence frame, 8) writing the names of items in specified categories, 9) writing short sentences from dictation, and 10) the written formation of short sentences. Letters are written both in printed and in cursive style.

The results of Writing Therapy for the aphasia patient will depend on several factors. These include the patient's age, etiology, site and extent of

brain damage, level of linguistic functioning, motivation, concomitant psychological and/or physical problems, etc.

APPLICATIONS

In summary, Writing Therapy may be employed by various disciplines, for obviously different reasons. It is used both for developmental and for acquired disorders, of either physical and/or psychological origins, and generally as one component of a total therapy program.