



# “Writing by Prescription”: Creative Writing as Therapy and Personal Development

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## INTRODUCTION

In *The Author is Not Dead* (2008), Micheline Wandor extensively cites Gillie Bolton’s writing advice for starting authors, a six-minute freewriting exercise, as an example for what creative writing should not be:

For most creative writing teachers, the tone and content of the above is probably not at all problematic. However, this does not come from a CW textbook. It is taken from a patient’s leaflet in a GP surgery, used to help with ‘anxious’ or ‘depressed’ patients. In that context, it may be couched in the most productive way. But the fact that it is indistinguishable from CW advice, should give us all pause. This extract leads into the heart of CW methodology, which is suspended in an uncomfortable contradiction in the Romantic/therapy axis. (Wandor 2008, pp. 118–119)

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In the eyes of Wandor, and of poet and creative writing scholar Nancy Kuhl, good creative writing is about language and craft, rather than about self-expression. While this may be a legitimate therapeutic aim, it is detrimental for the field of creative writing. Creative writing for therapeutic reasons (hereafter “therapeutic writing” or TW) indiscriminately praises all creative efforts, leading to uncritical, unproductive, and overly self-referential writing. Contrary to Wandor and Kuhl, we consider TW handbooks as a subgenre of the contemporary CW handbooks selections which caters to a “niche” of illness and disability narrative writing, which is increasingly becoming part of the field of memoir writing (Couser 2012, p. 12). At the same time, we will argue that TW handbooks can potentially reach a surprisingly broad and diverse audience of patients, aspiring writers, counselors, creative writing teachers, and qualitative researchers experimenting with new methods of “writing as inquiry” (Richardson and St. Pierre 2005). In the twenty-first century, in the wake of the so-called memoir boom, therapeutic writing has left the therapy room and entered the commercial sphere, as a relatively large and stable market for illness and disability narratives has developed (Rak 2013). While Kuhl deplores that the “connection between creativity and psychotherapy is relativist and deeply marketplace oriented” (Kuhl 2005, p. 10), we seek to draw attention not only to the long history and diversity of TW, but also to the possibilities that it can entail.

In the present chapter, we will focus on three of the most important advice oeuvres in this field. Gillie Bolton has published widely on how every person, especially medical professionals and their patients, can benefit from expressive and exploratory writing. Kate Thompson explicitly focuses on journal writing as a therapeutic tool, and Celia Hunt is the founder of a postgraduate program in creative writing and personal development at the University of Sussex. All three authors have been published by Jessica Kingsley Publishers (JKP), a leading international publisher of professional, academic, and self-help books in the field of neurological and cognitive differences. Combining both textual and contextual analysis, we will investigate how the how-to books relate to the therapeutic and self-help ethos as well as to more literary forms of creative writing, and how they negotiate the ideas of becoming a writer, craft, therapy, and self-expression. We will argue that therapeutic writing advice serves as a formal and ideological framework which allows, guides, and also “coaxes” subjects to talk and think about the self, illness, and disability in a particular way (Van Goidsenhoven and Masschelein 2017, p. 4). While this can

be regarded as constraining, the institutional context of JKP also consistently encourages writers to become authors, and thus, against the explicit advice of its handbook authors, to make their personal writings public.

## THERAPEUTIC WRITING: A LONGSTANDING HISTORY AND A HETEROGENEOUS FIELD

The link between writing and health can be traced back to Antiquity, with Apollo as the god of both poetry and medicine, and with practices such as the Laments of Ancient Greece (Sijakovic 2011), and the supplication of the Ancient Egyptian through letter writing to the gods to heal diseases. (Williamson and Wright 2018). In his essay "Self Writing," Michel Foucault shows how writing (and reading) in Greco-Roman culture was associated with meditation and how it functioned as a technique of caring for the self and of sustaining "the art of living" (Foucault 1997, pp. 208–209).<sup>1</sup> Today, the popularity of creative writing as therapy and as a transformative healing purposes is associated with a society immersed in a culture of self-help, confession, and emotionalism, in which the therapeutic discourse has become a major code to express, shape, and guide self-hood (Illouz 2008, p. 6; Gilmore 2001; McGee 2005).

In the past four decades, there has been an explosion of interest in the history and practice of creative writing for therapeutic, transformative, and healing purposes, not only from counselors, clinicians, academics, and writers, but also from researchers, who have examined its psychological, social, and emotional benefits. Thus, TW has become an academic, therapeutic, and creative field in its own right, albeit a heterogeneous one. Even those involved, as Anni Raw et al. argue, conceptualize, perceive, and interpret the practice in many different ways (Raw et al. 2012, p. 97).<sup>2</sup> As a result, the terminology used to refer to therapeutic writing practices ranges from "creative (life) writing for therapeutic purposes," to "therapeutic creative writing," "personal expressive and explorative writing," "expressive writing," "programmed writing," "controlled writing," and so on. Likewise, the definitions may highlight different aspects: transformational and health outcomes, self-expression, or the dichotomy between creativity and craft. Therapeutic writing involves a variety of professions, sites, approaches, and goals. Workshops can be organized as one-to-one sessions, or as groups, led by a writing facilitator who can also be a professional author, a creative

writing teacher, as well as a clinician, a health practitioner such as a nurse, a social worker, or therapist. TW can be embedded within another therapeutic trajectory, or it can serve as a therapy on its own. It can take place anywhere according to the maxim that “you only need pen and paper,” and the structure and principles can be adapted to specific groups: prisoners, refugees, children, psychiatric patients, etc. The approaches of TW workshops range from using narrative and psychodynamic models of counseling, to more informal and intuitive styles of practice. Participants are referred to as patients, clients, or service users. Some methods focus on writing by people with mental illnesses (e.g., depression, anxiety, schizophrenia), or somatic illnesses (e.g., asthma, rheumatoid arthritis, immunity), prioritizing either social or aesthetic outcomes, or a combination of the two. Finally, different genres can be chosen for the writing itself, such as journal writing, autobiography, poetry, song lyrics, drama, and letter writing.

Considering this diversity, it is not surprising that academic research on therapeutic writing is found in various disciplines, especially in journals devoted to the intersection between arts and health, journals focused on different forms of therapy, and journals on life writing. Broadly speaking, there are two approaches of the phenomenon: On the one hand exists the quantitative approach of experimental psychologists, who have conducted randomized controlled trials of the effectiveness of TW as a therapeutic tool while on the other hand, within more qualitative-oriented research found in educational studies (and more recently in literary and cultural studies), scholars develop a more holistic view of self-development and creativity.<sup>3</sup>

### PROGRAMMED VERSUS NON-RESTRICTIVE WRITING

A pioneer of the first type of approach is social psychologist James Pennebaker, who, along with colleagues, experimented with what they call “expressive writing” in relation to psychical and emotional health. In order to measure the effects of expressive writing, the participants’ blood pressure readings, heart rates, and self-reports of mood and physical symptoms are gathered before and after each writing session. Many variations of the Pennebaker procedure have been developed since.<sup>4</sup> The majority of these research projects and therapeutic set-ups work with short writing tasks that are restrictive and highly standardized, hence the term “programmed writing” (L’Abate 2004; Smyth 1998). The many attempts

to systematically prove the effect of therapeutic writing and the preoccupation for quantitative outcomes are likely to go hand in hand with an effort to prove to the effectiveness of art to funding agencies or to more broadly promote its usefulness for society (Swinnen 2016, p. 1379; Williamson and Wright 2018). After years of developing and conducting randomized controlled trials, internationally and across different populations, there seems to be evidence that therapeutic writing produces beneficial effects for patients, although it is not (yet?) clear why this is the case (Hustvedt 2016, p. 101).

In contrast to the experimental paradigm and its "programmed writing," a more qualitative approach focuses on so-called non-restrictive writing. The psychological discourse, with its emphasis on empirical evidence and concrete terminology, here gives way to a more humanist and ambiguous vocabulary, using words as such as "soul" (Chavis 2011, p. 12), "inner picture" (Thompson 2011, p. 41), "intuition" (Bolton 1999, p. 35), and phrases like "a page full of tears" (*ibid.*, p. 174), "speaking from the heart" (Moss 2012, p. 247), and "the art of freefall" (Turner-Vesselago 2013, p. 37). The research and workshops mostly stem from the idea that the aim of creativity is expression of the self.<sup>5</sup> The rationale follows that writing opens up a "window to the soul" and to the "personal truths" of the sufferer (in this case the person in need of therapy), as Bolton claims: "Writing offers a powerful avenue towards finding out what one thinks, feels, knows, understands, remembers" (Bolton et al. 2006, p. 3).

Authors in this paradigm favor variable and eclectic writing experiments, indicated as a "multi-faceted" practice (Sampson 2004, p. 17) or a "multidimensional jigsaw" (Bolton 2011, p. 9). Workshops are explicitly client-centered and based upon a meaningful relation between client and facilitator, paying attention to imagination and creativity (Bolton, Hunt), to artistic merit in terms of the specific qualities of writing as an act and process (Sampson), and in some cases also to craft (Freely, Hustvedt). Underlying the different approaches, however, is the emphasis on the therapeutic effects of these workshops and on mental and physical well-being they afford. Whereas the experimental approach addresses an academic or specialist audience, the qualitative approaches draw broader audiences of both academics and practitioners, facilitators as well as writers. For this reason, TW advice authors commonly evolve from creating more specialist books (in terms of content) to more popular works such as handbooks. This evolution can be viewed in light of

two tendencies: the professionalization of TW, and the pervasiveness of therapeutic culture.

Since the 1980s, in the Anglo-American world TW has been institutionalized by two professional organizations: The National Association for Poetry Therapy (NAPT) in the USA, and The Association for Literary Arts in Personal Development (Lapidus) in the UK. These organizations offer training programs for candidates who boast a double background in psychology (or counseling) and in literature, developing standards, guidelines, and set research agendas. Lapidus is part of the Arts Council policy on literature provision in England, and the academic *Journal of Poetry Therapy*, edited by Nicholas Mazza, serves as the official mouthpiece of the NAPT. In the twenty-first century, TW as a discipline entered many academic programs in both Medical Humanities<sup>6</sup> and in Narrative Medicine.<sup>7</sup>

TW handbooks also fit in with what many studies have described as the “triumph” of therapeutic discourse, usually based on a psychoanalytic understanding of self and society, in the twentieth century.<sup>8</sup> Psychology is not just a body of knowledge produced by formal organizations and experts, and its vocabulary has widely entered into social and cultural life via multiple institutional arenas and mass media. In *Saving the Modern Soul*, Eva Illouz analyzes the intersections of therapy, self-help, and autobiographical discourse (Illouz 2008, pp. 7–8). She argues that the combination of popular psychology and the cultural industries has led to the mass-production of objects, like TW handbooks. This has led to the widespread distribution of therapeutic discourse, which has shaped a new qualitative language and interpretative framework to think the self and others (ibid., p. 155).<sup>9</sup> In Illouz’s view, therapeutic culture is a “structure of feeling,” an inchoate, pre-ideological mental structure that is expressed in cultural objects (ibid., p. 156). The problem, according to Illouz, is that the discourse of therapeutic self-help is fundamentally sustained by a “narrative of suffering” (ibid., p. 173). Moreover, it resorts to standardized vocabulary and narrative structures which render it “highly compatible with the cultural industry because narrative pegs can be easily changed [...] to renewable consumption of ‘narratives’ and ‘narrative fashions’” (ibid., p. 147).

In her study of self-help literature, Micki McGee (2005) examines how self-help, one of the most commercial forms of therapeutic discourse, is driven both by an optimistic faith in the perfectibility and capacity for continual improvement of the individual, and by a vicious circularity

inherent in the very labels it creates and perpetuates. Therapeutic self-help books are presented as necessary guides to attain the intended realizations of the self, or of the desired achievements possible. While providing a (limited) comfort and improvement for the individual reader, they in fact set in motion a never-ending cycle of "work on the self," in which suffering and victimhood come to define the self (McGee 2005, p. 142). In what follows, we seek to draw attention to another type of cycle which may arise from the pervasiveness of therapeutic discourse, i.e., a cycle of consumption and activation, that ultimately allows new voices in the public domain and their (limited) forms of agency. In order to do this, we will take a closer look at the work of niche publisher Jessica Kingsley, that published the majority of TW handbook oeuvres in our corpus.

### JESSICA KINGSLEY PUBLISHERS: TURNING READERS INTO WRITERS

Founded in 1987 with a bank loan of £5000, and with eight research books addressing an intended audience of social workers and practitioners, JKP has managed to achieve annual revenue growth for the past 30 years, and now publishes over 250 books a year. Because of their commercial success, they were able to open an office in Philadelphia (USA) in 2004, and have been collaborating with Footprint Books in Warriewood (Australia) as well. Jessica Kingsley herself retired in mid-2018, and sold the company to the multinational publishing house Hachette. Despite this change in management, the company policy remains focused on making specialized knowledge available for non-specialists, and the company still presents itself an independent niche publisher of "books that make a difference" (JKP homepage 2019). Although JKP is mainly known for its list on autism spectrum, the company now also plays a leading role in distributing books on neurological difference, healthcare, education, art therapies, social justice, counseling, palliative care, adoption, and parenting, with new areas including gender diversity and Chinese medicine. Across these topics, their catalog features accessible academic research alongside memoirs and handbooks, thus fostering an inclusive and non-hierarchical publishing policy.

Kingsley attributes the company's commercial success to the combination of a focused and programmatic publishing list, her marketing background, and adherence to a clear policy. At the same time, she does not merely want to conform to the market, but rather their press seeks out

new directions in order to counter psychiatric stigmas and negative associations with, for instance, neurological differences (Tivnan 2007). For the JKP team, it is key to keep in constant touch with several communities, and by maintaining a close relationship, JKP learns about, and integrates new debates and new voices. As Lisa Clark, editorial director at JKP, states: “Being close to communities and the subject helps with identifying emerging topics and to stay abreast of changing language used around the subject” (Headon 2019). This way of working contributes to the emancipatory baseline of JKP’s policy and is visible in their catalog which includes memoirs by people who are traditionally not associated with authorship, even though they report about their lives in narrative forms. In this way, experience transforms into expertise (Van Goidsenhoven and Masschelein 2017, p. 7).

However, this emancipatory stance has its limits. Although JKP is a niche publisher, it is not an experimental house. Its goal is not only to give voice to authors/communities, but also to create a public, and to sell. This means that JKP is not only looking for existing communities, but also actively creates a community. Today it is common for publishers to invest in reading communities and the construction of a brand profile, but JKP’s efforts to build a community with a highly specific target group are striking. Readers are addressed through intimate issues articulated in a sentimental mode that nonetheless exceeds the personal, and fosters recognition and understanding.<sup>10</sup> What is at stake here, is a form of community where readers are invited to share their experiences in such a way that the line between reading and writing becomes profoundly blurred. On the JKP blog, for instance, author Vanessa Rogers shared her writing tips for aspiring (life writing) authors. The post was accompanied by the straightforward message that “if you’re feeling inspired feel free to send in your proposal to post@jpk.com” (Rogers 2013).

Another manner of blurring reading and writing is through the large portfolio of advice books about creative life writing and therapeutic writing that actively shape the kind of publications that JKP seeks. Finding language to discuss (or even reflect upon) neurological difference or painful events in life is generally difficult, as is writing down your life story. To lower this threshold, JKP offers advice through books about writing, both creative and therapeutic. Twenty-two writing handbooks, published between 1998 and 2016, covering genres like poetry, journal, autobiography, and creative fiction, are included in the Arts Therapies catalog, alongside books on Play Therapy, Drama therapy and Story making,

Dance Therapy, Music Therapy, Art Therapy, Mental Health, and Trauma and Wellbeing, addressing professional as well as general audiences.<sup>11</sup> Some of the handbooks are part of a series edited by Gillie Bolton, "Writing for Therapy and Personal Development," which is framed as "appropriate for therapeutic, healthcare, or creative writing practitioners and facilitators, and for individual writers or courses" (Bolton 2011, back cover).

The Arts Therapies catalog is dominated by "quest narratives" and "triumph narratives" as the most popular plot structures in the context of illness and disability narratives.<sup>12</sup> The quest story is mostly interpreted as a story that addresses suffering directly, that urges readers to accept failure, illness, or disability, and to use them to their own advantage (Frank 1995, p. 115). Importantly, the JKP catalog neither focuses on the medical side of the healing process, in which a physician plays the most important role, nor on so-called supercrips, a term for people with an illness or disability who "nonetheless" excel at something like sports or science. Instead, the quest narratives are used to emphasize the positive aspects of being different, to focus on coping strategies in order to overcome obstacles in the interaction between an individual and society, and to highlight the promise of attainable progress and improvement. These formats and storylines are reinforced by paratextual elements, such as the titles that frequently feature phrases like "my way through," "transformation through," "healing power of creative expression," "writing routes," "writing works," and "creative solutions for life." The book covers, glossy and colorful with soft-covers depicting flowers, hearts, upward-leading staircases, writing angels, notebooks, and pens, are strikingly similar to other popular CW handbooks. Their two most recent handbooks, which are more geared toward fiction, both depict drawings of old-fashioned typewriters with colorful letters flying out, suggesting that writing is not just something to do in order to feel better, but also for fun.

The publisher's explicit foregrounding of formats like the quest and triumph narrative, both in content and in form, can be read as a negotiation with the marketplace, since these stories are more likely to become bestsellers than stories that connote stasis or chaos (Frank 1995, p. 83). The repetition of formats creates uniformity, which, along with offering a standardized vocabulary for complex and diverse topics, are strategies commonly used by cultural intermediaries like publishers. JKP's approach nonetheless stands out because it effectively opens up possibilities for

new types of voices, who in their writings, to some degree, resist standardization (Van Goidsenhoven and Masschelein 2017, pp. 15–16). The TW handbooks published by JKP mirror and highlight this ambivalence, and they diverge from other popular CW handbooks in that they are more focused on process than on product: The handbooks encourage subjects to write purely for themselves, not for publication, even though the context of JKP implicitly upholds this as a possibility.

### THREE THERAPEUTIC WRITING OEUUVRES: GILLIE BOLTON, KATE THOMPSON, AND CELIA HUNT

Gillie Bolton, a British consultant in therapeutic and reflective writing, works largely but not exclusively, in health care settings. She comes from a background of teaching creative writing, which she combines in her handbooks with pop-psychology and self-help, and has written eight books, five of which are advice books. All published with JKP (three monographs and two edited volumes), those advice books are currently the most popular handbooks in the field of TW, covering genres from journaling, poetry, prose, and autobiography. They are accessible, geared toward a wide audience, and aim to be both informative and practical.

Bolton's first advice book (1999) mainly focuses on the connection between theory and practice, but it already contains exercises and practical information. The two following advice books, *Writing Works* (2006) and *Writing Routes* (2011), are co-edited with Victoria Field and Kate Thompson. They are framed as essential roadmaps, containing a huge amount of examples, among which more than seventy clients/patients who share their writings and experiences. Her two latest advice books, *Write yourself* (2011) and *The Writer's Key* (2014), are designed as traditional literary advice guides, written in a hands-on and directive style wherein the reader/writer is always openly addressed and every chapter ends with *Write!*, "a menu of suggestions and strategies" to start writing (Bolton 2014, p. 15). The directive tone is also visible in the text design and typography. Bolton uses, for instance, many lists describing what one must do and capitals letters in order to stress rules or techniques.<sup>13</sup> In all her handbooks, she explicitly states that the book chapters can be read and used in any order, depending on the reader/writer's needs. All books contain appendices in which the exercises are arranged by genre (e.g., unsent letters, AlphaPoems, Diary), by client group (e.g., cancer patients, children, or the elderly), and by theme (e.g., childhood, illness, color).

At the same time, Bolton's exercises are also organized in a "developmental way" (Bolton 2014, p. 15), offering several foundational exercises which are important to begin with writing. One of Bolton's most popular foundational exercises is, for instance, a CW-based exercise called the "Six Minute Write" (Bolton 2011, p. 33), a sort of free (intuitive) writing to overcome beginner's blocks. While Bolton's main focus is on creating exercises for writing workshops with therapeutic goals, the handbooks also pay attention to writing as "a way of life" (Bolton et al. 2006, p. 230). Entire passages are devoted to the act of choosing the best place to write or even the ideal notebook or pen: "Writing materials are significant. Different equipment is likely to create different writings with very different impacts" (Bolton 2014, p. 41). Important for Bolton is that this way of life is attainable for everyone, since everyone can write: "If you trust yourself you cannot write the wrong thing" (Bolton 1999, p. 11). This is in line with the democratic idea of self-help, a discourse which pervades Bolton's advice books, for instance, through the use of certain metaphors such as "the key to unlock [...] the secrets" and to "open the door" to your "life solutions" (Bolton 2014, p. 17), or finding the key to help the writer to return "to the relationship with the self in a direct and immediate way" (Bolton et al. 2006, p. 27). Also typical for the self-help discourse is the circular quest of continual improvement and reflection. Working on the self is presented as an endless process which "goes round and round in circles – excitingly and dramatically" (Bolton 1999, p. 87). After all, "we keep on facing life changes" (Bolton 2011, p. 8), and "when life becomes difficult [...] the wisest person to turn to is often oneself" (Bolton 2014, p. 17). Accordingly, the writing facilitator is like a "midwife" or a "helper-on-the-way" (Bolton et al. 2006, p. 14), who "support(s) the writers in their own personal explorations and expressions" (Bolton 1999, p. 128).

Together with Bolton and Field, Kate Thompson is the co-editor of *Writing Routes* and *Writing Works*. Unlike Bolton, she does not come from a creative writing background, but is a psychotherapist and certified journal therapist, whose main work is clinical private practice (both online and face-to-face counseling) and supervision of other therapists. *Therapeutic Journal Writing: An Introduction for Professionals* (2011) is her single-authored handbook in which she develops journal writing as a therapeutic tool. Contrary to Bolton's advice, the book only focuses on journal writing as a genre, based on a protocol trademarked by Thompson.

The first chapters of *Therapeutic Journal Writing* offer the theoretical background, history, and key concepts of therapeutic journal writing.<sup>14</sup> Once the basics are covered, the focus shifts toward the techniques and protocol, each technique being elaborated in great detail in a separate chapter, illustrated with cases and ending with a “journal prompt” to get the reader started. The techniques are presented in a progressive way from structured to freer techniques, a principle Thompson borrows from Kathleen Adams’s *The Way of the Journal* (1998).<sup>15</sup> The reason for this progressive structure is to offer enough encouragement for less-experienced practitioners and more vulnerable clients.<sup>16</sup> Once the entire protocol has been followed, a personal structured repertoire consisting of several techniques can be assembled and used according to the writers’ own judgments as to what methods are appropriate for different times and for different reasons.

While Thompson consistently uses the word “technique,” and emphasizes the importance of formats and structured exercises, journaling, for her, is also an undeniable creative and personal act (Thompson 2011, p. 15). This allows her to connect the protocol of expressive writing and the open strategy of handbooks, which further advocate writing as lifestyle, symbolized by the appropriate writing implements (ibid., pp. 41, 43). She encourages her readers to personalize the exercises, and reassures them that “you cannot write the wrong thing” (ibid., p. 53). In typical self-help style, the personal dimension of writing is related to her own experiences: “At each stage of my professional journey I have used therapeutic journal writing [...] with myself to monitor my own process both in my professional practice and in my life” (ibid., p. 14). In an article on JKP’s blog that offers some advice on writing for yourself and with a group, Thompson also elaborates on her personal experiences:

My own journey from childhood diary writing in the 1960s to journal therapist in the 21<sup>st</sup> century has indeed been an almost lifelong process. This journey continues today, propelling me into the modern work of blogs and internet therapy. (Thompson 2012)

The integration of personal experience enlivens the protocol, but it also clearly frames journal writing as a technology for monitoring the self in terms of continual improvement (change, healing, growth) and a never-ending cycle of work on the self (from childhood until the present), which can even have benefits for someone’s professional career.

JKP's third handbook author to be discussed, Celia Hunt, is Emeritus Reader in Continuing Education (Creative Writing) at the Centre for Community Engagement at University of Sussex Here, where she has set up the Certificate in Creative Writing as well as an MA program in Creative Writing and Personal Development with an associated research program in 1996. Hunt was also a founding member and first Chair of Lapidus. At the end of the twentieth century, Hunt published two TW advice books with JKP: *The Self on the Page: Theory and Practice of Creative Writing in Personal Development* (1998, with Fiona Sampson) and *Therapeutic Dimensions of Autobiography in Creative Writing* (2000). The former is an edited volume with a triple focus of providing an overview of different TW practices, on the application between theory and practice, and on possible exploration frameworks. The second book is based on Hunt's doctoral dissertation, and gives an account of her trajectory from a more creative writing context to a therapeutic one. This book starts with a description of her work with students enrolled in an academic Creative Writing and Personal Development course, which means that their writings were graded, and that the therapeutic benefit of writing was present "by chance rather than by design" (Hunt 2000, p. 186), but it led her to connecting creative writing work with writing as a tool in self-therapy or psychotherapy.

Hunt is convinced that literary techniques can stimulate self-knowledge and therapeutic effects: "Fictionalizing from ourselves and finding a satisfactory form for our fictions helps us to engage more deeply with our inner life, opening up possibilities for greater insight and self-understanding" (Hunt and Sampson 1998, p. 33). The link between creative writing and self-understanding is of course not new. Hunt consistently refers to seminal CW handbooks, like Peter Elbow's *Writing Without Teachers* (1973) and Dorothea Brande's *Becoming a Writer* (1981), which claim that writing appeals to one's deepest self. If you want to become a writer, so Brande states, it is best to be a balanced person, and the inverse is true as well: when a writer encounters problems with writing, there will be primarily personal problems, rather than a deficit in equipment and technique (Brande 1981, p. 33). While Brande and Elbow state that writers need to work on themselves in order to become writers, Hunt turns this around and argues that it is important to (learn to) write in order to achieve a healthy and balanced self.

Stylistically, Hunt's advice books are dense, providing detailed descriptions of writing exercises,<sup>17</sup> alongside psychoanalytic explanations.

Contrary to Bolton and Thompson, Hunt offers a theoretical model of therapeutic writing, based on a “Horneyan literary psychoanalytic approach,” which suggests that writing “throw(s) light on the present structure of the psyche through increasing intellectual understanding and emotional experiencing of the defenses in operation” (Hunt 2000, p. 160).<sup>18</sup> This psychoanalytic background is linked to Hunt’s post-structuralist literary and narratological frameworks, signaled by narratological concepts like “implied author,” “showing,” and “telling,” and references to scholars like Roland Barthes, Norman Friedman, and Shlomith Rimmon-Kenan. This makes her books less accessible, but then again, accessibility is not her primary intention. In Hunt’s view, TW as practice is not suitable for everyone:

Writing of this kind would clearly not be appropriate for use with all patients or clients, as they would need to feel relatively at ease with the written word and preferably to have some familiarity with writing techniques. I would suggest that this approach might be particularly useful for writers who present with writer’s block, or for people who are accustomed to keeping a diary, or are more generally interested in the literary arts. (ibid., p. 181)

Unlike her fellow authors, Hunt’s focus is on enriching TW with insights from creative writing, literary theory, and psychoanalysis.

## CONCLUSION

Our brief characterization of three important TW advice authors and their oeuvres provides insight into the diversity and eclecticism of TW as a field, even in a commercial context such as JKP. Authors connect different traditions and framework, ranging from psychoanalysis, psychology, literary theory, and self-help, to underpin their theory and methods. Despite their diversity, however, they share a strong focus on writing as a process, rather than as product. For Hunt, writing-as-art and writing-as-therapy are not mutually exclusive (Hunt 2000, p. 185), but they are qualitatively different. Writing a story for therapeutic purposes is first and foremost done to gain more insight in one’s own feelings. It is only by reworking these first drafts, that communication with the writer within can be achieved. Writing to create a literary product is, therefore, a long and laborious work, which is not for everyone. Likewise,

Bolton agrees that a text is a construction that must be worked upon in order to achieve a product capable of communicating effectively with the reader/listener (Bolton 2011, p. 48). The process is what counts, Bolton states, because patients will not benefit from the idea that they are creating a form of art as soon as they pick up a pen. On the contrary, therapeutic writing is primarily a private practice (Bolton 1999, p. 225; Thompson 2011, p. 52).

Still, sharing therapeutic writing with a known, trusted, and intimate audience might have some benefits. A group anthology of shareable, redrafted writings, which can be given to family or friends, can provide a wonderful affirmation. Likewise, an informal reading to the rest of the patients and staff in a hospice day-unit, for instance, can be a heart-warming occasion as well. But Hunt, as well as Thompson and Bolton, are adamant that this is not the same as publishing these writings: "A sense that these booklets should reach a wider public, or that writings could be published nationally, is NOT useful for this kind of writing" (Bolton 1999, p. 136). This brings us to the heart of the paradox that we outlined earlier: the fact that TW advice occupies such a prominent part of JKP's catalog and community-building strategy nonetheless reinforces the idea that therapeutic writings are a legitimate genre after all. After all, in JKP's vision, patients/readers can become authors and/or therapists, and can even achieve star status within this field, as the example of "autie-biographical" author Donna Williams, illustrated (see Van Goidsenhoven and Masschelein 2017).

Moreover, as Wandor pointed out in the quote at the beginning of this chapter, the popularity of TW has led to a curious reversal in which TW advice has become increasingly indistinguishable from CW. This is not only due to the low quality of CW handbooks, as Wandor suggests, but also to the rising prominence of autobiographical and non-fictional creative forms as legitimate points of entry into the literary field, wherein we see literary advice manuals closely following these new trends.<sup>19</sup> Unlike Wandor and Kuhl, we do not propose that this phenomenon is in itself is deplorable. If we do see a tendency toward uniformity and standardization in narrative patterns at the commercial end of the offer of illness narratives, we also observe that the genre itself is developing and diversifying, bringing new voices to the fore, which greatly diverge from the previous self-help discourse, in the direction of activism, crip theory, or more experimental forms of creative non-fiction, rooted not only in

autobiographical forms of writing, but also in artistic and qualitative research practices.<sup>20</sup>

For this reason, it is valuable to draw attention to other feedback loops, apart from those of the self-help discourse that has become intertwined with therapeutic discourse: Relations between reading and writing, between writing and research, between different domains of writing as a strategy of inquiry, survival and emancipation, and the market. Therefore, as Illouz puts it, when looking at TW handbooks, it is important to momentarily suspend judgment, in order “to understand how they have come to be what they are and why, in being what they are, they accomplish things for people” (Illouz 2008, p. 4).

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## NOTES

1. “Self Writing” is part of a series of studies of “the arts of oneself,” or “the aesthetics of existence and the government of oneself and of others in Greco-Roman culture” (Foucault 1997, p. 207). Foucault examines how *hypomnemata* (a kind of individual notebook serving memory aids) and correspondence (letter writing) helped subjects to deal with emotions (e.g., anger, envy, gossip, flatter) or to overcome difficult circumstance (e.g., grief, exile, ruin, disgrace) (ibid., pp. 209–210). In Foucault’s account, writing and drafting raw material helps the writer to shape her life.
2. Several scholars have voiced the need for a general conceptual framework to ground therapeutic writing (Nicolls 2009; Hunt and Sampson 1998; Sampson 2004). There are a few valuable attempts to give an overview of the research literature across disciplines (Wright and Chung 2001; Williamson and Wright 2018), and to unravel the plethora of different terms and interpretative frameworks (Clift et al. 2009; Cox et al. 2010; Raw et al. 2012).
3. In their overview of the field, Wright and Chung (2001) speak of a continuum between a “mastery” and a “mystery” approach. Swinnen (2016) also makes a distinction between two types of publications, where one type is more interested in psychology, methodology, and measuring impact, while the other type is more interested in experiences and creativity.

4. Smyth et al. (1999) directed a similar study, but with a focus on journal writing and physiological symptomatology. Ryle (2004) and Prasko et al. (2009) conducted studies about journal and letter writing in the context of Cognitive Analytic Therapy and Cognitive Behavioral Therapy.
5. Depending on the framework in which the concept is used, "creativity" can denote a product, process, or a skill. Often, authors differentiate between Creativity with a capital C, the exceptional achievements of artists, scientists, and "small c creativity," i.e., psychological skills rooted in everyday activities. In the field of therapeutic writing, creativity is interpreted as part of psychological growth, and the effects of engaging in creative practices are understood as beneficial for one's quality of life and well-being (Swinnen 2019, pp. 1–2).
6. Medical Humanities focuses on what the arts and humanities can offer to health care and medicine, not only in terms of improving medical education, but also by offering insight into human experiences of illness, disability, and medical interventions (Bleakley 2015, pp. 12–59, Evans 2002; Brody 2011). Through a range of creative, arts-based interventions, they aim to affirm personhood and redress the biomedical focus on deficit and loss.
7. Narrative Medicine, a term introduced by M. D. Rita Charon, is defined as "a clinical intervention based on a specific communicative competence a fundamental tool to acquire, comprehend and integrate the different points of view of all the participants having a role in the illness experience" (Fioretti et al. 2016, p. 8). Narrative Medicine is mainly involved in re-orienting medical education. In order to improve the narrative skills of physicians, Narrative Medicine draws on methods such as close reading of literature and reflective writing, based on the assumption that literary competence can improve empathy (Charon 2001, p. 1897).
8. See Moskowitz (2001), Furedi (2003), Madsen (2014) and Wright (2011). Wright (2011) and Eva Illouz (2008) try to avoid the overemphasis of the pernicious effects of therapeutic culture, in order to provide a more nuanced explanation of the triumph of therapeutic culture.
9. The therapeutic discourse and its objects (like TW handbooks) are imbued with the Western notion of "healing." For a more nuanced, critical and vexed claim of "healing" in the context of illness and disability, we like to refer to Eli Clare's *Brilliant Imperfection: Grappling with Cure* (2017), a "writing mosaic" (xv) in which he uses his own experiences, multi-branched pattern of histories and ideas and critical analysis to explore the many meanings of "cure," "healing" and "fixed bodyminds."
10. This community-building based on intimate issues and sentimental rhetoric adds up to what Lauren Berlant in *The Female Complaint* has called "intimate publics" of readers/consumers, i.e., a sense of community "constituted by strangers who consume common texts and things"

- (Berlant 2008, p. viii), in which they participate in diverse forms of suffering and fantasies of transcendence.
11. This is the online classification on the JKP website. The printed catalog of 2019 is slightly different in terms of categorization.
  12. In fact, the entire JKP catalog is dominated by quest narratives, but in some sub-catalogs, like that of autism, the quest is supplemented by the triumph narrative. A triumph plot implies a happy ending and achieving an idea of “normality” (Couser 2001, pp. 79–80).
  13. Lists are made out of directive assignments as: “Choose a peaceful time with at least 20 minutes UNINTERPUTED, and ALONE” (Bolton 2014, p. 33).
  14. Thompson even refers to James Pennebaker’s work, an exponent of the experimental paradigm (Thompson 2011, pp. 26–27).
  15. Examples of structured (and thus safe and controlled) techniques are, for instance, prompts for overcoming the first blank page (e.g., answering question, completing sentences, making a dialogue with the notebook), making lists, drawing a mind map, making acrostics and alpha poems. Examples of freer techniques are journal dialogues (i.e., imagined dialogues with the journal itself, or with other people, an illness, or an object), unsent letters (writing a letter to someone or something), and changing perspective (rewriting the narrative from another viewpoint or character).
  16. The latter group receives markedly more attention than in other advice books. Thompson mentions for instance “working with (people with) low levels of literacy,” or “working with people who are unable to write” (Thompson 2011, pp. 192–193).
  17. For instance: *Overcoming the Block by Freewriting* (Hunt 2000, p. 20), *The Words to Say it: Dramatizing Real Events using Dialogue* (ibid., p. 29), and *Melody of Two Voices: Creating a Fictional First-Person Narrative* (ibid., p. 31).
  18. The importance of Karen Horney’s psychoanalytic theory is motivated by an emphasis on the present, seeking to explain psychic phenomena in terms of their function within the present character structure, whereas classical Freudian theory is diachronic, explaining the present in terms of the past (Hunt 2000, pp. 64, 159). Hunt’s later work (which is not published with JKP) focuses more on a bodily felt-sense approach, based on neurophysiological, psychodynamic, and cognitive models of the self (Hunt 2006, 2010).
  19. In McGurl’s chronology of the influence of creative writing on postwar American phase, the phase subsumed under the maxim “Find your own voice!” occurs more or less in the 1970s and 1980s and is concomitant to the rise of identity politics (McGurl 2009, Chapter 4).

20. Seminal essays on writing as inquiry are “Writing: A Methods of Inquiry” (2005) by Laurel Richardson and Elizabeth St Pierre and “Working at the Wonder: Collaborative Writing as Method of Inquiry” (2017), by Ken Gale and Jonathan Wyatt. In his most recent book, *Therapy, Stand-Up, and the Gesture of Writing* (2018), Wyatt is exploring the possible connections between therapy, stand-up comedy and writing as a method of inquiry. He theorizes these connections with the concept of “creative-relational inquiry.” Other researchers working on this topic are Norman Denzin, Caroline Ellis, Bronwyn Davies, and Jasmin Ulmer.

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