Bosom Buddies: A Practical Model of Expressive Disclosure

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Abstract—Background. A writing and theatre workshop, conducted in northern New Hampshire with 8 posttreatment breast cancer survivors, utilized expressive disclosure in a nonscientific environment. Method. Through writing, the participants have explored both negative and positive feelings about cancer and its impact on their lives. Through theatre games and rehearsals, the participants have had the opportunity to learn new expressive skills. In performance, they have helped others by telling their own stories. Results. Participants reported a feeling of transformation and a renewed sense of well-being as a result of the workshop, as well as an ongoing desire to positively affect others with their work. Conclusions. The facilitators and participants agreed that the results of this work have been transformative for all involved. The facilitators are encouraged by the idea of further practical exploration of these methods. This article is a blueprint for this type of work and an exploration of the scientific background that supports this method as a valid tool to aid in emotional recovery. J Cancer Educ. 2005;20:251-255.

My nerves aren't sharpened the way they were before cancer ... I don't think in terms of fighting cancer. Cancer is me. I am cancer. Why would I fight myself?

Bosom Buddies: An Exploration of Breast Cancer in the Words of Survivors

The stress caused by a cancer diagnosis is well documented. Although the greatest levels of measured distress may be encountered shortly after diagnosis,1 completion of treatment therapies presents a transition point at which patients may feel that because they are no longer in treatment, they are no longer actively fighting their disease.² One of the many challenges cancer patients face is emotional recovery after their treatment has ended. Both psychological and medical literature have shown a correlation between disclosing traumatic personal experiences in writing, known as expressive disclosure, and lower incidence of stress-related disease, medical visits for illness-related morbidities, and increased immune function.³⁻⁷ Controlled experiments have demonstrated the benefits of cognitive processing through writing about stressful and/or crisis situations in cancer patients, arthritis patients, and maximum security inmates, among others.^{8,9} Positive effects have also been gained through combining writing with other expressive art forms (A. M. Krantz, PhD ADTR, J. W. Pennebaker, PhD, unpublished data, 1994).

What further benefits can be derived from taking the process of written disclosure a step further and sharing it—first

CONCEPT

As a theatre director, I initiated a writing and theatre workshop for breast cancer survivors to explore the process of creating autobiographical theatre with nonprofessionals. Novelist Jodi Picoult joined the project as the group's writing coach. Our vision was to establish a setting in which nonwriters/nonactors could safely explore their experience with breast cancer while learning new modes of expression. Coming from artistic backgrounds, Picoult and I were not approaching this project from a scientific perspective and were neither attempting to prove or disprove any assumptions nor test any theories. After completing the workshop and receiving feedback from the participants, I found correlations between the benefits suggested by the expressive disclosure literature and the outcomes experienced by this group. All participants' quotes herein are taken from workshop evaluations, personal communications, and press interviews. This article is a blueprint for the process undertaken by this group and an examination of the supporting scientific literature.

PARTICIPANTS AND PROCEDURE

For 12 weeks beginning in September 2004, a group of 8 posttreatment breast cancer survivors participated in a writing and theatre workshop in Hanover, NH. Picoult led the women through the process of writing about their experi-

within a group of peers and then with a wider audience—with the knowledge that this act of personal disclosure may provide emotional benefit not only for one's self but also for the viewing audience?

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ence with breast cancer; I compiled a script from their personal narratives and guided them in developing and rehearsing that script. There were 3 performances, titled Bosom Buddies: An Exploration of Breast Cancer in the Words of Survivors, held in December 2004 for an audience comprised of the women's friends and families, the medical community, and the general public.

Participants

I recruited participants through posters, newspaper advertisements, and word of mouth and signed them up on a first-come, first-served basis. The 8 women who participated had completed treatment for various types and stages of breast cancer. They ranged in age from 34 to 64 and had been diagnosed at ages 26 to 62. There were 6 women who had been diagnosed with breast cancer once, 2 who had developed second primary breast cancers, and 2 who had also been treated for other types of cancer. No other personal or demographic information was systematically collected from the women. All 8 women that started the 12-week workshop completed it. Picoult and I chose to work with women who had completed treatment so that the participants would have the benefit of perspective on their experiences. Although gathering a group of breast cancer survivors naturally leads to the creation of a support network, all participants were aware at the outset that this would not be a traditional support group. Several group members told me that they chose this workshop over a traditional support group because it was "different" and would allow them to learn and use new skills. The women knew from the outset that the workshop would explore both "the bad and the good" aspects of having had cancer.10

Procedure

During the 12-week workshop, participants met 2 evenings a week for 2 hours each. For the first 10 weeks, the group had 1 writing session and 1 theatre session each week. The final 2 weeks were devoted to rehearsing the completed show in anticipation of the 3 performances that concluded the workshop. At the beginning, most of the women had little experience with writing, and none of them had ever performed onstage.

During the writing sessions, Picoult presented the women with writing prompts related to breast cancer as well as other life experiences. Each writing session was divided into 2 writing periods. During the first, Picoult presented a single word (for instance, *fear* or *hope*) and encouraged the women to write nonstop for 5 minutes using any format including first person, third person, poetry, or prose. They could write about anything the word triggered for them including what the word meant to them, what feelings the word brought up, or a specific memory or idea elicited by the word. A second writing period, usually 20 to 25 minutes, began with a focused writing prompt such as, "Tell us about the day you learned you had cancer." Picoult pro-

vided a choice of at least 2 writing topics for these longer writing periods and frequently reminded the women that they were not obligated to write about cancer. As a technique of good narrative writing, the participants were encouraged to recount their story through detailed memory—sights, sounds, and smells—a technique Picoult called "Show, Don't Tell." For example, rather than writing, "I was shocked and frightened by the diagnosis," a participant wrote, "Suddenly I didn't know what a phone was, and my fingers couldn't dial any numbers." At the end of both writing periods, each woman shared her writing and commented on the writing of others. The women identified this shared reading and listening as an early vehicle for group bonding.¹¹

During the 10 writing sessions, topics ranged from life prior to diagnosis, through treatment and recovery, to envisioning the future. Prompting the women to write about both fear and hope provided an opportunity for them to explore both aspects of their emotional journey and recovery. Stanton et al's⁵ study emphasized the importance of dealing with both positive and negative emotions and experiences to achieve maximum benefit. Throughout the workshop, Picoult and I directed discussions away from the medical details of the women's experiences and toward the impact those experiences had on their lives and their outlook

A key tool utilized by both facilitators was humor. 12 In the process of creating a "safe space" in which participants could share, we encouraged both laughter and tears and often diffused tense or distressing moments with humor. The goal of this workshop was never to force a "catharsis" in any of the participants. Aware that the participants would need an occasional break from the difficult emotions associated with breast cancer, Picoult included some writing prompts to lighten the mood such as, "Describe an experience during your treatment and recovery when something funny happened." Several of the recollections that resulted from this prompt were sprinkled throughout the final performances as "comic relief." When asked about a memorable part of the workshop, a group member said, "We laughed a lot, and we laughed a lot about cancer. There are funny things you can laugh about."

I ran theatre sessions concurrently with writing sessions on a second night each week. Early sessions began with guided imagery and exercises¹³ to encourage the participants to work as a group (eg, working with nonverbal communication), to physically engage their full body (eg, dancing with their eyes closed), and to share emotions with partners and the group (eg, completing a spoken prompt such as "Something I feel thankful for is ..."). Additional exercises included mirroring a partner's movements, speaking extemporaneously, and improvising movement with sound. Meanwhile, outside of these sessions, I was also compiling the women's written work into a stage script.

The emphases of the writing and theatre sessions were slightly different. Picoult led the women in reviewing their

252 CAREY ■ Bosom Buddies

deep, and sometimes unexplored, emotional lives through writing. The goal of this exercise lay in the doing, not the length, depth, or breadth of the output. All of the writing produced was important to the process of exploring inner feelings. My goal, however, was to translate that rich emotional life to the stage. Because more personal narrative was produced in the writing sessions than could be included in a 75-minute show, creating a script required qualitative judgments about which pieces would translate most effectively to the stage.

In creating the script, I reviewed the material for coherence and concision. The group learned through trial and error that words that read eloquently on paper may sound different orally and can be difficult to speak naturally. I developed the script around themes that emerged in the women's writing. Some of these themes came directly from the writing prompts (such as fear), and others emerged naturally during compilation (for instance, several women responded to various prompts with stories of feeling responsible for their cancer, and thus guilt became a theme presented in the show.) During rehearsals, the women had an opportunity to discuss and make adjustments to the script. Because we created a safe space and positive group dynamic throughout the workshop, the women were comfortable revealing very personal information about themselves and their lives through their writing. It was sometimes necessary to later revise pieces in the script that referenced family members and colleagues so as to be sensitive to the feelings of those people who might be in the audience. After hearing pieces spoken aloud, I made further revisions to enhance structural balance and verbal clarity. The women identified "chemo-brain" as a significant impediment to memorizing lines, so it was decided at the beginning of the workshop that they would read from their scripts during performance.

The workshop concluded with 3 public performances. Both writing and rehearsal involved personal inner exploration, while the final phase allowed the participants to share their experiences and feelings with a wider audience. The women invited family, friends, and medical teams. Posters were put up throughout the greater Hanover, NH, area. The nature of the group generated much media interest, and the women were featured in 3 television profiles, an hour-long radio show, and multiple newspaper articles. The show, which has been called "an autobiographical monologue in 8 voices," was performed on a bare stage with 8 seats. Approximately 500 people attended the 3 performance which were held at a local elementary school. Although most of the women had initially expressed nervousness about performing in front of an audience, after the performances, they experienced a feeling of accomplishment as well as an ongoing desire to positively affect others with their work. 14-16 When presented with the opportunity to take the Bosom Buddies show to other venues around New England, 6 of the 8 women remained involved. Two decided not to travel with the group because of family and work commitments.

EXPRESSIVE DISCLOSURE, SOCIAL SHARING, AND HELPING OTHERS

Oral disclosure has long been the basis of psychotherapy. In extensive research with subjects in various states of health and disease, Pennebaker has shown both short- and longterm benefits of written disclosure. Because this activity can be self-administered and self-regulated, not requiring the oversight of a physician or other trained medical personnel, exploration in this field is of interest to both patients and physicians. Although each of Pennebaker's experiments has researched a different aspect of the expressive disclosure model, his basic structure remained the same: a test group writing about a deeply emotional/traumatic life episode for approximately 15 minutes per day over the course of 3 to 5 days; and a control group, on the same schedule, writing about nonemotional topics such as a catalog of their daily activities. Using this methodology, many researchers have replicated Pennebaker's findings with subjects across a broad range of age, gender, social class, and health/disease status. Among others: breast cancer patients scheduled fewer morbidity-related doctor visits⁵; asthma and rheumatoid arthritis patients experienced clinically relevant improvements in their daily functioning¹⁷; college students raised their grades and made fewer noninjury related trips to campus health services¹⁸ (also A. M. Krantz, PhD ADTR, J. W. Pennebaker, PhD, unpublished data, 1994); and laid-off engineers found jobs more quickly than colleagues who wrote about nonemotional issues. 19 In studies that included physiological testing before and after writing sessions, blood tests also showed increased immune functioning. Within the Bosom Buddies group, no measures of physical or mental state were ever taken; however, members alluded to the tangible difference the workshop made for them. One woman commented, "I don't get as fearful as I used to be when I get my mammogram. I don't have to go see the doctor with every little ache or pain."

In Pennebaker's studies, people who wrote about deeply traumatic or emotional subjects often left writing sessions in a state of upset or distress. However, Pennebaker found that this did not prevent them from returning for the next writing session, and several weeks later, they reported feeling happier than they had before beginning the process. Given the opportunity, they said they would participate in the study again. Within the *Bosom Buddies* group, during conversation at the second and third meetings, several members described difficulty sleeping, unexpected crying, and other episodes of intensified grieving after the first session. However, this did not cause them to stop attending the group, and by the third week, the participants were no longer mentioning these occurrences.

Using the Linguistic Inquiry and Word Count computer program he helped pioneer, Pennebaker and colleagues^{8,20,21} performed advanced analysis on test subjects' writing in various studies. In particular, they studied their use of causal words (eg, *because*, *reason*) and insight words (eg, *understand*,

realize) over the course of several writing sessions. When subjects' initial writing used few or none of these words but over the course of several writing sessions began to incorporate them. Pennebaker noted that subjects' writing had shifted from simply chronicling their experience (no causal or insight words) to processing their experience and putting it into a framework (use of causal and insight words). Pennebaker found that subjects who experienced the most significant physical and emotional improvements were those who had undergone this cognitive processing. Within the Bosom Buddies group, Picoult and I noted that although some members were simply chronicling their experience, others appeared to be processing a complex human experience by placing it within the context of their own life stories. It is important to note that each person in a group will be at a different stage in their emotional and physical recovery, and it is not the facilitator's job to force participants into a process for which they are not ready, nor should a certain level of processing be set as a goal for any person or group. The process itself is positive, and every piece of writing is valuable as a step in that process.

Sharing still-raw memories and feelings often caused participants to become emotional. Although the women grew comfortable with the process of discussing intimate details about their physical and emotional states, they were uniformly uncomfortable with the prospect of crying in front of the group. However, as noted by Pennebaker et al¹¹ in their work on social sharing, when a *Bosom Buddies* participant expressed her emotions through tears, workshop participants offered support, resulting in strengthened bonds between individuals and within the group.

Various studies have shown the benefits of helping others including improved health, decreased levels of depression, and reduced risk of mortality. 14,15 Within the Bosom Buddies group, the participants developed a keen awareness of how their work could positively affect their audiences. One participant identified the performances as the most memorable and positive result of the workshop, saying, "I know that we reached people, and hopefully helped, empowered, and comforted some of them." In personal interactions with the cast after each show, audience members repeatedly remarked on how healing it was to watch. Many shared their own experiences with breast and other types of cancer. The 6 women who traveled with the show consistently expressed that in addition to the enjoyment and benefit they derive from performing the show, they feel that they have a powerful message of hope to share that can be beneficial to others who may be battling cancer personally or within their familial or social communities. It is important to note that the women have received no financial compensation for their performances, nor do they expect to receive any in the future.

COMMENTS

Results of the *Bosom Buddies* workshop can be measured through the reactions of participants and their audiences.

Participants often commented that the workshop improved their outlook on life in general and on their cancer experience specifically. One participant wrote, "I was able to see my own anger, fear, and self-pity mirrored back at me from the pages of my writing, and I've let go of so much. The process has been so quick. We've unwrapped layers and layers of stifling emotional bandages, and now I feel so free."

Another group member, who described her life before the workshop as "functioning on automatic pilot," said, "This has helped me to begin to heal my spirit. The workshops have given me something to look forward to."

A third woman commented, "This [workshop] was a truly memorable life experience. It absolutely solidifies my feeling that so many positive things have come from my cancer. The lessons I've learned with this group—about sharing, about speaking, about telling the truth—will carry me ever upward."

The women found that performing for an audience was also a transformative experience. During the workshop, participants expressed emerging feelings of hope for the future. As performers, their focus expanded beyond their own experiences to sharing hope with an audience. In the words of a participant, "There is life after cancer. A better life! A different life and a better life, no question."

One participant said, "What I would like women to know is that no matter what you're feeling—whether it's fear, whether it's anger, whether it's anguish, whether it's denial—all of it is okay. Whatever they're feeling, whatever we're feeling, it's okay, and I've learned that in this group."

The women in the *Bosom Buddies* group continued to derive benefits from the experience in the weeks and months following the performances. One participant had avoided going to support groups or associating with other breast cancer survivors until this experience. She said, "If you take the time to dig deep, you can find a lot of things that you didn't deal with, and it's so much better to deal with them. Don't shy away from that, which is what I did in the first place. This workshop has given me some of my vitality back."

Another member, a 2-time breast cancer survivor, had never shared the second diagnosis with her mother. As a direct result of a writing prompt (in which she was asked to write a letter to someone it had been difficult to tell about her cancer), she finally told her mother about her second diagnosis and mastectomy.

Audience reaction was measured in several ways. Each of the 3 performances was met with a standing ovation. The women were available to speak to audience members in the lobby after each performance and received uniformly positive comments. The group also received written notes in the weeks following the performances, with comments including the following:

The reading was so genuinely heartfelt, so deeply human, and so very fragile—like life itself. The realness of it (in contrast to a Hollywood-style vision of some kind) was what made it so incredibly powerful.

254 CAREY ■ Bosom Buddies

Thank you for so many things. It was so powerful, so moving.

What a wonderful catharsis, both for you and for your audience of fellow travelers in this particular wilderness. I guess it is wilderness because it's such an unknown territory when we each enter it.

Last night, I went to be supportive of my friends, and ended up being uplifted and inspired by the wonderful and brave women on stage and by their message. I have never had cancer, and often thought that if I ever did, I would just go to bed and pull the covers over my head. But seeing all those 'winners' last night made me feel like just maybe I could be brave too, not only with illness, but in the rest of my life as well.

CONCLUSIONS

I conceived the Bosom Buddies project as an artistic exploration in writing and theatre with nonprofessionals. The resounding success of the workshop has prompted examination by the media, other arts professionals, and now the medical/oncology community. In the course of research for this article, it became clear to me that the methods used in this workshop are supported by scientific literature and that the results observed from the workshop support the findings of those same scientific studies. The positive effects of writing about traumatic experiences have been widely documented. Groups that then share that writing in a public forum with the knowledge that it may also help other people may find—as this group did—that the benefits are amplified even further.

References

- Stanton AL, Snider PR. Coping with breast cancer diagnosis: A prospective study. Health Psychol. 1993;12:16-23.
- Walker BL, Nail LM, Croyle RT. Does emotional expression make a difference in reactions to breast cancer? Oncol Nurs Forum. 1999;26:1025-1032.
- Pennebaker JW. Opening Up: The Healing Power of Emotional Expression. New York, NY: Guilford Publications; 1997.

- Kelley JE, Lumley MA. Health effects of emotional disclosure in rheumatoid arthritis patients. Health Psychol. 1997;16:331-340.
- Stanton AL, Danoff-Burg S, Sworowski LA, et al. Randomized, controlled trial of written emotional expression and benefit finding in breast cancer patients. J Clin Oncol. 2002;20:4160-4168.
- Rosenberg HJ, Rosenburg SD, Ernstoff MS, et al. Expressive disclosure and health outcomes in a prostate cancer population. J Psychiatry Med. 2002;32:37-53.
- 7. Pennebaker JW. Writing about emotional experiences as a therapeutic process. Psychol Science. 1997;8:162-166.
- Pennebaker JW, Seagal JD. Forming a story: the health benefits of narrative. J Clin Psychol. 1999;55:1243-1254.
- Cameron LD, Nicholls G. Expression of stressful experiences through writing: effects of a self-regulation manipulation for pessimists and optimists. Health Psychol. 1998;17:84-92.
- Rittenberg CN. Positive thinking: an unfair burden for cancer patients? Support Care Cancer. 1995;3:32-39.
- Pennebaker JW, Zech E, Rimé B. Disclosing and sharing emotion: Psychological, social and health consequences. In: Stroebe MS, Hansson RO, Stroebe W, Schut H, eds. Handbook of Bereavement Research: Consequences, Coping, and Care. Washington, DC: American Psychological Association; 2001:517-544.
- Carver CS, Pozo C, Harris SD, et al. How coping mediates the effect of optimism on distress: a study of women with early stage breast cancer. J Pers Soc Psychol. 1993;65:375-390.
- Wise N. A Big New Free Happy Unusual Life: Self-Expression and Spiritual Practice for Those Who Have Time for Neither. New York, NY: Broadway Books; 2002.
- Schwartz CE, Sendor RM. Helping others helps oneself: response shift effects in peer support. Soc Sci Med. 1999;48:1563-1575.
- Brown SL, Neese RM, Vinokur AD, Smith DM. Providing social support may be more beneficial than receiving it: results from a prospective study of morality. Psychol Sci. 2003;14:320-327.
- Reed S. Nourishing the soul: A patient's emotional crisis provides food for thought. Nursing. 2004;34:48-49.
- Smyth JM, Stone AA, Hurewitz A, Kaell A. Effects of writing about stressful experiences on symptom reduction in patients with asthma or rheumatoid arthritis: a randomized trial. JAMA. 1999;281:1304-1309.
- Pennebaker JW, Beall SK. Confronting a traumatic event: toward an understanding of inhibition and disease. J Abnorm Psychol. 1986;95:274-281.
- Spera SP, Buhrfeind ED, Pennebaker JW. Expressive writing and coping with job loss. Acad Manage J. 1994;37:722-733.
- Pennebaker JW, Mayne TJ, Francis, ME. Linguistic predictors of adaptive bereavement. J Pers Soc Psychol. 1997;4:863-871.
- Pennebaker JW, Francis ME. Cognitive, emotional, and language processes in disclosure. Cognition and Emotion. 1996;10:601-626.