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Letters to Your Future Self and Reducing Anxiety: Development of a Method

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Letters to Your Future Self and Reducing Anxiety: Development of a Method

Capstone Thesis

Lesley University

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Expressive Arts Therapy

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Abstract

Anxiety is a very common phenomenon in the world, whether it be diagnosed or not. With how detrimentally it can affect any given individual, it is important that the expressive arts therapies develop methods of aiding in reducing anxiety in people. This thesis explored the development of a method for reducing anxiety in individuals on an inpatient unit through writing and decorating a letter to their future self. The intervention was conducted four times, twice on two independent units, with between two to five participants in each group. Participants were instructed to write a letter to their future selves reminding them of what they've learned and what they want their future selves to remember. They then decorated to cover of their card to represent what was written inside. The results found that overall, writing a letter to your future self and decorating the cover helped to reduce anxiety within individuals on an inpatient unit. Further research on reducing anxiety in both groups and individuals using this method is recommended.

Keywords: reducing anxiety, letter writing, therapeutic writing, art therapy

Letters to Your Future Self and Reducing Anxiety: A Development of a Method

According to the Anxiety & Depression Association of America (2021) , “Generalized Anxiety Disorder (GAD) affects 6.8 million adults, 3.1% of the U.S. population, in any given year” (para. 3). This statistic only represents GAD, whereas there are plenty of other anxiety related disorders like posttraumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), and undiagnosed anxiety disorder. Even on a clinically undiagnosed level, almost everyone has experienced anxiety in some shape or form, whether that anxiety be caused by test taking, public speaking, or many other common triggers.

While anxiety is manageable for many individuals, some struggle with it significantly. For some, it is crippling to do tasks that once seemed easy. It can even affect your physical health as well as your mental health (Basli et al., 2020; Woodgate et al., 2020). Some even need to be admitted on an inpatient level of care because their anxiety has completely taken over their life and they don't know how to manage it.

I am basing my thesis around improving anxiety in an inpatient setting. I reviewed the literature on gaps in the research and other arts-based research on the effectiveness of multiple mediums in aiding the process of writing a letter to your future self. I developed a method where clients at my internship site participated in writing a letter to their future selves that they will open and re-read one week to one month after their discharge, in the hopes that both writing the letter and reading the letter later will reduce anxiety in clients that are in-patient. Expressive writing has been found to reduce different types of anxiety in various populations of individuals (Hines et al., 2016; Levitt et al., 2021).

The population of my internship site is mostly depression disorders and anxiety disorders, with some mood disorders as well. I conducted this method with groups only. Individuals are difficult at my site to work with for the fact that the average length of stay is about one to two weeks, which doesn't allow me much time with the patients if I'm only meeting once a week with them.

Based on the results that I obtained in the groups that I conducted, I will then make

recommendations as to the improvements of this method so that it may be developed to work better with different populations, as well as individuals. **Literature Review**

Everyone can experience some type of anxiety, whether it be clinically diagnosed or in direct response to an event or issue. Many studies I looked at had varying types of anxiety present. Common types I found were PTSD (Baker et al., 2018; Emmerick et al., 2012), undiagnosed anxiety (Basli et al., 2020; Woodgate et al., 2017, 2020, 2021), and testing anxiety (Hines et al., 2016). Study design also varied. Some studies were meta-analysis (Emmerick et al., 2012), systemic reviews (Baker et al., 2018), qualitative arts-based research (Woodgate et al., 2017, 2020, 2021), and method comparison (Basli et al., 2020; Hines et al., 2016).

With individuals with PTS “writing therapy resulted in significant and substantial reductions of both PTS and depressive symptoms” (Emmerick et al., 2021, p. 85). In testing anxiety with high school students “the results are suggestive of the positive benefits for using Expressive Writing to reduce anxiety so that students may be able to perform better on academic tasks, especially mathematics tests” (Hines et al., 2016, p. 44). LGBTQ+ individuals who had experienced heterosexism found that “writing about heterosexist experiences may offer a number of benefits for LGBTQ+ people, as evidenced by large effects in event-related stress, medium-large effects on depression, and a sense of having made progress in dealing with the experience” (Levitt et al., 2021, p. 9)

Letter receiving was found to deepen individual’s connection with both themselves and the sender of the letter. In geriatric populations, nursing students gave letters to their patients once they completed their program and the patients “described the letters as reminders or indicators of the helpfulness of the student-patient relationship” (Freed et al., 2010, p. 270) Women who self-harmed in prison who received letters from their therapists after completing their program had varying reactions to the letters “The effects of the letters varied from individual to individual. In many of the cases, the developing theme was about the positive

impact of the good-bye letter, whether it was kept private or shared with family or friends” (Walker et al., 2017, p. 104).

Meta-Analysis/Review of the Literature

For the studies on PTSD, both were an analysis (Emmerick et al., 2012) or review of the literature (Baker et al., 2018). Both studies had either six or seven articles that met their specific criteria, and both required that the interventions researched were not specifically trauma-focused and had some form of creative art or writing. What is interesting is that the Baker et al.’s (2018) systemic review found low evidence that creative art therapy improves PTSD symptoms, and advocates for more research to be done, while Emmerick et al.’s (2012) meta-analysis found that therapeutic writing significantly reduced posttraumatic stress (PTS) and depressive symptoms. Both studies only reviewed and used articles that compared a method to a control group, and the only noticeable difference was the therapeutic method. One being creative arts therapy, and the other therapeutic writing. What is also interesting is the age difference between the two studies. Baker et al. (2018) is the more recent study, and they were unable to find studies that showed significant evidence that creative arts therapy reduces symptoms of PTSD, while Emmerick et al.’s (2012) study is five years older and they were able to find significant studies that showed that writing therapy reduces symptoms of PTS.

Adolescence

A common theme in the undiagnosed anxiety studies that I found was that a lot of them focused on adolescence (Basli et al., 2020; Beerse et al., 2019; Woodgate et al., 2021; Woodgate et al., 2020; Woodgate et al., 2017). This is interesting because through my other research no other population with relevant material came close to the amount that I found with adolescence. One reason this might be is because getting the proper diagnosis at a young age can be difficult, so not specifying a particular condition leaves more room for wider research. I noticed that when studies are more specific, there are of course less commonalities with other studies. Testing anxiety is another common occurrence in adolescence (Hines et al., 2016).

Adolescence also showed up in the theme of physical ailments and how they are related/tied to anxiety (Basli et al., 2020; Woodgate et al., 2020). In Woodgate et al.'s (2020) study *The Lived Experience of Anxiety and the Many Facets of Pain: A Qualitative, Arts-Based Approach*, they mention how pain in adolescence is treated separately to the anxiety that the adolescents are also experiencing. "By utilizing qualitative, arts-based methods, a multidimensional picture of pain in young people with anxiety was revealed" (p. 16). Woodgate et al. goes over physical pain, mental-emotional pain, and social pain and the thoughts that the youths provided upon their artistic pieces. Woodgate et al. continues to talk about how important it is that more qualitative arts-based studies surrounding pain and anxiety in youths should be conducted for further understanding.

Slightly different to Woodgate et al. (2020), Basli et al.'s (2020) study *The Effects of Art Therapy Techniques on Depression, Anxiety Levels and Quality of Life in the Adolescent with Type 1 Diabetes Mellitus: A Preliminary Study* found that art therapy had "positive effects on decreasing depression and anxiety symptoms in children and adolescents with chronic diseases like cancer, diabetes, and asthma among others" (p. 434). It's important to realize that mental health is tied very closely to physical health. The deterioration of one can often cause the deterioration of the other, no matter which one is the start. In Woodgate et al.'s study (2020) the mental conditions (anxiety and depression) in youth caused physical and social pain, while in Basli et al.'s study (2020), the physical diseases caused a mental deterioration.

Other Populations

While there are a number of adolescents and young adults at my internship, there are also other populations that need to be researched. I was able to find other studies with different populations, such as women in prison (Walker et al., 2017), geriatric (Freed et al., 2010), and LGBTQ+ community (Levitt et al., 2021). The age population at my internship ranges from 18 to 70+, so I needed to vary my research so that I can consider the relevance of certain methods to

my internship, especially since group attendance isn't required, making it random on who will attend.

Walker et al.'s (2017) study on women who self-harm in prison is relevant to my inquiry in two ways. It pertains to letter giving and receiving and the therapeutic benefits, as well as the idea of being in an institution and how that can affect some people. While in-patient settings serve a much different purpose than prisons, most of the time there is a sense of lost freedom. Doors are locked, meals are prepared for you, visitors are restricted in number and time allotted to visit, among other restrictions. Many patients have verbalized that being hospitalized feels like prison. This alone can affect anxiety levels in patients. Many have also stated that being here is only making them worse and not better, so finding a method that can help individuals feel this way may be beneficial to their mental health.

Creative Arts Therapy

Articles relating to creative art therapy and undiagnosed anxiety, or stress were varied in the type of research that was being conducted. While one study had a specific intervention to attempt to reduce anxiety or stress levels (Beerse, et al., 2019), one was a systemic review of the literature (Baker et al., 2018), and some were simply starting the conversation in how important it is to have art-based research is with youth experiencing anxiety (Woodgate et al., 2020; Woodgate et al., 2021; Woodgate et al., 2017). When mindfulness was used in tandem with arts therapy as a specific experiential the results found that it effectively reduced anxiety and stress in college aged individuals (Beerse et al., 2019, p. 428). However, Baker et al.'s (2018) systemic review found that creative arts therapies didn't significantly help individuals with PTSD.

Woodgate et al.'s (2020, 2021, 2017) studies however, focused more on the conversation needed for more arts-based therapy interventions with youths. Using arts-based research, Woodgate et al. wishes to increase understanding of youth's experience with anxiety, as well as promote more qualitative arts-based research in this area. I am curious of what findings other authors might discover if they were to replicate or elaborate on the same themes in all of

Woodgate et al.'s articles. What would happen if they replicated these arts-based therapies with adults or other populations? As stated before, there is an overall theme of adolescence in research on anxiety, and much less in many other populations.

Expressive Writing

Expressive writing interventions were found to be helpful in reducing stress and anxiety in LGBTQ+ individuals who had gone through a heterosexist experience (Levitt et al., 2021) and high school students with testing anxiety (Hines et al., 2016). Both studies support the idea that some form of expressive writing is beneficial in reducing stress and anxiety surrounding either a future event (test) or past event (heterosexist experience). Something to take note of in Levitt et al.'s (2021) study is that any form of writing was found to effectively reduce stress, not just expressive writing or writing specifically about the experience. There was no difference in the control condition that was prompted in writing about the past 24 hours than in the open writing and emotion-focused condition, which were both writing prompts relating directly to the heterosexist experience the individuals had.

An interesting find in Hines et al.'s (2016) study is that students test scores improved after participating in expressive writing interventions. This is one example of how anxiety affects people, and how beneficial it can be when it's reduced. A vicious cycle is started when anxiety is introduced to the picture. Tasks that were once easy seem more difficult, causing anxiety to increase, and so on. Finding a way to reduce anxiety can potentially reverse that cycle.

Expressive writing or therapeutic writing can be a start.

Receiving Letters

While my thesis has more to do with writing letters, it is also beneficial to receive letters from others. Imprisoned women who self-harmed found many therapeutic benefits to receiving good-bye letters from their therapists with whom they had completed between four and eight sessions of psychodynamic interpersonal therapy (Walker et al., 2017). They were able to connect to themselves, others, and even their therapists more after they had received and read

the letters. Many even kept the letters, some on their physical person and some in their collections of valuables. In a setting containing geriatric and disabled individuals, there was much therapeutic benefit to patients receiving letters from their nursing students after they had graduated (Freed et al., 2010). Themes found in this study were “feeling known, reciprocity, motivating self-care, and tangible appreciation” (Freed et al., 2010, pp. 267-270) After receiving the letter’s the patients truly cared for their nursing students and felt that the nursing students also cared for them, and showed this through the letters they sent. A common theme between these two studies was that by receiving letters, connection to self and others was increased. This has the possibility to be beneficial because often times I hear from my clients that how they are at the in-patient level is not their true or more accurate selves. Many report that they “just want to feel like themselves again”. Seeing how receiving letters creates a deeper connection with the sender and with the self, receiving a letter from yourself theoretically will increase connection to self even more.

Missing Research

I used the Lesley University Library Database to research my articles, specifically looking for full text articles between the years 2010 and 2021. Research that I was unable to find was specific studies that looked at GAD and in-patient populations. Using terms just as “clinical population” and “acute psychiatric population” yielded no more results than “in-patient population.” More articles were found using “anxiety” as a general term instead of “generalized anxiety disorder (GAD),” which is interesting. I can understand how it can be difficult to conduct studies on an in-patient unit, as they are most likely tied to a hospital and the liability risk would outweigh the benefit. However, I think that it is important to conduct some research, as in-patient settings are very unique in the quality of care that the individual is receiving as well as the intensity of their symptoms. Most clients are admitted because they are either a danger to themselves or others. They are overwhelmed and don’t know what to do. Having research that will help a population like this can be crucial in aiding individuals who feel stuck.

What I don't understand is that I was able to find very little research when using the term "GAD" and "generalized anxiety disorder" interventions in both general and arts-based research. Most of the research I came across was undiagnosed anxiety (Basli et al., 2020; Woodgate et al., 2020; Woodgate et al., 2021; Woodgate et al., 2017), testing anxiety (Hines et al., 2016), and PTSD (Baker et al., 2018; Emmerick et al., 2012). This is interesting because "6.8 million adults, 3.1% of the U.S. population are diagnosed with GAD in any given year" (Anxiety & Depression Association of America, 2021, para. 3). Keeping in mind that these numbers are only diagnosed cases. It's unclear how many more people are undiagnosed. For that reason, I can see how some studies choose to not specify what type of anxiety they are researching, and some use assessments (Hines et al., 2016).

I was also surprised by the amount of research using adolescence as its population, and the opposing fact that there wasn't much other research on other populations. Again, every age group experiences anxiety at some point, not just adolescents.

Within the studies that I used in this thesis, only two studies broke down the demographics of the participants (Levitt et al., 2022; Walker et al., 2017). The rest either didn't have demographic information or didn't include ethnicity in their demographics (Basli et al., 2020). Further research in this area is necessary because anxiety and stress affect everyone differently, and as stated before, everyone experiences anxiety at some point. I am curious how culture and ethnicity affect an individual's relationship with anxiety. My internship site is predominantly White, so I am curious if the method I am developing would have the same effect if I was conducting it with other racial or ethnic group as the majority of group members.

Further research is needed in many areas of this field and proposing alternative methods of research might open more doors than we previously thought (Rocha, 2021). Who we research and how we research are all important. Finding the holes and filling them will create a far more well-rounded basis of understanding.

Methods

The intervention was conducted in a hospital in the Metro Boston area serving individuals with a range of mental illness diagnoses. This intervention took place on two short-term in-patient units which specifically treat individuals with depression, anxiety, and mood disorders of a varying age range. Both of the units are completely isolated from each other. Patients are offered expressive arts therapy group on both units every weekday for 45 minutes. There are three interns at this site, two of which are drama modality and one who is expressive modality, under the supervision of a licensed expressive arts therapist. Groups are not mandatory for patients, so attendance varies on a day-to-day basis. I conducted this intervention during one of the expressive arts therapy groups offered throughout the week.

The expressive arts therapy groups are conducted by the interns working that day, and/or by the group facilitator, who is an expressive arts therapist. The group consists of an artistic intervention of varying modalities that align with the directive that the facilitator chooses. Patients who attend the group vary in age, race, and diagnosis. Ages range between 18 years old and 70+ years old, and the majority of both units are European American, with the next highest races being African American and Asian American patients. Other non-European American individuals make up the smallest portion of the units. Some patients may also identify as sexual minorities (gay, bisexual, lesbian) as well as gender minorities (transgender, non-binary, non-conforming).

As groups don't have a required attendance, and the directive of the group changes every day, the intervention that I conducted is isolated to a one session group that was conducted once on one unit and three times on the other unit with a month or so between the groups, or when the participants from the previous group had been discharged. The intervention itself is called "Writing Letters to Your Future Self," which uses expressive writing in tandem with creative arts therapy to both write and decorate a letter that the individuals will open after being discharged for at least a week and up to a month. The intention is that by both writing, decorating, and

reading the letter, the patients anxiety levels will decrease and deeper understanding of themselves would be achieved.

Initially I was interested in letter writing of some sort because a previous patient outside of my internship site that I cared for reported feeling less anxious after writing a letter to someone they couldn't talk to anymore. This introduced me to the idea of expressive writing. Upon further research, expressive writing was found to reduce different forms of anxiety in various populations (Emmerick et al., 2021; Freed et al., 2010; Hines et al., 2016; Levitt et al., 2021).

At first, I wasn't sure whether or not adding in card decorating would be beneficial, but ultimately the reason that I decided to tie in the creative arts therapy aspect is that research has found that creative arts therapy can help reduce anxiety (Basli et al., 2020; Beerse et al., 2019). When adolescence with type 1 diabetes received a creative arts therapy intervention "the findings obtained in this study suggest that applying art therapy techniques on type 1 diabetic adolescents may have a significant effect on decreasing their level of anxiety and depression and improve their quality-of-life scores" (Basli et al., 2020, p. 433). By associating what's written inside the cards to the cover of the letter, patients created a deeper representation of their thoughts that could aid in understanding the letter at a later date.

I conducted this intervention four times in total (once on one unit and three times on the other short-term in-patient unit) in a group setting, with over a month in between groups to ensure the likelihood of different patients participating as there is not a set amount of time that individuals stay at the short-term unit. The materials for this intervention are a piece of lined paper, a pen, colored pencils, and a blank card and envelope. The sessions included a warm-up of introducing yourself and what your current anxiety level is on a scale of 1 to 10 (1 being low anxiety and 10 being high anxiety). The patients were then prompted to think about what they had learned during their time at the hospital, and what is some advice they want their future self to have or remember, then write their responses on lined paper for 10-15 minutes. Once

complete, patients were given 10 minutes to decorate the cover of their card in a way that reflected what they wrote in their letter. At the end of the time, patients were asked to report the level of their anxiety again using the same scale. After sharing, patients put their letter inside their card and wrote their name on the outside of their cards with the days date. Patients were then prompted that if they wished, when they open their letters in the future, they could respond in the card itself.

Patients were offered the opportunity for me to send the cards to them once they had discharged, with the condition that I would need to read the card first to ensure that I was not going to send them something upsetting. It was agreed by myself and my supervisor that screening the letters, even if the patients decided not to have me send them, was an invasion of privacy that did not support the therapeutic relationship. Process questions were asked afterwards to gain deeper understanding of what they wrote and why they wrote it. The process questions were – What feelings did you have while writing this letter? - While decorating the cover with the symbol or affirmation? How do you think it will feel to read this letter at a later date? What other times might writing a letter to yourself be helpful/beneficial? To someone else? Regardless if you send it or not?

Results

The overall results of my method were that writing a letter to your future self helped to reduced anxiety. A common theme was that the participants appeared to write motivational messages. Phrases such as “You’re doing great,” “Keep up the good work,” “You can do it,” and so on. For others it served as a reminder for things that they want to remember and work on in the future. What was very interesting is that depending on the group, the themes were similar.

Unit 1 First Group

For the first group lead on Unit 1, there were only two participants. One was a European American trans man in his early 20’s, while the other was a European American cis female in her mid-50’s. Both appeared to be withdrawn by their quiet demeanor and their selective

participation, only responding when prompted directly. Both wrote about things that they want their future self to remember. The man wrote about setting and maintaining boundaries with his family and depicted this as a house on the cover of his card. The woman wrote about how she wants to participate in more self-care and simply wrote “self-care” on the cover of her card.

Both patients reported lower anxiety after the experiential. However, what was interesting was that the man mentioned during the process questions that his anxiety did go back up when it came to talking and sharing. When asked about any insight, he made the connection that speaking in front of others causes him a level of anxiety. The woman was observed nodding and when asked if she agreed, she simply replied “Yes.” Both participants chose to keep their letters instead of having me send them once they’ve discharged.

Unit 1 Second Group

The second group on Unit 1 went differently than I had planned. Again, there was only two patients who came. A European American cis man (mid 50’s) and an Asian American non-binary individual (early 20’s). Both appeared to be struggling with the writing prompts I gave them as they were both observed hesitating on writing for the first few minutes after the prompts was given. When asked if the prompts were difficult, the man replied that he didn’t know where to start. He stated things like “How far back? Over my whole life span? That’s a really long time I’m not sure I can remember it all.” When I reminded him that the prompts only pertained to his time on the unit, he still struggled. The non-binary individual agreed that “words were hard” and couldn’t start writing. When asked if drawing first would be easier, both agreed. For this reason, I started the group with drawing instead of writing.

The man was able to draw a heart and the names of his family members, as well as things he would say to them like “I’m so proud of you. I miss you so much.” When prompted, he was able continue the experiential and write a letter. However, he took the letter writing in the direction of apologizing to his family and telling them how much he misses them, and how hard

it is to be away from them. At the beginning of group, he reported that his anxiety was a 10, and after he had finished the experiential, he said it felt more like a 6 or 7.

The non-binary individual didn't write, even when prompted. They appeared very concentrated on their artwork and didn't want to stop. When the man had to leave due to a phone call from his son, I was able to talk more one on one with them. Words in general are difficult for them, and although they've done a similar exercise in school before, they don't think that letter writing, or even journaling is therapeutic for them. They stated that words can cause them to get caught up in their head which isn't helpful, so they tend not to dwell much on creative thinking if they can help it. They stated that their anxiety level at the beginning of group was a 2 and did not change as they drew.

This group experience showed me that if a client is experiencing very high levels of anxiety, it can still be beneficial for them to participate in this intervention, but it might take more explaining and a slight change of order for them to be able to participate. Having options of being able to break down the experiential even more could be beneficial in these circumstances. Having them draw advice they want their future selves to have seems a bit wordy, so I might try to change the wording of the prompt.

Unit 1 Third Group

The third group I led on Unit 1 contained four participants. Two men and two women. Man one was a cis Asian American in his 20's. He was very quiet for most of the group. His anxiety was at a 7 at the beginning and went down to a 5 after participating in the experiential. He reported not being sure what to write in the beginning but upon further explanation he was able to write his letter. The cover of his card appeared to have balloons and each corner of the card was filled in with a different color. He chose not to share what he wrote or allow me to send him his letter upon his discharge.

Man two in the group was an European American cis man in his 40's. He reported his anxiety to be at a 7 at the beginning of group, and it went down to a 4 while writing and drawing.

However, he did notice that when he was done, his anxiety increased back up to a 7 or 8. He also did not share the contents of his letter but was insightful on what other members of the group were saying. He reported resonating with “not being able to take your own advice” that another patient brought up. He has struggled to be kind with himself and is working on that. He also reported that writing to his future self felt weird because there are many things outside of his control when he discharges that he wasn't sure if what he wrote would even be applicable. His card appeared to have grass and a flower on it. He did not allow me to keep his card and send it to him upon his discharge.

Woman one was a Latina American cis woman in her 20's. Her anxiety was at a three at the beginning of the group and increased to a 5 or 6 after the writing and decorating. When asked why she thought this happened, she reported feeling very uncertain about her future when she discharges which started to give her anxiety. She was the only one to share what she wrote inside her card, which was very motivational. She said things like “I'm proud of you and the work you're doing” and so on. She decorated her cover with a cherry blossom tree and a grass field. She reported that she likes cherry blossom trees because they're different from other trees but still beautiful and that's how she wants to be as well. She also reported liking nature a lot, and that's another reason she chose the cherry blossom tree for her cover artwork. Because she was not done decorating the front of her card, she did not give it to me to send to her upon her discharge.

Woman two was a European American cis woman in her 50's. She reported her anxiety at the beginning to be an 8 that went down to a 6 after the experiential. She stated that she likes giving advice to her friends, but not herself. However, she reported that writing to her future self was nice because her future self is “far enough away” that it doesn't feel like “her.” Many other patients echoed her thoughts, and there was a discussion on why it's hard to take your own advice. She was insightful that we tend to be more critical of ourselves and don't “give ourselves grace.” When asked if she thinks she'd be able to take her own advice from the card, she

responded with “I’m not sure,” and continued on that she wasn’t sure if she was far enough away from herself reading the letter later than she was writing the letter to herself. In the end she chose not to share the contents of her letter, nor let me send it to her upon her discharge.

Unit 2 Group

The group lead on Unit 2 contained four patients. Two women and two men. The men found that their anxiety did not change before or after the experiential, and the women had differing feelings in response to the experiential. Woman one felt her anxiety decreased after the experiential, and woman two felt her anxiety increase afterwards.

Man one was a European American cis male in his early 20’s who wrote a very motivational and supportive letter. Many lines such as “you’re doing a lot of good work, keep it up!”. He filled both pages inside his card with such writing that appeared to be very positive. When sharing and responding, he mentioned that “I wasn’t really sure what to write, so I just wrote like I was my own cheerleader.” His letter cover was decorated with affirmations and other words of encouragement. He reported low anxiety to begin with and didn’t feel that there was much of a change after the experiential. He chose to allow me to send him his letter once he discharges.

Man two was a White cis man in his early 60’s. He wrote about how he wants to remember to find the joy in the little things and to remember what he had learned on the unit. He decorated his card with a house that he stated was his aunt’s cape house, and that he remembers feeling very comfortable and safe there. He allowed me to keep his letter until he is discharged.

Woman one was a European American cis woman in her early 30’s that also wrote a very motivational and goal-oriented letter. Lines such as “You will be happier and doing yoga every day.” Many “you will” statements. The cover of her card was decorated with a bible chapter and verse that she resonated strongly with. She reported that her anxiety was very low before the

experiential and even lower afterwards. She allowed me to keep her letter to send to her upon discharge.

Woman 2 was an interesting case. She is a European American cis female and had great difficulty writing her letter. She became emotional as she was sharing and processing, stating that this activity was very hard for her to do. She wasn't sure what she should write about, and this caused her distress. Her psychiatrist on the unit had diagnosed her with alexithymia (the inability to recognize or describe one's own emotions), which she believes to have been a reason that she was having such difficulty with the prompts. She was also observed having difficulty when it came to decorating the cover of her card, as evidenced by long periods of pondering, and eventual slow movements with no clear direction on the subject of the art. She reported that her anxiety increased a bit after the experiential, versus it being lower before. She did not allow me to keep her letter to send it to her.

Commonalities

What is interesting is that two patients from different groups both drew a house on the cover of their cards. One used the house to represent boundaries, while the other used a house to represent a place where they have felt safe and comfortable in the past. The similarities between these two houses are that inside appears to be a safe place that blocks out the world. The walls of the house are a boundary, intentional or not, from other people or situations.

Three individuals so far who have participated in this intervention have stated that their anxiety level didn't really change throughout their experience. While one individual journal's regularly, the other two don't. The two that don't journal didn't find it helpful or therapeutic but had different responses to the letter writing itself. Man 1 from Unit 2 still participated in the letter writing and was able to become his own cheerleader through the letter, whereas the non-binary individual on Unit 1 struggled greatly and chose not to write a letter at all, opting to focus on their drawing. Man 2 from Unit 2 journals every day, however I'm unsure of the contents of his journal. He appears taking notes in it in other groups and is able to refer back to his notes at

any time. What I'm unsure about is whether or not he uses his journal to write about his feelings or reflect on them. For the majority of his stay, he appeared flat and blunted, so it was hard to gauge what he was feeling.

Overall, my observations support the research that expressive and therapeutic writing can help to reduce anxiety (Levitt et al., 2021; Hines et al., 2016; Emmerick et al., 2012). However, this is not a universally effective intervention. Circumstantial factors can affect an individual's ability to participate in this intervention, and may require a different approach than the one's taken in this writing. As established before, anxiety can prevent people from doing things, and that has shown itself to be true in this intervention as well through reported feelings of overwhelm and general over thinking of the prompts. Prompts that may seem straight forward to me as the facilitator can be incredibly overwhelming to patients with very high anxiety. This can be difficult to handle in a group setting because having to explain the prompts in a different way to benefit the individual could end up confusing the other participants. In individual sessions, it is much easier to re-word things so that the individual can understand without having to worry about other participants who may become confused.

Discussion

The experiential contributes to the fields of both creative art therapy as well as therapeutic writing. The purpose of this thesis was to see if writing a letter to your future self would reduce anxiety in inpatient individuals. The experiential was conducted during four spaced out expressive arts therapy groups. Overall patients reported that writing a letter to their future self reduced their anxiety, however there were some other reactions as well. Some patients found that their level of anxiety didn't differ at all, and some found that their anxiety rose after the experiential.

Most of these observations support the idea that expressive writing reduces anxiety across adolescents (Hines et al., 2016), individuals in the LGBTQ+ community (Levitt et al., 2021), individuals with PTS (Emmerick et al., 2012), and other populations that were

represented on the inpatient units of this project. Most patients that found journaling to be a good coping skill found this experiential to be helpful in future thinking, however there were two that reported no benefit. One patient reported that giving advice to her future self felt far enough removed from her current self that she was able to participate and give herself good advice. This was echoed by the other patients in the group.

Creative arts therapy was also overall proven to reduce anxiety, supporting Beerse et al.'s (2019) study on art therapy reducing anxiety in college aged individuals, and Basli et al.'s (2020) study on reducing anxiety and depression in adolescence with type 1 diabetes. In one case that was all the patient did instead of writing a letter. This patient reported that writing doesn't help them much and that drawing was more therapeutic. There were some that struggled with what to draw in relation to what they wrote, but overall patients found symbols or words that represented what they had written on the inside of the letters. Some of the symbols chosen had other sentimental value, such as one patient using his aunt's cape house to represent safety and happiness; and another patient choosing a cherry blossom tree to represent her love for nature, as well as wanting to embody the cherry tree in "being different but still beautiful."

Limitations of this investigation were that there was no individual sessions conducted, only groups. While groups provide a sense of community, vulnerability, and discussion, the individual experience is more tailored and specific. There's more room for questions to be asked and answered on both the therapist and patient's perspective that might not be easy in a group setting. Unfortunately, my internship is mostly group sessions with informal individual sessions only to those willing to participate. I was unable to identify such individuals and conduct this experiential with them as I had planned. Any individuals that I would have done this with attended the group experiential, making the individual version of this experiential tedious without some alterations to the prompts.

Another limitation was that attendance was not mandatory, so only individuals that attended groups were able to potentially benefit from this experiential. This would be

considered a limitation because some patients don't attend group because their social anxiety is too much for them to handle and cope with in a group setting. Overall, the patients that could potentially benefit the most couldn't participate due to the type of setting that they were placed in. Tying in again with the lack of structure for individual sessions caused many to miss out. Further research with individuals is absolutely needed.

Timing was also a limitation. The time that the expressive arts therapy group is run coincides with the beginning of the units' visiting hours. This has been known to cause low attendance in this group because patients would rather meet with their visitors, and visitors aren't allowed to participate in groups. Attendance on Unit 2 was so low that it took weeks to conduct the experiential, which caused me to conduct it for a third time on Unit 1 so that I could still have four separate sessions to compare.

Something to explore in this method is the consideration of patients keeping their letters. As they will be opening these letters after their discharge and away from me the facilitator, if the patients decide to hang onto their letters, they could potentially be reading something upsetting that they wrote to themselves during the group. As stated above, it was agreed upon by me and my site supervisor that screening all the letters individually is both unrealistic and invasion of privacy. However, there should be some consideration or general screening to ensure the contents of the letter aren't going to hurt the patient at a later date when they read the letter again.

Further research can go in many different directions. As this experiential was only conducted on two inpatients units, a population that more often than not is in crisis and extremely intense. Conducting this in a program of sorts or at an outpatient group setting could yield different results, or support what was found in this study. As the attendance was voluntary, patients were at different levels of knowing and socializing with each other. In a group or outpatient setting participants would be going to multiple groups together, there could be more room for understanding and peer support.

As witnessed in the groups, some patients had difficulty starting their writing. Further research around this might be to break down the writing even more to allow the focus to be in smaller parts. Finding ways to re-word the prompts or seeing what is the most concise and straightforward way to phrase them.

It would be interesting if further research included different mental health areas. While I only targeted anxiety in this study, the prompts themselves are very future oriented, which could be beneficial to those with depression or suicidal ideations. While there would need to be more consideration on who and when this experiential should be done for the best effect, I think that it could also be beneficial if it were to be done with different populations.

Something else that could be explored is changing the prompts for the letter writing and who might the letters be for. I was only able to find two studies that had to do with letter writing (Freed et al., 2010; Walker et al., 2017), but it wasn't the individuals of the study that did the writing. In both studies it was caregivers of some sort to the participants. There should definitely be more studies that have to do with the participants writing the letters themselves, whether the letters be to their future self or someone else. I could see letter writing being a coping skill from individuals grieving the loss of a loved one, whether they were able to say goodbye or not.

Conclusion

Overall writing a letter to your future self about advice that you want your future self to have or remember caused a general reduction in anxiety levels. There were however individuals that this did not work with. More individuals found the experiential helpful than unhelpful. As with many things, consideration needs to be taken when deciding if the group or individual would benefit from this experiential or not. Going forward this can be a group or individual session with individuals who find journaling or writing to be beneficial to them or might want to try it out and see. This can also be a good introduction to expressive arts therapy as it appears to be much less intimidating than asking someone to draw or move or role play right off the bat. Different visual mediums can also be utilized to make the experience even less intimidating.

References

- Anxiety & Depression Association of America (2021). Generalized anxiety disorder (GAD): Understanding GAD. <https://adaa.org/understanding-anxiety/generalized-anxiety-disorder-gad>
- Baker F. A., Metcalf, O., Varker, T., & O'Donnell, M. (2018). A systematic review of the efficacy of creative arts therapies in the treatment of adults with PTSD. *Psychological Trauma: Theory, Research, Practice, and Policy*, 10(6), 643-651.
<https://doi.org.10/1037/tra0000353>
- Basli, E., Ozmen, S., Demirci, E., Kendirci, M., Tatli, Z. U., & Kondolot, M. (2020). The effects of art therapy techniques on depression, anxiety levels and quality of life in the adolescent with type 1 diabetes mellitus: A preliminary study. *Erciyes Medical Journal*, 42(4), 431.
<https://doi.org/10.14744/etd.2020.25528>
- Beerse, M. E., Van Lith, T., & Stanwood, G. (2019). Therapeutic psychological and biological responses to mindfulness-based art therapy. *Stress & Health: Journal of the International Society of the Investigation of Stress*, 36(4),
<https://doi.org/10.1002/smi.2937>
- Emmerik, A., Reijntjes, A., & Kamphuis, J. H. (2012). Writing therapy for posttraumatic stress: A meta-analysis. *Psychotherapy and Psychosomatics* 82(2), 82–88.
<http://dx.doi.org/10.1159/000343131>.
- Freed, P. E., McLaughlin, D. E., SithBattle, L., Leanders, S., & Westhus, N. (2010). “It’s the little things that count”: The value in receiving therapeutic letters. *Issues in Mental Health Nursing*, 31(4), 265-272. <https://doi.org/10.3109/01612840903342274>
- Hines, C. L., Brown, N. W., & Myran, S. (2016). The effects of expressive writing on general and mathematics anxiety for a sample of high school students. *Education*, 137(1), 39.

- Levitt, H. M., Collins, K. M., Maroney, M. R., & Roberts, T. S. (2021). Healing from heterosexist experiences: A mixed methods intervention study using expressive writing. *Psychology of Sexual Orientation and Gender Diversity*. <http://dx.doi.org/10.1377/sgd0000478>
- Rocha, A. I. S. de M. (2021). Cardography as a research method through writing and drawing in higher education workshops. *Journal of Writing in Creative Practice*, 14(2), 193-207. http://dx.doi.org/10.1386/jwcp_00022_1
- Walker, T., Shaw, J., Turpin, C., Roberts, C., Reid, C., & Abel, K. (2017). A qualitative study of good-bye letters in prison therapy. *Crisis*, 38(2), 100-106. <http://dx.doi.org/10.1027/0227-5910/a000411>
- Woodgate, R. L., Tennent, P., Barriage, S., & Legras, N. (2020). The lived experience of anxiety and the many facets of pain: A qualitative, arts-based approach. *Canadian Journal of Pain*, 4(3), 6-18. <https://doi.org/10.1080.24740527>
- Woodgate, R. L., Tennent, P., & Legras, N. (2021). Understanding youth's lived experience of anxiety through metaphors: A qualitative, arts-based study. *International Journal of Environmental Research and Public Health*, 18(4315), 4315. <https://doi.org.10.3390/ijerph18084315>
- Woodgate, R. L., Zurba, M. & Tennent P. (2017). A day in the life of a youth person with anxiety: Arts-based boundary objects used to communicate the results of health research. *Forum Qualitative Sozialforschung/Form: Qualitative Social Research*, 18(3). <https://doi.org/10.17169/fqs-18.3.2886>

THESIS APPROVAL FORM

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**Student's Name: Molly Cowan
Type of Project: Thesis**

Title: Letters to Your Future Self and Reducing Anxiety: Development of a Method

Date of Graduation: May 21, 2022

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Donna C. Owens, PhD