

Writing the Cure

By Linda Kobert

I was working as a staff nurse on the 11-to-7 shift one night when I started coughing and couldn't stop. I'd been coughing every night for the past week, my noisy hacking echoing down the darkened hallway of my ICU step-down unit as critically ill patients tried to sleep. So on orders from my charge nurse, I took myself downstairs to the emergency room to be checked out. The doctor there listened to my lungs with his stethoscope, told me I was wheezing, gave me a breathing treatment and a shot of epinephrine, and sent me home for the night. By five in the morning though, I was back, unable to catch my breath. The only thing left to do was admit me.

It seemed that, at the age of twenty-six, I'd "come down" with asthma. In the early 1980s, however, it was unusual for a young adult to all of a sudden one day start wheezing. Asthma was a disease of children, fearful children with big adenoids and overbearing mothers who outgrew it by the time they were young adults. I had never wheezed in my life, and I'd had my adenoids removed when I was five, so no one knew what to make of me.

The half dozen doctors who attempted to treat me went looking for some exotic excuse for my condition and came up with new diagnoses: "cough asthma," "adult onset asthma." All but one, that is: a pediatrician who, himself, had "come down" with asthma not long before I had. To him, I was suffering from ordinary, garden variety asthma, and he treated me like a kid: he tossed me an inhaler, told me to dust my bedroom every day, and sent me for allergy shots.

Still, for more than a year, I was desperately ill. I was admitted to the hospital twice. I became a regular late-night customer at the emergency room, waking up at least once or twice a week at three in the morning unable to breathe. Doctors prescribed an ever increasing dose of oral bronchodilators (the standard of care back then) until I was taking four times the recommended dose. And still, I breathed like a bagpipe. I rarely slept. I lost weight. I succumbed to every infection that came my way. I had to quit my job because I was calling in sick so often. I couldn't run or dance. I couldn't even laugh or cry. Everything made me wheeze.

What finally changed all that was that I started to write about my disease. At the time, I was enrolled in an RN-to-BSN degree program and was taking a course on nursing in the community. One of the requirements was a ten to twelve page paper on a topic of my choice related to some issue of public health importance. With six to ten million people suffering from reversible obstructive airway disease and millions of work and school days lost to the disease each year, I argued, asthma was surely a public health problem.

So I wrote about it. I researched the pathophysiology, the triggers, the conditions that exacerbate symptoms, and some nonpharmacological control measures. I documented the current treatment strategies and developed a strategy of my own to help asthma patients,

whatever their age, get a handle on their disease. It was, in fact, my own way of getting a handle on what the doctors were telling me was a chronic condition that I would just have to learn to live with. It was my way of giving voice to what was going on in my body, which, as sociologist Arthur W. Frank says in *The Wounded Storyteller*, allows “the changed body [to] become once again familiar.” Astonishingly enough, I got better. Not completely, not immediately, but I gradually began to gain some control, to return to at least a sense of myself as a healthy human being.

James Pennebaker would not be surprised by my recovery. Pennebaker is a psychology professor at Southern Methodist University who has been studying the effects of writing on trauma and health since I was a staff nurse on the men’s ward in the 1970s. He and his colleagues have amassed a good deal of data demonstrating that writing can have a significant impact on one’s health and wellbeing. In fact, these folks have found that simply scribbling in an emotional way about a significant personal experience can lead to improvement not only in mental health, but physical symptoms as well.

These were exciting findings, but these social sciences studies, conducted for the most part on healthy college students, weren’t enough to convince the medical community that something as low tech, low cost, simple, and unrelated to physiology could have a meaningful and, more importantly, a measurable impact on disease. It wasn’t until physicians replicated Pennebaker’s experiments and determined that writing did, in fact, lead to positive, measurable outcomes on processes such as cellular immune system indicators and respiratory function that some in the medical community started to believe.

Pennebaker’s research involved asking a randomized group of subjects to essentially do what writers call a “freewrite.” It’s a generative technique writers use to get down a first draft without surrendering to the self-sensors we all have. Pennebaker gave his participants a prompt and asked them to write for fifteen to twenty minutes a day for three to five days in a row, to write without stopping, and to forget about grammar, punctuation, and spelling. Here’s his prompt: “Write about your very deepest thoughts and feelings about the most traumatic experience of your entire life.”

In taking on this writing cure, however, it’s not enough to just describe what happened when two knife-wielding men dragged you into a lonely alley, for example. It is not enough to vent generally about how your mother loved your brother more than she loved you. “We must write in a way that links detailed descriptions of what happened with feelings about what happened,” says writer Louise DeSalvo in *Writing as a Way of Healing*.

For me, as a writer, this is the most exciting part of Pennebaker’s work: those who benefit the most from expressive writing are those who create a narrative out of the difficult experience they’re writing about. “The act of constructing stories is a natural human process that helps individuals to understand their experiences and themselves,” Pennebaker and his colleague Janel Seagal write in the *Journal of Clinical Psychology*. It seems we human beings need to be able to make sense of what’s going on around us. Pulling together the jumble of thoughts and feelings we have and tying them to a trauma or illness—that is, creating a coherent story out of the experience—can help us find meaning and discover ways to deal with the disease. It helps us put things behind us.

Many writers already know that writing heals, even without double-blind, reproducible evidence to prove it. Still, it’s nice to know that the data backs us up. And for me, it’s one more tool I can slip into my bag of tricks when I set out to steer my patients—or these days,

the health care professionals I teach, inviting them to write as a self-care technique—through the challenging experience of illness, trauma, stress, and grief.

It took twenty-five years for me to “outgrow” my asthma, or perhaps to write my way out of it. The experience was not easy or linear or completely attributable to scribbling stories, though that was definitely a part. But now, in my fifties, I no longer worry about whether the smoke from the charcoal grill will send me into spasms of coughing that might land me in the ER. I can dance and run and swim, and I don’t even know where my inhaler is. (It expired years ago anyway.) Perhaps most significantly, I can both laugh and cry with complete abandon whenever the spirit moves me.

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