

# USING *CURRERE* CONCEPTS WITH WRITING DURING PHYSICAL THERAPY TREATMENT

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## INTRODUCTION AND BACKGROUND

Imagine feeling physical pain that consumes your life, and you can no longer sleep. Your doctor recommends physical therapy, so you find yourself about to walk into an unfamiliar clinic. The clinic seems like a nice environment, with calm music playing from the speakers and inspirational posters hanging on the walls. A (thankfully, fake) spine lurks in the corner in case the physical therapist wants to complete a demonstration. The other patients encompass a mix of humanity and pain levels, but some of them smile when the physical therapists ask them about their interests in the middle of instructions such as, three sets of fifteen. You hope you will be treated as a person, not just a collection of symptoms. The next chapter of your healing journey begins.

This *currere* composition connects the theory of narrative inquiry and the practice of multigenre writing with clinical research for patients as they navigated through physical therapy treatments to remediate painful conditions. In this pilot study, we show that physical therapy (PT) improvements were evaluated similarly when using physical therapy outcome measurement tools and patient self-reporting using short answer expressive writing prompts. This narrative connects the patient experience to the four phases of *currere*. The patients' past experiences influence their outlooks, their confrontation of obstacles influences their future healing, and their desire for clinicians to hear their voices anchors them in the present. Past, present, and future coalesce when a patient arrives to a clinic seeking help; consequently, multiple factors integrate to influence how well a patient will heal. This educational journey uses the *currere* method as a narrative thread by dovetailing multiple perspectives with a researchable scenario to illustrate the value of expressive writing for physical therapy patients.

Our research and writing team consists of Dr. Eric Wanner, physical therapist, Dr. Jayne Brahler, research professor, and Dr. Jennifer Bird, English teacher. While each of us brought our own expertise to this project, in this *currere* narrative we refer to all things our team accomplished with the first-person pronoun "we."

Our dilemma during this *currere* process occurred with how to accurately present patient voices while simultaneously maintaining confidentiality. To include the voice of every patient within the scope of these pages would clutter the writing and confuse the reader; yet, to simply summarize could result in stealing the patient voices from them. Consequently, we incorporate creative elements of multigenre writing to illustrate the emotional truth of patient experiences while grounding the factual truth of the research in a series of descriptive author notes.

In the qualitative interpretive theory of narrative inquiry, Clandinin and Connelly

(2000) explain, “In narrative inquiry, there is a relationship between researchers and participants, and issues of voice arise for both” (pp. 146–147). The research with physical therapy patients used traditional numerical statistics to demonstrate that the discoveries held up under the scrutiny of concrete data analysis, but as researchers we also wanted to experience patients’ unique voices. Romano (2004) explains,

I’ll use the word voice—the sense we have while reading that someone occupies the middle of our mind, filling the space with the sound of a voice, the sense we have while writing that something is whispering in our ear. (p. 6)

Studying voice in patient writing helps patients become a person to their clinicians, not just a diagnosis.

Patients in a physical therapy clinic can write in response to short answer prompts to express their voices, similarly to the way students in an English classroom write in response to short answer prompts. Connelly and Clandinin (1988) state, “What is special about the notion of *currere* is that it emphasizes a person’s experiential history both in and out of schools” (p. 20). By integrating an individual’s narrative into the curriculum of learning, the *currere* process applies to settings outside a teacher’s classroom. Pinar (1975) asks, “What role in this biography do my evolving intellectual interests play?” (p. 20). All of us value interdisciplinary collaboration and expanding the boundaries of what others in our respective fields consider normal practice.

Multigenre writing successfully connects the artistry of creative writing genres with technical research. Romano (2000) states,

When I taught high school seniors to write multigenre research papers, I asked them to turn in one thousand words a week of expressive writing in which they reported, conjectured, quoted, connected, created, experimented, even tried genres that seemed suddenly upon them. (p. 138)

Multigenre writing can incorporate creative nonfiction, fiction, poetry, or other innovative style choices by the author. Romano (1995) wrote, “I asked students to write a note page that explained some of the nitty-gritty, the ins and outs of particular pieces” (p. 142). These author notes elaborate upon the research and explain the author’s thought process.

In the description of patient experiences, we use five types of multigenre writing. The first genre, which you read at the introduction to this narrative, is a creative nonfiction piece that breaks the style rule of never using the word “you” in a formal article. Even if you have not been a physical therapy patient, it asks you to imagine yourself in the shoes of a patient who walks through the doors of a clinic for treatment. The second genre is a composite of patient experiences using fictional techniques to eliminate identifying patient information while maintaining emotional truth. Handler (2013) explains, “Emotional truth isn’t always provable truth” (p. 155). Nevertheless, emotional truth, or story truth, retains the essence of the narrative while honoring privacy. As writing teacher N. Goldberg (2000) explains, “Fiction lets us unhinge from facts and unleashes the soul of a thing” (p. 129). The third genre is the section of author notes containing the factual, provable truth learned from our pilot study. Even though this is a narrative piece, our research included statistics because, as Wheelan (2013) argues, “statistics can bring meaning to raw data” (p. 4). The fourth genre integrates the four phases of *currere* with a guide of how to apply the information we learned. After treating numerous patients as a nurse, S. Goldberg (2019) recommends,

It's helpful to create a narrative or story around the situation prior to going to the appointment. This will give your symptoms context and provide meaning to the timeline, and you'll naturally equip your provider with key information you may not even realize is relevant. (p. 123)

Finally, the fifth genre that flows through our writing is a collection of our reflections in our voices as the authors. Since we wrote collaboratively, we use "we" instead of "I" to tell our story.

Physical therapy patients have their own perceptions through which they view injury, pain, and treatment; yet as crucial as it may be to their healing, the patient's voice may not be heard. For example, when patients provide their current pain level and description of symptoms to a physical therapist, the information is assumed by both the therapist and the patient to represent the patient's present situation. In reality, however, the information is a construct based on the patient's past experiences and anticipated outcomes, and the present factual situation is a construct derived from these past experiences and future projections. For example, a patient may feel less pain in a particular moment when speaking to the physical therapist but forget to mention severe pain that occurred the previous day. Consequently, the physical therapist does not have all the information to best help the patient. Writing serves as a method to help the patient remember details to share. Weinert (2023) believes, "Personal writing offers limitless opportunities for personal growth and transformation, but the real magic happens when you let your story leave your body and take the risk of letting others relate to, feel, and engage with it" (p. 253). For the physical therapist to learn the patient's pain narrative, the patient needs to share the story and feel comfortable doing so. Consequently, what if, in addition to the actual physical therapy treatment, we find that the patients' end results are directly affected by the patients sharing their voices in writing? Additionally, what if having the patient's voice heard by the physical therapist is equally as important? Furthermore, what if expressing themselves and being heard by their therapists can predict their physical therapy outcomes? What if this allows the patient to feel they are on a good path for recovery that makes them more compliant with doing their home program and attending their physical therapy sessions?

### PATIENT VOICES

Patients begin physical therapy and arrive at the clinic twice a week, maybe more, or maybe less. Depending on the other events of their lives, some patients are in better moods than others. The mood of each patient may even vary day to day. One patient may feel great after completing exercises and vow to complete the same exercises every day in front of the television while watching the nightly news. Another patient may not see hope for feeling better after being awakened by the pain in the middle of the night.

During treatment, the physical therapist sets goals for each patient, but patients tend to have goals of their own. Perhaps the goal is to dance at a birthday party in six months or to return to the same level of playing baseball as before the injury. For other patients, the goals may not be as specific, and the focus is only getting the pain to stop. On the path to achieving goals, obstacles occur. When patients were asked to respond to the following short answer writing prompt, each patient wrote from the perspective of their experiences and expectations.

What are some actions you plan to take so you could prevent/overcome obstacles that might hinder your progress?

Each of the answers shared below is from a different patient.

Hopefully, the neck weakness will go away because I'm learning to strengthen those muscles.

Be careful adding things back into my life as I begin to feel better.

Continue my home exercise plan (as given by PT) + swimming & walking as I was doing previously. Prevent any exacerbation of injury by maintaining proper posture/movements as much as possible.

Continue PT@home and here. Search other options of relief.

Keep on working out.

I plan on getting therapeutic massages to help with my tightness along with allotting the already scheduled time for my exercises.

Keep doing what we are doing! It's working. Thank you, Great Staff.

Get my children and husband to remind me.

Continue with therapy & exercises.

Continue daily stretches & focus on progress everyday.

Make time to do exercises at home.

Home therapy

No answer

#### AUTHOR NOTES

We conducted a qualitative case series study, whereby the cases were defined as 13 patients at an outpatient orthopedic physical therapy clinic in Florida who underwent physical therapy treatment and provided written insights regarding their experience at the end of their first, second, and fourth weeks of treatment. We designed a survey (Wanner & Bird, 2013) consisting of numerical subjective questions and written subjective questions modeled after short answer writing prompts. We include excerpts from the survey in this section. We evaluated the writing using a rubric adapted from the work of Tom Romano that focuses on both the artistic and technical aspects of writing. Romano (2013) explains,

The holistic portion allows me to open myself to what the paper is doing, to feel it, just as I want to feel other crafted writing I read. The required elements remind me to examine how well students executed specific skills, strategies, and genres I've taught. (p. 167)

The technical part of patient writing examined how specifically they articulated their goals, while the artistic part of patient writing captured their voices.

For example, in looking at the responses in the previous section, the first response ("Hopefully, the neck weakness will go away because I'm learning to strengthen those muscles.") scored high on both the artistic part of the rubric (for a strong voice and the positive word "hopefully") and the technical part of the rubric (for the specific example "strengthen those muscles"). Each patient response for each question showed variation in both voice and specificity. Additionally, the patients completed objective, standardized physical therapy assessments, such as the Neck Disability Index (NDI), Disabilities of the Arm, Shoulder, and Hand (DASH), Lower Extremity Function Scale (LEFS), or the Modified Oswestry depending on the anatomical location of their injury. Patients completed the standardized assessments prior to their first physical therapy treatment and following their final physical therapy treatment. Standardized physical therapy assessments also provide information regarding the patient's perceptions about

their experiences. They were included because the intention of this research was to not only to evaluate the effectiveness of writing on physical therapy outcomes but also to reach the physical therapists, who place credence in the standardized exams used. These objective tests were used to evaluate medical progress that is considered to be objective evidence in the physical realm; although, it is appreciated that even medical progress in the physical realm is influenced by patient interpretation, as well as past experiences and future expectations. Each outcome measurement survey utilizes a different scoring scale. To combine the data from the different assessments, we converted raw scores to change-in-percent impairment scores, analyzed the statistical data, and compared the data to the writing scores from the rubric. The complete survey appears in our previously published article in *The Journal of Humanities in Rehabilitation* (Wanner et al., 2022).

Writing about experiences was a composite of past experiences and future expectations. Patients who expressed a higher positive outlook showed greater improvements according to how they scored on the standardized physical therapy assessments, and patients with a more positive outlook also had significantly fewer perceived barriers to having a successful therapeutic outcome. Physical therapy patients who used positive words in their writing while responding to short answer writing prompts showed higher ability improvement on existing outcome measurement surveys (DASH, LEFS, NDI, or Modified Oswestry) (Wanner et al., 2016). We discovered past experiences + future expectations = present healing.

#### CONNECTING TO CURRERE

*Currere* demands that we continuously refine our autobiographies. Dooley (2022) writes about a difficult experience, “Is it possible that this is a better story and that I am becoming better because of it?” (p. 185). Because life constantly changes, autobiographies continue to add new chapters. In our research study, as our patients added new chapters to their healing journey, we added new chapters to both our research and to our own narratives.

*Currere* shares components of its philosophy with Buddhism, such as focusing on the breath. We find our stillness before we act. Neff (2021) shares the description, “in Buddhist teachings, this powerful action-oriented aspect of compassion is called ‘fierce compassion.’ It’s the force that stands up to harm or injustice” (p. 31). A passion for research and compassion for others motivated all of us on the research team to design an idea that would help other people and make a difference in their lives.

#### PAST REGRESSIVE INFLUENCED BY OUTLOOK

Past experiences can determine a patient’s outlook. Psychiatrist Boardman (2021) argues, “Today, there is increasing evidence that positive everyday experiences and activities that engage, connect, and fortify us are critical sources of vitality” (p. 65). Because we were interpreting the patients’ writings, we developed constructs to guide viewing the patients’ writings. We labeled the first construct the Positive Outlook Assessment. The theory behind the Positive Outlook Assessment construct is that patients with a more positive outlook will be more likely to achieve their physical therapy goals. Short answer writing prompts for this construct use the artistic part of the writing rubric. The following written subjective questions comprised the construct:

Have your goals changed since the beginning of the physical therapy? Why or why not?

What potential obstacles do you anticipate that might prevent you from meeting your long-term goals (at four weeks of PT)?

What are some actions you plan to take so you could prevent/overcome obstacles that might hinder your progress?

A patient may interpret the present physical therapy experience based on past experiences of healing from pain. If a patient had an effective previous medical experience, the patient may value the healing journey more and view it from a positive perspective. Consequently, this construct focused on responses to short answer written response questions, such as if patient goals had changed during physical therapy and actions patients planned to take to make progress. Patients who used more positive words when responding to the prompts experienced greater healing gains.

After conducting several research studies, Seligman (2011) concluded, “Pessimists give up and suffer more stress, whereas optimists cope better with stress” (p. 207). Learning about a patient’s coping mechanisms can help a physical therapist understand why a patient may or may not comply with a home treatment plan and help the patient develop strategies to manage stress. Medical doctor Tindle (2013) learned from research and studying her patients, “Outlook provides some people with the gumption to seize opportunities, and in other cases seems to sabotage any hope of healing” (p. 6). Writing serves as a method for a clinician to learn not only about the patient’s voice, but also the patient’s outlook. Cameron (1998) believes that “there is no better way to open a writing voice than to write regularly, repeatedly, and from the gut” (p. 154). Too often, patients think of their best questions after they leave the clinic. Writing helps a patient remember questions and helps a clinician learn how the patient feels between appointments.

**FUTURE PROGRESSIVE INFLUENCED BY GOAL SETTING**

Future goals can determine a patient’s willingness to overcome obstacles. Duckworth (2016) believes that “grit is about holding the same top-level goal for a very long time” (p. 64). Returning to the research study, we labeled the second construct the Obstacle Articulation Assessment. The construct called Obstacle Articulation Assessment focused on patient stress level, time to complete exercises, motivation to complete exercises, and specificity of identifying goals and obstacles. We used each assessment to stratify the patient’s positivity and their ability to overcome obstacles to achieving their goals. Patients who could identify perceived stress, free time to complete a home exercise plan, motivation to succeed in treatment, and the ability to clearly articulate their goals in writing would be most likely to have a favorable treatment outcome. Short answer writing prompts for this construct use the technical part of the writing rubric. The following numerical subjective and written subjective questions comprised the construct:

Please indicate the degree that the following potential obstacles could hinder your progress.

	Current stress level in your life					
A large amount	1	2	3	4	5	A small amount
	Amount of time to complete exercises at home					
A large amount	1	2	3	4	5	A small amount
	Motivation to complete exercises					
A large amount	1	2	3	4	5	A small amount

In looking at your responses to the previous question, how can you make the situation better? (Make time for home exercises by putting them into your agenda, spend more time in less stressful situations, do exercises with friends or a family member, etc.)

Are there any other obstacles that could hinder your progress? Please explain.

What potential obstacles do you anticipate that might prevent you from meeting your long-term goals (at four weeks of PT)?

What are some actions you plan to take so you could prevent/overcome obstacles that might hinder your progress?

A patient may perceive the future based on the present physical therapy experience. If a patient has a specific future goal to accomplish later, the patient may have more motivation to complete physical therapy exercises now. Consequently, this construct focused on responses to short answer written response questions, such as identifying potential obstacles to healing and specific actions to take to overcome the obstacles. Patients who were more specific when responding to the prompts about eliminating barriers experienced greater healing gains.

After reflecting on the past, the next step in the *currere* process involves envisioning the future. Writing can be healing. Psychology professor Pennebaker, who conducted the first research study demonstrating that expressive writing can help people heal physically in addition to emotionally, and his colleague Smyth (Pennebaker & Smyth, 2016) discovered that, for many, “writing may help enhance emotional, psychological, behavioral, and biological processes that, in turn, may contribute to improvements in health and well-being” (p. 64). Through numerous research studies, Pennebaker and other researchers learned that, for writing to be healing, it needs to be expressive writing with a narrative, not journal writing of random topics. Our future vision includes more physical therapy clinics where physical therapists encourage patients to write. If clinicians don’t have time for patients to write long narratives, patients can complete short answer writing prompts about their goals, such as the ones we designed. If physical therapists want to add a member to their team, health and wellness coaches often work at physical therapy clinics and other health settings to help patients achieve their goals. Rethorn et al. (2022) argue, “Health coaching is a dynamic and collaborative approach to health behavior change that harnesses the patient’s or client’s values and strengths to realize their goals for health” (p. 2352). In our vision for the future of medicine, embracing writing as an adjunct to healing would occur in other medical practices in addition to physical therapy clinics.

Medical doctor Mate (Mate & Mate, 2022) argues, “There is nothing novel about the notion of the mind and body being intricately linked; if anything, what is new is the belief, tacitly held and overtly enacted by many well-meaning doctors, that they are separable” (p. 39). Medical doctor Rankin (2022) concurs, “Narrowing in on the quest for a cure while neglecting the healing process fractures human wholeness and can cause harm, even if the cure happens. Yet this dismembered approach is built into conventional medicine” (pp. 3–4). Writing serves as a free resource that can supplement traditional medical care, so we encourage more medical practitioners to implement it in their clinics and patients to practice it in their homes.

### PRESENT ANALYSIS USING EXPRESSIVE WRITING

Viewing any life journey through the lens of *currere* means our past experiences and future expectations lead to the construction of our present reality. The journey of the research team to design the study led to a more mindful journey for each patient who

participated as they reflected on past perceptions and envisioned future experiences. At the very least, stopping for a moment to write created a pause in the schedule for each patient to articulate an autobiographical snapshot of life and help the physical therapy team learn unique individual narratives.

As we present our analysis, we include strategies for how you can use writing in your life. Even if you don't have a reason to go to a physical therapy clinic, most of us will be patients in a medical clinic during our lives, even if it is simply an annual wellness checkup. As much as we believe in the healing power of writing, it is a supplement to other medical treatments, not a substitute for it. Furthermore, if writing brings up any disturbing emotional issues, we encourage you to follow up with a mental health professional.

Everyone has a medical story. Sometimes pain and symptoms can lead to anxiety, especially when encountering the myriad of information available online. Psychiatrist Vora (2022) argues, "What if instead of fearing and fighting true anxiety, you invite it in and hear what it has to say?" (p. 35). Writing helps us process the story in our heads until we can get the answers we need from a medical professional. Sociologist Brown (2015) believes that, "in the absence of data, we will always make up stories. It's how we are wired. In fact, the need to make up a story, especially when we are hurt, is part of our most primitive survival wiring" (p. 79). The absence of data can be physical, such as not knowing why pain occurs when you move a certain way, or emotional, such as not knowing why a friend didn't return a text. Brown (2018) continues, "The power of 'the story I'm telling myself' is that it reflects a very real part of what it means to be a meaning-making human. It's disarming because it's honest. We all do it" (p. 265). We all tell ourselves stories, but taking a moment to slow down and transfer the stories in our minds to the page or computer in front of us helps determine thoughts and feelings. Goff (2022) argues, "We concoct a believable story that is easier than the painful or more complicated truth" (p. 164). Sometimes experiences that lead to physical or emotional pain can lead to feelings of regret. Pink (2022) explains, "Writing about regret or revealing a regret to another person moves the experience from the realm of emotion into the realm of cognition" (p. 170). Writing brings life into focus and can help the writer move past emotions to realize rationally what is really happening in the present moment. Writing about positive events can help as much as writing about difficult ones. Hall (2022) provides the encouragement to "write down when you are the happiest. Document your wins. Tell the good stories" (p. 121). Stories of past accomplishments can provide motivation for people to continue achieving in the future.

While *currere* encourages its practitioners to reflect on how the past and future inform the present, too often people live anywhere in their minds except the present. Additionally, writing can combine with taking deep breaths as a form of meditation to provide a deeper stress release and focus on the present. Bernstein (2022) recommends, "If for a moment each day you can let your physical symptoms be a reminder to turn inward, breathe, journal, and feel, then you're on the right track" (p. 91). Meditating and breathing returns thoughts to the present. Fallon (2020) describes a strategy she calls the infinity prompt and elaborates,

Writing in which you name the facts, thoughts, and feelings becomes a diagnostic tool you can use any time to get at the root of what's really going on with you, see clearly the stories you've been telling yourself, unwind the complicated emotions swirling beneath the surface, and carve a brand new path forward. (pp. 101–102)



The way to begin writing practice is not difficult. Cain (2022) suggests, “If you’re intrigued by the idea of expressive writing, I’d like to suggest a new daily ritual for you: Find a blank notebook. Open it up. And write something down. Draw on your bitter, or on your sweet” (p. 152). Writing stops us from ruminating on a past we can’t change, helps us feel gratitude for the good things in the present moment, and look forward to how we may want to live life in the future.

### SYNTHESIS SHARING FINAL REFLECTIONS

This researchable scenario demonstrated how patients who articulated a positive outlook when writing about their experience and when identifying obstacles that could prevent them from achieving a successful outcome also perceived that they had experienced greater healing as was validated using standardized physical therapy assessments. Having and identifying a positive outlook, along with eliminating barriers, can be a strong component to utilize with current physical therapy interventions for patients. Furthermore, this researchable scenario brings awareness to other key components during the active recovery process for patients that should be implemented rather than utilizing objective measurements alone.

Writing provides an easily accessible resource for anyone who wants to try the process. Cameron (2022) believes that “it is the act of writing that makes us writers” (p. 1). So, we encourage patients to pick up a pen or pencil and write the next chapter of their healing story. We want our research to encourage patients to share their narratives with their medical team. The first part of the writing process is sharing their ideas with themselves. Quindlen (2022) believes about writing, “Sometimes it starts just by talking to yourself on the page, writing for an audience of one: you” (p. 21). Niequist (2022) agrees, “It wasn’t about sharing the writing or connecting through it. It was about making sense of my life through words” (p. 135). While writing can help us make sense of our lives, sometimes we can’t make sense of life on our own and need to ask for help. Consequently, sharing a symptom list, questions, and observations in the form of expressive writing with a trusted medical professional can help them learn our narratives and learn additional information that can help us heal.

Bowler (2021) believes, “So often the experiences that define us are the ones we didn’t pick” (p. 183). No one plans to become a patient and need medical care, but knowing our outlook, goals, and writing can make a difference. However, the healing process from an emotional perspective is more complex than simply telling patients to think positively, because some days, pain may make it almost impossible to find joy in life. On difficult days, it is important to find small things that bring happiness, such as listening to a favorite song, cuddling with a pet, or calling a friend. Lee (2018) believes, “While these moments of joy might seem fleeting, they can have lasting effects because they help to promote upward spirals of positive emotions” (p. 167). It is also okay to acknowledge that some days may bring more confidence than others about progress toward healing goals. Havrilesky (2018) argues, “Yet this chirpy insistence on positivity has a strange way of enhancing the dread and anxiety and melancholy that lie just beneath the surface of things” (p. 2). Patients should be encouraged to honor their story, reflect on their thoughts and feelings, whatever they may be, in writing, and communicate them to their medical team. Dalebout (2016) reflects, “Messy writing is often the most healing writing” (p. 39). We need our patients to be messy, be real, and be themselves.

In this narrative, we reflect on a pilot study that confirms that patient self-reporting in short answer writing prompts yields the same physical therapy improvements as patient self-reporting on physical therapy assessments that are considered to be valid and reliable as well as objective and standardized. This researchable scenario does

not officially split past experiences and future projections that act on patients from the patients' actual current realities. Subsequent studies should follow the *currere* method more closely along with the writing prompts and be based on the process described in Pinar's chapter to encourage patients to focus on the present. This style of thinking (or practice) has the potential to be a catalyst in healing not just in physical therapy but all of medicine.

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