

  
TWInstitute THERAPEUTIC WRITING INSTITUTE

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# Therapeutic Writing and Brain Injury

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# Therapeutic Writing and Brain Injury

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Barbara Stahura, CJF

*Submitted to the Therapeutic Writing Institute as the capstone project  
for the credential of Certified Journal Facilitator*

An injury to the magnificent, mysterious brain can upset the familiar story of a life in ways no other injury or illness can. People with brain injury may face challenges with physical abilities and, more essentially, with confounding changes to their mental and emotional abilities. So much that they knew about themselves — the wealth of information they depended on to lead their lives — can blur or disappear, leaving them stranded and struggling in an unknown place. They face the challenges of making sense of a life disrupted and perhaps altered forever; of being accepted — sometimes even by themselves — as a person who still has value and whose life still holds meaning and purpose; and of revealing a new self to people, perhaps even their loved ones, who don't understand or realize the changes the brain trauma has caused.

After surviving a brain injury and undergoing whatever usual therapies are prescribed to restore as much function as possible (or as long as one's money or insurance holds out), survivors face a dilemma not touched upon in physical, occupational, or speech/cognitive therapy: restoring or rebuilding the intricate, intimate story of one's life when that story has been altered, perhaps even severely, by damage to the brain. When a brain injury destroys or denies access to large parts of the familiar story of one's life, how can one create and live a satisfying "new normal"?

The answer: By looking deep inside at the heart and spirit — the place where creation takes place — and expressing on the page what one finds there.

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## My Story

Until December 29, 2003, I had little interest in or knowledge of brain injury. But on that day, a still-unidentified white sedan turned left in front of my husband as he rode his motorcycle on a busy Tucson street. Having the right-of-way, yet unable to avoid the

collision, Ken smashed into the car head-first and then landed on the pavement, which sent his brain careening against the rough-edged walls of his skull. Only his high-quality helmet saved his life. Thrust into the role of caregiver, I could not help but follow him on this fearful, confusing journey. Two things became necessary: that I learn all that I could about his brain injury in order to care for him, and that I find a way to also care for myself. Like many caregivers, I had more success with the former than the latter.

One of the best things I did for both of us was to journal. Already a long-time journal keeper at that time, I filled pages nearly every day during Ken's stays in two hospitals, during his in-patient rehabilitation, and then as he struggled through outpatient rehab for several more months. My journal was my confidante and my sanctuary. Journaling was my release and the one always-dependable source of solace available to me. I believe it



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preserved my well-being, particularly after a counselor suggested I was suffering from secondary traumatic stress. Also called compassion fatigue, this condition is common among family caregivers of people with brain injury. Symptoms include anxiety, exhaustion, sleeplessness, depression, decreased feelings of pleasure, and a reduced ability to feel compassion.

Months later, my journal became a sort of memory-in-writing for Ken, when I suggested he read it to learn about our story of the weeks and months of which he had retained little to no memory.

Several years later, an idea came to me that would change our lives, although I didn't realize it at the time: If journaling had been so helpful to me as Ken's caregiver — who had been confused, frightened, and angered by this alarming alteration of his life, my life, and our life together — perhaps it would also be helpful to those who were living with brain injury. I already knew about some of the studies of what Dr. James Pennebaker called "expressive writing," which showed resulting benefits for many groups of people as they wrote for brief periods about traumatic experiences. A research psychologist at the University of Texas at Austin, Pennebaker began his research in the mid-1980s, which laid the foundation for the new field of therapeutic writing. Many other researchers have followed his lead since then. In addition, I knew from my own experience how journaling had offered me a safe footing from which I could grope for clarity in the midst of blinding fright and confusion. It was the place to explore my thoughts and feelings in a way that simply ruminating about them could not do.

So, I thought, why couldn't this kind of writing benefit people with traumatic brain injury (TBI) and other brain traumas? And why couldn't I be the one to create a journaling experience just for them?

I hesitated at first, having no background in designing a journaling curriculum or in facilitating a group. I was not a therapist, nor did I have any other “official” credentials. What qualifications did I have?

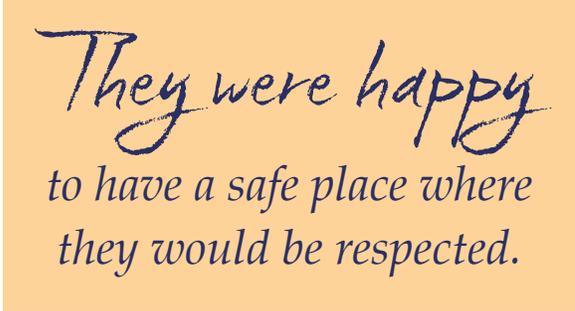
These: I had journaled on and off since the early 1990s and had read numerous journaling books, working many of the suggested exercises. In addition, my successful writing career of nearly twenty years had taught me how to research a topic and write compellingly and accurately. I had already written about TBI: two articles about brain injury among military personnel as a horrific result of the war in Iraq for a Veterans Administration publication, and several personal essays about our experience, one of which was published on Newsweek.com. And, importantly, I trusted my intuition and my heartfelt desire to help Ken and others with brain injury to better understand themselves and their new lives.

Furthermore, I had the expertise of Susan B. Schuster, MA, CCC-SLP, Ken’s former outpatient speech/cognitive therapist, to call upon for the more technical issues relating to brain injury. Susan is employed at HealthSouth Rehabilitation Hospital of Southern Arizona, in Tucson, and in late 2007 she introduced me to CEO Martha Gerganoff, for whom I wrote a proposal for a six-week trial workshop titled “After Brain Injury: Telling Your Story.” Martha believed the proposal was a good one and that hosting the workshop there would be a valuable community service, one not offered elsewhere in Tucson.

With five of Susan’s past or current patients, including Ken, participating, I facilitated the first session of After Brain Injury: Telling Your Story. Each week for six weeks I created a new outline for the next session, which enabled me to tailor the

sessions as the weeks passed. I learned as we went along, and the group members participated with enthusiasm, even though they had not journaled before. They received handouts with information about story and journaling, as well as prompts, which they kept in the three-ring binders that HealthSouth had purchased for use as journals. Susan acted as a quiet co-facilitator, mostly sitting in the back and being present should problems arise with participants. In four years and nine groups, only one minor problem occurred.

The trial workshop was a success. The participants appreciated the opportunity to write about themselves and their experiences, and to share what they had written. They were happy to have a safe place where they would be respected and meet with other people with brain injuries, who understood them as no one else did. I learned that I could facilitate a journaling group. Martha gave us permission to keep the group going, and we settled on offering it twice a year, in the spring and the fall. After the first group,

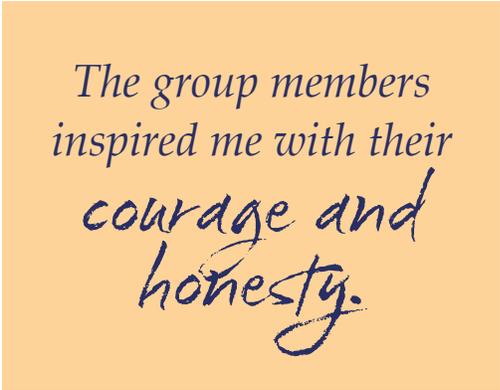


*They were happy  
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HealthSouth paid a fee to me so that group members could attend for free, since finances can be problematic for people with brain injury.

The ninth and last Tucson group was held in June of 2011. The program ended only because Ken (who had attended all nine groups) and I were moving to Indiana, where I hoped to start up another such group.

In between the first group in 2007 and the last in 2011, my confidence as a facilitator grew and my life changed. The members of these groups had inspired me with their courage



*The group members  
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courage and  
honesty.*

and honesty. They also expressed many times how helpful the group process with journaling, and I as facilitator, had been as they traveled the road of whatever recovery was available to them. I decided to continue learning how to become a more effective journaling facilitator. In the summer of 2009, I became a certified instructor of the Journal to the Self® workshop through the Center for Journal Therapy, and that fall began coursework to become a Certified Journal

Facilitator through the Center's professional training division, the Therapeutic Writing Institute. In 2010, I gave up my freelance writing career to devote myself full-time to journaling work.

In the summer of 2009, my book *After Brain Injury: Telling Your Story* was published by Lash & Associates Training / Publishing (<http://www.lapublishing.com/tbi-survivor-journal>). Co-authored with Susan Schuster, this expanded version of the workshop was the first journaling book for people with brain injury. Among its endorsements are those from James Pennebaker and Kathleen Adams.

## **Brain Injury**

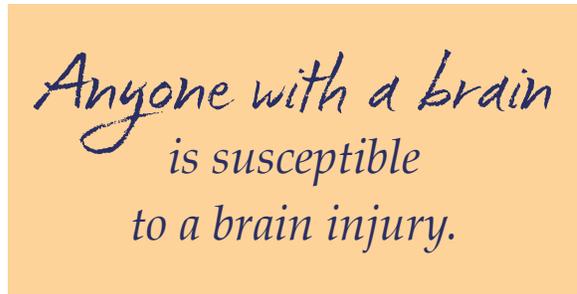
I originally designed *After Brain Injury: Telling Your Story* for people with TBI, since that was the brain trauma with which I was most familiar due to Ken's accident. Yet in one sense, a brain injury is a brain injury: Regardless of the cause, many of the resulting dysfunctions are the same. So people with other kinds of brain trauma, considered to be acquired brain injury (ABI), joined the groups over the years.

**TBI.** The Veterans Administration defines TBI as "the result of a severe or moderate force to the head, where physical portions of the brain are damaged and functioning is impaired." In 2011, the Brain Injury Association of America (BIA) began using this definition: "An alteration in brain function, or other evidence of brain pathology, caused

by an external force.” Each year, 1.7 million Americans sustain a TBI — more than the total of those diagnosed with breast cancer, HIV/AIDS, multiple sclerosis, and spinal cord injuries. Five million Americans live with permanent disability as a result of a TBI, and it is a contributing factor to one-third of all injury-related deaths in the U.S.

Anyone with a brain is susceptible to a brain injury. The four major causes of TBI, in order of incidence, are falls, motor vehicle-traffic, “struck by/against” events (colliding with an object), and assault. A TBI can result either from a closed-head injury or one where an object penetrates the skull. TBI can range from mild (a brief change in mental status or consciousness) to severe (an extended period of unconsciousness or amnesia after the injury). Ken’s TBI was a closed-head injury in the moderate to severe range. Yet even the so-called “mild” TBI (mTBI) can have devastating effects on a person, particularly if the injury is not allowed to heal properly. People with mTBI may not realize it right away nor realize the seriousness of this injury, so they continue with the behavior — playing football, for instance — that puts them in a position to either not recover well or to sustain more damage to their brains. Sadly, only recently has mTBI been realized to be a serious condition.

Many mTBIs were often passed off as nothing to worry about: “You just had your bell rung. It’s only a concussion. You’ll be fine.” But a concussion is a brain injury, and must be regarded as such. With rest and proper care, most people with mTBI recover fully. A good recovery, however, first requires a proper diagnosis, which can be difficult in these cases. Sometimes symptoms—memory problems, personality changes, cognition deficits, and more—do not appear until weeks later, making the connection difficult. And statistics show that once a person has a TBI, he or she has a greater chance of having a second one. A proper diagnosis after the first one is crucial.



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to a brain injury.*

Unfortunately, the effects of multiple brain injuries, no matter how “mild,” are not merely cumulatively worse; the effects grow exponentially. Multiple mTBIs can lead to the horrendous effects now being discovered in young, retired NFL players, such as the inability to function, severe depression, early dementia, and even death.

In a bittersweet synchronicity, I was developing my program as the nation’s interest in TBI was growing. The news was filled with the rising numbers of military personnel returning from Iraq and Afghanistan with TBIs, some quite horrific, because of the extensive use of improvised explosive devices, or IEDs. Around 2005, moderate to severe TBI was coming to be known as the “signature wound” of these wars. Some were caused by bullets and other projectiles penetrating the brain, while thousands of

more subtle injuries were caused by exposure to a blast. Even with no visible wound, the fragile, jelly-like brain of a human being exposed to a bomb blast is damaged by the massive pressure wave that sweeps from the blast and then rapidly surges back to fill the vacuum. (Recall that some of these blasts have flipped vehicles weighing 25 tons or more.)

Prior to 2007, I had written several articles on this subject, and what I learned fueled my desire to create my program. By 2011, it was estimated that more than 400,000 service members had sustained some level of TBI during their deployments. Most of these have been mTBIs, but, tragically, the U.S. military's admission of the prevalence and

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seriousness of mTBI took far too long. Treatment and care are still poor and often nonexistent. Furthermore, with exposure to multiple blasts, as is common, especially in additional deployments, the danger of permanent disability grows.

**ABI.** There is another classification of brain injury called acquired brain injury; it results from a non-traumatic cause. The BIA definition:

“An injury to the brain, which is not hereditary, congenital, degenerative, or induced by birth trauma...(It) is one that has occurred after birth.” These result from strokes, near-drownings, hypoxic or anoxic brain injuries (too much or not enough oxygen to the brain), tumors, neurotoxins, electric shocks, or lightning strikes. Another 795,000 Americans suffer an acquired brain injury every year. More than 125,000 members of this group live with ABI-induced permanent disability.

## Story as Medicine

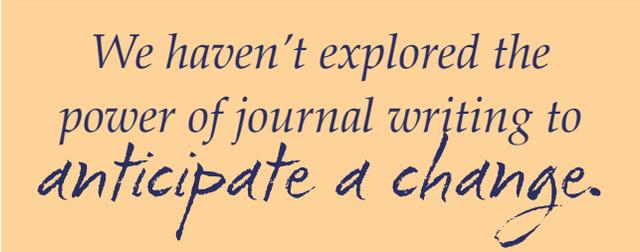
After a brain injury, the familiar story of a life undergoes major shifts. Sometimes it even crumbles. The focus becomes moving forward within a “new normal” — a new story. Whatever its cause, each brain injury is as unique as the person to whom it happens. While a brain injury can affect physical function, which is difficult enough, it is unique among injuries that can befall humans in that it can disrupt the most fundamental aspects of what makes us “us” — personality, memory, thought processes, emotions, motivation, self-control, the ability to learn and concentrate, self-expression, and more. Any one of these changes — let alone several — can cause confusion, stress, and worse to the injured and their families. As I wrote in “How My Husband Came Back” for Newsweek.com, “The white sedan that turned in front of my husband on his motorcycle might as well have been a rocket blasting us to an alien planet against our will. Left with a traumatic

brain injury, the Ken I loved, the Ken defined by his unique neural pathways—as we all are—threatened to vanish into the darkness that had sucker-punched his brain.”

After such a trauma, it’s important that survivors spend time in a process of self-discovery to figure out how to live as their new selves: different—sometimes in significant ways—from their former selves.

Typical brain-injury rehabilitation includes physical, occupational, and speech/cognitive therapy. All are invaluable for recovering as much as possible and for improving post-injury life. Unfortunately, once people with brain injury are discharged from therapy or rehab (which, sadly, can fall woefully short of the optimal amount, due to financial, insurance, and availability issues), they often have few options for learning how to understand and handle all the changes to which they have been subjected. They and their families frequently have little or no guidance in how to re-create the story of their lives as they adjust to their new normal, which can leave them all adrift at a particularly tender and frightening time.

Even though we humans build our lives around story, traditional brain-injury therapies do not address this issue, and appropriately so. They are meant to restore function or offer adaptations in the face of disability. Yet as Christina Baldwin writes in *Storycatcher: Making Sense of Our Lives Through the Power and Practice of Story*, “Story is the narrative thread of our experience — not what literally happens, but what we make out of what happens, what we tell each other and what we remember.” Making meaning out of living with a brain injury is not an easy task, and it is something only the affected person can do. If you are not who you used to be, who will or can you be now? Telling your story can help you discover the answer and lay the groundwork for reaching a more positive future.



*We haven't explored the power of journal writing to anticipate a change.*

Another concept that played a large role in the creation of *After Brain Injury: Telling Your Story* came from Deena Metzger’s *Entering the Ghost River*:

“‘What is your medicine?’ I was asked.

“‘Story. Story is my medicine,’ I answered.”

So I structured the program around the concept of story—what it is, why it’s important to know and tell our stories, the methods of doing so—and how to use it to heal. *Storycatcher* was an important resource and inspiration. One quote from it encapsulated the essence of what I wanted my program to do: “Something is happening in the power and practice of story: In the midst of overwhelming noise and distraction, the

voice of story is calling us to remember our true selves.” A brain injury can certainly be said to create “overwhelming noise and distraction,” in the midst of which the true self can be lost.

I’m not a therapist, nor an expert in any experience of brain injury other than mine with Ken. When I began writing the program sessions, I was admittedly groping in the dark. My aims were vague at first; all I had to go on was my strong belief that therapeutic writing would benefit people with brain injury in some way—that it could be medicine—as it has been shown to be for many other groups since Pennebaker began his research in the mid-1980s. But as my knowledge grew over several years, the program as expressed in the book *After Brain Injury: Telling Your Story* coalesced around these points:

- Creating a new story based on current realities allows us some measure of healing and offers hope.
- Giving voice to emotions after a traumatic event such as a brain injury opens a path to new self-understanding and to rebuilding our lives.

Story is key to the process of living a rich, satisfying, post-injury life that makes sense and has meaning. My basic goal for *After Brain Injury: Telling Your Story* was, and is, to provide simple writing exercises that engage people in exploring the post-injury story of their lives with honesty, creativity, and imagination. After four years and nine groups, I have seen that the program does what I hoped it would. Self-exploration on the page is the way to self-empowerment: This is the essence of therapeutic writing.



*Self exploration  
on the page is the way  
to self-empowerment.*

## **The Program and the People**

In putting together *After Brain Injury: Telling Your Story*, I did my best to create an engaging journaling program. Yet there was one big difference from designing a workshop for other audiences: Due to their brain injuries, many of the participants had various limitations that might need to be accommodated. Here is a partial list of those limitations:

- Living with a brain injury, especially early on, can be exhausting. A healing brain steals a great deal of energy from the rest of the body, which means the sessions can’t be too long. I chose 90 minutes, which worked well.
- Participants might not be able to focus well for any length of time, so shorter writing times might be called for. In these groups, writing times were 5, 7 or 10 minutes, depending on the complexity of the prompt and process.
- Some participants might not be able to speak clearly.
- Some might have trouble with the physical act of writing, or finding the right words.

- Some might be hypervocal and need gentle reminders to stop talking.
- Others with certain memory problems might repeat themselves frequently.
- Emotional outbursts due to disinhibition resulting from the injury can occur, while some participants might not be able to express much emotion at all, nor recognize the emotions of others.
- For those not able to drive, transportation is problematic. This could impact ability to attend as often as affected ones would like.

In one of my groups, a man who had suffered a severe TBI would enter the maze-like facility and then get lost. If he had not appeared in our room close to the start time, I learned to send someone out to look for him. He was usually waiting patiently in the cafeteria, knowing that we wouldn't forget him.

Susan Schuster suggested a screening process for participants to be sure they could participate; this was established primarily for potential participants who had not been her patients. We created a basic form meant to determine whether the person could write by hand (although we allowed laptops as well) and if he or she could follow simple instructions.

*Like any good journaling program, this one had to hold the interest of members.*

Because we met in a small conference room where it would have been disruptive to have someone talking while the others wrote, particularly for those participants who could not handle distractions or too much stimulation,

Susan and I chose to require that people be able to write or use a laptop. However, as an accommodation in the right circumstances, people unable to write could use a recording device and speak their journal entries, or a trusted person could act as a scribe for them. (These activities can work equally well for people journaling by themselves or with a therapist, rather than with a group.)

Like any good journaling program, this one had to hold the interest of members, allowing them to participate in ways that felt safe yet creative, and also encourage them to extend themselves into areas they might not have explored before. Since I assumed that most of the people using this program would be inexperienced journalers, a section of the program explains that journaling is a proven therapeutic tool whereby one may discover one's inner self by expressing emotions, confronting fears, relieving anxiety, coping with stress, and preparing for new challenges. Participants also receive basic information on how to journal.

In its current form, *After Brain Injury: Telling Your Story* follows a generalized progression through a brain injury, from the cause of the injury to stepping out into the world again. (However, even people as far as twenty years out from their injury have

found it valuable.) Along the way, it allows users of the program to explore:

- changing sense of self
- loss of memory and resilience
- altered relationships with family and friends
- anger and emotions
- grief and loss
- acknowledgement, acceptance, and accommodation
- facing the future
- building hope
- moving forward
- positive elements of post-injury life

This exploration is done through various journaling techniques and exercises, most of which rely on a “prompt” to focus the writing on a specific topic, although participants are always free to write about another subject. Most of the writes are freewrites, in which no specific journaling technique is used. The program teaches and uses the Dialogue and Unsent Letter techniques for several of the exercises.

In addition to self-exploration, it became clear over time that the program also offers some practical, rehabilitative benefits:

- Enhances written and verbal communication skills
- Stimulates cognitive and executive skills (following direction, organizing, planning, sequencing, attention, processing, etc.)
- Promotes post-injury self-awareness (deficits and strengths)
- Assists in planning for the post-injury future
- Promotes dialogue and understanding with family members and others
- Encourages self-expression after a trauma and major life disruption
- Prepares for community re-entry
- Offers community and support when done in a facilitated group.

In the nine groups, many of the participants were men with TBI resulting from motor-vehicle incidents, generally motorcycle, with and without helmets. The brain injuries sustained by other men and women in the group resulted from assault, anoxia due to a heart attack, aneurysm, bicycle accident, meningioma (non-malignant brain tumor), brain surgery, falls, stroke, attempted suicide, and a sinus surgery gone horribly wrong. Despite the difference in causes and age ranges (16 to 65), each group of participants formed a new, temporary community based on their one similarity: having sustained a brain injury that changed their lives.

One interesting development: Even for those members who participated in all or most of the groups and wrote on many of the same topics time after time, they were able to find new ways to approach the subject, which gave them a variety of perspec-

tives. While I was concerned they would be bored, they seemed to relish the repetition because it allowed them to see and measure their progress and change in perspective over time. Sometimes the structure and content of the writing improved. This was especially noticeable for the members who participated in the group over several years. Sometimes writing on the same topic several times but months apart provided a new view of an ongoing challenge, which enabled the writer to explore necessary changes. Additionally, keeping their journals meant they had a record of the past, which they could compare to the present. This was often a boost to morale during tough times when they believed they had not made much progress.

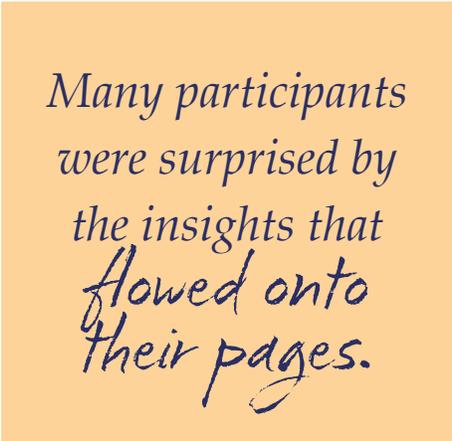
While planning this program and during the years I facilitated the groups, I searched for studies addressing the affect of journaling on people who had sustained brain injuries, but was unable to find any. I assume that either none have been done, or none have been published yet, although I believe it would be an excellent research subject. Even without such data, my personal experience as the facilitator allows me to say that journaling after brain injury has been beneficial for the group members. Furthermore, the experience of facilitating these groups has taught me a great deal about the human spirit, brain injury, and therapeutic writing.

Most of the people who attended After Brain Injury: Telling Your Story groups had never journaled or done any form of written introspection before. Yet with only one or two exceptions, they were eager to write and share their stories. Even the few with the worst disabilities, who could barely scratch out a couple of sentences in a 7-10 minute span, felt comfortable enough within the safe embrace of fellow survivors to write what was in their hearts. Many were surprised by the insights that flowed onto their pages. It was heartening to watch how those who attended the group more than once progressed in their recovery, accepted what had happened to them, and grew from their experiences, as demonstrated by their journal entries.

As is common in most journaling groups, we used a two-part process in ours: writing and optional sharing. The writings, of course, were the basis for what followed. They often described, in profound and moving terms, the experience of living with brain injury in ways that no academic or medical text can match.

Here are some examples, all of which can be found in *After Brain Injury: Telling Your Story*.

The exercise “Writing a Letter” uses the Unsent Letter technique. While this letter is never meant to be sent, it can provide clarity, offer an opportunity to vent, or allow com-



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munication with someone no longer in the life of the writer. In this particular exercise, people are asked to write a letter to their brains.

In response, Michael, who was only about eighteen months out from a severe TBI, wrote:

*Hello, Mr. Brain*

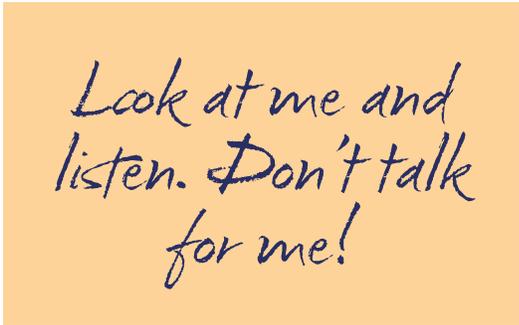
*Please forgive me for not keeping you safe. I should of been wearing a helmet to keep you protected. You need to know that I'm here to protect you and try to get you back in first class shape again. I will try to make good decisions that will keep us safe.*

In "Making Metaphor," participants are asked to compose metaphors that can be used to explain what it's like to live with a brain injury. Ken wrote:

*Before my brain injury, my memory was like a long shelf that could hold a lot. Now, it's much shorter, and memories fall off the back when I add new ones to the front.*

People with brain injuries are often treated differently than when they were "premorbid," i.e., before their injury. They require the opportunity to explain what they need and how they would like to be treated. For "What I Really Need," Elizabeth wrote this plea:

*Sometimes people try to help me by guessing what I want or mean. What would really help me instead is for people to back off and give me space and time. I'm still a person. My brain was hurt, but I am still Elizabeth. I need some extra time. I can answer for myself.*



*Look at me and listen. Don't talk for me!*

*I'm not helpless. Sometimes people treat me like I'm dumb now. I'm not. Look at me and listen. Don't talk for me!*

People with brain injury can easily become isolated and lonely when friends, and even family, disappear from their lives. It's important to deal with the loneliness. Michelle wrote this poignant entry for "Loneliness":

*I'm nervous around other people because I can't predict what I might do or say. My speech therapist says my injury affected the part of my brain that helps me monitor myself. I was in a restaurant with my Mom last week, and I yelled at the waitress when she brought the food. I just blurted out these words. I don't even know what they were. From the look on her face and Mom, I knew I had done something wrong. I didn't do it on purpose! It just came right out of my brain through my big mouth. I guess I do this a lot and my friends don't want to go out with me now. I know that Mom is getting nervous about taking me*

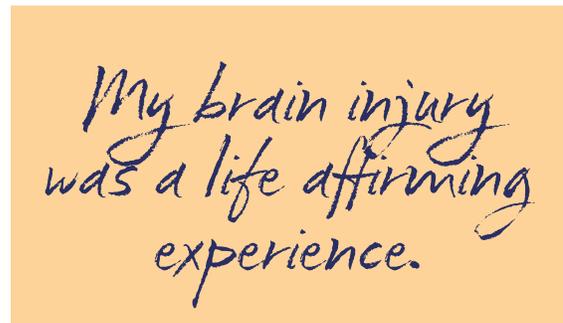
*anywhere even though she says she loves me no matter what happens. I'm starting to feel so alone.*

Despite the grief and anger that occur after a brain injury, many survivors eventually discover hope and maintain a positive outlook. Chapter 6 in the book is titled “Later On: Any Positives?” and contains an exercise titled “Your Better Stories.” This exercise is meant to encourage exploration of the brighter side. Leslie’s words express a sentiment often echoed by others in the groups:

*A stampede of horses changed the story of my life by causing me to focus on what is right here, right now. The brain injury I experienced was severe enough to keep me hospitalized for 3 and one half months then under nursing care at home for another month.... I appreciate more now and that lesson doesn't go away. I cherish what I have and focus on the benefits of the friends and family around me. My brain injury was a life affirming experience for me.*

And Todd, who came near to dying after a motorcycle accident put him in a coma for weeks and left him permanently disabled, summed it up when he wrote:

*I am a brain injury survivor.*



My brain injury  
was a life affirming  
experience.

The second part of the process — sharing what was written — was as valuable as the writing, in that it allowed members to know that their shared experience meant they were not alone, an important element when dealing with the isolation that brain injury can leave in its wake. They had all experienced being dissed and dismissed by those who did not understand, so when they shared their thoughts and feelings with others who did understand, they felt empowered individually and as part of a community of determined survivors.

Had they thought about these topics or discussed them with others, such as therapists and family and friends, before? Probably. Yet the accepting and encouraging atmosphere within the group of fellow travelers, combined with the writing process itself, allowed them to be heard in ways they had not experienced before. The process provided a deeper, more insightful look that I interpret as therapeutic.

In recent years, I passed out a participant assessment form at the last session of each group. The comments there reveal the therapeutic nature of the process. Here is a sample of answers to the question “Do you feel different after you attend this group?”—

- Lindsay: “Yes. I always leave the class feeling like a weight has been lifted from my shoulders.”

- Ken: “Yes. I understand myself and other TBI people much more than I have before.”
- Sue: “Yes. No more tension.”
- Mike: “Yes! I learned a lot about myself. At the same time I saw how the other group mates worked and how the different subjects or prompts gave us a chance to be creative. The Journal Group was a big part of my come back to the old Mike.”
- Anne: “Yes. I gain acceptance and social skills.”

Can these benefits be scientifically measured? I would have to say probably not objectively, although subjectively they are very positive. However, what I do know is that they cannot be dismissed as meaningless, and that journaling after brain injury does indeed have therapeutic value.

## Conclusion

Creating and facilitating *After Brain Injury: Telling Your Story* has been one of the most rewarding experiences of my life. It also humbled and honored me as the group members accepted and trusted me, a person without a brain injury, because of my experience as my husband’s caregiver and, I hope, because of my sincerity, compassion, and desire to understand. I believe that I benefited as much as they did from the openness, honesty, and courage that flowed through the sessions.

Journaling gives people with brain injuries a special opportunity to truly listen to themselves. Ideally, the act of writing enables them to quiet the chatter in their heads and concentrate on looking deep inside in a focused way, to discover who they really are after brain injury: how they have changed and been changed. And then they can rediscover their true selves that remain intact despite the trauma.

Journaling allows them to literally both see and hear their deepest thoughts and feelings: In composing their entries, they see them on the page or the computer screen and then hear them in their heads. This practice engages not only their bewildered hearts and battered spirits, but their brains as well, forging new neural pathways that can keep them moving toward more healing. Additionally, journaling in a group lets them be doubly heard, as others witness their self-expression and encourage them to keep moving forward.

Their creation of a story/record of who they have been, who they are now, and who they might be in the future is a valuable element of the recovery process that should not be overlooked. For those who face the unique “overwhelming noise and distraction” of trauma to their magnificent, mysterious brains, journaling truly can be medicine, a therapeutic salve that becomes available when one puts pen to paper.

## Barbara Stahura, CJF

Barbara Stahura, CJF, knows that journaling holds the power to change people's lives, one sentence, one page at a time. Through her work as a Certified Journal Facilitator, she guides diverse audiences in learning how to harness that power for themselves.

Her original journaling workshop for people with brain injury was the basis for her acclaimed workbook, *After Brain Injury: Telling Your Story* (Lash & Associates Publishing/Training, 2009), co-authored with Susan B. Schuster, MA, CCC-SLP.



In addition to her work with people with brain injury, Barbara has facilitated a number of varied journaling programs. She twice presented Journal to the Self® at the Learning Curve of Tucson. She designed and facilitated a journaling program for family caregivers of people with brain injury. She presented three journaling workshops for the National Guard: one for professional caregivers at a 2010 workshop in Atlanta, Georgia, and two for returning National Guard service members and their spouses. She was a facilitator for "Journaling with the Help of Horses," a workshop co-presented with Barbara Rector, co-founder of the Equine Facilitated Mental Health Association, and her four-legged staff.

After becoming a certified instructor of Journal to the Self in 2009, Barbara entered the Certified Journal Facilitator program of the Therapeutic Writing Institute, completing the work in the summer of 2011.

As a freelance writer from 1994-2010, she published in numerous national and international publications. Her memoir, *What I Thought I Knew* (Wyatt-Mackenzie Publishing, 2008), tells the stories of how changing her mind changed her life.

### A Note from TWI

The Therapeutic Writing Institute credentials program concludes with a capstone project that contributes to the body of knowledge and practice in the field of therapeutic writing. This paper is Barbara's contribution, unanimously declared outstanding by her capstone review committee. We thank her for sharing this paper with her colleagues, and we congratulate her on her Certified Journal Facilitator credential. Her scholarship, leadership and facilitation have been exemplary.



*Kathleen Adams, LPC*

*Director, Therapeutic Writing Institute, [www.twiinstitute.net](http://www.twiinstitute.net)*