

HOW CAN CREATIVE WRITING AND READING ALOUD TRANSFORM THE STORIES TOLD BY PEOPLE IN FERTILITY TREATMENT?

COMMENT L'ÉCRITURE CRÉATIVE ET LA LECTURE À HAUTE VOIX PEUVENT-ELLES TRANSFORMER LES HISTOIRES RACONTÉES PAR LES PERSONNES SUIVANT UN TRAITEMENT DE FERTILITÉ?

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This study explores the therapeutic potential of facilitated creative writing for people undergoing fertility treatment. Against the backdrop of a fertility crisis in Denmark and the Western world, the research investigates how narrative practices can alleviate the psychological burden often experienced during fertility treatment. Drawing on theories from literary studies, philosophy and psychology, the study analyses a six-session writing workshop involving 12 participants. Through creative writing, participants developed a deeper understanding of their emotional experiences. Group readings of the written texts fostered transformative reading practices, categorized into four types: co-creation, exploration, reflection, and expansion. Writing and reading aloud enabled participants to reshape their narrative identities and thereby improve communication with their relatives. The findings suggest that creative writing, while not a therapy per se, can have therapeutic effects; however, further research is needed to substantiate this. The study highlights the value of narrative hermeneutics in health contexts and calls for broader integration of creative writing into patient care.

Keywords: facilitated creative writing; reading aloud; fertility treatment; narrative medicine; narrative identity; mental burden.

Cette étude explore le potentiel thérapeutique de l'écriture créative facilitée pour les personnes suivant un traitement contre l'infertilité. Sur fond de crise de fertilité au Danemark et dans le monde occidental, la recherche examine comment les pratiques narratives peuvent alléger le

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fardeau psychologique souvent ressenti durant le traitement. S'appuyant sur des théories issues des études littéraires, de la philosophie et de la psychologie, l'étude analyse un atelier d'écriture en six séances réunissant 12 participants. Grâce à l'écriture créative, les participants ont développé une compréhension plus profonde de leurs expériences émotionnelles. Les lectures en groupe des textes écrits ont favorisé des pratiques de lecture transformatrices, classées en quatre types : cocréation, exploration, réflexion et expansion. L'écriture créative et la lecture en groupe ont permis aux participants de remodeler leur identité narrative et d'améliorer ainsi la communication avec leurs proches. Les résultats suggèrent que l'écriture créative, bien que n'étant pas une thérapie en soi, peut avoir des effets thérapeutiques ; cependant, des recherches supplémentaires sont nécessaires pour le confirmer. L'étude souligne la valeur de l'herméneutique narrative dans les contextes de santé et appelle à une intégration plus large de l'écriture créative dans les soins aux patients.

Mots-clés : écriture créative facilitée ; lecture à voix haute ; traitement de la fertilité ; médecine narrative ; identité narrative ; charge mentale.

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1. Background

Danish society — and the entire Western world — is facing a fertility crisis. Fertility rates in Denmark have been declining for many years and have dropped below the level needed for the population to sustain itself. More than one in eight children in Denmark are now born with the help of fertility treatment, and at the same time, the average age of the population is increasing. This demographic trend may lead to economic and societal challenges to such an extent that it may become difficult to maintain the current welfare state as a societal model (Skakkebæk & Lindahl-Jacobsen, 2023). The increased attention on fertility, and the framing of a ‘crisis’ in fertility, is often understood as a public health-related and societal issue, focusing on contributory factors such as reproductive age, environmental pollution, diet, stress, and lack of financial incentives.

However, there is also a mental health issue associated with the fertility treatments offered that deserves our attention and where the medical humanities in particular can make a positive contribution. People undergoing fertility treatment often experience being reduced to a biological machine by the healthcare system; and at the same time, they feel that their family and friends cannot empathise with the distressing experience of undergoing fertility treatment. In many cases, they feel self-stigma and shame. Psychology offers evidence-based therapeutic programmes to alleviate the mental burdens that can result from fertility treatment. In addition, the therapeutic effects of facilitated creative writing are already relatively well documented in other patient groups (Fioretti et al., 2016). The question is therefore: Can researchers into narrative medicine develop a similar, yet distinct intervention grounded in rigorous aesthetic practice and solid evaluation? The challenge we want to respond to in this article is, how we can take steps to transform the stories told by people receiving fertility treatment so as to reduce their mental burden. Whether participating in creative exercises could also increase the chances of getting pregnant was *not* investigated; the effect of more standardised psychosocial interventions on pregnancy in couples undergoing fertility treatment has been studied elsewhere (Katyla et al., 2021).

The article describes an intervention applying creative writing and its audio-visual web product aimed at Danish citizens either in fertility treatment or close relatives to people in treatment as part of the interdisciplinary research in “narrative medicine” at the University of Copenhagen. In England, the promotion of Arts and Health is spearheaded by scholars such as literature professors Philip Davis and Josie Billington at the University of Liverpool. In his book *Reading for Life* (Davis, 2020), Davis examines the significance of vulnerable citizens and patients participating in a reading group, thereby giving them the opportunity to perceive themselves from another perspective. Billington, in her book *Is Literature Healthy?* (Billington, 2016), discusses the same potential benefits of shared reading. Similarly, Rita Charon from Columbia University has expanded the scope of narrative medicine originally invented to strengthen a “narrative competence” to understand what patients are trying to tell their doctors about experiencing or living with illness (Charon, 2006). Through the new concept “systems narrative medicine”, Charon addresses the potential of narrative medicine beyond the classrooms of health departments: “Narrative medicine has evolved into a systems narrative medicine since it is increasingly influenced by and influencing global and social processes far afield from actual clinical settings” (Charon, 2022: 7). In our intervention,

creative writing and reading aloud aimed at supporting fertility patients to transform their stories has been encompassed under the extended form of narrative medicine.

2. Theoretical framework

2.1. Creative writing and reading aloud

Creative writing is characterized as a literary practice aimed at enhancing the aesthetic quality of participants' texts by developing a sense of literary form to inexperienced writers. Introductions to creative writing often entail knowledge of genre, narrator, plot, and reader, all of which can be subsumed under the concept of "literary form" (LaPlante, 2010). Therefore, creative writing does not focus on the expression of emotions in the text, but on giving the emotions a form through creative language and narrative. The assumption is that a reader cannot recognize an emotion unless it has been made sensory by placing it in a scene or verbalising it in a narrative. Author Nellie Hermann, who is affiliated with the narrative medicine programme at Columbia University, has described creative writing as a "voyage of discovery" (Hermann, 2017). Hermann describes the exploratory aspect of writing as: "When we write, we try to give the inner an outer form. Even if it is indirect or metaphorical or imperfect, we find words for what is inside us, such as feelings or experiences that were previously unarticulated" (Hermann, 2017: 217). Writing makes the intangible sensations tangible by offering them the language to do this. Creative writing can thus lead to unexpected discoveries and reflections for the writer, expanding their imagination about themselves and the world.

We can refer to this practice as sensory writing, meaning that the words of the mind are integrated with bodily senses. Stimulating sensory writing through a sense of literary form is the most important goal of participants' practice with creative writing. Empirical studies of facilitated creative writing have concluded that a growing sense of form and training in explorative writing is connected to the potential for new insights into health-related interventions (Harthill et al., 2004).

To conceptualize participants' practice as readers, we follow the literary theorist Rita Felski, who, in her groundbreaking work *Uses of Literature* (2008), presents a phenomenological view on how readers receive and use literature in their everyday lives. Felski's interest is not what literature is essentially, but what use and value it can achieve through social interaction with various readers. She argues that readers, through their intellectual and emotional engagement with a text, can be moved to a completely new understanding of themselves, their relations and the world around them (Felski, 2008). Literary scholar Winfried Fluck's description of the effect a text can generate in the reader is also relevant here. Fluck views reading as a complex transaction between the text and the reader that transforms their process of understanding themselves. He describes this exchange using the concept of an articulation effect, which refers to the ability of literary texts to articulate what the reader cannot yet express about a phenomenon in the world or within themselves: "The act of reception allows us to give expression to associations, feelings, moods, impulses, desires, or corporeal sensations that otherwise have not yet found any satisfactory expression [...] I call this the 'articulation effect' of fiction" (Fluck 2013, 244).

In the present article, we will apply Felski's modes of reading – for example recognition and shock – alongside Fluck's articulation effect to analyse the effects of participants reading aloud creative texts in a writing workshop. Reading one's own

creative texts aloud as it is typically practiced in Charon's pedagogy differs from shared reading of other authors' texts as promoted by Davis and Billington.

2.2. Narrative identity

The relationship between a writer, a text and a reader in a writing workshop is comparable to the relation between a doctor or therapist, a cause of illness or other problem and a patient. To describe this comparison, we draw on Rita Charon's work on interactions between doctor and patient in clinical consultations, where she explains that a patient not only tells a story *about* themselves but also tells themselves: "Telling our story does not merely document who we are; it helps to make us who we are" (Charon, 2006: 69). In this context, the doctor becomes a co-creator of the patient's (illness) narrative by helping the patient create coherence and meaning in their story through questions, silence, collaboration in diagnosis, and the writing of medical records. Similarly, participants in a creative writing workshop become co-creators of their own, but also indirectly others' illness narratives.

Charon's narrative concept relies on Paul Ricoeur's theory of narrative identity. Like Charon, Ricoeur describes how interpreting narratives can create coherence in otherwise fragmented life stories. In interpreting a text, the reader connects its elements to form a narrative structure, which constitutes the story. In this process, the story of the text is created, and simultaneously the reader's own story – their narrative identity. "Our life", Ricoeur states, "when then embraced in a single glance, appears to us as a field of a constructive activity, borrowed from narrative understanding, by which we attempt to discover and not simply to impose from outside the narrative identity which constitutes us" (Ricoeur, 1991). What Paul Ricoeur has conceptualized in philosophical terms, Jerome Bruner has explained in psychology by arguing that "a life is not 'how it was' but how it is interpreted and reinterpreted, told and retold" (Bruner, 2004). Therefore, what Charon describes in the event between doctor and patient, Ricoeur and Bruner outline as a universal human process that unfolds over a lifetime.

The participants' transformation of their narrative identity in the writing workshop is probably closer to Charon's context, but Ricoeur's and Bruner's concepts effectively capture how participants – as readers and writers of texts – transform and shape their self-narratives through these processes.

3. The intervention model

3.1. Recruitment

Participants were recruited by disseminating flyers in the fertility clinic at Copenhagen University Hospital and Hvidovre Hospital. We also advertised for participants in The Fertility and Loss Patient Association and on social media platforms like Instagram. Potential participants were informed in the flyer that experience with creative writing and literary reading was not a requirement. Over a period of two months, we included a total of 12 participants aged between 31 and 42, all of whom were currently undergoing or had previously undergone fertility treatment. All participants had long educations, most of them from university, and several were familiar with creative writing. The participants were made up of 11 women and one man; the man and one of the women were relatives of a partner undergoing fertility treatment. All participants were undergoing fertility treatment with a partner except one. Nine participants were in active fertility treatment

during the workshop, while the remaining three had previously undergone treatment – one was pregnant, one had just given birth, and one had chosen to take a break from treatment.

3.2. Designing the writing workshop and data collection

The writing workshop took place over six sessions of two hours in the same room at University of Copenhagen in the autumn of 2024 and followed a consistent structure centred around a writing exercise followed by a group reading. The writing exercises were facilitated by an experienced author of fiction, Tine Høeg, using the creative writing method. The author was known by the participants as the author of a Danish novel, *Sult* (2022), about a couple in fertility treatment, adapted into a film as *A Copenhagen Love Story* (2025) on Netflix the following year. The participants were shown six different literary excerpts and given corresponding writing exercises – one per session. The excerpts spanned various genres, such as letters, novels, and poems, and were written by different critically recognised authors. The facilitator organized the exercises to gradually increase in difficulty from the first to the last session to stimulate the development of participants' writing skills. Although the exercises had no content requirements, participants often chose to write about topics related to their fertility treatment. The group readings were structured so that all participants and the facilitator read and provided feedback on a selection of texts written during the previous exercise. Participants acted as readers of their own texts in the act of reading aloud, as well as readers of others' texts in the act of listening. In each session, three or four participants were invited to read their text aloud and receive feedback.

To collect empirical data in the project, we combined the following ethnographic methods: participant observation, semi-structured interviews, questionnaires, and the collection of participants' creative texts. These were used to conduct a qualitative evaluation of participants' experiences and outcomes from the writing workshop as a literary practice. Data collection and processing were carried out by this article's first author. Our methodological choices were based on published studies from research projects at the University of Southern Denmark, which predominantly take the form of qualitative evaluations of various patient groups' experiences and outcomes from participating in writing workshops (Hansen et al., 2019; Laursen et al., 2023; Rasmussen et al., 2025). All selected methods have proven useful – both individually and in combination – for illuminating different aspects of the experience and outcomes of writing workshops. By exploring various types of empirical data with an exploratory aim, we could create a more comprehensive and complementary understanding of the experience and outcomes of a writing workshop.

Through the range of methods in our data collection, we generated a diverse dataset consisting of: a) 12 hours of audio recordings from six two-hour sessions, b) field notes from the six sessions, c) 61 creative texts produced by the participants during the workshop, collected to examine the function of the writing process in their overall experience, d) initial and final questionnaires completed by all participants to assess any changes resulting from the workshop, and e) interviews with four participants and the facilitator, comprising five audio recordings of 20–30 minutes each, which, together with the questionnaires, form the study's emic perspective. The analysis and results of the overall evaluation of the writing workshop are presented by this article's first author in an unpublished thesis (Friedrichsen, 2025).

3.3. Qualitative evaluation of the intervention

The four interviews with participants were subsequently transcribed and analysed thematically. The analysis was performed by means of repeated reading and identification of themes and patterns in the interviews (Braun & Clarke, 2006). During data processing, especially from observation and field notes, two distinct types of practice emerged: the participants acted both as writers and as readers. These two practices encompass the participants' overall experience and outcomes from the workshop and thus form the thematic structure of the analysis.

Selected examples from the various data types were transcribed for use in the article. Since we incorporate the emic perspective as central and guiding in our descriptions of participants' experiences and outcomes, we use a descriptive analytical method. This method aims to represent the participants' experiences with using language as close as possible to their own (Neergaard et al., 2009). The findings of the analysis are described below.

3.4. Ethical considerations

All participants (aged 18+) in the writing workshop signed consent forms before data collection started. The consent forms were prepared and stored in accordance with the University of Copenhagen's data protection and ethical guidelines, which comply with the Danish Data Protection Agency's regulations for handling sensitive personal data. The names of the participants, as well as the names of their relatives and any associated sensitive personal information, have been anonymized.

4. Findings

4.1. The participant as writer

Through the writing workshop, we observed – and the participants later confirmed – an improvement in their sense of literary form. The sense of literary form can be observed in the participants' acquisition of creative language: sensory writing. In the final questionnaire, all participants answered “yes” when asked whether they felt that they had become better at writing creative texts. This development can, for example, be seen in the participant called Christian's acquisition of a sense of literary form. The first time the participants were introduced to sensory writing was in the writing exercise “I remember...”. The exercise was done in the second workshop session and based on an excerpt from the work *I Remember* (1975) by the author Joe Brainard. All paragraphs in the work begin with “I remember ...”, and the facilitator asked the participants to imitate this form when, in the exercise, they were asked to describe their fertility process. She asked the participants to base their descriptions in sensory language. Christian produced the following excerpt in the writing exercise:

I remember the darkness in the bedroom when we were supposed to have sex, and I didn't want to.

I remember dad sitting in the chair and listening when I said we were undergoing fertility treatment.

I remember that he was caring. I remember when fertility treatment became part of my identity. It was the fourth update, and Benjamin curled his lip.

I remember the little hopes, and I remember how they were lost. Always after the morning bathroom visit and when the sound of the ventilation turned off.

Fig. 1

In the excerpt, Christian describes a part of his fertility process in four short sections. Christian succeeds in following Brainard's anaphoric stylistic device in the repeated opening "I remember [...]", but he finds it more difficult to grasp the facilitator's requirement for sensory language. Even though he manages to set the scene in terms of surroundings and action by describing concrete details, he still ends up expressing the feeling without a use of form. The feelings are not made sensory and are therefore not recognizable to readers of Christian's text.

However, Christian's development of his sense of literary form throughout the writing workshop is clearly visible from the second to the sixth and final workshop session. Here, the participants were given the task of writing a text based on the poet Søren Ulrik Thomsen's collection of poems *The worst and the best* (2002) inspired by a poem of Charles Bukowski with the same title. Christian produced the following excerpt:

The best is butter biscuit from Ritter Sport
And Sara inhaling fresh air through her hair

The best is when we forget morning, day, and evening
The Saturday feeling
Where McDonalds, duvets, and *The Great Bake Off* find their way – undaunted – into our sofa

The best is the bubble, where I disappear
With AirPods
On the bed
Deep down in my keyboard

Fig. 2

In the excerpt Christian plays with alliteration using b, s, and t in the first and second stanza. "The best [...]" is repeated anaphorically, as in Søren Ulrik Thomsen's work – here at the beginning of each new stanza. The final stanza in the example is structured by enjambments, which support the stanza's thematic funnel; the narrating "I" figuratively disappearing line by line further down into the keyboard, further into his bubble of calm and self-forgetfulness. At the same time, he also manages to create a text free of abstract emotional description, using sensory language – for example, when he writes: "The best is [...] Sara inhaling fresh air through her hair." As readers, we can sense the cold, freshly

scented hair when Sara comes in from outside, just as Christian leaves it up to us to deduce the narrating “I’s” infatuation with Sara – expressed through fascination with Sara’s hair and scent, and the intimacy that must exist between them, since the “I” can smell her hair. Through sensory language, Christian thus manages to evoke an emotional mood in the reader without explicitly labelling the feeling in the text. Christian thereby demonstrates a completely different level of formal sensitivity compared to the first and second workshop session. The development of the creative and sensory language in Christian’s texts is one out of several examples of a participant developing a sense of literary form as a result of the workshop.

Participants found they could experience going deeper into the self by using sensory language; they thus used creative writing as a tool of discovery to gain new insights about themselves and their relations. In this way, the sensory writing became exploratory writing (Hermann, 2017). In the final questionnaire, Christian describes it as follows: “I have discovered something about myself and my relationship dynamic. It has led to many conversations between my partner and me.” In response to what he gained from participating in the workshop, he further writes: “I can say with reasonable certainty that our relationship and my approach to fertility have improved because of this workshop.” Christian describes having “discovered something” about himself and his “relationship dynamic” through the creative writing, and he also explains how the writing workshop, for him, was the reason why his relationship with his partner has “improved”.

The participant we called Sofie had a similar experience: “When I have to explain something that is emotionally vulnerable, it has become easier for me to verbalize it [...] I’ve become better at being more nuanced, and it’s not just so fact-based anymore, it can go a bit deeper.” Sofie explains how the workshop’s development of her sense of literary form through the sensory language has caused her vocabulary to become more nuanced and to reach “deeper” into her emotional life. The sensory language has made it easier for her to verbally articulate vulnerable experiences to herself. In this way, the development of a sense of literary form has led Sofie to new insights about her emotional life.

Christian and Sofie are examples of how participants in the writing exercises briefly entered the role of authors of their own self-narratives. These self-narratives became subjects for interpretation and discoveries about themselves and their relations, and through that, they experienced being able to shape and transform their narrative identities (Ricoeur, 1991; Bruner, 2004). Sensory writing thus became exploratory on a deeper level in a search into their selves.

4.2. The participant as reader

The transformation of the participants’ narrative identities also occurred through their practices as readers during group readings. Here, the process of gaining insight happened in the reading of literature, through which the participants altered their understanding of themselves and their relations and thereby experienced their narrative identities as malleable. As a counterpart to exploratory writing, we will refer to this practice as transformative reading. The participants found that the creative text – whether reading it aloud themselves or listening to a reading – articulated something they had not yet been able to articulate before (Fluck, 2013).

The participant called Gaia describes the insight like this: “It was when reading it aloud – it became more real, I understood it better.” The text that Gaia hears herself read aloud articulated something true that had previously been unarticulated. What is particularly interesting is that she had written the text herself, thereby having looked for

words to articulate herself. The text's articulation effect thus occurred in Gaia's reception of her own text, and not while writing it. Gaia's reading aloud of her own text generated a transformation in her way of understanding her own story.

Throughout the workshop, we observed four variations of participants' reading practices. The four reading experiences describe the participants' affective and social interpretive practices in reading the creative texts – produced during the writing exercises – in the workshop's group readings. We define the reading experiences based on reading *practice* (whether the participant is reading aloud their own text or listening to another participant's text) and based on reading *direction* (whether the participant is reading with an inward gaze toward themselves or an outward gaze toward their relations). The distinction between outward and inward gaze is inspired from Ricoeur's description of the transformative potential of interpreting narrative stories: whether participants transform their narrative identities through self-recognition or recognition of their relations (Ricoeur, 1991). Based on these definitions, we categorized the participants' reading experiences into these four types, which we have named co-creation, exploration, reflection and expansion.

Co-creation describes a situation in which the participant is reading aloud their own text and is reading with an outward gaze toward their relations. The participant who is reading aloud and the participants listening co-create the former's narrative about themselves and their world through the exercise. Charon's theorization of the medical consultation is a useful lens through which to understand the reading experience co-creation (Charon, 2006). The participants acted as co-creators of each other's narratives through the critique of one another's creative texts. The participant reading aloud acted in the role of narrator of their own self-narrative through the reading of their creative text. The creative text assumed the role of the reader's self-narrative. The participants created coherence and meaning in the reader's creative text through their feedback to the writer, and thereby the participant reading aloud incorporated the other participants' feedback into their self-narrative. In this reading experience, the participants read with an outward gaze on their relations and transformed their narrative identities through recognition of these relations. Christian describes this reading experience as follows: "Maybe that's actually what happens in the plenary, that there are so many other heads with so many other flashlights, lighting up all those dark corners that you hadn't seen yourself." Christian describes how, when he reads his text aloud, the other participants' feedback "light up" something in the "dark corners" of emotional life that he wasn't aware of himself when he wrote the text. From their own perspectives, the other participants add nuance to Christian's self-narrative, and through this, he changes his perception of his surroundings – and as a result, his narrative identity.

Exploration describes a situation in which the participant is reading aloud their own text and is reading with an inward gaze toward themselves. The participant achieves new insights about themselves through the reading aloud of the text. Felski's theorization of the concept shock in *Uses of Literature* is useful for understanding the reading experience as exploration (Felski, 2008). When participants read the text aloud, they often have a physical reaction to what is read – they cry. The crying is a reaction to being shocked by an unexpected element in their own text, as if they were reading it for the first time. They are so shocked by their own text that they are forced to understand it in new ways; they change their perception of themselves. In this reading experience, participants read with an inward gaze toward themselves and therefore transform their narrative identity through self-recognition. The participant called Karoline describes the reading experience: "It becomes more therapeutic and more real by reading it aloud." For Karoline, there was therapeutic potential for giving her insight via the shock generated by the reading aloud

of her own text, which made the content of the text “real” for her and changed her self-recognition.

Reflection describes a situation in which the participant is reading and listening to another participant’s text with an inward gaze towards themselves. The participant sees themselves reflected in the other participant’s text through the act of reading. Felski’s theorization of the concept self-intensification as a subcategory of recognition can be used to understand this reflection (Felski, 2008). In the writing workshop, participants reflected on themselves as readers in the texts of the other participants. The participants transformed their self-recognition by recognizing something from themselves in the other participants’ texts that they had not been conscious of before. In this way, they intensified their understanding of self through the other participants’ texts. In this reading experience, participants read with an inward gaze toward themselves and thus transformed their narrative identities through self-recognition. Christian describes this reading experience as follows: “The most magical thing about this is when the others read things aloud [...] Sometimes it hits you where it really hurts, and you’re like: fuck, man, I wouldn’t have been able to put that into words myself.” Christian recognizes and becomes aware of something in himself through listening to the other participants’ texts that he had not previously been aware of and thereby transforms his self-recognition.

Expansion describes a situation in which the participant is reading and listening to another participant’s text with an outward gaze toward their relations. The participant expands their experience of the world through reading the text. Felski’s theorization of the concept self-extension – a variation of self-intensification in the reading phenomenon recognition – can here be used to understand what expansion means (Felski, 2008). The participants transformed their recognition of their relations by recognizing something of themselves in the unfamiliar stories of the other participants’ texts. Through this, participants expanded their understanding of themselves and, through the expanded self, achieved better understanding of their lifeworld. In this reading experience, participants read with an outward gaze toward their relations and thus transformed their narrative identities through recognition. Sofie explains how reading the other participants’ texts: “[...] has given me a better understanding of my partner, for example. Hearing someone who has a different perspective on a treatment process and hearing about some of the emotions they might be experiencing.” Sofie finds that, through listening to the other participants’ texts, she has expanded her understanding of her partner. In this way, the reading of the other participants’ texts transformed Sofie’s recognition about her partner.

4.3. Therapeutic effects of creative writing and reading aloud

In the initial questionnaire, all 12 participants responded that being in fertility treatment negatively affected their mental health. However, all participants found that the workshop generally contributed to improving their quality of life. In the final questionnaire, answering the question about how the participants felt that the workshop had contributed positively to their mental health, two participants responded to a high degree, eight participants responded to some degree, and two participants responded to a small degree. The participants thus generally experienced the workshop as contributing positively to their mental health, and none experienced it as contributing negatively. The participant we called Anja elaborates on this in the final questionnaire: “The workshop is one of the best ‘therapies’ I have tried in the past seven years, during which we have been trying to start a family. I wish it were a permanent offer for people in fertility treatment.” For Anja, the writing workshop had significant indirect therapeutic effects.

The potential for gaining deeper self-insight through writing and reading were central in the participants' description of how they felt that the workshop improved their well-being. They describe how the progression in their sense of literary form had a derivative therapeutic effect. Because the workshop did not have a therapeutic framework, the participants were allowed to step out of their role as "patient" and assume the role of creative subjects through a focus on a shared third element, namely creative writing. Harthill et al. (2004) suggest that creative writing as a method has proven to have therapeutic potential precisely by *not* being therapy. The participant we called Amalie describes this apparent paradox as follows: "It has been liberating that it just wasn't that we sat down and talked about our feelings, even though that's what it was, it wasn't that because there was a focus on creating [...] So it hasn't had the heaviness that comes with sitting in conversational therapy." Amalie highlights how the workshop's focus on the act of "creating" text has been a "liberating" and not a burdensome way to process one's feelings. The therapeutic potential arose for her precisely because of the workshop's focus on writing. All but one participant responded in the final questionnaire that writing creative texts had a positive effect on their daily life.

Likewise, the participants found that reading had derivative therapeutic effects. In the final questionnaire, in response to the question about what the participants achieved from participating in the workshop, the participant called Mona replied: "I have found a new community with people who understand the things I have been through. I have become better at putting words to my feelings, and I have gained the courage to share my thoughts and feelings to a greater extent. I have gained more self-confidence and received confirmation that I am not entirely alone with my thoughts. I have also gained a desire to talk more openly with my husband about our [fertility] process, as I have found some tools to put those thoughts into words."

For Mona, the group readings facilitated a sense of community with the other participants, a feeling of being understood as a person with a story, not reduced to a patient in a system, and gave her richer language to share the difficult emotions and thoughts with her partner. In the final questionnaire, seven participants responded that, based on the writing workshop, they communicated better with their loved ones about being in fertility treatment. To the question about which factors (if any) the workshop had changed in the participants' communication with their loved ones, six participants responded that they had achieved more courage to share, one participant responded that she found the treatment as less taboo than before, and two responded that their view on their loved ones had changed. The change in the participants' insights about themselves and their relations through reading contributed to improving communication with their loved ones.

5. Discussion

Practicing reading and writing with individuals who have a lot of experience of dealing with the health system is one thing; defending narrative practices theoretically is another. Even though Rita Charon's – and others' – narrative approach to health is being used more and more internationally, it is not uncontested. Narrative medicine has been met with critique by particularly British medical humanities scholars like Angela Woods (Woods, 2011), Josie Billington (Billington, 2016), Alan Bleakley (Bleakley, 2015), and Philip Davis (Davis, 2020), who argue that the concept of narrativity is not sufficient in understanding people with health issues; such an approach may even have a distorting effect. Billington has stated that the stories we tend to tell of ourselves are liable to "betray

deep-lying personal truth”, because a single story excludes multiple other stories and sensations (Billington, 2016).

In our view, some of this critique is valid. Not all stories from patients in health care can be regarded as healthy. If, for example, we think of patients’ delusive illness stories in psychiatry, narrative medicine does not offer any means by which to correct a (false) story. The field needs to be very clear about its pitfalls. However, we argue that the theories and methods in narrative medicine, especially creative writing and reading aloud, can have strong appeal for some patients and contribute to alleviating mental burdens that can be brought on as a result of undergoing medical treatment. Despite the criticism, we draw on narrative hermeneutics as the theoretical underpinning of our intervention and research. Narrative hermeneutics has in recent years been promoted by the psychologist Jens Brockmeier to show that human experience itself involves constant interpretation and that our narrative self-interpretations affect how we experience life. According to Brockmeier, “[narrative] is not found, nor is it imposed, nor is it the result of a representation; rather it is created through practices of meaning construction” (Brockmeier & Meretoja, 2014). We did not find any reason to believe that a narrative was being “imposed” on the participants from the outside; quite the contrary. The rigorous work with aesthetic narratives was experienced as a liberating discovery of meaning in the flexible form of stories. We regard hermeneutic theories of narrative as being vibrant explanations of human experience and identity work. These narrative practices of writing and reading aloud contribute to constituting our sense of who we are as people in an ever more biomedical health care system.

The limitations of our research design are, firstly, the ethnographic challenge involved in carrying out interviews: that participants tended to want to agree with the interviewer and gave affirmative answers to the questions. Several participants expressed a personal investment in the study yielding positive results because it would help raise awareness of the psychosocial challenges associated with being in fertility treatment. Another limitation is that the participants were a relatively homogeneously gendered and privileged socioeconomic group, which does not reflect the composition of all patients in Danish fertility clinics. We cannot know if other groups of patients with for example an educational background involving less focus on writing and reading skills would report similar insights and have the same potential for engaging with the exercises. The mental burden on patients undergoing fertility treatment might also be perceived differently according to culture, religion, and ethnicity. A relatively high proportion of immigrants from non-Western countries lack proficiency in spoken and written Danish, which may indicate a degree of functional illiteracy. Finally, only one male participant was included in the intervention, which may limit the generalizability of the findings to other men. His engagement may also differ in a setting involving a larger group of male participants.

Our project indicates that participation in a creative writing workshop may have a positive effect on participants’ insights into themselves and their communication with others. However, before we can argue that creative writing workshops should be offered routinely to people in fertility treatment, more interdisciplinary research is called for. Because the workshop was an exploratory intervention, a weakness of the research design is that the intervention did not follow a transformation model, which could otherwise have structured our aims in the study. Additionally, controlled studies on the impact of the intervention should be performed, evaluating the outcome on the participants’ mental health and investigating potential negative effects. Controlled studies will need the involvement of comparators, for example standard practice without creative workshops or other comparable therapeutic and/or creative interventions, such as psychological therapy or painting workshops. Outcomes should be measured by means of standard

clinical instruments where available, and the studies should include enough participants to ensure that any findings are significant.

6. Conclusion

In this article we have presented a project carried out by the narrative medicine research group at the University of Copenhagen. We offered a six-week workshop on creative writing and wellbeing in the fall of 2024, and 12 participants in direct or indirect fertility treatment were recruited on a voluntary basis. The intervention was observed by a researcher, all participants answered questionnaires before and after the workshop, and four participants were interviewed following semi-structured interview guidelines. Based on this material, and supplemented by the participants' creative texts, an evaluation was conducted focusing on the participant as writer and as reader. The analysis drew on theories of creativity, reader-response theory and theories of narrative identity.

The output of the intervention is that engaging in creative writing and reading aloud with a facilitator may be a helpful strategy for people undergoing fertility treatment to help prevent them feeling reduced to a biological machine by the healthcare system. Participating in the creative exercises also seems to help them to gain insight into themselves, articulate complex emotions and thereby to improve communication with their loved ones.

Another output of the intervention is a multimedia webpage with the 12 participants reading aloud one of their own texts illuminated by 10 short moving images (GIF Files) and two animated videos (2-3 minutes). The webpage is hosted by the University of Copenhagen's website and will be disseminated to all Danish fertility clinics during the fall of 2025. The aim is to highlight a lack of empathy among health professionals and self-stigma or shame among patients on a much larger scale than in the intervention. Further research may document whether the voices and animations on the webpage will transform the stories told by people receiving fertility treatment and thereby reduce their mental burden. The scope of investigation could even be broadened to examine whether this psychological mirroring influences pregnancy rates among couples undergoing assisted reproductive technology.

If future interventions with participants representing a diversity in educational level, gender, religion and ethnicity confirm our findings, the workshop model with a trained facilitator and tested writing exercises might be adapted for integration into fertility clinics at university hospitals. On a political level, the project could support advocacy for developments in fertility care to promote person-centred care models and narrative-based practices in psychosocial care guidelines.

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