

Chapter 12

Writing expressively for one's well-being: partly constituting oneself through self-reflection

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Abstract:

Journaling for one's wellness is an ancient philosophical exercise and a contemporary psychological technique. Although scholarship has since the 1970s recaptured philosophy as a way of life and since the 1980s produced a psychology of therapeutic writing, the relation between the diarist's experience and the diary remains unclear. This chapter demonstrates from my own experiences of and reflections on journaling that our self-conceptions do not only describe but also define ourselves, so that we partly constitute ourselves by the conceptions in which we conceive ourselves. However, the chapter contends that we misconceive ourselves through contemporary psychological techniques of journaling. For these conceive that "outer" writing and "inner" experience are connected empirically, and that well-being is resolved pain and derived pleasure. The chapter argues instead that the connection between writing and experience is conceptual, and that well-being is leading a worthy and worthwhile life. Thus, the chapter is very important for all who seek to develop themselves through journaling not only to live a pleasant life but a happy life.

Keywords

Journaling; self-knowledge; self-consciousness; Scriptotherapy; therapeutic writing; expressive writing

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Expressive writing

When we are ill, we cannot keep silent but must express ourselves in cries, words or writing. Health remains silent, says a Swedish proverb, which seems to encapsulate a universal human experience of expressing ourselves rather about illness than wellness, misery rather than happiness. Each affliction has its own scream, even if it is not the *Scream* of Edvard Munch. There is, moreover, a seemingly universal human experience that in expressing our illness, we may be better or even become well. For thousands of years, we humans have practiced writing, writing ourselves to wellness or even happiness. We want to express ourselves so as to be well and happy.²

The ancient tradition of *philosophia* means to pursue our wellness in illness, happiness in misery, through comprehensive understanding (Hadot, 1995b; Nussbaum, 1994; Cooper, 2012; Sharpe & Ure, 2021). Our sources begin with Socrates's heeding the call of self-knowledge in treating himself and others with fine words (Plato, *Charmides*157a).³ These exchanges prompt for living, since one who "knows what is right, fine and good [...] treasures up reminders [*hypomnēmata*] for himself" (Plato, *Phaedrus* 276d). This longing for wisdom continued to be practiced through exercises, since habituation is more powerful than instruction (Musonius Rufus 5-6). These exercises included the genre of self-exploration, common but diverse in antiquity (Eichele, 1998; Foucault, 1983; Fuhrmann, 1967; Montanari, 2008). For instance, Epictetus suggests that "lovers of wisdom ought to meditate, to write each day and to exercise themselves in those" concerns they can master (D 1.1.25, cp. 3.24.103, 4.6.33-35).⁴ However, since these *hypomnema* or *commentaria* were aimed for personal rather than public use, they are usually lost. One famous exception is, of course, Marcus Aurelius's exhortations to himself: "remind yourself [...] and begin once to be human while you

² Munch expressed the origin of the *Scream* in his journal of 1892: "I stood trembling of anxiety and I felt as a great infinite scream through nature." Quoted in (Eggum 1990 221). The Swedish proverb goes back to the poem "The Yeoman" (1835) by the poet, historian and philosopher Erik Gustaf Geijer:

"Var plåga har sitt skri för sig,
Men hälsan tiger still;
Därför man talar ej om mig,
Som vore jag ej till."
I quote from (Geijer 1999 13)

³ Greek: *therapeúesthai ten psyché tous lógous kaloús*.

⁴ Notice the connection of the verbs *meletáo*, *grápho* and *gymnázō*.

live.” (11.18.5) Further examples are Seneca (55, 3.36.2-3), Michel de Montaigne (1595, 1.8, 1.50, 2.6, 3.11), Etty Hillesum (1986, 4 August 1941), Ludwig Wittgenstein (1998), and Michael McGhee (2000). This ancient practice of journaling seeks to form the journal-keeper through recognition and remembrance of what is worthy and worthwhile. It is “an ethical model” to live “as a practitioner of the ever-fragile *exercise* of wisdom.” (Hadot, 1995a, p. 211) By attending to oneself, meditating through writing and reading on one’s life and living, this tradition promises that one can partly mould oneself into what one deliberately desires to be. The journal is a means to pursue one’s well-being. (Another philosophical exercise is the dialogue, which is investigated in the previous chapter (Rehnman, 2023).)

Self-expressive writing has also been part of the development of experimental and theoretical psychotherapy since its beginning in the late 1800s (Lepore & Smyth, 2002; Gladding, 2016; Moy, 2017). Clinicians advocate committing distresses to writing in order to attain health. Perhaps influenced by Freud’s appreciation of written memories and imaginations (e.g. 1908), Gordon W. Allport’s insistence on individual records of experiences (1942) and Ira Progoff’s enthusiasm for personal integration through explorative workbooks (1992), most research has since the 1980s followed James W. Pennebaker to quantify and compute stressful thinking and feeling (e.g. Pennebaker, 2018; Pennebaker & Francis, 1996; Adams, 2011; Riordan, 1996; D. M. Sloan & Marx, 2004; Denise M. Sloan & Marx, 2018). These studies highlight that writing personally in a laboratory about traumas crystallizes feelings and collects thoughts, so as to reduce stress, improve immunity, lessen medication, lower blood pressure, decrease depression, improve grades, become employed and strengthen relations. Thus, this research measures small improvements in “both physical and psychological well-being” (Denise M. Sloan & Marx, 2018; D. M. Sloan & Marx, 2004). Although clinicians cannot establish the connection between brief writing techniques and the relief of traumas, they seek to correlate therapeutic compositions with neurological functioning and predict positive individual outcomes. Scriptotherapy promises cheap and accessible treatment of illnesses.

In this chapter, I argue that reflecting on one’s experience through a journal partly constitutes one’s self-conception. To show that reflective writing in part constitutes oneself, we need specific stories for specific reflections and specific investigations. I use the reflective diary in practicing philosophy personally, in counselling philosophy relationally and in teaching philosophy professionally. Here, I have chosen to tell one experience of illness in order to have a specific period and a specific topic to

relate specifically to other scholarship. In the next section, I tell my story while I reflect on it in the following section, and then relate the two sections to the final one on existent scholarship. Throughout, I focus on the relation between our conceptions of expressive writing and of well-being. In this way, I research my practice of journaling.

Experiencing expressive writing

In this section, I relate my experiences of journaling over six weeks of illness. I have chosen this not only to demarcate but also to compare with trajectories of writing for one's well-being/happiness in the final section. I retell the story of my spontaneous scribbles with quotations from my diary at the time. Since the entries are not a story and I often repeat myself in my diary, I organize the material in this section thematically. I outline the course and relate my senses of illness and wellness to my overall understanding of life, together with the place of journaling in such an understanding. Through these parts, my sense of being well appears most starkly in my sense of being ill. I thus emerge through my practice as journal-keeper.⁵

In early December a couple of years ago, I was taken seriously ill as the lower part of my abdomen was inflamed for three weeks. To set the stage, after three days of "wallowing in sweat, pain and distress," my wife must drive me to the health centre, where a nurse leads me through the corridor to a bed and tends to my blood pressure, temperature and urine. My physician examines me and worries that my blood pressure is very high and that tests show a dangerous rise of protein plasma. He deliberates whether to send me immediately to the emergency ward for intravenous antibiotics or charge me with complete rest at home with very powerful antibiotics and seek emergency care if things get worse. Following a few days of rest, I contact the telephone services about the seeming side effects of the antibiotics and mention that I sense pains to the left in my chest. The nurse promptly orders me to the emergency ward for a suspected heart attack, but the examinations show no trace of that, so I am sent home again. My troubles do not end there, though. My general practitioner calls me ten days later when cultures show my bacteria to be resistant, and so I need another course of even stronger antibiotics. Further bacteria cultures, telephone

⁵ In telling my story, I checked my diary against the chronology of the brief journals of my general practitioner and the emergency staff. Although it seems rather positivist to call such a chronology "objective" (Wengraf, 2001, p. 236-239), there is an important distinction between first-person and second- or third-person tellings.

contacts and medical appointments confirm that the new antibiotics work on the infection of my urinary tract and inflammation of my renal pelvis and kidneys. In mid-January, I am cleared of acute pyelonephritis and renal failure.

Being ill, I experience as foreign to me. Since I am in good shape and hardly ever catch a cold, I am used to being well. Except for recurring migraines, I rarely keep a diary of bodily symptoms, but something being wrong presses itself on me, and I note: "May be best to write down some bodily phenomena in remembrance." During the following weeks, I record manifestations that I have never journaled before. My sense of being ill first comes to expression on a Monday morning: "Not at all well. Slept very badly. Strangely cold yesterday afternoon and especially in the evening; could not get warm. [...] High fever. Constipation. Migraine since Friday evening. Palpitation? Feeble. Is my so-called general health poor?" I register that I run high temperatures, get recurring headaches, sleep with persistent disturbances, sweat profusely at night, suffer severe pains in my flanks, and have prolonged constipation, while my reddened glans burn, my swollen shaft aches, its root hurts, my urethra smarts in the all too frequent emptyings of my infected bladder, and I notice the pressure in urinating. Recording all these strange experiences in my loins changes me: "As male to dwell, to allow the name 'pelvic floor' gain reference through the pangs that any pregnant woman seems to go through." I learnt most of the words before my illness, but now they also point to me, my body parts and my bodily sensations. So, journaling symptoms is odd to me, but it expresses my being ill.

My being ill expresses itself in my feeling ill. I feel not just my sensations of pain but also the various emotions and moods I go through during my illness. I wonder how my feelings are "showing my vulnerability and susceptibility and how I answer, respond, to my susceptibility and vulnerability." I feel worry, sorrow, fear, patience, endurance, thankfulness, fatigue, equanimity, good-humour and even cheerfulness. My chief worry and sorrow is "to die prematurely or through illness become unable of self-realization in fellowship." I note that being ill "releases worry and sorrow. Am I or will I be ill again? Is the prostate underlying? Will I die prematurely? Will I be deprived of the development of our children and my life with Linda? The sea? Was this all?" I feel that what I tell myself and others of life is as yet untold. As I wait on my own for the test results at the emergency ward, I "imagine I have an hour, or one and half, in preparation of heart attack, surgery alone, possible awakening and possible half a year's convalescence." These are my fears. But in addition, I find myself:

Very grateful for the care, nursing and consideration of Linda, the nurses and the doctor. Yes, for medical service. Without antibiotics I may have died of urinary infection and pyelitis. Yes, just think, to be able to live, even usually being well. Life, the real life that so often seems to pass us by.

This emotion recurs repeatedly: “Thankful to be alive. For what I do and can do here and now as opposed to what could have been my there and then.” My emotion seems sometimes to change into a mood: “Feverish night and day. Take it curiously with equanimity and good-humour. Be-thinks my vulnerability and dependence on others. I have such a lovely wife and lovely children. Thankfulness!” Such expressions increase as sufferings decrease. As I begin to recover from my infection, I feel better or even well and other emotions come to expression: “I am glad that I may spend my life with what I am doing.” This emotion of joy on becoming well makes me ponder my state: “well-favoured, happy to be able to sit, to cultivate myself, to write and research.” What I feel shows what I care for and what concerns me. My emotions and moods follow my situation, so that in approaching illness and death, I feel worry and sorrow, but in leaving illness and nursing behind, I feel gratitude, and when approaching wellness and life, I feel joy and happiness. So, my feeling ill blends at least sensations, emotions and moods.

I relate feeling ill to “the real life that so often seems to pass us by.” I wonder whether we do not appreciate what it is to be well until we are ill. My entries respond to what I value, and I express my illness in broader brooding:

Talked about life, death, sex, pain and disease. Perhaps diseases connected to our power of reproduction particularly challenge our lives and remind us of death, since our sexual maturity is the summit of our bodily development and reproduction its realization in the potentially deepest human fellowship.

I also muse on the life and living my illness challenges when I am able to take a slow and short stroll: “Wondered as I walked by lit houses whether they have it all and that is all. To possess, acquire, consume and enjoy consumption, acquisition and possessions.” I do not feel ill merely in terms of pain and disease but also in terms of what I desire to be part of my life from beginning to end. I do not want to be ill but to be well, and this being well, I conceive not merely in terms of pleasure, health, bodily maturity and enjoyment of possessions but also in terms of becoming myself in a community of likeminded. It is such a life, such living, that I take may escape us until we are ill.

This connects with my consideration of what it is to be well in being ill. Being well and being ill are obviously relative to being or living, so I write particularly and repeatedly about what illness means to wellness:

To suffer well. What is that? To suffer patiently, persistently, equanimously. Is that to compose myself in and through my understanding of the human good? That the good is more or higher than the absence of aches and pains? To be fully humane is for me to fear illness and death for the right reasons, with the right strength, in the right ways and in the right circumstances. To maintain this in and through suffering is to suffer well. Perhaps suffering can inform and form, yes, at best transform a right understanding of my good, of what it is to live well.

To maintain this, I journal how to feel, think and act:

My thoughts, feelings and choices yield from the unyieldingness of suffering, but it is easier for me not to yield under my sufferings if my thoughts, feelings and choices recognize the unyieldingness of suffering. To live, or imagine suffering thus, can enable me to live well, to focus, bear in mind, the essential. But diversions and trivialities entice.

This understanding and recognition of illness leads me to

New thoughts: I may not only be unduly attached to things, external goods, but also to myself, my life and my living. That death does not wrench more nor less. So to live with death and so to die to life. That death is annihilation of vice and life is realization of virtue. Ungraspable grasp! Inconceivable conception! [...] In life the goal is transformation of soul and in death transformation of body. Peace of mind comes from living well and perhaps we can then die well. [...]

I conceive of my illness in relation to wellness and understand that to be well while I am ill is (partly) to suffer patiently, persistently and equanimously. It is still ill to suffer, but I can suffer ill, namely, in being impatient, indolent and distempered. Illness and death are still fearful, but I can fear them for the wrong reasons, in wrong proportions, in the wrong ways and wrong circumstances. I experience that patience, perseverance, equanimity and calmness empower me to be myself, while impatience, indolence, distemperedness and agony fail me. Good traits enliven me whereas bad traits deaden me. That is what I mean by being well in being ill.

I seek then to comprehend my illness and wellness in terms of character, virtue and vice. I repeatedly write to grasp myself by considering the beginning and end of my life together with its parts, but in addition, I probe this wholeness:

To consider existence, my existence, as a whole: what is that? Intricate. Unfathomable. *That*, yes, is it consideration of *that*? To ponder, attend, consider, reflect *that* I am rather than *how* I am or *how* things are with me? Perhaps my inconceivable and inexpressible existence cannot be further conceived and expressed: contemplate *that* you are! Do not attempt to explain *how* you are or not, nor *how* things are with you or not, but seek to understand *that* you are. [...]

This comprehensive understanding I long for, I call the virtue of wisdom as it empowers living as a whole.

To practice philosophy is not a profession, but a way of life in pursuit of wisdom. To lead one's life in pursuit of wisdom implies acting, feeling, perceiving and understanding, not only occasionally but also dispositionally. To gain, develop and deepen a disposition of pursuing wisdom: dispositions to act, feel, perceive and understand in chasing after wisdom.

However hard it may be for me to conceive and express my whole existence, I seek to consider and contemplate *that* I am rather than *how* I am in order to be well while I am ill. I seek to dispose all my experiencing by and for this comprehensive understanding of life. For I believe the point of such virtues as patience and perseverance is wisdom, and the point of wisdom is such moral virtues. To long for wisdom, traits such as patience and perseverance are needed, but perseverance and patience are also needed to long for wisdom. Longing for wisdom, I take it to be well when all is not well, to be happy in misery.

To sustain this pursuit of wisdom during my illness, I must reflect on myself. As wisdom would encompass my feeling, perceiving, thinking, remembering, imagining, acting, desiring and so forth, I need to ponder all those ways of my experiencing.

To compose oneself, to compose myself, to dwell, to linger at what I sense, feel, perceive and think, yes, perhaps desire and want. To reflect, relate to what I am in my being and becoming, what I have been, is and will be. Stillness, presence, tranquillity of mind. Coming to myself in attempting to become what I am, my particularity in my particular behaviours in my particular circumstances to which my particular fellow human beings belong. Become what you are. To reflect on – realizing – what it is to love my destiny, where and when I find myself. Necessity and possibility in actuality. What I must and what I can in my self-realization, the necessary and the possible that realizes myself.

This is demanding, so I encourage myself: “Take courage in being receptive, courageously receptive and receptively courageous.” That is, the “courage to meet myself in writing or talking.” In order to further

such self-reflection, I journal “not to perform an action but to exercise a readiness for action. Disposition rather than occasion, character rather than circumstance.” So, I attend to all my ways of experience in pursuit of wisdom. “I am glad that at least the thought of ranking my behaviours in relation to my one true good recurs. Hopefully this attention, reflection, consideration is a step or a means to the goal.” But that is more easily said than done: “Oh, for not only writing but also living in that way!” So, reflecting on my feeling, perceiving, thinking, remembering, imagining, acting and wanting is hard, but I long for a comprehensive understanding of my life and living. My journaling is a way of sustaining this pursuit of wisdom during my illness. “It is in and through language that I reflect on myself more or less expressly and expressively.”

In this section, I have told a story from my diary when I was seriously ill. Over the course of my disease, I journal my deepest feeling and understanding of life and death as well as of being ill and being well. The experience of not being well is strange to me, and I record my feelings of sensation, emotion and mood. To be ill and to suffer well depend, for me, on exercising patience, endurance and equanimity as well as longing for wisdom. In this reflective journaling is a way of sustaining the pursuit of wisdom. Such is my practice as a reflective diarist during my illness.

Reflecting on expressive writing

Rereading my diary and retelling the course of my illness makes me wonder how I managed to conceive of myself as I did, and I even doubt that I would be able to do so again. Yet I believe my ability can be traced through my telling and comes through by reflection. In this section, I ponder my story of being well in being ill. I argue that my frank exploration of my experience shows that my evaluative concepts cleared in writing and partly constitute my experience of being ill and being well, being me and being myself. The telling contains the reasons to my making of my illness. I proceed from a couple of early instances of awareness and elucidate these experiences. Thus, this section establishes what is at stake in the story.

My story begins with my awareness *that* something is wrong but not *what* is wrong with me: what does this experience mean? Several phenomena receive my attention over some time, but three early instances of awareness stand out. First, I am aware that my overall condition is bad. I note feeling cold, aches and pains, especially the increasing severity of pain in my flanks, so I am conscious of being ill. These sensations catch and hold my attention; I dwell on them, and illness dawns on me. Second, I apply illness for the first time to my own pelvic floor. Acute pyelonephritis and

renal failure had meaning for me earlier, but now I realize that the public and common meaning I have already mastered apply to myself. Third, I become aware that recognition of my suffering partly changes my suffering. Suffering is what I undergo, but I may undergo suffering in various moods and with various emotions. When I become conscious of my emotions and moods, they do not catch and hold my attention but crystalize as I dwell on and realize what they are. These instances then stand out in making me aware of my illness. Having my attention caught and held by sensations, applying words of disease and experiencing suffering variously is in part what it means for me to be ill. This is my realization of illness.

My consciousness of illness takes me in and takes over me. Becoming conscious of illness depends on the illness one becomes conscious of, but whatever the illness is, one does not succeed in becoming but proceeds in being conscious of it. My consciousness of being ill is not the kind of consciousness I may lose and recover in high fever, but the kind of consciousness that is the result of aches and pains in my flanks catching and holding my attention. Consciousness of illness is what occurs, happens or is given to me, so that I know (among other things) that I must go to the health centre. Being conscious of illness is not what I achieve but receive, namely recognize, reflect and realize as opposed to what my doctor and nurse may discover, discern and detect. Yet, being conscious of illness, I can then choose to pay or give attention to what I know beforehand in my feeling, perceiving, thinking, remembering, imagining, acting and wanting. I am already well aware of where my genitals and kidneys are; pyelitis weighs in on me, and I take it into account in my decisions and manners of acting; and mortality is before my mind but upon consideration, my mood is equanimous or cheerful. So, knowledge of myself and my experience is receptive and possessive, namely neither achieving but receiving nor attaining but retaining knowledge of myself. It is not passivity but possession of what is true of me and reception of what I experience. Thus, I am taken by my consciousness of illness.

To realize that I am ill is to become and remain conscious of illness. It is part of specifically human consciousness. Almost all animals are either conscious or unconscious in that they sometimes wake and sometimes sleep, and they may lose and recover consciousness in high fever, but only humans may be specifically aware of themselves. For I cannot only recognize my reflection in a mirror as dolphins, elephants and chimpanzees can, but also recognize my reflection in a language. I am able not only to see myself ill but to say myself ill. My insight into illness is not sight into myself, into my pelvis or whatever, but to say how I am. It is not introspection but expression. Without mastery of the personal pronouns “I”, “me”, “my”

and “myself,” I cannot (logically) be self-conscious. Unless I have learnt the meaning of personal verbs such as “hurt”, “suffer”, “glad” “depressed” and “patient”, I cannot be conscious of my sensations, emotions, moods and traits. Without mastery of temporal expressions, I cannot feel grateful for yesterday’s nursing, content now that things are on balance all right, fear of deterioration tomorrow, and hope of recovery next week. In short, without mastery of language, I cannot realize what and how I am experiencing. It is in and through words that I can be conscious, aware, attend, grasp, apprehend, notice, mark, and recognize my illness and wellness in a specifically human way. My specific human self-consciousness and self-reflection is thus expressible in language.

Language, moreover, enables me to reason with myself about illness and wellness, misery and happiness. I can assess, deliberate, evaluate and probe myself and my experience in words. As a person, I cannot only feel, perceive, think, remember, imagine, act and desire, but also have reasons for my feeling, perceiving, thinking, remembering, imagining, acting and desiring as well as reason about my reasons for feeling, perceiving, thinking, remembering, imagining, acting and desiring. I reason about pain in my flanks, fear of death, sight of neighbours, notion of medication, recollection of sailing, imagination of patience, washing of myself and desire of being well. In all this reasoning, I weigh different considerations, examine various alternatives and decide what to do or undergo in my situation. In order for me to feel, perceive, think, remember, imagine, act and desire for reasons of illness and wellness, I must be able to answer questions such as “Why?” or “How come?”, and this presupposes mastery of the use of “because”, “since” or “therefore” together with the meaning of giving reasons. I can only act, be affected, want and think for reasons insofar as I can reason, and to be able to reason and reason about my reasons supposes that I can give reasons for or against my being ill or well. Only if I have learnt to give reasons for illness and wellness can I reflect and be conscious of my reasons of illness and wellness. In this self-conscious and self-reflective way, I reason about being ill and well, miserable and happy.

The realization that takes hold of me is obviously evaluative. Mastery of language enables me to express for myself and others innumerable goals, and this gives me freedom. I can evaluate what goals I should or should not pursue and for what reasons. I assess myself ill rather than well, and my sense of being ill not only diverges from but also connects with my sense of being well, and these conceptions connect with many other conceptions. I conceive of myself as ill and well in connection with conceiving ache, pain, displeasure, pleasure, worry, sorrow, joy, thankfulness, cheerfulness, dejection, equanimity, patience, impatience, endurance,

indolence, distempered, real versus apparent goods, external versus internal goods, diversions, composites, trivialities, essentials, self-realization, self-deprivation, loneliness, fellowship, virtue, vice, bad, good, misery, and happiness. These are all evaluative concepts and of several kinds. Early on, I conceive of myself ill in merely functional and hedonic terms, but later also in ethical and sapiential terms. My evaluation proceeds in terms of abdominal pains and genital function over possession and consumption to the formation of character and the love of wisdom, so my evaluative concepts are thick, explicit and elaborate realizations. From illness to wellness and, in turn, with their interconnected evaluative concepts, I conceive myself. Without such evaluative conceptions, I do not and cannot conceive myself ill or well, miserable or happy.

My evaluative concepts soak up and set up my experience. What I mean by being ill and by being well partly makes my experience into what it is. For I cannot conceive of myself ill or well without conceptions of illness and wellness, misery and happiness. How I conceive of myself and my experience – my sense of illness, wellness, misery and happiness – I have in part mastered through my history. I learnt then not theories but practices of the meanings of experience: feeling, perceiving, thinking, remembering, imagining, acting and desiring. There are, of course, theoretical concepts of my body parts and their functions – my doctor hypothesized urinary infection while my nurse supposed heart attack – and statements involving these can be verified or falsified independent of my consent. But the concepts by which I conceive of myself as ill and well, miserable and happy, are not hypothetical but fundamental, so that in conceiving myself, they do not only explain but also express my experience. I do not journal my symptoms to explain to myself that I am ill and that to be well differs, but to express my illness and what my wellness is. I do not advance a theory that may be verified or falsified of myself, but a practice that may amount to understanding, innocence or deception of myself. My entries do not stand to me as a photograph of me in my sick bed may stand to me, but they stand for *me*: they express me, manifest my feeling of illness and display my desire for wellness. The meanings of the words by which I conceive of myself as ill or well, miserable or happy, in order to reflect on myself, do not only describe but also partly define my experience. So, the connection between my reflections on myself and myself is not causal but conceptual; the conceptions do not coincide with but constitute my experience. I do not discover that my experiences and my expressions correlate empirically, but I have formed (and may inform, reform or transform) my experiences by my expressions connecting semantically. My experiences and expressions are not accidentally but properly connected. Conceiving myself ill or

well does not only describe but also define, not merely delineate but also determine my experience of misery and happiness. In being conscious of, reflecting on and assessing myself, I conceive of myself in such basic ways that I in part constitute myself and my experience.

I become more receptive and retentive of these partly self-constitutive concepts through journaling. For in writing, I exercise my abilities and inclinations to recognise and recollect myself. The many meanings of my experience connect and consolidate in formulating my entries. My aches and pains dawn on me as I scribble; my emotions crystalize as I scrawl; my moods clear as I doodle; and character traits appear as I ponder. I note the sharpness of the pain in my urethra, my thankfulness for being served breakfast, the appraisal of my worry, the severity of my dreaded loss of near and dear, my cheerfulness in being able-bodied, the happiness of the worthy exercise of my powers with others, the benefits of moments of perseverance, the puzzle of the fickleness of existence and so forth. By relating repeatedly and repeatedly relating what I spontaneously as well as deliberately feel, perceive, think, remember, imagine, act and desire, I become more attentive to my experience. I am, through my mastery of language, able and inclined to be conscious of myself, so I seek to exercise my reflective disposition to understand myself and my reasons for feeling, perceiving, thinking, remembering, imagining, acting and desiring. Through my entries, I seek to be increasingly receptive to and retentive of the expressions that not only describe but also define my experiences. Knowing myself cannot be reduced to a body of entries, but I write in order to learn how to know myself. My skill in expressing my experience may improve with practice.

In this section, I have reflected on the story of the course of my illness. I considered how I realized being ill and how human self-consciousness involves mastery of language to express one's experience. My expressions for my experience enable me to reason and to evaluate my experience. The concepts by which I express my experience are so basic that without them, I cannot conceive myself, and so they not only partly describe but also partly define my experience. My experience of illness is partly constituted by my evaluative concepts. The vocabulary that I have mastered partly makes my experiences of being ill and becoming well into what they are. Writing on my illness for wellness implies concepts that are so fundamental to understanding myself that they in part constitute myself. They are partly self-constitutive.

Researching expressive writing

In the previous sections, I have told a story of my journaling during a course of disease and reflected on how I constitute my feeling ill and feeling well partly by my conceptions of wellness and illness. In this section, I connect

that to related research. Although journaling is an ancient philosophical practice, contemporary philosophers generally neglect it (for exceptions, see Buzaré, 2011; and McGhee, 2000). Many health care professionals maintain that therapeutic writing yields “self-understanding”, “self-reflection”, “self-awareness” or “insight” and personal as well as professional development (e.g. Adams, 2011, p. 70, 74; Bolton, 2014, p. 14; Bolton, Field, & Thompson, 2006; S. T. Gladding & Drake Wallace, 2018; Moy, 2017; Sargunraj, Kashyap, & Chandra, 2021), but do not account for how expressing one’s experience tends to well-being. “The field needs much more research to determine whether writing our problems actually leads to resolution, and if so, how.” (Adams, 2011, p. 77) In this section, I argue that much scholarship conflates at least two issues. First, I argue that colleagues commonly mistake the relation between expression and experience to be coincidental or factual rather than essential or conceptual, and that they do so because they suppose experience is “inner” while writing is “outer.” Second, I argue that scholars generally misconceive the happiness to which expressive writing tends in terms of resolved pain and derived pleasure.

Experimental research on expressive writing assumes that experience and expression in fact often coincide. As smoke may or may not indicate fire and clouds may or may not indicate rain, so writing and experience may be connected. An enormous number of experiments have been devoted to explaining why expressions and experiences happen to be connected in writing. For instance, James W. Pennebaker maintains that “a computer program” established “that people revealed parts of their personalities, social behaviors, thinking styles, and social connections through their word use.” (2018, p. 227) Richard Riordan contends that a theory of the usefulness of scriptotherapy can be deduced from “empirical evidence” and “measurable changes” (1996, p. 263, 266; similarly Adams, 2011, p. 71, 77). Gladding and Drake Wallace take courage from “a growing body of [statistical] research” (S. T. Gladding & Drake Wallace, 2018, p. 389), while Sargunraj, Kashyap and Chandra seek to alleviate “the dearth of evidence” (2021). So, provided that expression may not be connected with experience, researchers seek to prove their relation in writing and discover the foremost method of expressive writing. By inductive inference from journals, the connection between expression and experience is (purportedly) established.

Research on expressive writing takes experience for the “inner” behind the “outer” journaling. Expressions and experiences seem to coincide, and this leads experimentalists to conceive that writing is “outer” while experience is “inner”, since we can observe the former but not the latter.

The journal “becomes the outer embodiment of our inner life.” (Progoff, 1992, p. 382) Scholars conceive of the “inner” as either the mind or as the brain. On the one hand, Progoff (1992) and Bolton (2014) take the “inner” for the mind and conceive of it as “inner space” or “inner world”. Scribbles aim at the “internal and private experiences” of a mind (Sargunaraaj et al., 2021, p. 75) and “self-reports give us an insight into people’s theories of themselves.” (Pennebaker, 2004, p. 141) On the other hand, Pennebaker has since the 1980s argued for the “inner” release of the central neural system through writing, and so the basis for Gladding’s and Drake Wallace’s “eighteen writing exercises to promote insight and wellness” is “literally rewiring the brain with words” (2018, p. 381). The contributors to *Expressive Writing: Counseling and Healthcare* promise to show “how writing can support neuroplasticity and actually help change our brains – and thus our thinking and behavior” namely, “authentic expression of lived experience, with resultant insight, growth, and skill-building.” Thus, one is “becoming a journaling neuroplastician” and “put the brain on ink” (Ross, 2015). Behind “overt behaviors”, there are the “internal ruminations” that result in “increases in the autonomic nervous system activity” and “improved cellular immune function” (Riordan, 1996, p. 266, 263). Whether scholars conceive of the “inner” as the brain or the mind, they take observable writings to coincide with unobservable experiences. So, scholarship suggests the “outer” writing to be an effect of the “inner” cause, conceived as the mind or the brain.

However, these accounts of “outer” writing for “inner” experience do not cohere. First, both commit the fallacy – already identified by Aristotle (Aristotle, *DA* 408b11-14) – of predicating to a part what can only be predicated to a whole. It does not make sense to affirm or deny the meaning of “feeling,” “perceiving,” “thinking,” “remembering,” “imagining,” “acting” and “desiring” to the meaning of “brain” or “mind” but only to the meaning of “human being.” We would obviously neither write nor bite without sound minds and functioning brains, but minds and brains do neither bite nor write: humans do. One can neither truly nor falsely say that brains or minds feel, perceive, think, remember, imagine, act and desire, since experiential predicates only make sense of human beings. Second, both accounts of the “inner” assume that the meaning of “experience” can initially be associated with one’s own “mental representations” and consequently be assigned to others – though this was shown to be nonsensical almost a century ago (Austin, 1946; Merleau-Ponty, 1945, p. 213-241; Ryle, 1949; Strawson, 1959, p. 15-59; Wittgenstein, 1953a, §§243-315; P. M. S. Hacker, 2018, esp. p. 45-56, p. 93-97, to all of which I am indebted). One cannot be said to be able to predicate experience first to oneself and

then to others, since there can (logically) be no criteria of identity for and comparison of one's mental representations of experience with one's current experience. Third, it does not make sense to ascribe a theory of mind to writers since they have not mastered a system of hypothetico-deductive inferences for their experience but a practice of using "feeling," "perceiving," "thinking," "remembering," "imagining," "acting" and "desiring" first for the behaviour of others and then for themselves. Fourth, there are no criteria for identifying the experience of *this* mind and individuating the experience of *my* mind from other minds, since nothing counts for what minds do or undergo and no grounds make sense of attributing experiences to minds. Fifth, our brain changes do not cause experiences, but our circumstantial reasons do ground our experiences, so that one's aching loins are the reason for one's fear of being ill and not one's processing nerves. Sixth, if "experience" meant brain change, then mastery of experiential predicates would name brain changes rather than what one experiences. But that is obviously nonsense. So, these conceptual confusions imply that neither theory of an "inner" ability of experience coheres. Rather, our theories go berserk with our practices of expressing ourselves in writing.

We cannot, moreover, say that writing is merely "outer." If our scribbles were barely "outer," then the movements of our hands would be a facade for the "inner" experience. Yet, we readily use "expressive" for our writing since we see meaningful scrawls and understand expressions of experience. For to write expressively is to express one's personal feeling and thinking, and sincerely expressing one's feeling and thinking *is* the feeling that is felt and the thinking that is thought. For instance, writing about the felt pain, the lit houses seen, the plan thought, the sailing remembered, the hug imagined, the medicine taken and the outcome desired. In this context, scribbles are not untidy marks by pen or keyboard but manifestations of feeling, perceiving, thinking, remembering, imagining, acting and desiring. In writing expressively, we display what we feel and understand, and we see and apprehend that we do. Our writings are not hand movements devoid of or indicative of meaning, but manifestations displaying the meaning of our experience. "The human body is the best picture of the human soul." (Wittgenstein, 1953b, 4.25) "For by behaviour the body talks," (Cicero, DE 3.59.222) None other than writing expressing experience can logically be expressive writing.

So, expressive writing is neither "outer" nor "inner" but writing expressing experience. To write expressively does not mean that one may both write expressively and not write expressively, or that one may as well write expressively as not write expressively. We cannot say that expressiveness may as well be shown in closing the diary, clasping one's hands,

insisting on only writing of the weather or not writing at all, as in opening the diary, unfolding one's hands, and writing one's personal experiences. Expression and experience are not connected, as smoke may or may not indicate fire and clouds may or may not indicate rain. Rather, expressive writing properly manifests the meaning of experience. The writing of one's experience is not accidental but proper to the meaning of one's experience, namely the meaning of experiential predicates cannot equally be denied and affirmed of the meaning of expressive writing. Although we can conceive that some who write expressively are not sincere, we cannot conceive that most who write expressively cannot be sincere since then the concept of expressive would have lost its purpose. If no-one nowhere never wrote sincerely, the phrase "expressive writing" would have no use. But being sincere, we properly write expressively, namely manifesting what we think and feel. Thus, the connection between expressive writing with experience is not causal but conceptual, not inferential but intuitive, not empirical but semantical. Although Adams, Bolton and Progoff have undoubtedly invented many useful ways of writing (Adams, 2011; Bolton, 2014; Progoff, 1992), it is only by confusing a factual connection for a conceptual connection that they invalidly conclude that experience and expression coincide in writing. Expressing experience is partly what expressive writing means.

However, to predicate experience of oneself and of another differs fundamentally. Although one first learnt the meaning of feeling, perceiving, thinking, remembering, imagining, acting and desiring from the behaviour of others and then applied it to oneself, one expresses one's own experience in writing but ascribes experience to others on account of their writing. One's own writing does not ground but expresses one's experience, whereas another's writing does ground for one what the other experiences. In a given journal, the writings of another are constitutive criteria – logically or semantically good evidence – as opposed to inductive criteria for ascribing experience to the other. So, we use experiential predicates asymmetrically of ourselves and others. Others may of course mistake the writing of the author as expressive when it is polite, self-deceived or dissimulated, but then the meaning of the writing is not expressive, and the behaviour shows this. Since we may mistake writings for being expressive, we may (invalidly) conclude that written manifestations of experience are coincidental or factual; that we may infer, induce or project experience of another. However, we wrongly ascribe what another experiences not because the inference is improbable, but because the meaning of human behaviour is opaque, and it is difficult to crystallize one's experiences in expressions. If one ignores this logical asymmetry of predicating feeling

and thinking to oneself and others, one may be tempted to assume that such predicates are used of an “inner” ability.

Scholars assume, moreover, that writing aims at the experience of “happiness” (e.g. Pennebaker & Francis, 1996; Ross, 2015, p. 28; Gladding & Drake Wallace, 2018; Maslej, Srikanth, Froentjes, & Andrews, 2020). However, they do not account for but only allude to what this means. Riordan associates “a person’s overall well-being” with “emotional resolution” (1996, p. 267), while Gladding and Drake Wallace mention that the goal is to “relieve pain” and “relieve personal stress” (2018, 380-1), Moy “healthy self-expression and emotional release” (2017, p. 15) and Adams “relief or respite from suffering” (1999, p. 6). Here, several of them use “catharsis” and “cathartic” in the psychodynamic sense of eliminating tension or repression of feelings. This relief strengthens immunity, lowers skin conductance, blood pressure and heart rate, improves grades and jobs, lengthens relationships and lightens moods (Kacwicz, Slatcher, & Pennebaker 2007, p. 273-274; Pennebaker & Evans, 2014). In short, the goal of writing is to “feel better” (Adams, 2011, p. 72). And to feel happy through relief is “a positive emotion” or “mood,” juxtaposed to “joy” and opposed to “sad” feelings (Pennebaker & Francis, 1996, p. 604, 611-612, 614) since “life’s highs and lows” are “joy and sadness” (Gladding & Drake Wallace, 2018, p. 388). Although writing can be “uncomfortable or even difficult at the time”, it fosters “joy and pleasure” (Bolton, 2014, p. 20). So, experimentalists suggest that writers aim at the emotion or mood of happiness in relieving pain and deriving pleasure from their writing. Expressive writing furthers “happiness through words.” (Gladding, 2016, p. 8)

However, scholars overlook that we use “happiness” and “happy” ambiguously. These expressions signify in very many ways in very different contexts. In one of our common uses, “happy” and “happiness” mean the favourable attitude or preference of relief, namely being pleased, delighted or satisfied and finding it pleasant, say, not to be infected and getting a clean bill of health. Yet, relief may not only be an attitude but an emotion that accompanies or transforms into joy, which we feel short or long when we or others achieve what we care for, such as health. Our emotion of joy, which we also occasionally call “happiness,” commonly combines with agitations of astonishment, thrills and delights, while our attitude and emotion of relief do not merge with instances of pleasure or enjoyment. We, moreover, use “happiness” and “happy” for merry, cheerful or buoyant moods, which suffuse our feelings, thinking and leaning for a while. Yet not only may the emotion transform into the mood and vice versa, but these uses of “happy” and “happiness” interrelate with still others. These expressions relate both to enjoyments, pleasures, exuberances and

exhilarations on the one hand and sanguine temperaments and cheerful dispositions on the other. One may feel happy because one enjoys oneself, takes pleasure in the walk around the neighbourhood, is exuberant of test results, or exhilarated of restored genital function. But while we are perhaps mainly inborn with happy temperaments, so that we may be prone to generally fit expectations to circumstances (and this obviously reconnects with happy moods), happy dispositions make us ready to respond in relaxed, tranquil or contented manners. Last but not least, we use “happiness” for our self-reflection of having achieved at least some goals that make life as a whole worth living. Perhaps these uses exemplify sufficiently the ambiguities of “happy” and “happiness.” What constitutes their use for the attitude of relief does not constitute their use for the emotion of joy, and neither constitute other uses, so there is no broadest meaning in common. For instance, one may be relieved of test results without joy or being happy. If we fail to recognize these ambiguities, we confuse ourselves and others with one use that may be incompatible with other uses. Scholars on expressive writing therefore mislead when they equate happiness with joy and relief.

Not only do experimentalists mislead, but they also mistake the goal of expressive writing. Their exercises seek to relieve pain and derive pleasure in order to feel the emotion or mood of happiness. But this mistakes happiness deeply. First, since the equivocity of “happiness” has been analysed at least since Socrates (Plato, *Philebus*; Aristotle, *NE*; Rosanna, 2006; Hacker 2021, p. 243-303, to all of which I am indebted), the studied shallowness of the experimentalist use is the more surprising. Second, absence of pain is not presence of pleasure or enjoyment. For although English often opposes pain to pleasure, we muddle ourselves. Not only may one write neither in pain nor with pleasure, but one’s writing may also be painfully pleasurable and pleasantly painful. It may be bitter-sweet, delight mingled with terror, and so forth. Pains and pleasures are neither contraries nor contradictories but complementaries. Third, to live a life of pleasure is not to live a life of happiness. To be happy is “a person’s overall well-being,” namely doing and undergoing what is worth doing and undergoing. To lead a happy life involves, of course, pleasures and enjoyments, but these are worthy and worthwhile relative to what one takes pleasure in and enjoys. It is not worthy and worthwhile to indulge in whatever food, drink and sex whenever and wherever, nor to shrink back from whatever challenge, suffering and illness whenever and wherever, nor to relate whatever and however to whoever. To enjoy food, drink and sex well, one needs moderation; to suffer disappointments, illnesses and ultimately death well, one needs courage; and to relate well

to others, especially to care and grieve for near and dear that fall ill and die, one needs rightness. In this, we may not feel happy, since we may feel a happy mood, emotion or even attitude but not a happy disposition, temperament or living. Feeling happy responds to what we experience of our surroundings and ourselves while we are awake, whereas being happy embodies what and who we are even while we are asleep. To be happy is to lead a worthy and worthwhile life that consists partly in being courageous, moderate, fair and understanding, as these traits empower one for “one’s overall well-being.” All this, most experimentalist scholarship on expressive writing sadly forgets and mistakes happiness for absent pain and present pleasure.

These misconceptions of expressive writing by experimentalists can partly be explained by the ignorance they show of the history of their ideas. Any experimental research proceeds more or less reflectively from conceptions, and if it assumes misconceptions, then experiments are likely to be mistaken. For instance, Gladding and Drake Wallace confuse alleged neurological evidence for inadequate conceptual clarifications (2018, p. 381). Experimentalists allude to an account of inner/outer and pain/pleasure that Jeremy Bentham (1789, 1.1-2) and John Stuart Mill (1861, p. 210) originated and that has since predominated in the “West.” Although conceptual confusions of this legacy in experimental psychology and psychotherapy have repeatedly been identified from its inception (Kierkegaard, 1844; Stein, 1922; Binswanger, 1962; Heidegger, 1987; Merleau-Ponty, 1945; Wittgenstein, 1980b, 1980a; Ryle, 1949, p. 301-311; Boss, 1957; MacIntyre, 1958/2004; Hacker, 2013), the clarifications have sadly gone unheard generally. Inadequate reflection on the history of the ideas presumed by experimentalists in their writing exercises explains these conceptual confusions. But through adequate reflection on the concepts that enter our research on expressive writing, we need not repeat the blunders of utilitarianism but can benefit from the ancient practice of philosophy. To gain a more comprehensive understanding of happiness, we must turn from the experimentalists to the philosophers. For philosophical journaling clarifies and constitutes ourselves by concepts of virtue constitutive of a worthy and worthwhile life, as the previous sections make abundantly clear.

In this section, I have argued against the consensus. I have argued that the predominant scholarship on expressive writing misconceives and misleads us. I have argued that experiential predicates do not make sense of an “inner” brain or mind in “outer” writing but are expressive of a whole human being’s experience, but that we use them asymmetrically of ourselves and of others. I have argued that only one use equates “happy” and

“happiness” with joy and relief associated with absent pain and present pleasure, but to be happy is to lead a worthy and worthwhile life that consists in traits that empower one for a happy life. To confuse these different concepts is to badly misunderstand ourselves, and this has dire consequences for the research and practice of expressive writing. To gain a more comprehensive understanding of happiness, we must turn from the experimentalists to the philosophers, as testified in the previous sections.

Improving expressive writing

Expressive writing attends to, articulates and assesses one’s experience, especially one’s illness, to attain wellness. Researching and teaching expressive writing is not merely about facts but about concepts, whereby we conceive of ourselves in writing expressively. The conceptions with which we conceive expressive writing partly constitute expressive writing. Research on expressive writing is predominantly experimental, but I have argued that experimental research into expressive writing assumes misconceptions and thereby misconceives expressive writing. The experimentalists conceive of us as minds or brains with an “inner” desire to relieve pain and derive pleasure from “outer” writing. This is the uncanny heritage of dualism and utilitarianism. We enter and sustain reflective journaling by how we conceive or misconceive expressive writing.

To research expressive writing philosophically rather than experimentally is to elucidate the fundamental conceptions whereby one conceives of oneself and one’s experience, particularly of being ill and well. To practice philosophy is to pursue a life and living with a comprehensive understanding. But it is hard to attain such a comprehensive understanding of one’s life and living, so expressing one’s experience in writing facilitates it. In this chapter, I have shown how I personally practice philosophy by writing expressively from a course of disease, where I in part constitute my illness and wellness by my conceptions of illness and wellness. I also practice philosophy relationally in conversing confidentially with others on their existential and ethical issues (Rehnman, 2023), and I counsel expressive writing to further exploration of their experience. I likewise practice philosophy professionally in teaching my master and doctoral students to express their personal or professional experience together with their research projects in writing and reflect on their practices. So, I train myself and others to attend, articulate and assess the expressions, whereby we explore ourselves in writing. But the conceptions by which we not only describe but also define ourselves are so basic that they are difficult to recognise and realize. We need aid to pursue what it means to be well

or ill, happy or miserable. I conclude that future research into expressive writing must explicate distinctively ethical and sapiential exercises of journaling.⁶

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