

Raising the Exquisite Corpse: Collaborative Story-Writing in Inpatient Group Psychotherapy

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In the present paper, we introduce and provide a rationale for a collaborative story-writing exercise for inpatient group psychotherapy called “exquisite corpse.” We argue that the exercise facilitates deep, empathic group process work with efficiency due to its ability to create a transitional space (Winnicott, 1971/2005) in which patients safely explore their intrapsychic and interpersonal dynamics. We conclude with a case illustration of the exquisite corpse’s unique contribution to clinical technique.

Keywords: inpatient group psychotherapy, psychodynamic approaches, therapeutic writing

Inpatient group psychotherapy is both a common and uniquely challenging mode of treatment. The inpatient group therapist faces the daunting task of working with individuals during an acute phase of illness, when they are especially vulnerable to, fearful of, and struggling with the interpersonal dynamics around which group therapy centers. Financial and political pressures placed on hospital units to emphasize pharmacological interventions and decrease the duration of admissions serve to propagate the feeling that inpatient group psychotherapy is “therapy-light,” and may not be relied upon to produce change. This represents an unfortunate pessimism in the field, evidenced in part by the dearth of clinical and empirical attention to inpatient group therapy in recent years, particularly in North America (notable exceptions include Brabender & Fallon, 1993; Rice & Rutan, 1987; Yalom, 1983). For inpatient group therapy to be regarded as a credible modality for stabilizing the acute patient and facilitating a transition back into the community, more astute clinical observation and empirical study are needed to document its therapeutic effects.

The present paper describes a particular writing exercise for use in inpatient group therapy called “exquisite corpse,” based on a game invented during the French surrealist writing movement in the 1920s (Brotchie & Gooding, 1991). In its original form, the game involved collaborators adding a word,

phrase, or sentence to a story or poem, often with the paper folded over so that the current writer had little or no awareness of what previous contributors had written. Its name derives from one of the unexpected word combinations that emerged through this form of collective creation. The version of the exercise presented here was modified in several ways to better suit an acute psychiatric population and the goals of group psychotherapy. For instance, participants were able to see what had previously been written on the page, and they were asked to write in complete sentences. These modifications were intended to aid participants in turning their shared experience into a coherent narrative, rather than a deliberately nonsensical, or surrealist, assemblage of words and phrases.

Therapeutic use of the exquisite corpse is not a radical innovation. Group therapists in various settings have likely used the exercise, or exercises like it, perhaps without being aware of its origins. However, this paper represents the first known theoretical exploration of the exquisite corpse’s value in the context of inpatient group psychotherapy. The case described demonstrates that the exquisite corpse is not only a useful clinical tool for group therapists, but an example of the value of inpatient group therapy in general.

Inpatient Creative Writing

Patients in acute phases of psychological illness

suffer from concrete thinking, diffuse or absent distinctions between inner and outer realities, and a sense of inefficacy, or lack of control, among other developmental, organizational, and interpersonal problems. For these individuals, creative writing offers a therapeutic “playground” (Winnicott, 1971/2005, p. 69), a bounded space in which spontaneous, symbolic play can occur. Writing produces—the end result is part of the external world—but the product is simultaneously infused with meaning from the writer’s inner reality, and therefore exists in a space between the internal and external. Patients are often amazed and delighted to discover that they have created something that is simultaneously comprehended by others and representative of their internal experience.

In this sense, creative writing may be understood as akin to Winnicott’s (1971/2005) concept of playing, which he considered therapeutic in and of itself. Specifically, Winnicott conceptualized play as the creation of a “transitional space,” a contained and safe space that provides the opportunity to take on multiple perspectives and roles, experiencing powerful affects that may be felt, but also quickly dropped, should the play become overwhelming. For instance, children playing a game of “cops and robbers” may alternately explore the ideas of being the good guy or the bad guy, frightening or frightened, weak or powerful, even alive or dead, in ways that feel real but are, in fact, fantasy. The expression of internal states through play is an especially important means of self-understanding and affect regulation for individuals who have limited capacities to reflect directly on their internal experience, such as young children and adults in the midst of borderline or psychotic disturbance.

The inherent value of creative writing as play is readily observable on an inpatient psychiatric unit. While an array of psychotherapy and occupational therapy groups were available to our patients, including more traditional process-focused talk therapy groups, the exquisite corpse writing group engendered exceptional warmth and enthusiasm among members. Despite the difficulties the writing exercise would appear to pose for a vulnerable and acute psychiatric population, patients typically found it inherently rewarding.

The therapeutic value of the exercise need not stop at the act of writing, however. As collaborative play, including writing, takes place in a symbolic, rather than literal, domain of experience, it contains all the material of a process group, while producing less anxiety in its participants. Anxiety and conflict can be explored without explicitly discussing personal history. Instead, patients project their inner life onto a neutral stimulus (i.e., a fictional story) in a way that need not be immediately re-owned or re-integrated. The activity is therefore fun, and patients enjoy it. This piques their curiosity and facilitates discussion of the material in a free and accepting context, which, in turn, leads to the depth-work associated with mutative change in group psychotherapy (Yalom, 1983).

The Exquisite Corpse

The exquisite corpse is best described as a collaborative story-writing exercise. The opening sentence can be generated by the first participant, or by taking suggestions from the group as a whole. This sentence is written down at the top of a blank sheet of paper. The paper is then passed in turn to each participant (in our group, this included the therapist), who writes the next sentence of the story. Depending on the number of participants and length of the group session, the paper may make one or more rounds before being completed. Periodically, and in particular, after each completed round of writing, the group may pause to read the story in progress and discuss the process and content of the exercise.

The exquisite corpse is challenging. It demands spontaneous creative thought that is meaningful, relevant to those contributions that preceded it, and facilitative of future contributions. At the same time, the exercise involves a significant amount of silence and waiting. Finally, it culminates in a written story that can be inspected and explored as a tangible product from a multitude of individual perspectives.

Setting and Patient Information

Development of the exquisite corpse from parlor game to therapeutic exercise took place in the context of a weekly, 45-minute psychotherapy group on an adult inpatient unit at a New York City hospital. For the previous two years, the theme of the group was

designated as “Creative Writing,” the specifics of which were left up to the group leaders who tended to be trainees on a one-year rotation. Upon taking over the group and experimenting with various writing exercises, many of which involved patients writing privately for the first half of the group and then sharing and discussing for the second half, the exquisite corpse was introduced. Its popularity with therapists and patients quickly turned it into the sole activity of the weekly group.

Group members ranged from 18 to 65 years of age, and came from various socioeconomic and educational backgrounds, though a significant portion came from disenfranchised backgrounds and had limited formal education. The unit specialized in “dual diagnosis,” meaning that most patients had substance use problems concomitant with their psychiatric conditions. It is crucial to note that many patients were only semi-literate, and their anxiety concerning their limited reading and writing skills often was a fruitful area of discussion.

The acute mood, psychotic, substance-use, and personality pathologies present on the unit were indicative of a patient population that had almost uniformly followed maladaptive developmental trajectories, and during hospitalization many individuals were in a particularly profound state of regression. Patients had incomplete and distorted representations of self and other, poor boundaries, and difficulty integrating sensorimotor, emotional, and cognitive experiences. As a result, splitting, denial, projection and projective identification, verbal and physical aggression, and florid psychotic episodes were commonplace. In a sense, these patients lacked the internal resources and interpersonal support to structure their experiences, including the experience of play.

The Act of Writing

Writing in a guided psychotherapy group allows patients to project internal experiences onto the environment while simultaneously observing them, literally as words on a page. This is in contrast to their typical patterns of either projection without an observing ego function, or total dissociation from internal experience. The collaborative nature of the exquisite corpse exercise offers the additional and

indispensable benefit of patients not only observing their own creative products, but the products of their peers, which often share commonalities. Further, patients’ work is observed by others, understood, and embedded in a broader narrative. For anxious and depressed patients, the exercise represents an opportunity to meaningfully connect with others, and feel proximity to the internal experiences of others. For psychotic patients, it helps them to feel integrated in a larger social context without threatening their fragile self-other boundaries; the story belongs to both the individual and the group. It is not surprising, then, that we consistently find that those who are initially anxious about, disinterested in, or disoriented by the exquisite corpse exercise often become intrigued the first time the story is read aloud in full, when they observe how the work of many authors, including their own, has translated into a single narrative.

Waiting in Silence

While a given group member is writing, the others are forced to confront silence. Waiting in silence may spark anxiety, fear, or reprieve, and how each patient copes with this situation is clinically informative and provides material for later discussion. Disruptive, agitated, or dissociative behaviors have diverse origins depending on the dynamics of the individual, even if they appear superficially similar. Some patients later express having been anxious about their upcoming turn, others envious of another patient’s apparent ease and comfort with the written word, and still others voice frustration and boredom with having to sit quietly. Along these lines, patients with similar pathologies often react very differently to the periods of silence and inactivity. For instance, one anxious patient finds the silence intolerably ambiguous and feels compelled to fill it with chatter, while another views the exercise as welcome permission not to talk, which he finds calming. Though it may seem paradoxical at first, psychotic patients suffering from diffuse boundaries and chaotic internal worlds tend not to decompensate when faced with the silence of the exercise. In fact, these patients find the imposed structure of waiting for their turn to be a grounding and manageable challenge.

Discussing the Story

Discussion of the process and content of the story flows organically as patients readily project their lives and dynamics into the story. In fact, many find it difficult to keep themselves out. Unlike group psychotherapy that demands personal disclosure before any work can begin, the exquisite corpse permits patients to implicitly disclose via story elements. As patients are not being asked to speak or write autobiographically, conscious censorship of potentially overwhelming thoughts, feelings, or real-life experiences is decreased, and patients may contribute material to the story without being initially aware of how it relates to them personally.

The collaborative nature of the exercise also facilitates discussion around themes of relatedness and control. Patients readily discuss feelings of connection, alienation, and confusion through the safety of the fiction. Even when more guarded or impoverished patients do not displace their dynamics into the narrative itself, they tend to enact those dynamics in their critique of the story and the writing process. A narcissistic patient may feel hurt that his sentence was “ignored” by the others, or that the story did not follow the direction he desired. Conversely, an obsessive-compulsive patient may feel that her sentence exerted undue influence on the story and express tremendous self-reproach at having “messed up” the exercise for everyone else. The story and the experience of writing it become therapeutic objects (Bion, 1962; Ogden, 1994; Winnicott, 1971)—concrete phenomena imbued with meaning by the intrapsychic and interpersonal dynamics of the participants—that patients and therapist alike may take up for “here-and-now” process work.

The following case illustrates the use of the exquisite corpse, including its implicit value as a creative activity, the individual dynamics it reveals, and the fruitful interpersonal work that emerges as a result of discussing the writing exercise.

Case Illustration

Tonya was a Caucasian woman in her 50s with multiple recent hospital admissions. She was depressed, childlike, and experienced persecutory delusions. She attended groups regularly but rarely

spoke, and any contributions would typically be followed by an expression of regret or shame at having opened up. It was unclear if her impoverished speech and concrete thinking indicated intellectual impairment, extreme guardedness due to paranoia, or both.

Rob was a Latino man in his 30s suffering from major depression, anxiety, and paranoia. Though he desperately wanted placement in supportive housing following discharge, his intense affect and defensiveness made it difficult for him to make good impressions during interviews set up by his social worker. Rob found groups very uncomfortable, but began attending due to an awareness that, for pragmatic reasons, he needed to improve his interpersonal skills.

Valerie was a Latina woman in her 20s diagnosed with schizophrenia. She was floridly psychotic at admission, but once stabilized on medication she became well-related and started attending groups. Valerie enjoyed socializing with other patients, though she was quiet and retained a sense of fragility about her. She relied on basic and inflexible defensive strategies to deal with anxiety. Mildly arousing situations would produce childlike denial, while a more intensely anxious event, such as being directly criticized, would cause her to retreat into a dissociated state.

After soliciting suggestions from the group, our first sentence read: “Jane woke up and left the hospital, feeling very afraid.” The first round of the story proceeded:

TONYA: Till one day she was able to talk about it.

ROB: She called her friend, and ask [sic] if she can come over, that it’s important—as she continued to plead with her friend the phone cut off.

VALERIE: Her friend called her back and said she would be more than happy for her to come over.

The round went smoothly, and important dynamics of each individual emerged. Tonya’s content and style were in conflict: the former indicated a wish to share and be open, while the latter—her sentence being the

tersest in the round—suggested the opposite. Rob showed a desire for interpersonal contact, but also an expectation that it would be rejected, “cut off.” Valerie neutralized Rob’s anxiety by denying it. The friend called back and everything was fine.

These features were not overtly addressed. In fact, discussion of this first round of writing remained superficial. Patients felt good about the exercise, and that the story was moving along nicely. Valerie said she was glad that “Jane” was turning to a friend for help, and Rob agreed, adding that “it’s not good to just keep it all to yourself.” It was unclear whether he was speaking genuinely or saying what he thought the therapist wanted to hear, as he apparently had tried to do during his housing interviews. Tonya said almost nothing. The second round of writing commenced:

THERAPIST: When Jane arrived, she said again to her friend, “I have something important to tell you. But I’m a little embarrassed to say it. . .”

TONYA: Jane said, “I do love everyone and still can’t be believed.”

ROB: “Every time I have something that involves me they either think I’m crazy or just making it up. I mean no matter what I do nothing seems to work.”

VALERIE: “It really doesn’t matter whether I am crazy or sane, the fact of the matter is my reputation is ruined.”

After reading the developing story aloud, Rob immediately remarked on how well everyone was working together, and even Tonya appeared brighter, smiling and making eye contact with other group members. Valerie said that she understood what Jane was going through, in terms of feeling the pain and stigma of having been hospitalized. It was clear that she was making special use of the play space. That is, she spoke of the story as if she had not contributed to it, addressing “Jane” directly, as a way of maintaining a safe distance while still being able to express how the story resonated with her. Rob, on the other hand, was less anxious about his role in creating the narrative. He responded to Valerie, “I feel the same, I wrote my sentence because it feels like no one trusts me anymore, like everyone’s already made

up their minds.” Here he made a direct link between the events in the story and their source in his own experience. Valerie and Tonya were both struck by Rob’s clear and honest linkage of his world with the story-world. Valerie appeared in deep thought, and Tonya said simply, “I guess it was on all our minds.”

Due to the small group size, the group had ample time for a third round of writing:

THERAPIST: Jane’s friend said, “Well, there’s something I never told you. . .”

TONYA: “I had also been hospitalized before too.”

ROB: “Now they said that I am suffering with major depression and paranoia.” Jane said, “Why didn’t you tell me that you were diagnosed with major depression and paranoia too, we could have helped each other.”

VALERIE: “Well maybe it’s not too late to help each other now.”

Rob and Valerie both expressed pleasure at the outcome of the story, feeling that it came together well, had a positive message, and represented issues with which they were personally grappling. However, the therapist noticed that Tonya now looked withdrawn, frowning and staring at her hands. After some gentle probing about how she was feeling, she said: “It’s not a nice story. I didn’t want to be a part of it.” Valerie asked what she meant. “I have major depression and paranoia,” Tonya said. “It’s not nice to talk about someone like that. The story was supposed to be about Jane, not me.” Valerie appeared mortified and apologized profusely, saying that the story had not intentionally been about Tonya, but was at a loss as to what else to say. Suddenly, Rob stepped in:

ROB: The thing is, I wrote that because of me. They tell me I have major depression and paranoia. I didn’t know you did, too.

[Tonya remains quiet.]

THERAPIST: Tonya, I wonder if you have any thoughts in response to what Rob just said?

TONYA: I can’t believe it.

THERAPIST: What can’t you believe?

TONYA: I thought he was being mean to me.
I guess he didn't mean it like that.

Tonya had stopped playing and lost the distinction between her world and the story-world. Fortunately for the other patients, the story remained a discrete therapeutic object that could be referred to as such. Rob pointed to the paper when speaking to Tonya, effectively helping her to rebuild boundaries that allowed her to see that the story was a collaborative representation of all the authors' internal experience. That it felt very personal to her was, in fact, not a paranoid threat, but a sign of relatedness with others.

In processing this event, all three patients came to feel they had learned something relevant to their individual treatment goals. Tonya was glad to have attended and participated in a group, acknowledging that letting the others know that she felt upset resulted in validation and inclusion. Rob had been open and vulnerable within the group, and from that perspective was able to help regulate another patient's distress. In relating genuinely to another, his usual intensity and guardedness vanished, and Rob expressed pride in how he handled the situation. Valerie spoke about the importance for her of "seeing the story through Tonya's eyes." That is, she appreciates that others' experiences may make their perceptions of the same story different from her own. This empathic realization marked an important step in Valerie's ongoing pursuit of more sophisticated coping skills.

Conclusion

We have presented a rationale for and case illustration of a collaborative story-writing exercise for use in inpatient group psychotherapy. Our clinical observations indicate that this is an effective method for creating a symbolic playground in which patients of a wide range of functioning and psychiatric diagnoses can explore deep interpersonal issues in a safe context. The act of writing and waiting in silence are experiential interventions akin to Winnicottian play, during which inner anxieties are projected onto a transitional space that can hold the projections without dissolving them or demanding that they be re-absorbed. The story itself provides a tangible, creative product that helps to ground patients in their play experience and facilitate discussion of the

material projected onto it.

While we hope that our focus on inpatient group psychotherapy draws attention to a modality often neglected in the literature, the value of the exercise should not be considered limited to use within an inpatient setting. This paper's first author has used it to similarly beneficial effect in a partial hospitalization setting, and we believe it would be a useful tool in outpatient group psychotherapy, family therapy, and other systems therapies.

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