

*Handbook of Low-Cost Interventions to Promote Physical and Mental Health: Theory,  
Research and Practice, in press*

Expressive Writing:  
An Alternative to Traditional Methods

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Researchers and clinicians have begun to search for alternative treatments that are lower in cost and easier to implement than traditional treatment methods. One promising alternative is expressive writing. When people transform their feelings and thoughts about emotional experiences into language, their physical and mental health often improve. An increasing number of studies indicate that having people write about their deeply felt emotions and thoughts can result in healthy improvements in social, psychological, behavioral, and biological measures. Expressive writing offers an alternative to traditional therapies with the advantage of lower cost and greater accessibility. This chapter will begin with an overview of the writing paradigm followed by evidence supporting the efficacy of expressive writing as well as its potential limitations. The more compelling reasons for why expressive writing works will be presented next. The chapter will conclude with possible real world applications and future directions.

### *The Expressive Writing Paradigm*

In the first expressive writing study, people were asked to write about a trauma or about superficial topics for four days, 15 minutes per day. We found that confronting the emotions and thoughts surrounding deeply personal issues promoted physical health, as measured by reductions in physician visits in the months following the study, fewer reports of aspirin usage, and overall more positive long-term evaluations of the effect of the experiment (Pennebaker & Beall, 1986). The results of that initial study led to a number of subsequent investigations, in our laboratory and by others, with a wide array of intriguing results. We briefly review the writing paradigm and basic findings below.

The standard laboratory writing technique involves randomly assigning participants to one of two or more groups. All writing groups are asked to write about assigned topics for one to five consecutive days, for 15 to 30 minutes each day. Writing is generally done in the laboratory

with no feedback given. Those assigned to the control conditions are typically asked to write about superficial topics, such as how they use their time. The standard instructions for those assigned to the experimental group are a variation on the following:

For the next three days, I would like for you to write about your very deepest thoughts and feeling about the most traumatic experience of your entire life. In your writing, I'd like you to really let go and explore your very deepest emotions and thoughts. You might tie this trauma to your childhood, your relationships with others, including parents, lovers, friends, or relatives. You may also link this event to your past, your present, or your future, or to who you have been, who you would like to be, or who you are now. You may write about the same general issues or experiences on all days of writing or on different topics each day. Not everyone has had a single trauma but all of us have had major conflicts or stressors – and you can write about these as well. All of your writing will be completely confidential. Don't worry about spelling, sentence structure, or grammar. The only rule is that once you begin writing, continue to do so until your time is up.

Whereas the original writing studies asked people to write about traumatic experiences, later studies expanded the scope of writing topics to general emotional events or to specific experiences shared by other participants (e.g., diagnosis of cancer, losing a job, coming to college). The amount of time people have been asked to write has also varied tremendously from 10 minutes to 30 minutes for 3, 4, or 5 days – sometimes within the same day to once per week for up to 4 weeks.

The writing paradigm can be powerful. If nothing else, the technique demonstrates that when individuals are given the opportunity to disclose deeply personal aspects of their lives, they

readily do so. Even though a large number of participants report crying or being deeply upset by the experience, the overwhelming majority report that the writing experience was valuable and meaningful in their lives. Interest in the method has grown since the original expressive writing study, and by 2006 well over 150 studies have been published in English language journals. Below, we briefly summarize some of the more promising findings. For a more detailed and technical summary, also see a recent paper by Pennebaker and Chung (in press).

### *Effects of Expressive Writing*

Researchers have relied on a variety of physical and mental health measures to evaluate the effects of writing. Writing or talking about emotional experiences relative to writing about superficial control topics has been found to be associated with significant drops in physician visits from before to after writing among relatively healthy samples. Over the last decade, as the number of expressive writing studies has increased, several meta-analyses either have been conducted or are currently being conducted.

*Meta-analysis findings.* The original expressive writing meta-analysis was published by Smyth (1998), based on 14 studies using healthy participants. The primary conclusions were that the writing paradigm is associated with positive outcomes with a weighted mean effect size of  $d = .47$ , noting that this effect size is similar to or larger than those produced by other psychological interventions. The strongest effect sizes were for psychological ( $d = .66$ ) and physiological outcomes ( $d = .68$ ), which were greater than those for health ( $d = .42$ ) and general functioning outcomes ( $d = .33$ ).

Almost seven years after the Smyth article was published, another meta-analysis by Meads, Lyons, and Carroll (2003) was released by the Cochran Commission. In an analysis of dozens of studies, the author concluded that there was not sufficient evidence to warrant

adopting the writing method as part of clinical practice. One problem that the report underscored was the lack of any large randomized clinical trials (RCTs) that were based on large, clearly identified samples. Coming from a medical background, Meads was befuddled by the fact that most of the experimental studies of expressive writing were more theory-oriented and not aimed at clinical application. Since the release of the Meads paper, a new wave of RCTs are now being conducted with a diverse group of patient populations.

Most recently, Frisina, Borod, and Lepore (2004) performed a similar meta-analysis on 9 writing studies using clinical populations. They found that expressive writing significantly improved health outcomes ( $d = .19$ ). However, the effect was stronger for physical ( $d=.21$ ) than for psychological ( $d = .07$ ) health outcomes. The authors suggested that a possible reason for these small effect sizes were due to the heterogeneity of the samples. Writing was less effective for psychiatric than physically ill populations. Indeed, health improvements were exhibited by patients with a chronic illness (asthma or rheumatoid arthritis) after writing, relative to participants with chronic illness writing about neutral topics (Smyth, Stone, Hurewitz, and Kaell, 1999). Health improvements gauged by reduction in physician assessed disease severity provided evidence for the effectiveness of writing.

*Immune system and hormonal effects.* Writing and/or talking about emotional topics has also been found to influence immune functioning in beneficial ways, including t-helper cell levels as well as growth, antibody response to Epstein-Barr virus, and antibody response to hepatitis B vaccinations. Other studies are finding effects on wound healing, changes in objective symptoms associated with arthritis and asthma. Yet other projects report faster healing following surgery among patients with cystic fibrosis. It is beyond the scope of this paper to summarize

these many effects. Interested readers are encouraged to read recent reviews by Lepore and Smyth (2002), Sloan and Marx (2004a), and Pennebaker and Chung (in press).

*Autonomic and cardiovascular effects.* Activity of the autonomic nervous system is also influenced by expressive writing. Among those participants who disclose their thoughts and emotions to a particularly high degree, skin conductance levels are significantly lower during the trauma disclosures than when describing superficial topics. Systolic blood pressure and heart rate drops to levels below baseline following the disclosure of traumatic topics but not superficial ones (Pennebaker, Hughes, & O'Heeron, 1987). In short, when individuals talk or write about deeply personal topics, their immediate biological responses are congruent with those seen among people attempting to relax. McGuire, Greenberg, and Gevirtz (2005) have shown that these effects can carry over to the long-term in participants with elevated blood pressure. One month after writing, those who participated in the emotional disclosure condition exhibited lower systolic and diastolic blood pressure (DBP) than before writing. Four months after writing, DBP remained lower than baseline levels.

*Objective behavioral effects.* Behavioral changes have also been found. Students who write about emotional topics evidence improvements in grades in the months following the study (e.g., Lumley & Provenzano, 2003). Senior professionals who have been laid off from their jobs get new jobs more quickly after writing (Spera, Buhrfeind & Pennebaker, 1994). Writing about intimate relationships is associated with the relationships lasting longer (Slatcher & Pennebaker, in press). Interestingly, relatively few reliable changes emerge using self-reports of health-related or social behaviors.

*Self-reports of depression and distress.* Self-reports also suggest that writing about upsetting experiences, although painful in the days of writing, produces long-term improvements

in mood and indicators of well-being compared to controls. Although expressive writing is a decidedly psychological intervention, it rarely has been applied to psychiatric populations. One reason for the hesitancy was a brief report by Gidron et al. (1996) that indicated that Israeli PTSD individuals who wrote about traumas reported increases in symptoms five weeks later. The Gidron procedure, however, required participants to read and openly discuss their writing with others in the group. Since then, several researchers (including Gidron) have reported positive effects with people reporting PTSD symptoms without the public reading of stories (e.g., Gidron et al., 2001; Nishith, Resick, & Griffin, 2002).

As of this writing, there are virtually no expressive writing studies with clinically depressed samples. However, several studies have found drops in self-reported depression or distress among people who have been classified as formerly depressed, who initially reported elevated depression symptoms among mixed psychiatric, medical and community samples. Although most bereavement studies have not found expressive writing benefits among people with uncomplicated grief reactions, writing appears to be potentially beneficial for more traumatic grief experiences, such as suicide or murder (e.g., Stroebe et al., 2002).

#### *Procedural Differences in Expressive Writing Studies*

Writing about emotional experiences clearly influences measures of physical and mental health. In recent years, several investigators have attempted to define the boundary conditions of the disclosure effect. Some of the most important findings are as follows:

*Topic of disclosure.* Although some studies have found that health effects only occur among individuals who write about particularly traumatic experiences, most have found that disclosure is more broadly beneficial. Choice of topic, however, may selectively influence outcomes. Although virtually all studies find that writing about emotional topics has positive

effects on physical health, only certain assigned topics appear to be related to changes in behaviors in other domains. For beginning college students, for example, when asked to write specifically about emotional issues related to coming to college, both health and college grades improve. However, when other students are asked to write about emotional issues related to traumatic experiences in general, no improvements in academic performance are found.

Over the last decade, an increasing number of studies have experimented with more focused writing topics. Individuals diagnosed with breast cancer, lung cancer, or HIV, have been asked to write specifically about their living with the particular disease. Similarly, people who have lost their job have been asked to write about that experience. In each case, however, participants are asked to write about this topic in a very broad way and are encouraged to write about other topics that may be only remotely related. For example, in the job layoff project, participants in the experimental conditions were asked to explore their thoughts and feeling about losing their jobs. Fewer than half of the essays dealt directly with the layoff. Others dealt with marital problems, issues with children, money, and health.

It has been our experience that emotional upheavals often bring to the fore other important issues in people's lives. We recommend that writing researchers and practitioners provide sufficiently open instructions to allow people to deal with whatever important topics they want to write about. As described in greater detail below, the more that the topic or writing assignment is constrained, the less successful it usually is.

*Topic orientation: focusing on the good, the bad, or the benefits.* There are a number of theoretical and practical reasons to assume that some strategies for approaching emotional upheavals might be better than others. With the growth of the field of Positive Psychology, several researchers have reported on the benefits of having a positive or optimistic approach to

life. A handful of studies have been conducted examining whether the effects of expressive writing may differ for optimists vs. pessimists. For example, in one study examining adjustment to college amongst previously classified optimists and pessimists, Cameron and Nicholls (1998) demonstrated that overall, only participants in the disclosure condition (writing about thoughts and feelings only) had higher GPA scores at follow-up. However, they did find that only participants in the self-regulation condition (writing about thoughts and feelings towards coming to college and then formulating coping strategies) experienced less negative affect and better college adjustment to college over controls. Interestingly, optimists visited their doctors less in the following month if they had participated in either the self-regulation or disclosure condition, whereas pessimists only reaped these benefits if they had participated in the disclosure condition.

Along similar lines, Laura King and her colleagues have demonstrated that when instructed to write about intensely positive experiences, participants reported significantly better mood, and fewer illness-related health center visits than did those who wrote about trivial topics (Burton & King, 2004). In another study, students were asked to write about traumas in the standard way, a benefit-finding way, or a mixed condition in which participants were first asked to write about the trauma, and then switch to the perceived benefits of the trauma (King & Miner, 2000). Counter to predictions, the trauma only and benefits only participants evidenced health improvements whereas the mixed group did not. It could be that writing about the perceived benefits is enough to organize thoughts and feelings about a trauma, and to cope effectively. However, as evidenced from the mixed condition, if people aren't able to integrate their perceived benefits into their trauma story in their own way, writing may be ineffective.

Although several variations on the expressive writing method have been tested, none have been found to be consistently superior to the original method that encourages participants to

freely choose their writing topic. Forcing individuals to write about a particular topic or in a particular way may cause them to focus on the writing itself rather than the topic and the role of their emotions in the overall story.

*Actual or implied social factors.* Unlike psychotherapy and everyday discussions about traumas, the writing paradigm does not employ feedback to the participant. Rather, after individuals write about their own experiences, they are asked to place their essays into an anonymous-looking box with the promise that their writing will not be linked to their name. In one study comparing the effects of having students either write on paper that would be handed in to the experimenter or on a magic pad (wherein the writing disappears when the person lifts the plastic writing cover), no autonomic or self-report differences were found. The benefits of writing, then, occur without explicit social feedback.

*Typing, handwriting, and finger-writing.* Although no studies have compared ways of writing on health outcomes, a few have explored if mode of writing can influence people's ratings of the expressive writing procedure itself. Brewin and Lennard (1999), for example, reported that writing by hand produced more negative affect, and led to more self-rated disclosure than did typing. One possibility is that writing by hand is slower and encourages individuals to process their thoughts and feelings more deeply.

Recently, we have begun to test the idea of finger writing. In finger writing exercises, people are asked to use their finger and to "write" about a trauma as if they were holding a pen. Over the last two years, six expressive writing workshops have been given (see Pennebaker & Chung, in press) in which participants have been asked to write for 5-10 minutes about an emotional topic on at least two occasions. People are typically asked to write using a pen; however, one time they are asked to write only with their finger. At the conclusion of each

workshop, when asked to rate how valuable and meaningful each of the writing exercises was, individuals rate writing using a pen versus using a finger as equally valuable. Interestingly, women significantly prefer the finger writing to men because many felt freer to express some of their most secret thoughts. Indeed, in every workshop, several people reported that they used more swear words when finger writing compared to writing with a pen.

*Timing: How long after a trauma.* Is there an optimal time after a trauma that expressive writing would most likely work? Unfortunately, no parametric studies have been conducted on this. Over the years, we have been involved in several projects that have attempted to tap people's natural disclosure patterns in the days and weeks after upheavals. For example, using a random digit dialing in the weeks and months after the 1989 Loma Prieta Earthquake in the San Francisco Bay area, we asked different groups of people the number of times that they had thought about and talked about the earthquake in the previous 24 hours. We used a similar method a year later to tap people's responses to the declaration of war with Iraq during the first Persian Gulf War. In both cases, we found that people talked with one another at very high rates in the first 2-3 weeks. By the 4<sup>th</sup> week, however, talking rates were extremely low. Rates of thinking about the earthquake and war showed a different pattern: it took considerably longer (about 8 weeks) before people reported thinking about them at low rates (from Pennebaker & Harber, 1993).

More recently, we have analyzed the blogs of almost 1,100 frequent users of an internet site in the two months before and two months after the September 11 attacks. Rates of writing increased dramatically for about two weeks after the attacks. More striking was the analysis of word usage. Use of 1<sup>st</sup> person singular (I, me, and my), dropped almost 15% within 24 hours of the attacks and remained low for about a week. However, over the next two months, I-word

usage remained below baseline (Cohn, Mehl, & Pennebaker, 2004). Usage of 1<sup>st</sup> person singular is significant because it correlates with depression (see Pennebaker, Mehl, & Niederhoffer, 2003 for review). What was striking was that these bloggers – who expressed an elevated rate of negative moods in the days after 9/11 – were generally quite healthy. They were psychologically distancing themselves from the emotional turmoil of the event.

Considering the current evidence, it is likely that defenses such as denial, detachment, distraction, and distancing may, in fact, be quite healthy in the hours and days after an upheaval. A technique such as expressive writing may be inappropriate until several weeks or months later. Indeed, we now encourage clinicians to delay their use of expressive writing until at least 1-2 months after an upheaval or until they think their patient is thinking “too much” about the event. Obsessing and ruminating about a trauma a few weeks after it has occurred is probably not too much; thinking about it at the same high rate six months later might in fact signal that expressive writing may be beneficial.

*Timing between writing sessions.* Different experiments have variously asked participants to write for one to five days, ranging from consecutive days to sessions separated by a week, ranging from 10 to 45 minutes for each writing session, for anywhere from 1 to 7 sessions. In Smyth’s (1998) meta-analysis, he found a trend suggesting that the more days over which the experiment takes place, the stronger the impact on outcomes.

Two subsequent studies that actually manipulated the times between writing failed to support Smyth’s findings. The first, by Sheese, Brown, and Graziano (2004), asked students to write either once per week for three weeks or for three continuous days about traumatic experiences or superficial topics. Although the experimental-control difference was significant for health center differences, no trend emerged concerning the relative benefits of once a week

versus daily writing. More recently, we had 100 students randomly assigned to write either about major life transitions or about superficial topics. Participants wrote three times, 15 minutes each time, either once a day for three days, once an hour for three hours, or three times in a little more than an hour. Immediately after the last writing session and again at one-month follow-up, no differences were found between the daily versus 3-times-in-one-hour condition. Indeed, at follow-up, the three experimental groups evidenced lower symptom reports than the controls after controlling for the pre-writing symptom levels.

*Time until benefits are seen.* Expressive writing outcomes have been measured up to about 6 months after the writing sessions are completed. While some psychological and physical health changes may be immediately apparent, they may be fleeting. On the other hand, some effects may take days, weeks, months, or even years to emerge as significant changes on various measures, if at all.

Considering all the other variants on the writing method already mentioned, it would be difficult to come up with some standard time for follow-up. Instead, knowing the general time-course of proposed underlying mechanisms, and providing multiple convergent measures to validate specific outcomes may be a more practical approach in thinking about follow-up assessments.

### *Why Does Expressive Writing Work?*

Over the last two decades, a daunting number of explanations have been put forward and many have been found to be partially correct. Ultimately, there may not be a single cause for a phenomenon as complex as expressive writing. The reason is two-fold. First, any causal explanation can be dissected at multiple levels of analysis ranging from social explanations to

changes in neurotransmitter levels. Second, an event that takes weeks or even months to unfold will necessarily have multiple determinants that can inhibit or facilitate the process over time.

This section will briefly summarize some of the more compelling explanations for the expressive writing-health relationship. Keep in mind that many of these processes occur simultaneously or may influence one another.

*Individual and social inhibition.* The first expressive writing projects were guided by a general theory of inhibition. These studies showed that people who had experienced one or more traumas in their lives were more likely to report health problems if they did not confide in others about their traumas than if they had done so (e.g., Pennebaker & Susman, 1988). The inhibition idea was that the act of inhibiting or in some way holding back thoughts, emotions, or behaviors is associated with low level physiological work. Further, people were especially likely to inhibit their thoughts and feelings about traumatic experiences that were socially threatening. Hence, individuals who had experienced a sexual trauma would be far less likely to talk about it with others than if they had experienced the death of a grandparent.

*Emotions and emotional expression.* Emotional reactions are part of all important psychological experiences. From the time of Breuer and Freud (1957/1895), most therapists have explicitly or tacitly believed that the activation of emotion is necessary for therapeutic change. The very first expressive writing study found that if people just wrote about the facts of a trauma, they did not evidence any improvement. Consistent with an experiential approach to psychotherapeutic change, emotional acknowledgement ultimately fosters important cognitive changes (Ullrich & Lutgendorf, 2002).

A variation on the emotional expression idea is that the benefits of writing accrue because individuals habituate to the aversive emotions associated with the trauma they are confronting. A

test of a habituation model would be to see if people who wrote about the same topic in the same general way from essay to essay would benefit more than people who changed topics. Research on changes in autonomic reactions to distressing topics over the writing days tends to support features of this argument (e.g., Sloan & Marx, 2004b).

An alternative approach looks specifically at the topics on which participants write. If habituation is a strong argument, one would assume that the more you write about the same thing, the more you would habituate to it. If people wrote about different emotional upheavals, rather than a single topic, one could argue that they would have less opportunity to habituate. Empirical tests of this idea are mixed. In earlier studies, judges evaluated the number of different topics people wrote about across a 3-day writing study. Number of topics was unrelated to health improvements. Using a more mathematically sophisticated strategy, we attempted to learn if the content similarity of essays written by people in the experimental conditions in three previous writing studies was related to health improvements (Campbell & Pennebaker, 2003). The answer is no. If anything, the more similar the writing content was from day to day, the less likely people's health was to improve.

*The construction of a story.* One of the basic functions of language and conversation is to communicate coherently and understandably. By extension, writing about an emotional experience in an organized way is healthier than in a chaotic way. Indeed, growing evidence from several labs suggest that people are most likely to benefit if they can write a coherent story (e.g., Smyth, True, & Sotto, 2001). Any technique that disrupts the telling of the story or the organization of the story is undoubtedly detrimental.

Although talking about the upsetting experience will help to organize and give it structure, talking about such a monumental experience may not always be possible. Others may

not want to or even be able to hear about it. Within the discourse literature, particular attention has been paid to the role of written language in demanding more integration and structure than spoken language (Redeker, 1984; see also Brewin & Lennard, 1999). It would follow that writing -- and to a lesser degree talking -- about traumatic experiences would require a structure that would become apparent in the ways people wrote or talked about the events.

*The components of a story: The analysis of cognitive words.* The degree to which individuals are able to cognitively organize the event into a coherent narrative is a marker that the event has achieved knowledge status and can be determined via the language people use. Words or phrases such as, "I now realize that..." or "I understand why..." suggest that people are able to identify when they have achieved a knowing state about an event. Consistent with this, linguistic analyses find promising effects for changes in insight and causal words over the course of emotional writing (see also Klein & Boals, 2001; Petrie et al., 1998). Specifically, people whose health improves, who get higher grades, and who find jobs after writing go from using relatively few causal and insight words to using a high rate of them by the last day of writing. In reading the essays of people who show this pattern of language use, judges often perceive the construction of a story over time. Building a narrative, then, may be critical in reaching understanding or knowledge. Interestingly, those people who start the study with a coherent story that explained some past experience generally do not benefit from writing.

*Writing as a way to change perspective.* A central tenet of all insight-oriented therapies is that through psychotherapy people are able to develop a better understanding of their problems and reactions to them. Inherent in this understanding is the ability to stand back and look at oneself from different perspectives.

Using a variety of computerized text analysis methods, we are discovering that peoples' linguistic styles can predict who benefits from writing. Linguistic style is reflected in function words, which include pronouns, prepositions, conjunctions, articles, and auxiliary verbs (Pennebaker, Mehl, & Niederhoffer, 2003). Analyzing three previous expressive writing studies, we found that the more that people oscillated in their use 1<sup>st</sup> person singular pronouns (I, me, my) and all other personal pronouns (e.g., we, you, she, they) from day to day in their writing, the more their health improved (Campbell & Pennebaker, 2003). If individuals wrote about emotional upheavals across the 3-4 days of writing but they approached the topic in a consistent way – as measured by pronoun use, they were least likely to show health improvements. The findings suggest that the switching of pronouns reflect a change in perspective from one writing day to the next. Interestingly, it doesn't matter if people oscillate between an I-focus to a we- or them-focus or vice versa. Rather, health improvements merely reflect a change in the orientation and personal attention of the writer.

### *Implications for Treatment*

The purpose of this chapter has been to present expressive writing as an alternate low cost intervention strategy for improving mental health. Evidence for the efficacy of expressive writing, its boundary conditions, as well as possible reasons for why it works were offered in an effort to gain a better idea of practical limitations in the real world. For this chapter and certainly for this book, the most important aspects of expressive writing include low cost, ease of implementation, and its proven efficaciousness in improving mental health.

Writing forces people to stop and reevaluate their life circumstance, which is especially relevant for people suffering from mental illness. The mere act of writing also demands a certain degree of structure as well as the basic labeling or acknowledging of their emotions. All of these

cognitive changes have the potential for people to come to a different understanding of their circumstances without the restrictions of expensive therapy. This provides compelling evidence for the potential use of expressive writing as a low-cost alternative to traditional methods.

Despite the large number of promising studies, expressive writing is not a panacea. The overall effect size of writing is modest at best. It is still uncertain for whom it works best, when it should be used, or when other techniques should be used in its place. Despite these shortcomings, it is reasonable to assume that expressive writing methods have potential to be used on a large-scale basis. Given the current status of the discipline, some recommendations for treatment may be of value.

■ *Anonymity and confidentiality.* In the treatment world, there is often a sense that the therapist always knows best. Many therapists, then, feel as though they need to read whatever writing samples that their clients produce. Our research suggests otherwise. If finger writing is potentially beneficial, there may not be a need for clients to read their writings to others or to give them to a therapist.

■ *Diaries, journaling, and number of writing sessions.* In some quarters, there is a belief that the more that people write, the better their health. Again, expressive writing research does not support this idea. It may be that a fixed number of writing sessions – perhaps only 3-5 may be sufficient to optimize improvement. Too much writing, in fact, may simply begin to reflect the processes of rumination or obsession.

■ *Flexibility in topic, timing, and genre.* It is often helpful for clients and therapists to have a structured treatment method. Although structure and organization may be manna to practitioners of CBT, all evidence suggests that too much structure in the writing world is not beneficial. Some people may not want to write about something. This may be a healthy defense

for them at the time. Others may want to write in verse rather than prose. Encourage it. Some may want to write for an hour a day; others for 5 minute sessions at different times of the day. Why not? There is no good evidence that one type of writing is necessarily better than others.

- *Flipping out, cracking up, and going insane.* Some ethics or IRB committees (especially in medical schools – ironically) have raised concerns that if people confront upsetting issues, they may regress into serious mental decline. This “flip out” hypothesis has never been observed in our lab. To bypass this remote possibility, however, we often tell our participants about the *Flip Out Rule*. Prior to participation, we simply explain the flip out issue. We then note that if they feel as though they might flip out to simply stop writing or to write about another topic. The *Flip Out Rule* has been effective for many years (Pennebaker, 2004).

- *When writing fails.* Expressive writing is much like every other intervention: it works for some people and not for others. Despite a great deal of research, we still can’t predict exactly who will benefit. We have had people who have been in psychotherapy for years who immediately benefited from writing. We’ve had many people who found the expressive writing boring and irrelevant. Others have fallen into a trap of writing more and more without ever getting any sort of closure. Our recommendation is to encourage people to try the method for perhaps 4 days, 20 minutes a day. If they find the method unhelpful or aversive, then try something else. If it is beneficial, it might be wise to try something else as well.

- *Workbooks, manuals, workshops, retreats, and therapy.* Effective therapy often requires a therapist who is a strong believer in the methods he or she is using. There is also an occasional feeling of territoriality among believers in different treatment methods. “My treatment is better than yours because I have had the certified training and am using the certified materials from the Certified Institute.” As should be apparent, the expressive writing method is not

certified, licensed, trademarked, or copyrighted. A feature that may work well with one therapist may not be effective for another. At the end of the day, we encourage practitioners to experiment with expressive writing. See what works and reject what doesn't.

Our understanding of expressive writing and, indeed, all psychotherapy is in the very early stages of knowledge. When expressive writing works, it is probably due to a variety of causes and contexts. In the years to come, we welcome comments and suggestions of therapists and clients about expressive writing. Together, we can begin to build a better understanding of the power of writing among people in the real world.

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