

Expressive Writing in a Clinical Setting

— James W. Pennebaker

In laboratory studies, when people are asked to write about emotional upheavals for 15-20 minutes on at least three separate occasions, their health improves. Based on over 200 experiments published over the last two decades, we are now getting a better sense of when and why expressive writing works. Although the method has been studied primarily in research contexts, it has considerable implications for private practice. In this paper, I would like to share some of the lessons we have learned in the lab that may be helpful for people working with clients.

In 1986, Sandra Beall and I published the first expressive writing study. The experiment asked a group of college students to write about either superficial topics or about a traumatic life experiences for 15 minutes a day for four consecutive days. The most striking finding was that those assigned to the trauma condition later went to the student health center for illness at half the rate as people in the control condition. Not trained as a clinical psychologist, I was stunned by the raw power of the stories that the students told and by their gratefulness in my providing them an opportunity to write about painful and oftentimes secret experiences.

Within the next four years, my students and I published additional papers demonstrating that expressive writing could influence immune function, reduce a broad array of health complaints, improve students' adjustment to college, and even boost their grades. Other labs soon began testing the limits of expressive writing by trying different instructions, samples of people, outcome measures, and experimental settings. Across the 200+

published studies, four meta-analyses, and innumerable theoretical articles on expressive writing, we now have a much better sense of when it works and when it doesn't.

Expressive Writing Method

The original instructions were straightforward. Usually delivered in person, the lead experimenter would say:

For the next four days, your task is to write about the most traumatic or upsetting experience you have ever had. Really let go and explore your very deepest emotions and thoughts. As you write, you might tie the event to other aspects of your life. For example, how might it be related to your childhood, your parents, your relationship with others in your life, your school or work. You might link it to who you want to be in the future, who you have been in the past, or who you are now. You can write about the same trauma on all four days or you can write about something different each day. In fact, many people haven't had traumas but all of us have had major conflicts or stressors and you can write about them as well. But whatever you choose to write about, really explore your deepest emotions and thoughts.

Over the years, the instructions changed considerably depending on the investigator. Sometimes, people are asked to write about an emotional upheaval instead of a trauma. Many studies, including several I've been a part of, ask people to write about a particular issue relevant to the study. For people who lost their jobs, we asked them to write about being laid off. Those diagnosed with breast cancer, AIDS, or other diseases

were often asked to write about their diagnoses. The only thing that has remained constant is that people are encouraged to explore their thoughts and feelings and, at the same time, they are given the freedom to write about anything that is bothering them.

One of the more surprising findings is that many people, even the majority, don't write about topics that I had assumed were central ones. For example, in one study of people undergoing treatment for AIDS, only a small number wrote about their diagnosis. Instead, most focused on issues such as relationships, money, or early experiences. Yes, the diagnosis was related but primarily in bringing other issues to the fore.

Although there have not been precise studies indicating which features of instructions are most important, I am taking some editorial license and providing my intuition of what would work best in a clinical setting. If you see a study that suggests alternative approaches, alter your strategy to fit the research.

Expressive writing instruction highlights:

- Write for a minimum of 15 minutes for at least three times. The times can be separated by as little as 10 minutes or as much as a week, with 1-2 days being ideal.
- Provide broad leeway in the writing topic. Encourage people to write about what is bothering them rather than what you think is bothering them.
- Encourage people to write continuously for the entire 15 minutes without regard to spelling or grammar. If they run out of things to write about, just have them repeat what they have already written.

Therapist-Client Relationship and Expressive Writing

Through an odd fluke, one of the students who happened to be in our very first writing study entered therapy a year later. The student's therapist had helped out in the study although had never met the student. On the fourth therapy session, the student revealed a personal story that was at the heart of his reason for seeking therapy. The story rang a bell with the therapist as something she had read in one of the experimental essays. I've always been intrigued by the fact that the same student revealed a pivotal painful story within 30 minutes of writing but waited for almost four hours of therapy to disclose the same event.

In expressive writing, we always make it clear that participants will not be linked to their writing (with the usual legal exceptions). They never get feedback about their writing. In some studies, participants keep their writing and, in others, they destroy their own writing as soon as they are finished. Comparable effects are found for each type of study. The implicit social contract between the experimental participant and researcher is quite different than that between client and therapist. Writing may sometimes be faster than

therapy in that the client isn't having to work through feelings of trust with another person. Their writing is primarily for themselves with no clear audience.

Having clients read their essays to the therapist or to their therapy group may be a bad idea. The only terrible failure of the writing research of which I'm aware was a project conducted in Israel as part of group sessions among PTSD clients. Unlike every other study, the experimental participants wrote about their traumatic experiences and, afterwards, read their stories to the other group members. Compared to a group of people who wrote about superficial topics, the trauma group subsequently reported more distress and physical symptoms. Given that later studies found positive effects of writing among people with PTSD, I have always believed that the problem was in the public sharing of a private experience.

Feedback recommendations in a clinical setting:

- Writing should be for the client alone and not shared with the therapist or with a group.
- If the client wishes to share what is written, they should be encouraged to talk about it rather than read it per se. By talking about it, they have the freedom to alter the story as needed to make themselves look better, not hurt others' feelings, or address other issues that may be more relevant in the context of therapy.
- Extreme care should be taken in counseling clients about what to do with their writings. If found by family members or friends, deeply personal writings can be devastating.

The Timing of Writing

Over the years, expressive writing studies have found samples of people who were asked to write within days, weeks, months, or years after emotional upheavals. Each time frame comes with its own problems. The clearest finding, however, is that writing immediately after an emotional upheaval is not recommended. This depends on the nature of the trauma and the client. Some clients really want to write immediately after an upheaval and, in my experience, they report that it benefited them. Virtually all studies, however, find that requiring people to write too soon after an event is not helpful and, in some cases, harmful.

By the same token, if people have experienced a major upheaval several years earlier and they report that they don't think about the event much, then writing may only serve to awaken unwanted thoughts and memories. If people are adapting well to past upheavals, let sleeping dogs lie.

My recommendation is that the best time for people to write about emotional upheavals is if they find that they are thinking about them too much. "Too much" is a bit vague. However, if your spouse died three weeks ago and you constantly think about your spouse, most

would consider your ruminations to be within a normal range. If, however, you lost your luggage three weeks ago and continue to be obsessing about it, this might fall in the “too much” category. If a person is thinking, dreaming, or worrying about something too much, writing is a good idea.

It is possible that writing too much can also be unhealthy. I generally recommend that people write for three or four times only. If they don't find any benefit from writing at that point, then they should stop and try something else. If they continue to believe that their writing is helping them, then they can write more. On occasion, I've seen people who turn their writing into a journal where they relate the same stories over and over in a ruminative way – without finding insight or improvements in their conditions.

Timing recommendations:

- Do not press people to write about upheavals in the first hours or days after they occur.
- Trust the “too much” metric – if a person is thinking or worrying about an event too much, then writing may be beneficial.
- Have the client try out writing for 3-4 days. If it isn't beneficial, try something else.
- Be careful to not have writing turn into another form of rumination.

Writing as a Part of Ongoing Therapy: Tapping Your Inner Scientist

Forms of expressive writing have been used as homework within psychotherapy for over 50 years. I do not presume that there is a single expressive writing method that will work best for you or for any given client. Instead, I encourage therapists to experiment with ways to use writing in treatment. Some strategies that I have worked with include:

Writing in the waiting room. The first 5-10 minutes of therapy are spent catching up and re-establishing basic social ties. A few years ago, I encouraged a therapist to have her clients write about their most pressing issues for 10 minutes before the therapy session started. They kept their writing samples and did not read them or give them to her. She reported that her clients were much more focused as soon as the session started.

Homework exercises. What may work for one client may not work for another. In the past, I have found some people who greatly benefited from writing with their non-dominant hand and others who loved writing in verse. Some like to include drawings and others don't. One method I've used a lot recently is “finger writing” where people write about emotional upheavals with their fingers so that no one ever sees what they have written. Remarkably, my using finger writing with hundreds of therapists in workshops result in ratings that are as high as writing on paper with pens. For those clients who are

particularly resistant to writing, there is some evidence that writing for extremely brief time periods – even as short as 3-5 minutes might be helpful.

Online writing. There is a growth industry in the online journaling world. We have been experimenting with free online experimental writing options that may be beneficial. I would encourage therapists to experiment with online methods and to adjust them to your needs and those of your clients.

Recommendations on finding your inner scientist

- Read the scientific literature on expressive writing to get a sense of what works and what doesn't. New papers are coming out every week or two.
- Constantly question the scientific literature and your own intuitions. Try to get objective measurements from your clients so that you can evaluate what is working for them.
- Like any other clinical method, do not be a True Believer about expressive writing. The research literature indicates that it works at a modest rate. It is a fast and inexpensive method that requires very little expertise to administer. No licensing or certification training is needed. Just try it out and see if it works.

Helpful References

Articles and Books

- L'Abate, L. (2004). *Using Workbooks in Mental Health: Resources in Prevention, Psychotherapy, and Rehabilitation for Clinicians and Researchers*. New York: Routledge.
- Frattaroli, J. (2006). Experimental disclosure and its moderators: A meta-analysis. *Psychological Bulletin*, 132, 823-865.
- Lepore, S. J. & Smyth, J. M. (2002). *The writing cure: How expressive writing promotes health and emotional well-being*. Washington, D.C.: American Psychological Association.
- Pennebaker, J.W. (2004). *Writing to heal: A guided journal for recovering from trauma and emotional upheaval*. Oakland, CA: New Harbinger Press.

Websites

www.psy.utexas.edu/Pennebaker. There are two links that might be helpful. The first is the Writing and Health link which provides a basic how-to summary of writing. The second is the Publications page. In addition to downloading papers I have done, there is a References link that is an up-to-date list of expressive writing studies and paper that may be useful.

www.utpsyc.org/. An online research page that includes a link to a writing experiment. The actual experiments change periodically. The goal is to use this site as a place to try out new interventions to see if some types of writing instructions produce better results than others.

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