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WRITING CURES

[Comment on section](#)*"This is who I am. This is something I can control, that I and no one else can create. This is my life, my soul, my dignity...Maybe no one is listening anymore but I still have a lot to say" (Schnekenburger, 2006. p150.)*

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Whenever somebody does not want to, or is unable to, speak to a clinician about emotional problems, writing about their problems in a continuous, structural and sincere manner can be beneficial. Like Freud's famous 'talking' cure there has been a lot of research into a 'writing' cure and over the past 20 years, a growing body of literature has demonstrated the beneficial effects that writing about traumatic or stressful events has on physical and emotional health. Writing theories which have been around for many years have been utilized to treat a variety of physical and mental conditions and there are various theories as to why they work. Some of the exercises are so easy that they can be done at home without a professional, some examples can be found below.

Explanations as to the mechanics behind why writing theories work, have changed slightly over the years. The emotional catharsis theory is based on purging the body of negative emotion, Pennebaker's paradigm built on this, stating that it is the dealing with emotional repression. Exposure theory suggests that participants become numb to the events whereas cognitive processing theory proposes that exposure leads to greater understanding and acceptance of the events.

Writing therapies have been shown to help with a range of different physical and psychological conditions. Physically patients will have fewer visits to hospitals and a healthier immune system, psychological improvements include long time mood and health improvements.

These therapies originate from talking therapies such as free association, writing therapies allowed a greater degree of privacy for patients and could also be done more readily at home. Recent changes have occurred due to the increased use of the internet allowing contact between patients and therapists without ever meeting.

One Paper We Recommend...

Nowadays the use of writing for support therapy or to enhance psychological functioning is quite wide spread and a large amount of publications have been produced evaluating the use of expressive writing as a cure for mental illness. We recommend Karen A. Baikie & Kay Wilhelm (2005) as a key paper in highlighting the benefits of writing cures offering an educated discussion into the topic.

<http://apt.rcpsych.org/content/11/5/338.full.pdf>

Their paper on Emotional and physical health benefits of expressive writing shows that writing about traumatic, stressful or emotional events has been found to result in improvements in both physical and psychological health, in non-clinical and clinical populations compared with those who write about neutral topics. They present an overview of the expressive writing paradigm, outline populations for which it has been found to be beneficial and discuss possible mechanisms underlying the observed health benefits. In addition, they suggest how expressive writing can be used as a therapeutic tool for survivors of trauma and in psychiatric settings.

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History of Writing Cures [Comment on section](#)

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Using writing as a therapy has been developed from the psychoanalysis theory of free association, where patients talk about anything that comes to mind. Some clients didn't feel comfortable verbalising freely and showed resistance in therapy, so they were asked to write down their thoughts and feelings as homework. These notes could then be used in a later therapy session when resistance occurred. Talking cures where a structured narrative is developed has been shown to be of benefit to individuals who have experienced a traumatic or stressful event. A connected sequence of events helps to integrate traumatic memories into a meaningful context which decreases the negative effect they have (White and Epston, 1990). It was suggested then that writing thoughts and feelings down would help to achieve these structured narratives.

Examples

Hofling (1979) treated a patient who lived far away through letters and it was later found that his letters contained more words of encouragement, permission and reassurance rather than interpretation. Ozturk (1978) also used letters as a means of correspondence, which meant the client did not have to see other doctors or take time off work to attend face-to-face sessions. Both these patients' treatments were successful.

Previous research

Kew and Kew (1963) acknowledged a practical value of using writing as a therapy. They suggested that it would enable therapists to treat a greater number of patients successfully in the shortest possible time, as psychoanalysis often takes a long time before any benefits are seen. However, only in the past 20 years has research into the benefits of writing as a therapy been explored further. This started with Pennebaker and Beall's (1985) study into how writing about a traumatic experience can have positive long-term effects for physical and mental health. They proposed the theory that actively inhibiting thoughts and feelings about traumatic events requires effort, which is a stressor on the body. It causes an increase in physiological activity, which in turn can lead to longer-term disease. They suggest that confronting the thoughts by writing about them reduces the physiological work of inhibition and allows integration of the thoughts and emotions associated with the trauma. This lowers the overall stress on the body, aiding long-term health. This work led to an increase in research into the therapeutic use of writing in an attempt to understand this relationship between writing and health benefits (Peterkin and Prettyman, 2009).

Evolution

Writing therapy was originally used for individuals who found verbalising thoughts difficult and similar to free association, they wrote down anything that came to mind. Since then, different types of writing cures have been developed, such as assignments with a more structured type of goal-directed writing, or a focus on a particular issue. These have also shown to be of benefit (Jordan and L'Abate, 1995).

Writing cures have been used in individuals suffering from post traumatic stress disorder (PTSD) but have since evolved to be used on children of alcoholics (Gallant and Lafreniere, 2003), caregivers of children with chronic illness (Schwartz and Drotar, 2004) and individuals who have suffered bereavement (Range et al, 2000; O'Connor et al, 2003). More research is being carried out to investigate the types of people who benefit most from writing therapies.

In the past 10 years, the growth of the Internet has allowed for people to express themselves in writing, through online journaling, 'blogging' and virtual writing support groups, which has led to an increase in the sharing of illness and trauma (Peterkin and Prettyman, 2009). The use of the Internet has allowed therapists to treat patients in a shorter period of time and the use of e-mail can increase the number of patients they can treat (Sheese et al, 2004). Internet based writing interventions that have been used for individuals with PTSD, have been successful (Lange et al, 2000) as well as writing tasks for couples (Snyder et al, 2004).

Results of Internet based writing interventions have been promising so far. They allow individuals who have experienced a traumatic or stressful event to express themselves in writing, which has been shown to have benefits for health (Baikie and Wilhelm, 2005). Writing cures have evolved from talking cures. Focus is now

concentrated on the use of Internet based writing tasks and the benefits they may have on health.

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Theories: Why does it work? [Comment on section](#)



From the evidence presented from many researchers and meta analyses (Smyth, 1998, Frisina et al, 2004) it can't be denied that writing therapies do work but the question that many people are still posing is why? What makes picking up a pen and paper so effective that some people actually recommend it as a therapy? There have been several theories proposed ranging from relieving detrimental emotion repression to tentative neurophysiological explanations. The supportive evidence for each one is varied (Sloan & Marx, 2004) but in this section the main theories will be outlined and criticised both for their evidence and any flaws in their theory.

Emotional catharsis theory

Often it was thought that by venting your negative emotions down, they were allowed to be released out of your head and onto the paper. This is known as the emotional catharsis theory, catharsis from the Greek meaning purging or cleansing, so in this case the purging of unwanted emotions from the body. The theory is that by expressing the emotion you can deal with it and then it will be gone, but this can be criticised as curing the symptom and not the cause. Whilst there is evidence supporting that it can be slightly effective (Pennebaker & Beall, 1986) it is not anywhere near as effective as writing about both the emotion and the event that caused it. Also initially for both dealing with emotion singly or jointly there is an initial onset of negative feelings, although these tend to be over the short period and have no negative long term effects (Smyth, 1998). This theory therefore has largely been discounted on basis of both theoretical ground and its lower support than joint emotion and event writing.

The Pennebaker paradigm

Pennebaker's theory (1985) is based on the idea that individuals inhibit or suppress the negative emotions associated with the traumatic events, this leads to physiological stress. By confronting this stored emotion and writing about both it and the events that caused its creation, individuals can help reduce the physiological symptoms of stress. Pennebaker thought that it is the stored emotion that causes the long-term stress and other symptoms rather than the effects of the actual event. This can be criticised as there is no evidence to back up this point, this would suggest that the initial trauma of the event is insignificant compared with the effects of emotional backlog. There is however evidence supporting this theory, where patients undergoing writing therapy showed marked increases in certain biochemical indicators for both physical and immune functioning before receiving therapy (Pennebaker et al, 1988; Esterling et al, 1994; Petrie et al, 1995; Booth et al, 1997). As with all research areas that focus around a central theorist, criticisms have made about Pennebaker citing himself as evidence. Other issues include those shown by Greenberg & Stone (1992), which illustrate that individuals who wrote about events that they had previously mentioned had the same improvements as those who spoke about previously undisclosed conditions. This suggests that it is not a backlog of emotions, as the previously disclosed events do not have stored emotions any more. Pennebaker argued against this, stating that some events still have backlogged emotions and that this study was a poor representation. To counter this he ran a study where participants wrote about either real or imagined traumas under the same conditions, they found that participants improved similarly. This clearly indicates that the backlog of emotion theory is incorrect but it could be said that participants were channelling the emotions from other issues into their made up scenarios. As of yet no study has taken this into account, which could be done by taking into consideration previous events, as well as emotions exhibited before and after writing sessions.

Exposure

After the successful use of exposure therapy in treatment of both phobias (Kaplin & Tolin, 2011) and post-traumatic

stress disorder (Foa & Rothbaum, 1998), it has been suggested that writing cures utilise a similar method. By having participants re-write and thus re-live experiences over and over again it was thought that this deadens the negative emotional response over time (Lepore et al, 2002). There is some support for this that suggests there could be a link between repeated exposure to negative emotional responses and emotional health (Sloan & Marx, 2004) but as previously shown, when emotional studies (Greenberg et al, 1996) are compared with non-emotional controls similar improvements occur in both groups.

Cognitive processing theory

Coherent Narrative theory/Cognitive processing theory are essentially based on gaining greater understanding and a more positive outlook, due to deeper processing of the events that occurred. Changes such as increased pronoun usage between entries, which indicates development of the relationship of self to surroundings, correlated with health improvements (Pennebaker, 1997, Harber & Pennebaker, 1992). These improvements are due in part to accepting events which occurred to the self in relation to the real world i.e this happened to me, it has changed my world thus. Another change that occurs in those that have shown improvements is an increased use of positive words, moderate to low use of negative words and more 'thinking' words, such as insight words like understanding, realise and causal words like reason and because (Pennebaker, 1997). These changes were similar to those found in sufferers of traumatic memories and treatment (van der Kolk et al, 1996). Whilst supportive evidence isn't as strong as some of the other theories, there is some support such as Smyth et al (2001) who found that without the expressive side of the writing there was considerably less improvement. This theory, although hard to test empirically, has potential by combining aspects from previous theories such as Pennebaker's emotional retention theory and the exposure theory. Explaining how writing helps adaptive thought processing could help us understand individual development and growth after coming to terms with what has happened. This theory therefore is the current most popular explanation for the effectiveness of writing cures.

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Wild claim [Comment on section](#)

Whilst most of the above theories have at least some, if not large or particularly strong, evidence there are other which would appear to have no backing at all. Ornstein (1998) hypothesised that since different areas of the brain are used for talking and writing this could explain why writing cures work. By activating the writing area of the brain areas linked only to writing and not talking are activated, these areas could help with the processing or healing whilst a similar talking theory would not.

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Current therapies [Comment on section](#)

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Writing therapy can occur in lots of different settings and forms. You can do it at home via the Internet and never meet the therapist in person or you can meet up with a therapist. If you do the latter, then you have a few different options; either do the assignments at home or do the assignments in the therapists office and then choose whether you want individual or group therapy (Bolton, Field and Thompson, 2006). When these choices are made, there are still different sorts of therapies you can choose from. This choice depends on your personal preference and the reasons why you're using writing therapy, since some sorts of therapies are more fitting to specific problems. Below are four main categories of writing therapies.

Creative writing

Creative writing consists of writing poems or stories. Within creative writing, you can either have a pre-structured

assignment, which gives you specific instructions on form or content, or you can have a free writing assignment, where there are no specific instructions and you can write about whatever you like. Clustering is one of the techniques used in creative writing therapies. With clustering, you start with a main theme word in the middle and you write the words you associate with that word around it (Mazza, 2003).

Journal writing

Journal writing consists of keeping a diary, a log or a journal. There are lots of people who keep a diary or a log, the difference between this and journal therapy is that unlike the log of daily events, journal therapy focuses on the expression of emotions and feelings and really tries to understand someone's internal life. Journal writing is not just for catharsis by writing down your problems, but it can also give you a new insight into your problems and may even help you solve them (Mazza, 2003).

Letter writing

With letter writing you can choose to either write a letter to yourself or to someone else. If you write to someone else, you have the option of sending it to that person or not sending it. The letters written in therapy are most commonly not sent, but this doesn't make them any less useful. By writing a letter to a specific person, you can vent all your thoughts and feelings and you get an opportunity to tell the truth without upsetting anyone (Mazza, 2003).

Cognitive writing

Cognitive writing is a more structured form of writing therapy. You're supposed to be more conscious about your writing (Brand, 1979). The assignments either consist of writing about an intensely positive experience (IPE) or writing about an intensely bad experience (IBE). In both assignments, you're asked to write for about 10 to 20 minutes about the IPE or the IBE. You should include the feelings, thoughts, and emotions that were present at the time. Normally you do these assignments for a couple of days, either writing about the same experience everyday or about different experiences (Burton and King, 2004). Writing about an IPE or an IBE enhances psychological well-being. It seems that the emotional tone of this assignment isn't important for the positive outcome, as long as the writing allows an individual to understand the meaning of their emotional reactions and to gain insight into their priorities (King, 2002).

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Practical Exercise [Comment on section](#)



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Letter writing exercise

In this exercise you will write a letter to yourself for a later time when you're feeling down or really upset. For this exercise you should feel good and strong, since the good and stable you will write a letter to the vulnerable you. If you never feel good or strong enough, you can try imagining feeling like that when you are writing this letter. The goal of this letter is to offer yourself guidance and support when you're feeling vulnerable at a later time.

The letter should include certain key points.

- What helps you feel better at vulnerable times?
- What you've found helpful in the past.
- Advice on what you should and shouldn't do.
- Your personal strengths and resources.
- Last but not least, you should be compassionate, caring, supportive, understanding and encouraging to the vulnerable you.

If you would like to do more writing therapy exercises, you should visit this website:
<http://outcastkidblog.wordpress.com/therapeutic-writing-exercises/>

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Benefits [Comment on section](#)

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A large body of research has found beneficial outcomes from writing about important or traumatic life experiences (Burton & King, 2004). There is evidence for improvement in a wide variety of indicators of positive well-being. The main benefits can be categorised into four different subsections: **Employment and Academic Functioning; Physical Health; Psychological Health and Relationships**. These benefits have been found in people of all ages. Initially benefits were found in healthy participants, however more recently, research amongst other populations has also emerged. One study by Smyth (1998) found that males benefited from writing cures more than females did, however there does not seem to be any other published work to further support this.

Employment and Academic Functioning

Academic improvements have been associated with writing cures. Students who wrote about emotional topics illustrated improved college grades in the months following the study (Lumley & Provenzano, 2003). Cameron and Nicholls (1998) also found increased grade point averages among college students who used writing cures. A more recent study by Ramirez & Beilock (2011) demonstrated the benefits of writing about worries relating to an exam before it takes place, resulting in improved test scores, especially for those who are normally anxious about exams.

Benefits have been found for unemployed professionals who wrote down their thoughts and emotions about their job loss (Spera et al., 1994). Those who used this type of writing cure found new employment more quickly than those who wrote about superficial topics, such as their plans for the day. Francis & Pennebaker (1992) found that university staff members who wrote about emotional topics were subsequently less likely to be absent from work, compared to controls.

Health

The first meta-analysis on writing cures reviewed 13 studies that used expressive writing in healthy participants (Smyth, 1998) and found significant overall and specific benefits in self-reported physical health, psychological health and physiological functioning. Thus, the benefits produced by expressive writing are substantial and similar in effect to other psychological interventions, which may actually be more time consuming and expensive.

Physical: Writing cures have produced physical health gains, such as reduced health care visits and fewer physical symptoms (Greenberg & Stone, 1992; Pennebaker & Francis, 1996). Prostate cancer patients who engaged in written emotional disclosure demonstrated an improvement in physical health symptoms and health

care utilization, but not in psychological health (Rosenberg et al., 2002). Writing about emotional topics has also been found to influence immune functioning in beneficial ways, including T-helper cell growth and antibody response to Hepatitis B vaccinations (Friedman & Silver, 2007). Benefits have also been linked to improved liver enzyme function (Francis & Pennebaker, 1992). Furthermore, Rivkin et al. (2006) found benefits to immune functioning in patients with HIV who used positive emotion writing cures. Further lung function benefits and improvements in disease severity have been illustrated in asthma and rheumatoid arthritis patients (Smyth et al., 1999).

Psychological: Findings of psychological health benefits are not as robust as those from physical health (Baikie et al., 2005). A meta-analysis by Frisina et al. (2004) illustrated that expressive writing is more effective on physical health outcomes than on psychological. However, there have been reports of improved mood (Greenberg & Stone, 1992; Greenberg et al., 1996), improved memory and reduced depression and anxiety (Frisina et al., 2004). Self-reports suggest that writing about emotional experiences will be painful at the time of writing, but will have long-term benefits on mood and well-being. Smyth's (1998) meta-analysis concluded that on the whole, people who write about emotional experiences benefit from reduced distress. The psychological benefit of greater working memory capacity (i.e. task switching and recall) has also been reported (Klein & Boals, 2001). Thus, those who engage in writing cures, may benefit from increased problem-solving and reasoning skills.

Relationships

Writing cures have been found to be beneficial for relationships. Participants who wrote about their relationships were found to be significantly more likely to be with the same partner 3 months later (Slatcher & Pennebaker, 2006). A study by Baddeley & Pennebaker (2009) found relationship benefits in males only. Males who underwent expressive writing were found to have a decrease in aggressive behaviour, whereas, females who used this writing cure resulted in a decrease in marital satisfaction within the relationship.

What about behavioural benefits?

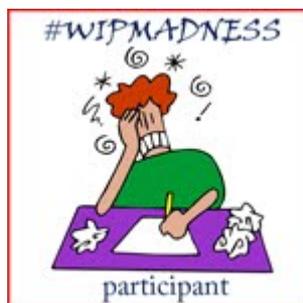
There do not seem to be any benefits on health behaviours, such as eating habits or drug and alcohol abuse (Baikie et al., 2005). Modifying these types of behaviours requires a more complex set of attitude changes, which seem to need a more powerful intervention than writing cures. However, Scott et al. (2003) found that writing cures benefited sport performance. Furthermore, specific health behaviours, such as sleep quality, show potential to benefit from writing cures (Mosher & Danoff-Burg, 2006).

Why do we get these benefits?

- It may be that writing allows the author to see the experience from a 'safe distance', making it possible to form a new perspective.
- Writing something provides the individual with a tangible record of the thought or feeling, which may allow them to externalise from it, making it less threatening and easier to manage.
- Writing may help us make sense of our experiences and allow us to gain a deeper understanding of ourselves.
- Or it may simply be that writing allows us to control and manage our thoughts through cognitive organisation.
- David (2010) claims that writing benefits are unlikely to be due to catharsis (which means venting or letting off steam).

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Writing Cures vs Talking Cures: A Comparison [Comment on section](#)



Initially Freud's 'talking cures' were dominantly used in therapeutic settings, however more recently research has indicated that writing cures are as effective or nearly as effective as talking cures in enhancing cognition, behaviour and self-esteem (Esterling et al., 1999). Many therapists now opt to use writing cures, with their low-cost and mass-orientated use making them very appealing.

Some Key Differences between Writing and Talking Cures

Writing Cures	Talking cures
No interpersonal interaction	Interpersonal interaction is key
No vocal emotional expression	Vocal emotional expression present
Low-cost	Higher-cost
More structured	More abstract
Is personal to the self	Is personal but also shared with someone else
No risk of social isolation	Possible risk of social isolation

Psychoanalysis, in its origins, was both a talking and a writing cure. Freud used writing to an internal other in his self-analysis and his free association writing had a huge influence on Psychoanalysis. Initially, in practical use this writing aspect was lost and it became the 'talking cure', however now a days therapists often use writing in conjunction with talking cures. Writing allows an individual to express their emotions without the risk of facing social isolation or negative reactions, unlike speaking about personal emotions or traumas.

Empirical Research

Research has suggested that writing and talking cures produce similar therapeutic effects in processing traumatic experiences and the research indicates that they are both equally beneficial.

- **Donnelly and Murray (1991):** This study examined the difference between written and oral emotional expression in undergraduate students. Depending on their condition, participants either wrote or spoke for 20 minutes on four separate sessions. They found that both writing and speaking resulted in reduced negative mood and increased self-esteem.
- **Murray and Segal (1994):** Found increased positive cognitive changes and positive feeling about the self for both written and vocal expressions of traumatic events. However, they also found that both the written and vocal groups reported a negative mood straight after each session but the overall therapeutic effect was still positive.
- **Slavin- Spenny et al. (2011):** Found no difference in effectiveness between four different disclosure methods; talking to a facilitator, talking to a passive listener, speaking alone and writing. There was a decrease in cognitive, psychological and physical symptoms for both talking and writing cures.

Limitation : These studies lack generalisation to clinical populations. Participants were not actively seeking therapy and sessions only lasted 30 minutes, compared to the 50 minutes normally found in clinical practice. Furthermore, sessions were limited to only 2-4.

However, these findings still highlight that at least in the short term, and for individuals without significant mental health problems, writing cures and talking cures are equally beneficial and these studies support the combined use of writing and talking in therapeutic settings.

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For an extensive reference list of all writing disclosure studies conducted up until January 2012 follow the link below:

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