INTRODUCTION: LOOKING DEEPER AT EXPRESSIVE WRITING

Expressive writing as a way of healing and emotional well-being is increasingly being taken up as a practice and has developed into a growing movement that promotes its use. This essay will briefly look at some of the studies and background that help clarify the healing and other benefits that result from the practice of expressive writing and raise a number of theoretical issues that might be of interest to practitioners and others. What follows is more of an overview than a critical analysis of the existing material or a detailed probing of the issues that have arisen in considering the benefits of expressive writing.

In her widely read *Writing as a Way of Healing*, Louise DeSalvo gives an account of her own experience writing a journal during the time that her mother was dying: “I didn’t yet know that though I was journal-writing to try to help myself during this
difficult time, my writing – just describing what I was doing or thinking or dumping my feelings onto the page – wasn’t helping me. It was probably making me feel worse” (18).

In other words, she did not experience writing as a way of healing and emotional well-being and she goes on to say why:

I was still, however, using my writing to fight the feelings I was having, to try to make them go away rather than representing them. I wasn’t letting myself feel them deeply, explore them, understand them, learn their source, and link them to past and present events in my life. I was evading the narrative and emotional truth of my life. So my journal wasn’t helping me understand and integrate my feelings during this complex time. I was stopping myself from writing my own life story. I feared I would find it unbearable. (18-19)

This insight about her writing, DeSalvo tells us, was largely the result of encountering one of the pioneering books on expressive writing and healing, James Pennebaker’s *Opening Up: The Healing Power of Confiding in Others*. Its contents, she goes on to say, “summarizes ten years of scientific research into the connection between opening up about deeply troubling, emotionally difficult, or extremely traumatic events and positive changes in brain and immune function….” (DeSalvo 19). The key factor that Pennebaker identified was “the relationship between suppressing our stories and illness, on the one hand, and telling our stories and increased health, on the other…. ” (DeSalvo 19). She concludes: “Writing, then, seems to improve physical and mental health. But
not just any kind of writing. Only a certain kind of writing will help us heal” (20).

The pioneering study by Pennebaker identifying the kind of writing that DeSalvo refers to, grew out of a research project he conducted with Sandra Beall at Southern Methodist University in Dallas, Texas measuring the effects of writing, and its correlation to medical visits. Two select groups of students were asked to keep a journal, writing for fifteen minutes a day over a four-day period. The first group was asked to write about a trivial subject. The second group was asked to write about their traumatic experiences. This latter group was further divided into three sub groups to test three types of writing about trauma or emotional difficulties: 1) emotional venting; 2) describing without emotion; 3) combining emotion and description. The first group who wrote about a trivial subject showed no marked changes. The second group, made up of the three sub groups, initially showed signs of sadness and dismay with additional minor variations in their reactions. Nevertheless, clear differences surfaced in a four month follow up when the third sub group who combined description and emotion in their writing, reported that they felt they had improved and that this was related to having resolved some emotional issue in their writing. Two months later, medical visits were down in this same sub group by fifty percent, in contrast to the other sub groups (DeSalvo 20-23).

From these results Pennebaker and Beall concluded it was important to learn to initially endure difficult feelings to reap the benefits of emotional well-being and health for those who wrote detailed accounts of traumatic or distressing events. Further studies
were undertaken, demonstrating more specific physiological responses that supported the preliminary findings. The upshot of it all led to the theory that “repressing thoughts and feelings about traumatic or distressing events might be linked to illness and that expressing thoughts and feelings through writing about traumatic or distressing events might prompt significant improvements in health” (DeSalvo 24).

Pennebaker’s research and its conclusions attracted attention and produced supporters and skeptics alike. Subsequent studies were undertaken and possible connections between expressive writing, disclosure, and health were explored in more detail, giving birth to what is now a growing literature on the subject. The general conclusions of most of these studies tend to support Pennebaker’s findings and consequently have attracted the attention of heath care and counseling professionals (Pennebaker [1995]; Lepore and Smyth). The link between expressive writing and emotional and physical well being has implications as well for those engaged in the practice of adjunct and alternative therapies, writer’s groups and workshops, TLA practitioners, not to mention the mass market self help industry. It has also raised certain questions and issues.

THE LARGER PSYCHOTHERAPEUTIC CONTEXT

As pioneering as Pennebaker’s and his associates’ findings are they fit rather
neatly into a larger psychotherapeutic context and could be seen as a more recent and essentially self directed form of therapy that was initiated by Freud and others at the end of the late 19th and beginning of the 20th century (Ellenberger). In fact, the emphasis on the repression/expression dynamic and its theoretical underpinnings is central in the method and practice of disclosure and psychological cure in the classical analytic schools, especially psychoanalysis. As Freud once stated: “The theory of repression is the cornerstone on which the whole structure of psycho-analysis rests” (Laplanche & Pontalis 392). The operative assumption is that repression is a psychological mechanism that acts as a defense against events and feelings that the individual is unable to come to terms with. As a result, these events and feelings are resisted by consciousness and transferred to the unconscious where, for the most part, they can be forgotten until psychological or psychosomatic symptoms surface. In the supportive environment of the analytic encounter, the individual is encouraged to find a way to both come to terms with these events and feelings and to integrate them, producing an extension of the personality into greater consciousness and psychological maturity. The key factor in initiating the process leading to integration is to affectively engage the unconscious contents and bring them into the realm of consciousness. The therapeutic consequences are that the symptoms subside or are considerably reduced, and relief in the form of physical and emotional well-being is the usual result. In a nutshell this is the repressive/expressive dynamic in a more clinical or psychotherapeutic context.

This theory of repression, coupled to a psychodynamic process, had enormous
influence in the fields of psychiatry and psychotherapy in the 20th century. Its claims and
the assumptions they were built on provided the ground for the clinical views of
practitioners and were extended to become the unchallenged psychotherapeutic method in
the treatment of psychological disorders. Recently, both the theory of repression and the
therapeutic dynamic used to address it have come under considerable scrutiny, especially
the psychosexual dimensions that are central to the psychoanalytic doctrine (Grunbaum).
This has become entangled with the issue of the scientific legitimacy of psychoanalysis in
psychiatry in the light of discoveries in the cognitive and neuosciences, not to mention
the field of psychopharmacology (Paris). In other words, the classic analytic idea that
repression is at the heart of the psychological disorders and can be treated
psychoanalytically is not as persuasive as it once was. And it is no longer given much
credence in most psychiatric wards, hospitals, and medical schools where psychiatrists
receive their training (Paris).

In some respects, the work of Pennebaker and others has once again raised the
issue of the relationship between the repressive and the expressive, as DeSalvo has put it.
At least this is the case when it comes to trauma and emotional difficulties that are within
the realm of the non-pathological, which is to say are not related to serious psychiatric
illnesses. The distinction between the psychotherapeutic method and the one studied by
Pennebaker & co. has to do with the medium of expression, namely in the classical
analytic tradition voice or “the talking cure” is the chief medium, while in the other it is
writing. In addition, the various studies on the effects of expressive writing on physical
and emotional well-being are evidence of the efficacy of an easily learned method of disclosure and self expression outside of a clinical or therapeutic setting dominated by mental health professionals. On the other hand, both the expressive writing method and the outcome is currently so replete with therapeutic language and goals, that this has created some boundary issues with non-clinical practitioners who are sometime at risk of confusing their role with that of certified therapists.

CURRENT THEORIES ON EXPRESSIVE WRITING AND WELL-BEING

While the repressive/expressive theory, uncoupled from a psychoanalytical superstructure, still maintains a status in the psychotherapeutic tradition, it has had to vie with alternate theories that attempt to explain why expressive writing seems to work in the majority of the studies that have been conducted (Sloan & Marx). These alternative theories include the model of cognitive adaptation and exposure/emotional processing (122-125). The former is a structural model of human behavior that focuses on cognitive processes and the need to adapt established patterns of learning to traumatic and emotionally difficult events and feelings; the latter is rooted in the behavioral treatment of anxiety disorders and consists of positive and negative reinforcement as a way to induce adjustment and adaptation. A recent evaluation of 27 studies of expressive writing and its benefits has yielded certain indications about the validity of these three theories (Sloan
The repressive/expressive theory, otherwise termed emotional inhibition, has a degree of support but also faces a number of difficulties such as “there is no evidence to support the notion that decreases in inhibition (referring to the repressive/expressive theory) mediates the relationship between writing about stressful/traumatic events and improved health” (Sloan & Marx 125). Moreover, it fails to account for the fact that some studies indicate writing about “imaginary traumas produces the same effects as writing about deep emotions related to experienced traumas” (125). The conclusion is fairly clear: “Overall, the emotional inhibition theory has not received much support as an underlying mechanism of the written disclosure paradigm, and this has led researchers to shift their attention away from the emotional inhibition theory and towards other theories” (125).

The next theory, cognitive adaptation, has also had its difficulties, only in this instance these have to do with testing the theory empirically. The common use of linguistic indices, namely the number and type of words that surface in expressive writing, such as those determined to be insight-related, emotionally toned, causation-related etc., is the usual method to measure cognitive changes. To date, the results have lack cogency because linguistic indices don’t seem to be able to capture accurately the more nuanced cognitive restructuring that appears relevant to an understanding of positive change. To summarize: “In general, there has not been consistent support for a
cognitive model of the written disclosure paradigm” (126). The last of the theories under consideration, emotional processing/exposure, has faced more difficulties than the other two in that insufficient data has been collected to adequately test this theory. What studies there are indicate: “The findings obtained, thus far, have not provided consistent support for the exposure hypothesis….” (129-30).

From the detailed survey conducted by Sloan and Marx, it has become clear that there are indications that expressive writing can bring about benefits in physical and emotional well being, though the latter has not received adequate attention so far. What seems to be equally clear is that there is no single theory to date than can sufficiently account for these benefits by isolating and identifying the mechanism(s) involved. Given this, the authors are also prepared to consider: “One possibility that has not yet been entertained fully is that a single theory may not fully account for the effects of written emotional disclosure. Instead, it may be the case that a combination of these previously theorized mechanisms underlies the beneficial effects observed” (130).

Presumably, wishing to err on the side of caution, Sloan and Marx, though hopeful about the potential use of expressive writing in clinical practice, nevertheless conclude “there is insufficient evidence to support the use of the writing paradigm as a therapeutic modality at this time” (134). Instead, they call for further research: “What is needed now is attention towards understanding the mechanism(s) underlying the paradigm. In focusing on this question, we would better understand the crucial components of the paradigm as
well as the types of individuals who would be best served by its use” (134).

Pennebaker, while initially subscribing to the theory of repressive/expressive, otherwise known as the theory of emotional inhibition, has come to regard the matter as considerably more complex (122-23). In a commentary on the comprehensive article by Sloan and Marx, he concurs that no single theory has, to date, adequately accounted for the observed effects of expressive writing and that it might well require a number of different theories to do so (Pennebaker 2004). As for its psychotherapeutic possibilities, he is more optimistic and pragmatically suggests that, in addition to the research agenda to determine the precise mechanism(s) involved, there needs to be a parallel agenda. As he puts it: “In the real world, a large number of people need inexpensive, fast, and effective treatments in their dealing with traumas, emotional upheavals, and daily stressors. Why expressive writing works is certainly an interesting and important question. But for the general populace, we also need to know when and how well it works.” (141)

SOME ADDITIONAL ISSUES

In the research and evaluation of the various studies that have been undertaken, there seems to be a few matters that have not received sufficient attention, and I would like to raise a few of them. First, the fact is that not enough research has focused on the
subject of emotional well-being and the method(s) use to measure this. To date, most of
the research has been more concerned with the physical benefits, presumably because
they are easier to measure. Another limited feature of the studies is the selected
populations: 17 of the 27 studies examined by Sloan and Marx consisted of students, and
at least 14 of these at the college level (123-24). More data on the populations involved
and a wider range of selection, both in the U.S. and elsewhere, to include different
socioeconomic, cultural groups and so on, would potentially add to the accumulated data
important elements. Preliminary indications suggest that social and cultural factors are of
some importance for both the application of the model of expressive writing, its efficacy,
and any generalizations that might emerge with a claim to general and cross cultural
validity. This is of current significance less for global considerations than for the potential
of bringing into relief the specific social and cultural features of the self, healing, and
well-being.

It seems fairly clear that Western culture has, for some time, developed a
preoccupation with constructing a notion of the private self, along with and in contrast to,
a public or social self. In fact, the preoccupation with disclosure as a means of acquiring
individualized self-knowledge goes back to the classical Greek philosophical traditions
and its sustained practice is evident among the Stoics of the first few centuries of our era
(Georges 13). Reinforced by the rise and establishment of Christianity, it took the form of
the practice of confession, declared obligatory from the 13th century, and subsequently
secularized in modern psychotherapeutic practice (Georges 13-14). The development
from the more traditional to the modern notion of the self has been the subject of much
discussion, and arguments pro and con in favor of the uniqueness of this in the West
invites discussion. Nevertheless, what seems to characterize modern Western identity is
inwardness that produces a sense of a private self, the affirmation of ordinary life that
arises from this, and the notion of nature as an inner moral source (Taylor). In the end, it
would be difficult to underestimate the degree to which the Western conception of the self
is implicated in the measurable effects of expressive writing on the well-being of body
and mind.

DISCLOSURE AND WELL-BEING IN NON-WESTERN CULTURES

In a brief analysis of the Toraja, an Indonesian tribal group, Wellenkamp, a
psychocultural anthropologist, has found some evidence of the similarity with Western
conceptions of disclosure and healing, though she makes it clear “that private forms of
disclosure would not be effective for at least some Toraja individuals” (308). In addition,
the author cautions her readers about generalizing: “Although I believe that it is
noteworthy that there are cultural groups that hold beliefs that parallel the research
findings linking emotions to health, I should make clear that there are other traditional,
non-Western cultural groups that do not hold such beliefs.” (305)

Similarly, Eugenia Georges, a medical anthropologist, drawing on the work of Hallowell
on the Ojibwa and Turner on the African, Ndembu, notes “a clear and positive association between the disclosure of personal events and the restoration of health” (17). Yet, here again, the emphasis is on public disclosure and not private. She offers the following summary, contrasting these tribal groups with Western behavior and practice:

Whereas Western practice of disclosure is dyadic and private, occurring between an individual and a confessor, who may be only symbolically present, confession for the Ojibwa and the Ndembu is public and embedded within, and oriented toward, the social group (the family and larger community). While for Westerners the goal of disclosure is enlightenment through the process of self-reflection or alleviation from the ‘work’ or ‘burden’ of containing negative emotion, for the Ojibwa and Ndembu the goal of therapy is collective: to restore social relations to a harmonious keel. (18)

Georges offers two additional examples of fieldwork among the Balinese and the Chinese that clearly indicate disclosure of negative emotions is considered unacceptable and members of these societies are socially conditioned to integrate this value system. In fact, among the Balinese, disclosure of personal feelings is thought to put an individual at jeopardy because of the widespread belief in witchcraft. In short, disclosure would potentially have malevolent effects. In China, even the efficacy of psychiatric treatment is held to be related to:

an understanding of the self that is more sociocentric, more attuned and resonant
with relational and situational contexts than to inner, private states. … [I]t is the existence of these commonalities between lay and professional understandings and, more specifically, of congruent expectations regarding the clinical encounter, that is the requisite for the credibility and efficacy of specific therapies. (21)

It seems quite clear in these cases that the social self is far more important than the private self, even in the instance of psychiatric treatment. These brief examples indicate that expressive writing and its benefits are probably more tied to social and cultural constructions of the private self and the attendant values system of Western culture. In other words, the various studies or the experiences arising out of the practice of expressive writing may not have universal applications or validity and theoretically this might be extended to sub groups or minority cultures within Western culture where the social self is more prominent. At the very least this is an area that invites investigation.

**Summary and Conclusion**

The practice of expressive writing clearly has measurable benefits, especially in terms of physical health and well-being, though no single theory has emerged to adequately account for why this is the case. It can be engaged in without long term clinical or specialized training and with the likelihood, in a practicing or client population of mainstream members of Western society, of a beneficial outcome. Whether it is
possible to consider it a potentially therapeutic modality of use to clinical practitioners in a more psychologically fragile population is less clear. So, too, when it comes to non-Western cultural groups or minorities in Western culture who place greater emphasis on socially centered conceptions of self and identity. In other words, expressive writing can claim to be a legitimate personal means to attain some measurable degree of physical and emotional well-being in the majority of the population in this country. With a recognition of its benefits as well as its limitations, training in its method and appropriate use in practice is something that will likely find a key place in emerging fields as it has already at Goddard College.

WORKS CITED


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There are numerous benefits of connecting with nature. Nature heals us as nobody can, and Environmental Psychology has gone a long way proving this fact. The Importance of Nature To Well-Being. The Relationship Between Nature And Human Health. 5 Proven Benefits of Being in Nature. A Brief Look at Psychoevolutionary Theory. Attention Restoration Theory. 5 Ways to Apply the Positive Effects of Nature in Our Life. A Take-Home Message. It is the offshoot of brain science that focuses on the relationship living beings (especially humans) have with nature and studies the dynamics of the person-environment coexistence (Russell and Snodgrass, 1987). The Writing Cure is a groundbreaking book, but the reviewer wishes that the editors had widened their focus to include research in the humanities, particularly literary studies and rhetoric and composition. (PsycINFO Database Record (c) 2012 APA, all rights reserved). Do you want to read the rest of this article? The effective practice of medicine requires narrative competence, that is, the ability to acknowledge, absorb, interpret, and act on the stories and plights of others. Medicine practiced with narrative competence, called narrative medicine, is proposed as a model for humane and effective medical practice. Confronted with emotional chaos and loss of control, he wrote to restore a sense of order and balance in a fragmented life. The theory behind Mudra’s is that each finger represents one of the Universal elements – the thumb represents Fire, the index finger Air, the middle finger Space, the ring finger Earth and the pinky finger represents Water. It is believed that when the body is out of balance, placing the hands into the appropriate Mudra’s can help restore the equilibrium to the elements and therefore evoke healing. Here are the most common Mudra’s for emotional healing: 1.) Acceptance Mudra. Practice: Best used during meditation. 5.) Concentration Mudra (Hakini). She is an intuitive astrologer and aims to use her writing to heal and inspire. She is also the author of several books including the Power of Positive Energy, Messages for the Soul, and My Pocket Mantras.