

Debate & Analysis

Writing therapy: a new tool for general practice?

*'I hear and I forget, I see and I remember,
I write and I understand.'* Chinese Proverb

Disclosure in the form of the spoken word has long been considered beneficial and widely used in counselling and other therapies. Self-inhibition of negative emotions is thought to lead to continuous autonomic arousal and poorer health.¹ Writing therapy, otherwise described in the literature as 'expressive (emotional) disclosure', 'expressive writing', or 'written disclosure therapy' may have the potential to heal mentally and physically. In early experiments, participants wrote about their most traumatic thoughts and feelings related to a stressful event for up to 20 minutes over three or four writing sessions. To isolate any non-specific beneficial effect from participating in studies, control groups wrote about superficial non-emotive topics. The experimental group observed better physical health, improved immune system functioning, and fewer days off due to illness. This formed the basis of subsequent studies into writing therapy.

How writing potentially brings about health benefits is unknown and the underlying mechanism is likely to be complex and multifactorial. One theory is that of emotional catharsis whereby the mere act of disclosure, essentially 'getting it off your chest' is a powerful therapeutic agent in itself.² Writing may facilitate cognitive processing of traumatic memories, resulting in more adaptive, integrated representations about the writer themselves, their world, and others.³ It is also possible that development of a coherent narrative over time results in ongoing processing and finding meaning in the traumatic experience.⁴

Writing therapy could potentially be a cheap and easily accessible option that would require minimal input from healthcare professionals. We wondered whether it could be an effective alternative form of therapy in general practice, since access to psychological therapies in primary care can often be slow or limited, much to the frustration of both patients and GPs.⁵

EXISTING RESEARCH

Almost all studies into this area have been either in an experimental or secondary

Box 1. Examples of studies where writing therapy was beneficial

1. Improved disease severity and cognition in irritable bowel syndrome patients with longer term disease.⁶
2. Reduction in resting blood pressure levels.⁷
3. Improved walking speeds and affective pain in patients with rheumatoid arthritis.⁸
4. Reduced anxiety and depressive symptoms amongst those with maladaptive rumination.⁹
5. Reduction in depressive symptoms, trauma-related cognitions and general behavioural problems in children with post-traumatic stress disorder.¹⁰
6. Improved physical symptoms and reduced healthcare utilisation in people with colorectal, breast, or prostate cancer.¹¹
7. Improvements in lung function in some studies of adults with asthma¹² and a reduction in use of beta-agonist at 3-month follow-up.¹³

Box 2. Examples of studies where writing therapy was not beneficial

1. No improvements in level of dyspnoea, exercise capacity, or quality of life in patients with chronic obstructive airways disease.¹⁴
2. No observed effect in tension and migraine type headaches.¹⁵
3. No beneficial effect on health-related behaviours such as exercise, diet, alcohol intake, or illicit drug use.¹⁶

care setting, with primary care almost neglected. Writing has been effective in a number of conditions, many for which stress can be a causative or exacerbating factor (Box 1).

Such results are promising, especially since many of these conditions are predominantly managed in primary care. However, writing is unlikely to be a universal panacea (Box 2), and it is possible that some participants may consider it unhelpful, unenjoyable, or even disagreeable.

PRIMARY CARE STUDIES

Only two studies exploring the use of writing in primary care have been conducted. The first was a randomised single-blinded feasibility study of 45 patients aged >65 years without a psychiatric diagnosis in a university-based geriatric/internal medicine primary care clinic in the US.¹⁷ It explored whether writing could reduce somatic and distress symptoms in older patients and found that three 20-minute writing sessions reduced the use of outpatient services and associated costs to half that of the control group, but with minimal reduction in symptoms. Another

study of 41 frequent attendees in Israel found that writing led to lower symptom levels and fewer clinic visits among the writing group.¹⁸

A BROADER LOOK

The question of 'does it work?' and if it works 'how well does it work?' may be best answered by looking at the meta-analyses currently available. The latest and most comprehensive meta-analysis used 146 randomised control studies and reported encouraging results.¹⁹ All outcome types (psychological health, physiological functioning, reported health, subjective impact of the intervention, and general functioning) had positive and significant effect sizes except health behaviours, which showed a positive but non-significant benefit. The overall effect size (Cohen's *d*) was 0.15, which is almost identical to that of statins in secondary prevention of cardiovascular events.²⁰ (Cohen's *d* 0.20 = small effect; 0.80 = large effect.)

Earlier smaller studies supported these findings with even more positive results. The initial meta-analysis by Smyth looked at 13 studies upon writing's effect on health

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participants and found overall significant benefits for writing ($d = 0.47$).²¹ This effect was greater for psychological outcomes ($d = 0.66$) than for health or general functioning ($d = 0.42$) on sub-analysis. A second meta-analysis of nine randomised controlled studies (only one of which was also in Smyth's initial analysis) explored the effect of writing on 'clinical populations', that is, ill people. The average effect size ($d = 0.19$) was markedly smaller than that found by Smyth,²¹ and different insofar that writing was significantly more effective for physical health than psychological health ($d = 0.21$ versus $d = 0.07$).²² These results need to be considered cautiously because of the relatively small number of studies used, with both meta-analyses using a fixed effects approach therefore potentially limiting their generalisability. Furthermore, the variable nature and methods of the studies (such as, number/duration of sessions, writing instructions, and time of follow-up assessment) included in the meta-analyses may hinder the accuracy of the conclusions.

Indeed, not all studies produced positive results. Another meta-analysis of 61 studies found no clear improvement in objectively measured physical health and most other outcomes after writing therapy.²³ This was subsequently supported in another study of 30 randomised control trials which examined the long-term (4 weeks after writing) efficacy of writing with respect to somatic and psychological health.²⁴ Possible explanations for the differences between meta-analyses and showing positive and negative results may also be due to different selection criteria between studies.

WRITING: THERAPY FOR WHICH PATIENTS?

Outcomes may vary systematically as a result of specific writing instructions, parameters of the experimental design, or the type of trauma or illness and whether it is still present. Intriguingly, there is evidence to suggest that writing may work best when you do not want it to.^{25,26} The

content of the writing may account for some of the variation in the results of studies. For instance, men who wrote about more stressful topics obtained the most benefit from writing.²⁷

For practical purposes, it is important to consider the optimal conditions for administering writing. It would seem that disclosure at home, in a private setting with minimal distraction, and writing about more recent events and previously undisclosed topics helps. This could potentially be combined with higher 'doses' of writing; at least three sessions with sessions lasting at least 15 minutes long.¹⁹

Writing appears to be a relatively safe intervention since hardly any studies have shown writing to be detrimental to health or exacerbate symptoms, but this still requires confirmation from much larger studies. Writing is generally associated with an immediate increase in short-term distress and negative affect, although this is not detrimental to participants in the longer term.²⁸ It may be unsuitable for patients who are chronically depressed, highly disturbed, or psychotic, or those with post-traumatic stress disorder.²⁹ Similarly, the initial psychological angst resulting from writing may be too much for some people, especially those who are unsupported. However, patients can be advised to stop writing at any point in case of severe distress and contact a healthcare professional if necessary. Clearly, the inherent nature of writing requires participants to be able to both read and write, thus excluding patients who are illiterate or children not yet able to express themselves through writing. Could a potential way of circumventing this be through expression of emotions through art?

CONCLUSION

Over 30% of consultations in general practice are wholly or partially for psychological problems and potentially amenable to writing therapy. After disclosing a problem to their GP patients may be reluctant to repeat the process to a stranger, and often want immediate help. Writing should be

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cheap, simple, and accessible. It may also be an effective means of reaching patients unwilling or unable to engage in counselling or conventional psychotherapy.

Because writing may be thought of as a psychotherapeutic activity, it is reasonable to compare it with other therapies aimed at the same end. Cognitive behavioural therapy (CBT) has a reported effect size of $d = 0.42$ in depression,³⁰ which is larger than most of the effect sizes of writing quoted above in meta-analyses. Since CBT has a considerably higher cost in patient and professional time, writing therapy may be a rather more cost-effective and accessible alternative to CBT.

Evidence regarding the efficacy of writing therapy is varied but encouraging enough to suggest a use for it in general practice. Indeed we have found that most of a small sample of GPs in St Helens were already suggesting informal writing therapy to some patients. Some of the reasons cited included 'enabling them to take control of their own destiny' and 'to allow the patient to clarify and see their thoughts'; especially if the patient volunteers that they find it difficult to express their feelings.

Much remains unknown about how durable the effects are of writing therapy and whether findings in healthy and clinical populations in secondary care can be extrapolated to primary care. However, there is enough evidence to warrant full trials of writing therapy in primary care, both for psychological problems and conditions where there may be a substantial psychological element. The next decade could see a useful new intervention for a variety of conditions that can be difficult to treat in general practice. Since writing therapy may help in a variety of problems, we may come to use it very widely indeed.³¹

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REFERENCES

1. Pennebaker JW, Beall SK. Confronting a traumatic event. Toward an understanding of inhibition and disease. *J Abnorm Psychol* 1986; **95**(3): 274–281.
2. Pennebaker JW. Writing about emotional experiences as a therapeutic process. *Psychol Sci* 1997; **18**(3): 62–166.
3. Harber KD, Pennebaker JW. Overcoming traumatic memories. In: Christianson SA (ed.). *The handbook of emotion and memory: research and theory*. Hillsdale, NJ : Lawrence Erlbaum Associates, 1992: 359–387.
4. Smyth JM, True N, Souto J. Effects of writing about traumatic experiences. The necessity for narrative structuring. *J Soc Clin Psychol* 2001; **20**: 161–172.
5. Royal College of Psychiatrists and Royal College of General Practitioners. *Psychological therapies in psychiatry and primary care*. London: RCP and RCGP, 2008.
6. Halpert A, Rybin D, Doros G. Expressive writing is a promising therapeutic modality for the management of IBS: a pilot study. *Am J Gastroenterol* 2010; **105**(11): 2440–2448.
7. McGuire KM, Greenberg MA, Gevirtz R. Autonomic effects of expressive writing in individuals with elevated blood pressure. *J Health Psychol* 2005; **10**(2): 197–209.
8. Lumley MA, Leisen JC, Partridge RT, et al. Does emotional disclosure about stress improve health in rheumatoid arthritis? Randomized, controlled trials of written and spoken disclosure. *Pain* 2011; **152**(4): 866–877.
9. Sloan DM, Marx BP, Epstein EM, Dobbs JL. Expressive writing buffers against maladaptive rumination. *Emotion* 2008; **8**(2): 302–306.
10. Van der Oord S, Lucassen S, Van Emmerik AA, Emmelkamp PM. Treatment of post-traumatic stress disorder in children using cognitive behavioural writing therapy. *Clin Psychol Psychother* 2010; **17**(3): 240–249.
11. Rosenberg HJ, Rosenberg SD, Ernstoff MS, et al. Expressive disclosure and health outcomes in a prostate cancer population. *Int J Psychiatry Med* 2002; **32**(1): 37–53.
12. Smyth JM, Stone AA, Hurewitz A, Kaell A. Effects of writing about stressful experiences on symptom reduction in patients with asthma or rheumatoid arthritis. A randomized trial. *JAMA* 1999; **281**(14): 1304–1309.
13. Jones CJ, Theadom A, Smith H, et al. Writing about emotional experiences to improve lung function and quality of life in patients with asthma: a 3-month follow up of a randomised controlled trial. *Thorax* 2008; **63**: A18–A21.
14. Sharifabad MA, Hurewitz A, Spiegler P, et al. Written disclosure therapy for patients with chronic lung disease undergoing pulmonary rehabilitation. *J Cardiopulm Rehabil Prev* 2010; **30**(5): 340–345.
15. D'Souza, PJ, Lumley MA, Kraft CA, Dooley JA. Relaxation training and written emotional disclosure for tension or migraine headaches: a randomised, controlled trial. *Ann Behav Med* 2008; **36**(1): 21–32.
16. Pennebaker JW, Kiecolt-Glaser JK, Glaser R. Disclosure of traumas and immune function. Health implications for psychotherapy. *J Consult Clin Psychol* 1988; **56**(2): 239–245.
17. Klapow JC, Schmidt SM, Taylor LA, et al. Symptom management in older primary care patients: feasibility of an experimental, written self-disclosure protocol. *Ann Intern Med* 2001; **134**(9 Pt 2): 905–911.
18. Gidron Y, Duncan E, Lazar A, et al. Effects of guided written disclosure of stressful experiences on clinic visits and symptoms in frequent clinic attenders. *Fam Pract* 2002; **19**(2): 161–166.
19. Frattoroli J. Experimental disclosure and its moderators: a meta-analysis. *Psychol Bull* 2006; **132**(6): 823–865.
20. Leucht S, Hierl S, Kissling W, et al. Putting the efficacy of psychiatric and general medicine medication into perspective: review of meta-analyses. *Br J Psychiatry* 2012; **200**(2): 97–106.
21. Smyth JM. Written emotional expression. Effect sizes, outcome types, and moderating variables. *J Consult Clin Psychol* 1998; **66**(1): 174–184.
22. Frisina PG, Borod JC, Lepore SJ. A meta-analysis of the effects of written emotional disclosure on the health outcomes of clinical population. *J Nerv Ment Dis* 2004; **192**(9): 629–634.
23. Meads C, Nouwen A. Does emotional disclosure have any effects? A systematic review of the literature with meta-analyses. *Int J Technol Assess Health Care* 2005; **21**(2): 153–164.
24. Mogk C, Otte S, Reinhold-Hurley B, Kröner-Hervig B. Health effects of expressive writing on stressful or traumatic experiences — a meta-analysis. *Psychosoc Med* 2006; **3**: Doc06.
25. Lu Q, Stanton AL. How benefits of expressive writing vary as a function of writing instructions, ethnicity and ambivalence over emotional expression. *Psychol Health* 2010; **25**(6): 669–684.
26. Norman SA, Lumley MA, Dooley JA, Diamond MP. For whom does it work? Moderators of the effects of written emotional disclosure in a randomized trial among women with chronic pelvic pain. *Psychosom Med* 2004; **66**(2): 174–183.
27. Pachankis JE, Goldfried MR. Expressive writing for gay-related stress: psychosocial benefits and mechanisms underlying improvement. *J Consult Clin Psychol* 2010; **78**(1): 98–110.
28. Hockemeyer JR, Smyth JM, Anderson CF, et al. Is it safe to write? Evaluating the short term distress produced by writing about emotionally traumatic experiences (abstract). *Psychosom Med* 1999; **61**: 99.
29. Ashworth M, Godfrey E, Harvey K, Darbishire L. Perceptions of psychological content in the GP consultation — the role of practice, personal and prescribing attributes. *Fam Pract* 2003; **20**(4): 373–375.
30. Cuijpers P, Smit F, Bohlmeijer E, et al. Efficacy of cognitive-behavioural therapy and other psychological treatments for adult depression: meta-analytic study of publication bias. *Br J Psychiatry* 2010; **196**(3): 173–178.
31. The passion of science, the precision of poetry. In: Bolton G, Howlett S, Lago C, Wright JK (eds.). *Writing cures: an introductory handbook of writing in counselling and therapy*. Hove: Brunner-Routledge, 2004.