

Benefits of Expressive Writing in Lowering Rumination and Depressive Symptoms

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Depression-vulnerable college students (with both elevated prior depressive symptoms and low current depressive symptoms) wrote on 3 consecutive days in either an expressive writing or a control condition. As predicted, participants scoring above the median on the suppression scale of the Emotion Regulation Questionnaire (Gross & John, 2003) showed significantly lower depression symptoms at the 6-month assessment when they wrote in the expressive writing versus the control condition. Additional analyses revealed that treatment benefits were mediated by changes in the Brooding but not the Reflection scale of the Ruminative Response Scale (Nolen-Hoeksema & Morrow, 1991). A “booster” writing session predicted to enhance treatment benefits failed to have a significant effect.

ACCORDING TO RECENT ESTIMATES, close to 20% of individuals will experience an episode of depression at some point in their lives (Gotlib & Hammen, 2002). Among individuals who have recovered from depression, approximately 75% to 80% will have another depressive episode (Judd, 1997; Keller & Boland, 1998). In fact, the risk of subsequent depression is best predicted by past depression and increases with the number of previous episodes (Hammen, 1990). The aim of the current

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study was to explore the benefits of an expressive writing intervention in reducing subsequent depression symptoms among formerly depressed (and hence depression vulnerable) individuals.

Cognitive theories (e.g., Beck, 1967, 1976) account for the phenomenon of recurrent depression by proposing that depressive schemas are dormant when an individual is remitted from a depressive episode but emerge in the face of stress or negative life events, bringing about depressive episodes in predisposed individuals. In support of this idea, it has been shown that formerly depressed individuals possess negative processing biases (e.g., Gilboa & Gotlib, 1997; Hedlund & Rude, 1995; Ingram, Miranda, & Segal, 1998; Miranda & Persons, 1988; Rude, Covich, Jarrold, Hedlund, & Zentner, 2001; Wenzlaff, Rude, Taylor, Stultz, & Sweatt, 2001) and that such biases are predictive of subsequent depression (e.g., Metalsky, Abramson, Seligman, Semmel, & Peterson, 1982; Rude, Valdez, Odom, & Ebrahimi, 2003; Rude, Wenzlaff, Gibbs, Vane, & Whitney, 2002; Segal, Gemar, & Williams, 1999).

It is likely that maladaptive emotion-regulation strategies also contribute to the vulnerability of formerly depressed individuals. Research on mood-control strategies suggests that formerly depressed individuals are prone to both thought suppression and rumination. Wenzlaff and colleagues (e.g., Rude et al., 2002; Wenzlaff, 1993) have found higher rates of self-reported thought suppression in formerly depressed individuals. Presumably, these individuals actively try to suppress and inhibit dysfunctional negative thoughts in order to control their mood and prevent relapse into depression. Studies using cognitive load indicate that when formerly depressed individuals are taxed by time pressures and competing cognitive demands, they show negative processing biases that are not

otherwise apparent (Wenzlaff, 1993; Wenzlaff & Bates, 1998; Wenzlaff & Eisenberg, 2001; Wenzlaff et al., 2001).

Paradoxically, tendencies to ruminate as well as tendencies to suppress and avoid negative thoughts are observed among individuals recovered from depression. Rumination may be linked to thought suppression in part because suppression requires considerable cognitive resources and is prone to fail in the presence of competing cognitive strains. When this occurs, suppressed thoughts may become chronically accessible (Wegner, 1994; Wegner & Wenzlaff, 1996; Wenzlaff, 1993).

Rumination, defined as, "... cognitions and behaviors that repetitively focus the depressed individual's attention on his or her symptoms and the possible causes and consequences of those symptoms" (Nolen-Hoeksema, 1998, p. 404), has been linked to vulnerability to depressed mood and onsets of depressive episodes. For example, a prospective study of college students by Just and Alloy (1997) found that ruminative response styles increased the chances of a nondepressed individual experiencing a depressive episode over 18 months after recruitment and that rumination increased the severity of the episode. In addition, a longitudinal study of bereavement found that individuals with a more ruminative style of responding during the time of their loss had higher levels of depressive symptoms during the 18 months following the loss (Nolen-Hoeksema & Davis, 1999; Nolen-Hoeksema, Larson, & Grayson, 1999).

Because persistent rumination and attempts to suppress negative thoughts may indicate incomplete or unsuccessful cognitive processing (Lepore & Greenberg, 2002; Lumley, Tojek, & Macklem, 2002), an intervention that promotes cognitive processing of adverse events would be likely to reduce accessibility to depressive cognitive structures and thereby help prevent future depressive episodes. One such intervention is expressive writing. Benefits of the expressive writing paradigm have been replicated across diverse populations in multiple countries (for reviews, see Lepore & Smyth, 2002; Pennebaker, 1997). The procedure of expressive writing usually unfolds as follows: Participants randomly assigned to the experimental condition are asked to write about emotionally upsetting experiences for 15 to 20 minutes a day for 3 to 4 consecutive days, whereas control group participants are asked to write about superficial topics, such as time management.

Numerous studies have found that writing about one's deepest thoughts and feelings about emotional upheavals can positively affect mental and physical health (Sloan & Marx, 2004; Smyth,

1998). Compared to controls, participants who engaged in expressive writing have made fewer physician visits for illnesses in the months following the intervention (e.g., Pennebaker & Beall, 1986; Stanton et al., 2000), shown improved immune and hormonal functioning (e.g., Booth, Petrie, & Pennebaker, 1997; Pennebaker, Kiecolt-Glaser, & Glaser, 1988), and improved functioning in other biological markers of stress or disease (e.g., Petrie, Booth, Pennebaker, Davison, & Thomas, 1995). Behavioral enhancements attributable to expressive writing include improved grade point average in college students (e.g., Lumley & Provenzano, 2003), reduced absenteeism from work (Francis & Pennebaker, 1992), and faster job re-acquisition in laid-off workers (Spera, Buhrfeind, & Pennebaker, 1994).

Despite compelling evidence for the benefits of expressive writing on a wide range of outcome variables, few studies have assessed the impact of expressive writing on depression symptoms. What little evidence there is, is promising, however. Lepore (1997) observed a significant decline in depressive symptoms as measured by the SCL-90-R among college students assigned to expressive writing over the month preceding an exam. More recently, Sloan and Marx (2004) found fewer depressive symptoms at a 4-week follow-up in women with PTSD symptoms assigned to expressive writing compared to control participants. In addition, Graf (2004) found that psychotherapy outpatients who completed two written disclosure homework exercises displayed significantly greater declines in symptoms of depression and anxiety, as measured by the Depression Anxiety Stress Scales (Lovibond & Lovibond, 1995), than did the control group. However, none of these studies focused on the specific population of formerly depressed, depression-vulnerable individuals. Furthermore, these studies allowed only relatively brief follow-up periods to assess postintervention benefits (approximately 1 month).

Therefore, the primary purpose of the current study was to examine possible benefits of the expressive writing paradigm in reducing the recurrence of depression symptoms over a 6-month period in a sample of students with a history of depression. In order to maximize the chances of observing elevated depression scores in controls and, hence, treatment differences, assessments were made 5 weeks and again 6 months following the writing intervention. Since expressive writing is thought to benefit individuals by lifting inhibitions against expression and by allowing previously avoided material to be processed and organized, we expected it to produce the largest gains for the

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