



A randomized, controlled trial of emotional disclosure in rheumatoid arthritis: Can clinician assistance enhance the effects?

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Abstract

Emotional disclosure by writing or talking about stressful life experiences improves health status in non-clinical populations, but its success in clinical populations, particularly rheumatoid arthritis (RA), has been mixed. In this randomized, controlled trial, we attempted to increase the efficacy of emotional disclosure by having a trained clinician help patients emotionally disclose and process stressful experiences. We randomized 98 adults with RA to one of four conditions: (a) private verbal emotional disclosure; (b) clinician-assisted verbal emotional disclosure; (c) arthritis information control (all of which engaged in four, 30-min laboratory sessions); or (d) no-treatment, standard care only control group. Outcome measures (pain, disability, affect, stress) were assessed at baseline, 2 months following treatment (2-month follow-up), and at 5-month, and 15-month follow-ups. A manipulation check demonstrated that, as expected, both types of emotional disclosure led to immediate (post-session) increases in negative affect compared with arthritis information. Outcome analyses at all three follow-ups revealed no clear pattern of effects for either clinician-assisted or private emotional disclosure compared with the two control groups. There were some benefits in terms of a reduction in pain behavior with private disclosure vs. clinician-assisted disclosure at the 2-month follow-up, but no other significant between group differences. We conclude that verbal emotional disclosure about stressful experiences, whether conducted privately or assisted by a clinician, has little or no benefit for people with RA.

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1. Introduction

Studies suggest that written or verbal emotional disclosure about stressful events by writing or talking leads to temporary increases in negative affect, followed by

improved health during subsequent months, at least with healthy populations [32]. Recent studies have tested this technique in clinical samples, but with weaker results [9]. Emotional disclosure may help people with rheumatoid arthritis (RA) because they experience elevated stress [16,28], are reactive to stress [27,35,39] and tend to inhibit expressing negative emotions [8]. To date, four published randomized trials have tested disclosure in RA, with mixed results. Smyth et al. [33] found that

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RA patients who wrote about stress for 3 days in the laboratory had better physician ratings of disease 4 months later than patients engaged in neutral writing. Kelley et al. [15] demonstrated that RA patients randomized to talk about stress into a tape recorder at home for 4 days had better self-reported affective and physical functioning – but not pain or joint condition – 3 months later than did controls. Wetherell et al. [38] found that RA patients who disclosed at home (either writing or speaking) had better mood and less disease activity than controls 10 weeks later, but these effects were due to unexpected worsening among controls, rather than improvements among the disclosure group. Finally, Broderick et al. [6] found that 3 days of at-home written disclosure writing had no effects at 6-month follow-up, although an enhanced disclosure condition showed equivocal benefits, confounded by pre-treatment group differences.

Research is needed on methods to enhance disclosure's effects. Studies suggest that participants may benefit from instructions that help them identify and express feelings [31], remain on topic over disclosure days [30], make a coherent narrative [34] and explore the meaning of the experience [6,10,26,36]. Studies of emotional disclosure via the internet using individualized therapist feedback have shown substantial effects [17,18], and disclosure to a therapist appears to create as much improvements as private disclosure, but with less negative affect [3,7,23,29].

We hypothesized that clinician assistance would increase the benefits of disclosure because a clinician can help patients identify and verbalize their feelings, remain on topic, and reflect on the meaning of their experience. We compared clinician-assisted disclosure to private verbal disclosure and a neutral arthritis information control condition and a standard care group. We tested verbal rather than written disclosure because verbal disclosure can be effective for RA [15] and disclosure to and assistance by a clinician is typically verbal. We tested not only immediate mood effects of disclosure but also effects at 15-month follow-up, which is much longer than prior studies of disclosure in RA.

2. Methods

2.1. Subjects

Patients with RA were recruited from clinics affiliated with the Ohio University College of Osteopathic Medicine or Duke University Medical School. Recruitment occurred between May of 2000 and December of 2003. All patients were given a history and physical examination by one of the study rheumatologists and included only if they met 1987 American College of Rheumatology criteria for the diagnosis of RA. Patients were excluded if they had other organic disease that would significantly affect function (e.g., COPD) or rheumatic disorders other than RA. Patients with severe personality dis-

orders (e.g., borderline personality disorder), substance abuse problems, or who were involved in current psychiatric treatment were excluded.

2.2. Procedure

After providing consent, patients were screened to determine if they met eligibility criteria. They next completed a baseline assessment to assess pain, physical disability, psychological disability, stress, and affect and then were randomly assigned to one of four conditions: (a) private emotional disclosure, (b) clinician-assisted emotional disclosure, (c) arthritis information, or (d) standard care. Randomization was done by concealment with assignments in sealed envelopes and investigators and patients unaware of treatment condition until the date of randomization. All patients, except those in the standard care condition, attended four, 30-min sessions within a 3 week time interval in the research clinic (mean number of days from start to completion of treatment = 21.3 days). All treatment sessions were audio-taped and participants were instructed that audiotapes would be listened to by members of the research study staff. To ensure confidentiality, session audiotapes were marked with an identification number rather than participants' names. Participants in the three intervention groups rated their negative affect before and after each session. Follow-up assessments were conducted 2 months after the end of the treatment period (2-month follow-up) and 5, and 15 months after the treatment period. Fig. 1 is a CONSORT diagram that provides an overview of the study design and information on numbers of patients evaluated at each time-point.

2.3. Intervention conditions

2.3.1. Private emotional disclosure

Participants in this condition spent 30 min during each of four sessions, alone in a private room in the clinic, talking into an audiotape recorder. Instructions were similar to those used in standard disclosure studies [25], but modified for a verbal, tape-recorded format as done by Kelley et al. [15]. Participants were instructed to identify an unresolved stressful experience in their lives, and they were given cues to facilitate this (e.g., an experience that is uncomfortable to talk about or remember, that makes one feel anxious or upset, that is avoided when possible, or that crosses the mind frequently). They were instructed to talk about this experience, including both the facts and their deepest feelings about it and to label their feelings. They also were instructed that they could explore how the experience is related to how they are dealing with rheumatoid arthritis, and they could discuss how the experience relates to their childhood, family, parents, children, and friends. They were encouraged to “work on and resolve one stressful experience at a time, even if it means talking about the same experience over several days. However, if you find that you have worked it out or feel better about it, you should go on and talk about another stressful topic.”

2.3.2. Clinician-assisted emotional disclosure

The clinician-assisted emotional disclosure protocol was designed to retain the structural and practical advantages of a standard four-session private disclosure protocol, but to

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