# Gaining Perspective through Expressive Writing

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## Abstract

The Expressive Writing (EW) paradigm has been shown to produce positive mental and physical health outcomes across various samples. EW research has also found more positive coping outcomes in people who are able to change the types of pronouns they use in their writing. This suggests that adopting multiple perspectives is beneficial to coping. We ran a study to determine whether instructing participants to adopt a third-person perspective would result in more positive physical and mental health outcomes than instructing participants to write from a first-person perspective. Participants were randomly assigned to one of three conditions: first-person perspective, third-person perspective, or control. They completed baseline questionnaires assessing mental and physical health at the start of the study, followed by three writing sessions within seven days. One month later participants completed follow-up questionnaires, and then were prompted to write about the upsetting experience, with no perspective instruction. Our manipulation was effective, and we found that increased cognitive mechanism and negative emotion word use marginally predicted decreased depression among people who wrote from the third-person perspective. These results suggest that adopting an outside perspective allows people to explore upsetting experiences deeply without internalizing their negative emotions.

# Introduction

Over the last 30 years, researchers have shown that Expressive Writing (EW) can be a powerful technique to help people cope with traumatic experiences. In the standard EW paradigm, developed by James Pennebaker, people write over several days about a traumatic or highly upsetting experience in their lives. One of the first studies on this topic found that people who wrote about a traumatic experience made fewer illness-related doctor visits after completing EW, compared to those who wrote about mundane topics (Pennebaker & Beall, 1986). Further studies have found that participants can derive both behavioral and health benefits from writing. An example of a behavioral change comes from a study by Spera and colleagues (1994), who found that participants who wrote about their recent job loss secured new employment more quickly. Another study, by Pennebaker and colleagues (1990) found that students who wrote about their feelings during their adjustment to college had higher grade point averages and more positive moods. In light of the recent influx of EW studies, three meta-analyses have been conducted to quantitatively summarize several hundred EW studies. Their results confirmed the reliable positive behavioral and health effects of written disclosure in healthy as well as clinical populations (Frattaroli, 2006; Frisina et al., 2004; Smyth, 1998).

Though EW has yielded reliable positive outcomes, the mechanism through which it functions is still not entirely clear. One possibility is that the suppression of thoughts about a stressful or traumatic experience can harm one's health and increase susceptibility to a variety of illnesses (e.g., Petrie, Booth, & Pennebaker, 1998; Gross & Levenson, 1997). Further support for this hypothesis comes from a study that found that people who use repressive coping strategies tend to have compromised resistance to infectious and neoplastic diseases (Jamner, Schwartz, & Leigh, 1988). The EW paradigm allows participants to express their previously suppressed

thoughts, which may explain the positive health effects it elicits (Wegner & Pennebaker, 1993, pp. 1-12). While this "inhibition theory" is likely a factor in the effectiveness of EW, other areas of research point to additional mechanisms.

Another line of research supports the notion that encouraging participants to convert their emotions into writing may help them organize their thoughts about the experience and elicit more benefits and coping. Smyth, True, & Souto (2001) found that writing samples about traumatic experiences are often disorganized and incoherent, but that people who formed a coherent narrative in their writing reported less illness-related activity restriction. Pennebaker (1993) found similar improvement among participants whose writing samples became more focused and coherent over writing sessions. Pennebaker later explained these results as showing that by formulating a good story about the experience and organizing their thoughts through writing, writers are able to make sense of their ordeal (Pennebaker, 2003). It is possible, then, that writing from an observer's perspective may help even more by making it easier to formulate a coherent story.

Recent studies have also supported a cognitive processing theory, which suggests that writing facilitates cognitive processing, thereby allowing people to come to view their stressful or traumatic experience from a different and psychologically more adaptive perspective (e.g. Creamer, et al., 1992; Klein & Boals, 2001; Smyth et al., 2001). For instance, in Klein & Boals (2001), participants who wrote about their thoughts and feelings related to their adjustment to college reported larger working memory capacity than did participants who wrote about a mundane topic.

Text analysis of EW writing samples provides further evidence for this cognitive processing theory. Pennebaker et al. (1997) analyzed text from six earlier EW studies and found

that those who benefited most from the writing exercise showed an increase in cognitive mechanism words. Forming a more coherent story about one's stressful experience might further be facilitated by adopting a third-person perspective. Evidence for the cognitive processing theory came from Campbell & Pennebaker's (2003) reanalysis of three writing studies. They found that participants who changed perspectives in their essays, as measured by changes in their use of personal pronouns from the first to the last day of writing consistently showed stronger health improvements and better coping. One possible explanation for the beneficial role of perspective-taking on coping is derived from research indicating that depression and self-preoccupation are correlated with increased use of first-person singular pronouns in writing, along with a lack of second- and third-person pronouns (Bucci & Freedman, 1981). Pennebaker, Mehl, & Niederhoffer (2003), in their review of psychological research on natural word use, noted that "the convergent results from studies of depression, suicidal ideation, and mania suggest that affective disorders are characterized by a high degree of self-preoccupation." These data suggest that use of second- and third- person pronouns may be indicative of adaptive cognitive change. In other words, being able to adopt an outside perspective may allow participants to step back, remove themselves from the immediate experience, and gain a healthy form of self-awareness, ironically from reducing their self-focus.

Research by Libby, Eibach, and Gilovich (2005) supports the idea that perspective change can facilitate coping and promote adjustment. They found that the visual perspective that a person adopts in remembering autobiographical events can affect their emotions, self-judgments, and behavior. Specifically, participants who were instructed to remember an event from a third-person perspective experienced increased perceptions of self-change since the event, compared to those instructed to adopt a first-person perspective. In light of these and past EW

findings, switching from a first-person to a third-person perspective when writing about a traumatic life experience may be an effective variation of the EW paradigm. Additionally, it may help explain the mechanism underlying the paradigm's effectiveness.

The present study investigated the role of perspective change in deriving health benefits from EW. This was the first study to experimentally manipulate perspective within an EW task. Specifically, we sought to investigate whether instructing participants to adopt an outsider's perspective and to view their experience more objectively from a third-person perspective would result in greater health benefits than instructing participants to write from a first-person perspective. Based on past EW findings, we predicted that both experimental conditions would elicit more benefits after the emotional writing task, compared to the unemotional control writing task, as indicated by better outcomes on psychological and physical health questionnaires. Based on past research regarding first-person and third-person pronouns and perspective-taking (Pennebaker & Campbell, 2003; Libby et al., 2005), we predicted that the participants in the third-person condition would derive the most benefit from the exercise. We further expected to find more cognitive mechanism words in the third-person condition, since, as previously noted, past research supports the idea that changing perspective leads to better outcomes, and that better outcomes are associated with cognitive change. Pennebaker (1993) found that people whose health improved the most after EW used more negative emotion that positive emotion words. In light of this research, we also predicted that participants in the third-person condition would use more negative emotion words, and fewer positive emotion words. Finally, in the third-person condition, we expected to find physical health improvement by the 4-week follow-up, as well as decreased depression, since the participants in this condition would have achieved a more adaptive and psychologically positive view of their experience.

# Methods

## *Participants*

Fifty-six University of Arizona undergraduate students recruited from introductory psychology classes participated. They were eligible to participate if they were at least eighteen years old, fluent in English, and not clinically depressed (as determined by scores on the CESD, which was administered at the first session). All participants who signed up to participate met these criteria. The study consisted of three 20-minute writing sessions over the course of one week, and one follow-up session one month later. Participants were told that the purpose of the experiment was to study how people view their past experiences. To protect their anonymity, we assigned them identification numbers, which were used in place of their names to identify their data.

## *Procedure*

Upon arrival to the lab, participants were randomly assigned to one of three conditions: a control condition, a first-person experimental condition, and a third-person experimental condition. They signed consent forms and were informed about the study procedures. All students completed questionnaires assessing physical and mental well-being. These included the Center for Epidemiologic Studies- Depression scale (CES-D; Radloff, 1977), Impact of Events scale (IES; Horowitz et al., 1979), and Pennebaker Inventory of Limbic Languidness (PILL) (Pennebaker, 1993).

After completing the questionnaires online, participants were prompted to engage in a visualization exercise in which they were asked to think about the most stressful or upsetting experience they can remember. They then completed Libby's perspective scale (Libby et al., 2005), in which they indicated to what extent they viewed their experience from the first- or

third-person perspective. Following this task, participants in both experimental conditions were instructed to write about a traumatic or upsetting experience, with no instruction given regarding perspective. Participants in the control condition wrote about a neutral topic (what they had done the previous day). They were instructed to focus on the facts rather than how the events made them feel. At the close of this and every subsequent session, we partially debriefed participants, informing them that feelings of distress are normal after writing about deeply personal topics, but they were encouraged to contact the student counseling center if these feelings persisted. Contact information for the counseling center was provided.

For the second session, participants returned to the lab, completed only the before- and after-writing questionnaires to assess momentary affect, and wrote again. This time, participants in the first-person condition were asked to write about the same experience they had explored during the first session, but to this time write about it from the first-person perspective. The written instructions stated, “write about the experience as you remember it, from your own perspective.” In the third-person condition, participants received instructions to write from the third-person perspective; these instructions were phrased, “write about the experience from an outsider’s perspective, as if you are another person narrating the story as it unfolds.” They too were asked to write about the same topic they had reflected on during the first session. Control subjects again wrote about their experiences during the previous day with no perspective instruction.

The third session was similar to the second, with participants in the experimental conditions again writing from either the first- or third-person perspective. Since this was the last session of treatment, however, the instructions were slightly different; participants were reminded that this would be their last opportunity to write about the experience, and the

instructions encouraged them to "tie together [their] thoughts from all three sessions." In the control condition, participants again wrote about what they had done the previous day. They were not instructed to consider the previous days' writings.

The first three sessions comprised the intervention portion of the experiment, but participants completed a fourth follow-up session one month after the third session to assess the study's residual psychological and health effects. At this follow-up session, participants from all conditions, including the control condition, completed the same health questionnaires they completed at the first session, and then were asked to write about a traumatic experience with no instruction about perspective. After completing all of the sessions, every participant was fully debriefed. This included informing them of the perspective manipulation and the study's major research questions.

*LIWC Preparation*

All files were checked for spelling errors, nonstandard word usage, and other typing errors in preparation for linguistic analyses using LIWC text analysis software. The writing samples obtained in the study were analyzed using the Linguistic Inquiry and Word Count (LIWC) 2001 text analysis program that provides the percentages of words from a number of semantic categories in a text sample (Pennebaker & Francis, 1999). Our word categories of interest were cognitive mechanism words (e.g. "cause," "know," and "ought,"), negative emotion words (e.g., "hate," "hurt," "ugly"), and positive emotion words (e.g., "love," "nice," "sweet"). We were also interested in pronouns, primarily for a check of our perspective manipulation, and since pronoun use is a mechanism through which EW effects psychological and health benefits. In particular, we looked at "I" pronouns and "other" pronouns.

# Results

## *Manipulation Check*

Our manipulation was successful, as evidenced by pronoun use: participants in the third-person condition used more third-person pronouns, *(F(2,48)*=9.29, *p*=.00), and participants in the first-person condition used more first-person pronouns (*F(2,48)*=12.83, *p*=.00), indicating that participants wrote from the perspective that was instructed.

## *Health Outcomes*

Before we conducted one-way ANOVA's to determine whether there was a main effect of condition on health outcomes, we residualized the health outcome follow-up scores for the first session to assess change after the intervention. We found no main effect of condition on the CES-D, IES, or PILL (all *p's* >0.20).

## *Before- and After-Writing Affect Outcomes*

Changes in scores on the before- and after-writing questionnaires were assessed from the first session to the third session (the length of the intervention). We residualized scores from the last session for the first session to obtain a measure of change, and a one-way ANOVA found no significant between-condition differences in nervousness, sadness, or happiness in the third- and first-person conditions (all *p's* >.2*)*

## *LIWC Outcomes*

Although we found no main effect of condition on the health outcomes, we did find between-group differences in word use. We ran one-way ANOVA's to determine the relationship between percentage of cognitive mechanism and negative emotion words used and condition. The participants in the first- and third-person conditions used more cognitive

mechanism (*F(2,48)*=12.04, *p*=.00) and negative emotion words (*F(2,48)*=16.85, *p*=.00) than did the control condition **.** In light of these group differences, we next examined whether group differences in word use correlated with better health outcomes. In the third-person condition, participants who used more cognitive mechanism (*r*=-.51, *p*=.11) and negative emotion words (*r*=-.58, *p*=.06) showed marginally significant declines in depression from the first to the follow-up session (see Figures 1 & 2). This effect was not found in the first-person (*r*=.08, *p*= .72; *r*=-.23, *p*=.34) or control condition (*r*=-.03, *p*=.69; *r*=-.38, *p*=.29). We expected that positive emotion word use would be positively correlated with depression, but they were unrelated in the first-person (*r*=.26, *p*=.41), third-person (*r*=.23, *p*=.49), and control conditions (*r*=-.*37, p*=.91).

We also examined whether declines in avoidant and intrusive thoughts (IES) correlated with negative emotion and cognitive mechanism word use. Cognitive mechanism word use in the third-person condition showed a marginally negative relationship with avoidant and intrusive thoughts (*r*=-.59, p=.06), but negative emotion word use was unrelated to this measure (*r*=.12, *p*=.46). Furthermore, we found that cognitive mechanism word use was unrelated to intrusive and avoidant thoughts within the first-person condition, but negative emotion word use correlated with an increase in intrusive and avoidant thoughts (*r*=.58, *p*=.05)

We also compared cognitive mechanism, positive emotion, and negative emotion word use to outcomes on physical health outcomes. We found no significant relationship between physical health and word use in any of the three conditions (all p's >.20).

## Discussion

Our purpose in conducting this study was to investigate whether instructing participants to adopt an outside perspective would elicit the same health benefits found in EW writing

samples where participants changed their written perspective (e.g. Campbell & Pennebaker, 2003).

Our first hypothesis, that participants in the experimental conditions would show better health outcomes, was not supported. However, this finding may indicate that we did not allow enough time between intervention and follow-up. Previous research supports the health benefits of EW, but it has also found that a temporary period of distress often accompanies the writing experience. For example, Pennebaker (1993) found that exploring emotionally traumatic events can be physiologically arousing and psychologically detrimental in the short term, but that it elicits improved mental and physical health after the exposure. Similarly, in his research synthesis of 13 EW studies, Smyth (1998) found that increased distress after writing was the norm and was unrelated to long-term outcomes. When considered in conjunction with the LIWC results, the lack of improvement on psychological measures found in our study may reflect a temporary distress that accompanies cognitive change and coping. Since the participants were only tracked to one month after the writing sessions, psychological improvement may simply not have had sufficient time to manifest. That is, while participants are currently negative in their affect, this may dissipate as they more fully cope with their upsetting experience. Another potential explanation comes from a study conducted by Sheldon and Lyubomirsky (2006), who reported that undergraduate students tend to decline in positive affect over the course of the semester. Since most of our participants began the study at the start of the semester, this is a viable explanation for the lack of improvement we found on psychological measures.

Our second hypothesis, that increased use of cognitive mechanism and negative emotion words would correlate with decreased depression in the third-person condition, was also

supported. This suggests that writing from an outside perspective allowed people to gain healthy insight into their experience. Participants in the first-person condition who increased their use of cognitive mechanism words did not report a decrease in depression. Participants in the third-person condition who did not increase their use of cognitive mechanism words did not show a decrease in depression, either. Our data indicate that both distance and cognitive processing are necessary to gain benefit from writing about a traumatic experience.

Our third hypothesis, that a negative correlation would exist between negative emotion word use and depression in the third-person condition, was also marginally supported. This suggests that people who engaged in more negative disclosure benefited from viewing their experience more negatively. We had also expected to find that positive emotion word correlated positively with depression, but we found no relationship between the two. Research into negative and positive emotional expression sheds some light onto our findings. For instance, Van Goozen and Frijda (1993) instructed participants to think of emotion words, and they found that the participants produced many more negative emotion than positive emotion words. This suggests that negative emotion words are more accessible and possibly more important than positive emotion words. Additionally, there is evidence to suggest that bad moods more effectively bring about cognitive processing than good moods (Clore, et al., 1994). It seems that positive emotion word use is less important to mental and physical health improvement than is negative emotion word use, so the significant relationship between positive emotion word use may be more representative of the participants' outcomes.

Another interesting finding was that increased use of negative emotion and cognitive mechanism words marginally correlated with decreased depression scores in the third-person condition. This result is consistent with Libby et al., (2005) who found that writing from the

third-person perspective allowed people to distance from their past selves. In this study, participants may have wished to distinguish their present selves from the traumatic experience in their past. Writing from the third-person perspective allowed them to view the experience as if they were separate from the person who experienced the event.

Additionally, our findings regarding word use and intrusive and avoidant thoughts were interesting. Participants in the third-person condition showed fewer intrusive and avoidant thoughts about the experience when they used more cognitive mechanism words, and there was no relationship between negative emotion word use and intrusive and avoidant thoughts. This finding supports the idea that distance allows people to explore a negative topic without causing rumination, a maladaptive response style in which people think repetitively and passively about their negative emotions (Nolen-Hoeksma, 2000). By adopting an outside perspective, people may have been able to use a more proactive coping style. This was further supported by the finding that participants in the first-person condition who used more negative emotion words actually reported *more* intrusive and avoidant thoughts. It appears that exploring the negative aspects of their experience from a first-person perspective led the participants to be bothered by thoughts of the experience and to use a ruminative coping style. EW has been shown to buffer against maladaptive rumination (Sloan, et al., 2008), but instructing participants to adopt a first-person perspective may have negated this effect by encouraging self-focus.

*Limitations and Future Directions*

The present study had a number of limitations. First and most significant was our sample size. Due in part to the time commitment demanded of our participants, we were only able to recruit 56 participants. A larger sample size might have allowed several analyses to achieve

significance, and we would have had sufficient power to separate data by gender, age, and other categories and determine whether any systematic group differences existed.

This study raises several questions for future research. First, it might be informative to assess participants for a longer period post-writing, to better determine the relationship between distress and coping, as well as to more clearly understand the long-term effects of writing about a trauma from a third-person perspective. As previously mentioned, several studies have found that psychological and health improvement sometimes take time to emerge, so a longer span between treatment and follow-up may elucidate the psychological and health effects this manipulation brought about.

A future study should also assess the severity of the event the participants wrote about. It would have been helpful to know both how traumatic the participants perceived their event to be, as well as to have raters objectively determine the level of severity. The topics about which the participants wrote in the present study ranged from minor fights with a significant other to much more intense and upsetting events, and the severity of the event may well have influenced the participant's outcome. It would additionally be helpful to know whether the participant had discussed the event with others prior to completing the writing exercises. The effects of both trauma severity and previous disclosure on EW benefit have been explored, as in a 1992 study by Greenberg and Stone. The researchers of that study found that participants who disclosed a more severe trauma reported fewer physical symptoms in the months after the writing exercise than did people who wrote about less severe experiences. In contrast, they found no effect of previous disclosure on benefit derived from EW. However, it is unclear what effect trauma severity and previous disclosure might have when people write about the experience from an outsider's perspective.

Overall, the results of this study suggest a relationship between the third-person perspective and cognitive change, and that use of cognitive mechanism words and negative emotions words is most adaptive when writing from a third-person perspective.

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Figures

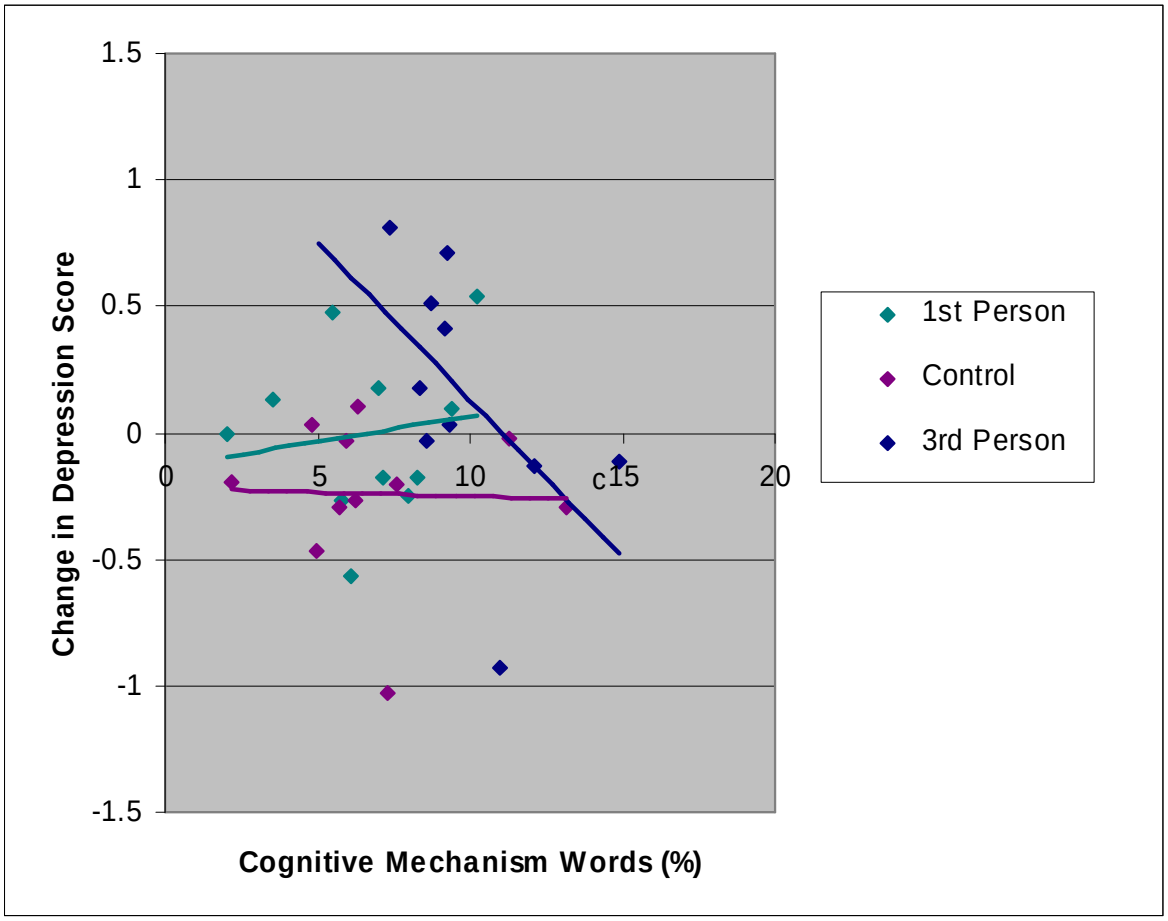


*Figure 1.* In the third-person condition, more cognitive mechanism words marginally predicted decreased depression

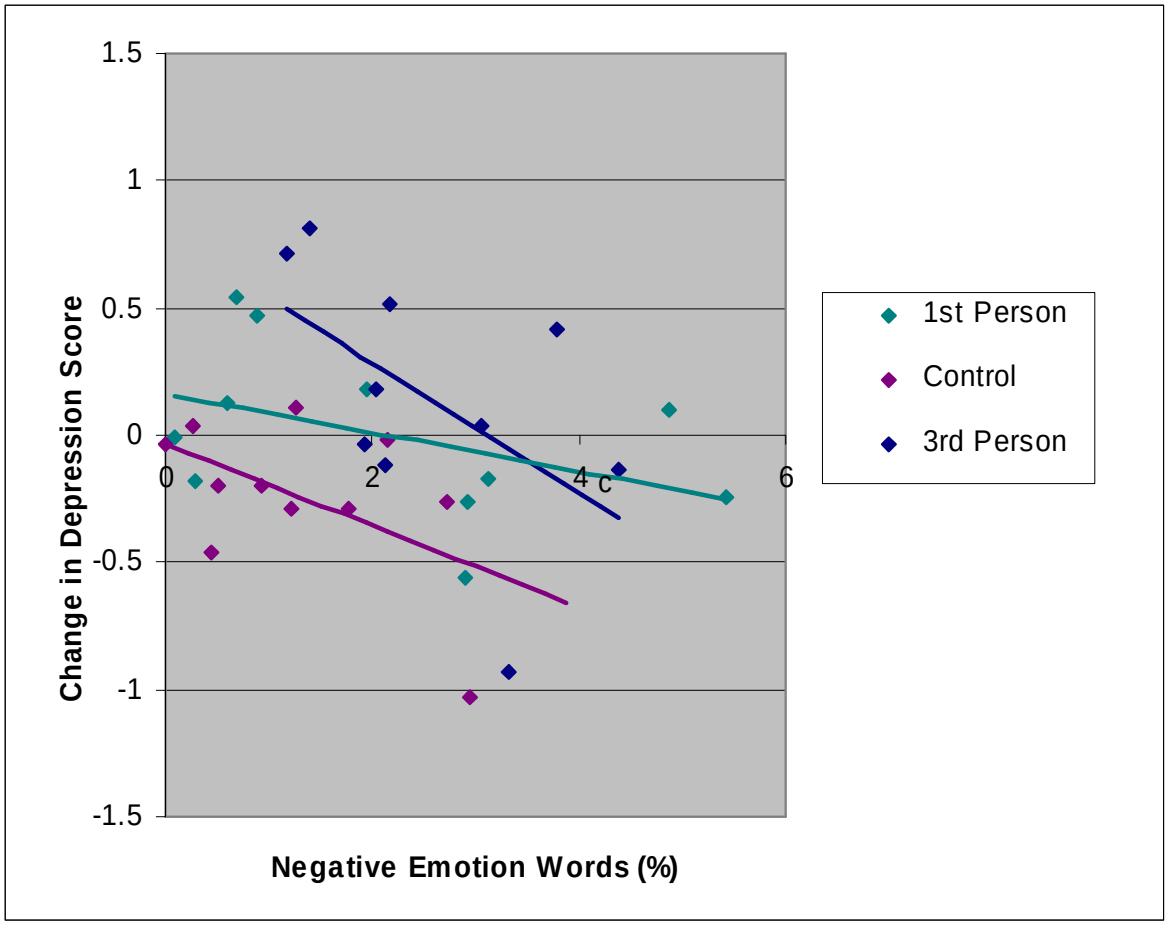


*Figure 2*. In the third-person condition, negative emotion word use marginally predicted decreased depression.