Expressive writing in context: The effects of a confessional setting and delivery of instructions on participant experience and language in writing

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**Objectives.** Manipulations of the setting and instructions were tested for effects on language use and reported health following expressive writing (EW).

**Methods.** Participants (N = 76) wrote in one of three conditions that differed by setting and the delivery of writing instructions.

**Results.** The results showed that altering the context for EW influences participants' language use and their perceptions of the experience. There was no effect of conditions on self-reported health.

**Conclusions.** Future research should attend to the ways in which manipulations of EW context affect proposed mediators such as language, as well as outcomes of EW.

The expressive writing (EW) paradigm was originally developed with a confessional process in mind to facilitate trauma disclosure. Experimenters personally communicated the writing instructions while emphasizing the seriousness of the task, and participants wrote in a dimly lit and unique environment (e.g. Pennebaker, Hughes, & O’Heeron, 1987). Over time, researchers have moved away from the original paradigm and varied the EW settings from laboratories to include locations such as homes and hospital beds. Instructions have also been variously delivered via sealed envelopes, videotape, or by experimenters. A recent meta-analysis has highlighted that these and other contextual variations may contribute to the variability in findings on EW (Frattaroli, 2006).

This study examined how manipulations of the confessional setting and experimenter delivered writing instructions impacted on participants’ outcomes and language use, a proposed mediator of EW effects (Pennebaker, Mehl, & Neiderhoffer, 2003).

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Methods

Participants and procedure
Seventy-six university students (59 women, 17 men) participated. Their average age was 19.0 years, and 55.3% identified as Anglo-American. Participants were randomly assigned to one of three conditions: stark \((N = 27)\): stark and brightly lit laboratory room, computer-prompted EW instructions, and typed essays; confessional \((N = 24)\): dimly lit and decorated laboratory room, computer-prompted EW instructions, and typed essays; and personal confessional \((N = 25)\): confessional setting, EW instructions delivered personally by the experimenter, and hand-written essays. All participants were given standard EW instructions and wrote about personally traumatic experiences during one 30-minute writing session.

Measures

Demographic data were collected at baseline. To assess the effects of conditions on self-reported health, participants completed inventories of physical symptoms (Pennebaker Inventory of Limbic Languidness – PILL; Pennebaker, 1982), depressive symptoms (Beck Depression Inventory Short Form; Beck & Beck, 1972), and overall health status (Health Questionnaire; Graybeal, Sexton, & Pennebaker, 2002) at baseline and at 1 month follow-up. Immediately after writing, participants completed the Post Writing Questionnaire (Harris, Thoresen, Humphreys, & Faul, 2005) to assess the effectiveness of the study manipulations. Language use was assessed using the Linguistic Inquiry and Word Count (Pennebaker, Francis, & Booth, 2001).

Results

Baseline characteristics and manipulation checks
Treatment groups did not differ on any demographic or baseline self-report measure. Table 1 shows that the experimental manipulations as assessed by the Post Writing Questionnaire were successful \((F(2, 73) = 2.99, \ p = .05, \ \eta^2 = .76)\). Post hoc procedures showed that the personal confessional group’s ratings of the global experimental manipulation \((M = 29.68, SD = 3.21)\) were significantly higher than the stark group \((M = 27.37, SD = 2.76)\), and similar to those of the confessional condition \((M = 28.88, SD = 4.33)\).

Outcome measures

Language
The personal confessional group used significantly fewer negation \((F(2, 73) = 10.85, \ p < .001, \ \eta^2 = .23)\), tentative \((F(2, 73) = 3.24, \ p < .05, \ \eta^2 = .08)\), and exclusion words \((F(2, 73) = 4.40, \ p < .01)\) and had a lower overall word count \((F(2, 73) = 6.09, \ p < .01)\) than either the confessional or the stark groups.

Participants engagement
Global writing rating scores differed between groups \((F(2, 73) = 3.048, \ p = .05, \ \eta^2 = .08)\). The personal confessional group gave a significantly higher rating of their writing when compared with the other two groups, which did not differ from each other (Table 1). Global study evaluations also differed \((F(2, 73) = 3.24, \ p < .05, \ \eta^2 = .08)\).
The ratings of personal confessional and confessional groups of the extent to which they found the study ‘valuable/meaningful’ were significantly higher than the stark group ($p < .02$).

Health

Group x time ANOVAs showed no effect of condition on symptoms of depression, physical symptoms, or overall health. However, all participants reported a decrease in the number of physical symptoms from baseline to follow-up ($F(1, 73) = 9.09$, $p < .01$, $\eta^2 = .16$).

Discussion

A confessional setting and personal delivery of writing instructions contributed to greater engagement in EW as revealed by post-writing ratings. In comparison with participants who wrote in a stark laboratory, those who wrote in a confessional setting gave higher overall study ratings (e.g. room, experimenter warmth, valuable experience). This finding complements previous findings that participants attribute the intimacy of their disclosures to the setting in which they write (Pennebaker et al., 1987). Results did not show differential health outcomes across conditions, possibly due to ceiling effects—participants were healthy and functioning well prior to engagement in EW.

The assessment of EW context on language use yielded interesting findings. Unexpectedly, the greater engagement seen in confessional conditions did not translate into differential use of cognitive change or emotion words. Nevertheless, the personal confessional group used significantly fewer ‘tentative’, ‘exclusion’, and ‘negation’ words than either the confessional or stark groups. Previous research has shown that these
word categories factor into a dimension labelled ‘making distinctions’, and that increased use over the course of days of writing is linked with subsequent health outcomes (Pennebaker & King, 1999). The lack of a similar connection in the current study between ‘making distinction’ words and health outcomes for the personal confessional group may be due to fewer than usual days of writing (1 versus 3–5 days) and insufficient time for context and EW effects to develop on health outcomes.

The results of this study show that a confessional setting and the delivery of writing instructions affect participant engagement in EW, as well as the language participants use to describe personally traumatic experiences. Future research should further examine the effects of setting on the mediators and outcomes of EW.

References

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