

Exploring the Effectiveness of Expressive Writing Interventions on Hopelessness and Social Connectedness

NimishaAjaikumar

Abstract

Extensive research has been conducted on the effect of positive psychological interventions on well-being. The present study explores the effectiveness of brief expressive writing interventions in the context of hopelessness and social connectedness. The research design of this study was cross-sectional and experimental with independent groups. Non-purposive convenience sampling was used to recruit 300 participants aged 17-60. Based on the writing activity types utilized in this study, participants were randomly allocated into three groups of 100 people each. They were then required to write a Gratitude letter, Self-Compassion Letter or a Neutral writing activity on 'The Weather in Dubai' for a brief duration of 10 minutes. Following the completion of the writing activity, Beck's Hopelessness Scale and Social Connectedness Scale-Revised questionnaires were then administered to all participants to measure hopelessness and social connectedness. One-way ANOVA demonstrated that there exists no significant difference between type of expressive writing interventions on hopelessness scores ($F(2, 297) = 1.112, p = .330$) and social connectedness scores ($F(2, 297) = .131, p = .877$). The non-significant findings may be attributed to the brevity of the writing time provided to the participants, which may not have provided enough time for reflection. Another explanation might be the well-initiated initiative of the UAE government to market happiness among its residents. Situational variables dominance of females and South Asian nationalities in the study may also be considered as limitations of this study. Future researchers are advised to replicate this study in a longitudinal format.

Writing about traumatic, stressful or emotional events has been found to end in improvements in both physical and psychological health, in non-clinical and clinical populations. In the expressive writing paradigm, participants are asked to write down about such events for 15-20 minutes on 3-5 occasions. Those who do so generally have significantly better physical and psychological outcomes compared with those that write on neutral topics. Here we present an summary of the expressive writing paradigm, outline populations that it's been found to be beneficial and discuss possible mechanisms underlying the observed health benefits. In addition, we propose how expressive writing are often used as a therapeutic

tool for survivors of trauma and in psychiatric settings. A systematic review consistent with the well-liked Reporting Items for Systematic Reviews and Meta-Analyses guidelines. CINAHL, CENTRAL, PsycINFO and PubMed were searched from January 1986 to March 2018. Other sources included clinical data registers and conference proceedings. Studies were included if they were randomised controlled trials that assessed the impact of an intervention involving expressive writing for adults with advanced disease and/or studies involving linguistic analysis on the expressive writing output. Methodological quality was assessed using the Cochrane risk of bias tool and the Mixed Methods Appraisal Tool. The Grading of Recommendations Assessment, Development and Evaluation tool was used to assess the level of evidence for the outcomes of interest. Six eligible studies with a total of 288 participants were identified, including four randomised controlled trials. All of the trials were in cancer and recruited predominantly women. None of the interventions were tailored to the population. Studies had methodological shortcomings and evidence was generally of inferiority. Combined analysis of the four trials, involving 214 participants in total, showed no clear difference within the effect of expressive writing on sleep, anxiety or depression compared to a lively control. Pain was not evaluated in the trials. In contrast, analysis of the four studies that included linguistic analysis alluded to linguistic mechanisms for potential effects. Although the trial results suggest there's no benefit in expressive writing for people with advanced disease, the present evidence is restricted. There is a need for more rigorous trials. It would be of benefit first to undertake exploratory research in trial design including how best to live impact and in tailoring of the intervention to deal with the precise needs of people with advanced disease. Despite variety of studies, a preliminary scope of the literature found that so far no systematic review has evaluated the present evidence on efficacy of EW in adults with advanced disease. Thus, this review will examine whether EW might be beneficial for this clinical population with specific physical and psychological needs. Taking the results of reviews in broader populations, we may find clearer results in this more focused population. Moreover, to enhance critique of the evidence, the review will draw on the authors conclusions of these broader reviews in exploring, for instance, linguistics and whether there was tailoring of the intervention to the population. The type of studies selected was based on the two objectives of the systematic review; RCTs and other comparative studies such

Nimisha Ajaikumar
Middlesex University Dubai, E-mail: NA1273@live.mdx.ac.uk

as non-randomised experiments and before-and-after studies were eligible and studies which reported the results of linguistic analysis. Study participants were adults (aged 18 or over) with a diagnosis of advanced disease such as advanced/metastatic cancer and/or treated with a palliative care intent. Studies with children or patients without a diagnosis of advanced disease and/or patients being treated with a curative care intent were not included. As it was envisaged that there may be few studies whose samples completely fulfilled this criteria it was decided to also include studies whose samples consisted of > 50% advanced stage disease patients. Where such studies were identified, we sought to report findings only on the subgroup with advanced disease. If this was not possible, we reported findings for the whole group but take into account the limitations of doing this in our conclusions. Studies which used EW as a structured therapeutic intervention were included. Studies were eligible if they used emotion provoking EW tasks as a way of relieving psychological or physical symptoms experienced by people with advanced disease. Studies with EW tasks which were not designed to be emotionally arousing or studies which included EW as part of a group therapy or as a psychotherapeutic intervention were not eligible. Trial suitable comparators were writing tasks that were non-emotionally arousing, no EW task, treatment as was common . Our primary outcomes of interest were pain, sleep, depression and anxiety.