



**How storytelling can benefit a student's
positive mental health, wholeness,
well-being and belonging.
www.americansall.org/node/566710**

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Executive Summary

[Americans All](#) is a 36-year-old nonprofit membership organization managed by a for-profit benefit corporation. Our virtual program is ready to start a pilot project for one year in Howard County, MD and later, in either Montgomery County, MD or the District of Columbia.

We have created unique, multi-purpose, multi-media [storytelling](#) tool that benefits three separate, but interconnected, groups: [students](#) (create virtual yearbooks for clubs and teams they participate in, and access discounts); [schools](#) (a turnkey revenue generator), and local business/professional service providers (additional exposure). Our web-based app is free; [easy to install](#), access and update; and the stories can be published in [multiple languages](#) on our site.

If students have already created a story, they can repurpose it by adding additional photographs and other media, and publish it in multiple languages on various landing pages on our site.

Extensive research confirms that life stories are central to people's sense of self and the social world they inhabit. It also asserts that intergenerational knowledge of one's family history is associated with positive mental health, wholeness, well-being and a sense of belonging. When people belong, they feel emotionally connected and welcomed.

[Click here](#) to view a tutorial on "How to create a story on an individual (or group) for the Heritage Honor Roll."

[Click here](#) to learn "How to create the text for a legacy story and storytelling for younger children".

[Click here](#) to view a document that shows "Heritage Honor Roll stories in multiple languages".

Brief report: A qualitative evidence synthesis of the psychological processes of school-based expressive writing interventions with adolescents

[Marie-Hélène Doucet](#), [Maria Farella Guzzo](#), [Danielle Groleau](#)

Abstract

Introduction: Expressive writing interventions consist of brief writing sessions on thoughts and emotions and are known to yield positive benefits on adolescents' mental health. However, the psychological mechanisms explaining these effects are not clear.

Method: This review explored the psychological processes underlying school-based expressive writing interventions with adolescents. A thematic synthesis of qualitative research consisted of identifying, appraising and summarizing the qualitative evidence of eligible studies.

Results: Only six of the 510 identified studies met the inclusion criteria of this review. Results provide some validation for cognitive-processing, emotion-regulation, and disinhibition as psychological mechanisms underlying school-based expressive writing with adolescents.

Conclusions: However, these conclusions are still preliminary because of the paucity of the qualitative evidence found, both in quantity and quality. We recommend that more rigorous and in-depth qualitative research be undertaken to: 1) explore adolescents' subjective experience about the expressive writing intervention, using in-depth individual interviews; 2) thoroughly assess the content of students' texts written during the intervention; and 3) document the process of expressive writing interventions through observational methods. The results of such investigations would support the development and implementation of school-based expressive writing-type of interventions adapted to adolescents.

Keywords: Adolescents; Expressive writing; Psychological processes; Qualitative methods; School.

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Effects of Expressive Writing on Psychological and Physical Health: The Moderating Role of Emotional Expressivity

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Abstract

The current study assessed main effects and moderators (including emotional expressiveness, emotional processing and ambivalence over emotional expression) of the effects of expressive writing in a sample of healthy adults. Young adult participants ($N = 116$) were randomly assigned to write for 20 minutes on four occasions about deepest thoughts and feelings regarding their most stressful/traumatic event in the past five years (expressive writing) or about a control topic (control). Dependent variables were indicators of anxiety, depression, and physical symptoms. No significant effects of writing condition were evident on anxiety, depressive symptoms, or physical symptoms. Emotional expressiveness emerged as a significant moderator of anxiety outcomes, however. Within the expressive writing group, participants high in expressiveness evidenced a significant reduction in anxiety at three-month follow-up, and participants low in expressiveness showed a significant increase in anxiety. Expressiveness did not predict change in anxiety in the control group. These findings on anxiety are consistent with the matching hypothesis, which suggests that matching a person's naturally elected coping approach with an assigned intervention is beneficial. These findings also suggest that expressive writing about a stressful event may be contraindicated for individuals who do not typically express emotions.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3830620/>

How true life storytelling can make us physically and emotionally healthier

“A problem shared is a problem halved” is a proverbial saying well-known to all. But what does the science say about true life storytelling? And why does it make us feel better?

In this blog, we take a look at what the research has uncovered when it comes to true life storytelling, and how it can have a positive effect on both physical and mental wellbeing.

The impact of true-life storytelling has been studied by modern psychologists, with striking results. A range of benefits have been uncovered since 1986, when psychologists started carrying out a range of ‘expressive writing’ studies to analyze the impact of true life storytelling on human health. Typically, this involves the comparison of participants writing about either deeply emotional experiences or neutral topics free of emotion. For example, an exploration of the feelings surrounding a life-altering event, compared to describing a place visited or an outfit worn.

In most instances, participants are asked to write for 15 to 20 minutes on between three and five occasions, often over consecutive days. Studies have taken place both within laboratories and from home environments. Many of which report on improved physical and mental health in participants that write about expressive events, compared to those who write about neutral events.

Psychologists have been exploring the impact of storytelling on the human psyche for decades.

What do the results show?

So far, a range of impacts have been uncovered. These impact humans both physically and emotionally, in a range of different ways.

Immediate vs long-term effects

For many, the process of writing about true-life events can lead to a [short-term increase in negative emotions](#). Whilst for some people there can be an initial release, like a weight has been lifted from their shoulders, for people writing about traumatic events there may be increased levels of emotional distress.

However, [studies](#) show that over time, there are significant health benefits to be gained. With longer-term follow ups (several months after the writing exercise took place), there is often both an objectively assessed and self-reported improvement in both physical and mental health.

Emotional Health

The long-term impact of writing about life experiences tend to show [a general feeling of greater psychological wellbeing](#), a [reduction in symptoms of depression](#) and [less post-traumatic intrusion and avoidance symptoms](#). The latter suggests that overwhelming emotions attached to traumatic events are more easily managed.

For population members deemed physically and psychologically healthy, [studies](#) have shown that the effects produced by expressive writing are similar to the effects of other psychological interventions. For psychiatric population members, [the results were less significant, but still positive](#).

The long-term impact of writing about life experiences tend to show a general feeling of greater psychological wellbeing.

Physical health

Long-term physical health outcomes show that those who took part in expressive writing exercises are less likely to visit the doctor than prior to the exercise. More specific positive effects were seen in relation to [blood pressure](#), [lung function](#), [liver function](#) and [time spent in hospital](#). There were also a number of cases where improved immune system functioning was seen. Not only were these outcomes objectively observed; participants claimed the same things whilst also reporting less physical discomfort or symptoms.

Employment and education

Over time, studies have shown an [improvement in students' academic performance](#), [reduced absenteeism from work](#), [improved memory function](#) and [higher rates of re-employment following job loss](#). There is also a recorded [improvement in sporting performance](#). Improved employment and education outcomes are thought to have been in part due to emotional topics changing the way participants interacted with others. This suggests an impact on social and linguistic behaviors.

Studies have shown improved employment and education outcomes for those who took part in expressive writing exercises.

Sharing stories

Whilst constructing a narrative around an emotional life event has shown to impact positively on both physical and mental wellbeing, the disclosure of such events can [in some cases lead to cathartic benefits](#). Typically, this involves sharing the story on a private level, for example through talking therapies or sharing with close friends and relations. However, group narrative sharing is beginning to inform UK health policy, through the implementation of [recovery colleges](#). The aim is to create an environment of experience-sharing through the normalization of mental health difficulties, with storytelling at its center.

Conclusion

There is plenty of further scope for research on expressive writing and storytelling both in a public and private setting. However, the science so far offers promising results, and somewhat of an explanation into how and why true life storytelling can improve physical and mental health. At Stozzys, we encourage anonymous posting as a means to explore these benefits, whilst also sharing what could be deemed as useful advice and information (or reassurance) by others who may be experiencing similar things. Of our own contributors, we have received overwhelmingly positive feedback and we continue to grow a repository of inspiring and informative true life stories.

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<https://stozzys.com/how-true-life-storytelling-can-make-us-physically-and-emotionally-healthier/>

Additional articles:

<https://stozzys.com/how-true-life-storytelling-enables-us-to-enact-self-compassion/>

<https://stozzys.com/4-ways-storytelling-can-help-us-to-overcome-heartbreak/>

How can storytelling help your mental health?

Introduction:

Why do we love stories? What is it about them that makes them so popular?

Humans have been telling stories for thousands of years — probably since we learnt to speak. But why?

People tell stories for many different reasons. They help us remember or make sense of things; they affirm or remind us of who we are; or they simply help pass the time.

Before writing became widespread, storytelling was a recognized way to stay informed. In ancient times there were even specialist story tellers whose role it was to keep us updated. In Europe they were known as bards while in West Africa they were called griots.

Nowadays, we no longer rely on professional storytellers. And yet, we love a good yarn. In fact, if someone is good at it we say “she’s got some great stories” or “he’s a great story teller”.

Stories are everywhere: at the annual family get-together, at the work function for the retiring co-worker, and as a conversation starter directed at couples who are asked “how did you two meet?”

Why We Love Stories

Ever noticed how someone delivering a really good speech or talk often starts with a story? Whether it makes the audience laugh, cry or rage, a solid story makes us pay attention.

Stories are basically about people. Yes, that may sound obvious, but what that actually means is that a good story is about something we can relate to or identify with. Identifying with a story can take many forms, such as the following:

We can often relate to someone or even see ourselves in a good story

People seeking to improve their mental health and well-being often report feeling much better after sharing their experiences with understanding peers. After sharing or listening, it’s common for people to say that they feel less like outsiders, were “not the only one” or otherwise realized that there are others in similar situation.

This is one of the reasons why support groups exist for a huge variety of conditions and chronic illnesses, from Alcoholics Anonymous and Narcotics Anonymous to social anxiety, depression, domestic violence, diabetes, psychosis, cancer, and much more.

Recounting lived experiences — what many would call story telling — is often an integral part of a support network because its benefits are widely recognized.

Stories can be about values and qualities we admire

Story telling can be about sharing values and qualities of people we admire. The word “inspiring” often gets mentioned when we hear of people living life to the fullest despite great challenges (or even hardship), be it depression, socio-economic disadvantage, alcoholism, disability, sickness or something else.

We love stories of people overcoming great adversity. Indeed, many of the oldest stories in existence are about mythical heroes who go on long journeys and conquer obstacles.

Stories like this have survived for so long because we like what they represent. It's really not so different today, whether it's a tale about a historical figure, family member, friend, co-worker, innovator or ancestor. After all, who doesn't love a great story about kindness, heroism or just being the underdog?

Stories can be about history, culture and morals

A story can bring us closer to our history and culture, or help us see the right and moral way of overcoming problems. Aboriginal and Torres Strait Islander culture goes back thousands of generations while the culture of every migrant to Australia started at some point over the last 230 years.

Identity is important. It's intrinsically tied to family or cultural history. Stories have always been a traditional way of remaining close to these things.

Stories can also be just about fun

Not all stories are meant to have a profound meaning or carry a serious life lesson. Often stories are told simply because they're funny or entertaining. It happens everywhere, be it on social media, at work or at catch-ups.

It was almost certainly like that thousands of years ago (except for the social media part), and it will be like that in the future.

Do Stories Help Well-being and Mental Health?

We know what we love about stories. But what can they actually do for us? Here are just some of the many ways in which telling or hearing a story can help.

Others can help by hearing your story

As mentioned, the simple realization for many people that they are "not alone" can make a big difference to how they manage their mental health.

As one former anxiety sufferer-turned [mental health advocate](#) said: "The very simple act of communing and connecting with other people who 'go there' can create this profound shift in how you see yourself."

The stories of others can help you

Continuing with the above theme, storytelling and sharing lived experiences can help others too. An example is this series of candid video [interviews with war veterans](#).

They share their stories and how they dealt with mental health concerns like depression, anxiety, PTSD and anger management. In each instance, they explain how talking about mental health helped improve their situation. They are, in every sense, sharing lived experiences.

Hearing from someone who has "walked in their shoes" can have a powerful effect and it can show how getting help and support was effective.

Telling stories can build your confidence

Sharing or listening to lived experiences can help overcome discomfort, fear, shame or embarrassment, both for the speaker and the listener.

It might help overcome the reluctance of acknowledging (publicly, or even to ourselves) a condition or disorder. Finding the right environment in which to tell it could also make dealing with it feel "real" and help with "getting it out of your system".

It could even help if you're uncomfortable with public speaking.

Telling stories can normalize mental health condition and disorders

Another benefit of sharing lived experiences is how it can help normalize things like mental health disorders. The previously mentioned videos of veterans sharing their stories is an example of this. These recordings were created to help other Defense personnel by repeating the message that it's ok to get help for depression, anxiety and PTSD.

These messages are publicly viewable so they are likely to be seen by people who also happen to not be veterans. Non-veterans probably have no reason to call the relevant phone number, however, the message is a reminder that mental health concerns are common. Making these messages publicly viewable reinforces that message, which often helps to reduce the stigma of a mental health concern.

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The CAREinMIND blog is delivered by On the Line. The views in each post do not necessarily reflect those of North Western Melbourne Primary Health Network.

How Storytellers Can Help with the Youth Mental Health Crisis

The Surgeon General has called on the media to help improve teen mental health. Posted April 6, 2022 | [Reviewed by Gary Drevitch](#)

KEY POINTS

- The U.S. Surgeon General has issued an urgent advisory about the state of youth mental health.
- Stories, combined with accurate information, are a powerful way to reach and support teens.
- Global media franchises reach teens at scale and can effectively provide accurate and helpful information.

In December 2021, U.S. Surgeon General Vivek Murthy issued an advisory about youth mental health and began to tour the country, meeting with experts and young people to address what is becoming a national health crisis. [“Protecting Youth Mental Health,”](#) issued by the highest health official in the country and articulating a growing concern among parents and educators, describes an “urgent public health issue” that needs the nation’s “immediate awareness and action.”

Tweens and teens are crying out for help

Even before [COVID-19](#), [teen suicide rates](#) were rising, along with reported symptoms of [anxiety](#) and [depression](#). Since the pandemic began, these conditions have only worsened, with young people hit hardest. [Climate change](#), systemic inequities, police brutality, school shootings, [racism](#), a worldwide pandemic, war—the world seems like a very scary place. Coupled with the fact that it’s become harder and harder to attain the American Dream, hope is hard to come by.

Resources are scarce, and it's a challenge to reach the vast number of young people needing help. According to the National Institute of Mental Health, 2 million adolescents who reported they were depressed in 2020 received no help. That leaves many struggling parents and children, in particular those from marginalized communities, with nowhere to go.

This is why the Surgeon General called for all hands on deck, including schools, parents, government, and the media. While some may be surprised by the idea that pop culture has a role to play in the mental health crisis, stories, combined with accurate information, are in fact a powerful way to support teens. [Our research](#) found that adolescents are motivated to seek information about mental health issues after watching a popular televised story. We also found that stories can inspire young people to reach out to talk to someone about their mental well-being, including their parents. We are now examining what kinds of ancillary resources, combined with narrative, can most positively impact youths’ behavior and attitudes with respect to mental well-being.

And we aren’t the only ones who see the impact that pop culture can have. One incredible [study](#) found that a popular hip-hop song led to increased calls to a [suicide](#) hotline and a reduction in suicides.

KEY FINDINGS



Talking about it

- Of the teens who watched Season 3 of 13RW, 88% spoke about mental health topics.
- During the first week after the launch of Season 3, the avalanche of social conversation on Twitter was primarily positive.



Searching for answers

- Nearly every teen (92%) who watched Season 3 of 13RW show looked for information on mental health topics.
- Social engagement was particularly high when talent used their platform to post helpline resources.

Why Does this Matter?

- A study found that a fictional storyline was more effective at changing behavior than a "documentary" with statistics and experts. In other words, accurate information combined with storytelling works.
- Given the heightened risk of developing mental health issues in adolescence, normalizing discussions about mental health can support destigmatizing help-seeking.



Storytellers must step up.

With young people consuming unprecedented levels of media, it's time for the storytellers to step up. Global behemoths like Netflix reach teens at scale and can immediately provide accurate and helpful information while also destigmatizing issues and modeling help-seeking. Shows for [teenagers](#) that deal with tough topics continue to be made (e.g., *Euphoria*, *All the Bright Places*). Young people are drawn to these shows and films, and so the need to couple storytelling with access to resources to support our most vulnerable youth is a call to action we cannot ignore.

The potential for story-based content to support youth at a time when a much-needed spotlight is being placed on the mental health crisis is considerable. It is time to meet teens where they are, on screens, to normalize stories about mental health and mental illness, taking care to avoid harmful stereotypes, promote scientifically accurate information, and include stories of help, hope, and healing.

Yalda T. Uhls, Ph.D., is a research scientist at UCLA and Founder and Executive Director of the nonprofit Center for Scholars & Storytellers with over 15 years of senior executive experience in the entertainment industry at MGM and Sony.

The Center is working across many sectors with organizations such as Joy Gorman Wetzel Productions, Wondermind, MTV, SMAHRT, and the FAST coalition to address the crisis of mental health and well-being as a priority issue nationwide. The link for this article is:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9551165/>

The role of intergenerational family stories in mental health and well-being

Abstract

Patterns of memory sharing begin early in one's life, informing relationships, one's history, and one's sense of cultural belonging. Memory sharing among families has been the focus of research investigating the relationship between mental health and intergenerational memory. A burgeoning body of research is showing that intergenerational knowledge of one's family history is associated with positive mental health and well-being. However, research on the specific mechanisms and potential applications of such findings are just beginning to emerge. In particular, studies examining intergenerational storytelling point to the importance of culture and gender as critical factors underlying how stories are told and the extent to which these stories are associated with well-being.

Introduction

Life stories are central to one's sense of self and the social world that they inhabit. Indeed, considerable research indicates that storytelling is fundamental to human development, cultural frameworks, and the cultivation of relationships (Bruner, 1990; Fivush, 2008). Perhaps this is due, in part, to patterns of memory sharing that begin early in one's life which inform relationships, one's history, and one's sense of cultural belonging (or identities; e.g., McAdams, 2001; Nelson and Fivush, 2004; Fivush and Nelson, 2006). Although historically, within the field of psychology, considerable emphasis was placed on how individuals recall memories decontextualized from social interactions (Hirst and Manier, 2008), there now exists a substantial body of work documenting the cognitive characteristics and outcomes associated with socially-shared memories. Within the social dynamics of a conversation, a narrative recounts the unfolding of an event beyond its literal description. It provides the listener with a contextual understanding of when an event took place, what it was about, and how it may have psychologically and materially impacted those involved (Fivush, 2008). Moreover, for the speaker, recalling one's own memory to another person may lead to the consolidation and adaptation of the original memory based on a number of factors associated with the speaker and listener (e.g., Hirst and Echterhoff, 2012). Over the course of a conversation, both speakers and listeners are engaged in processes of interpretation that take place during the act of narrative sharing, in which one evaluates the event and the extent to which it may be personally relevant or informative (Conway et al., 2004; Fivush, 2008). These processes not only contribute to the distribution of information between individuals, but subsequently shape a range of cognitive, affective, and decision-making processes (Hirst et al., 2018). For example, there now exists robust data showing the impact of social remembering across a wide range of contexts including eyewitness identification (e.g., Wright et al., 2000; Gabbert et al., 2003), international sales (e.g., Yuan et al., 2010), air traffic controllers (e.g., Smith-Jentsch et al., 2009), emergency responses (e.g., Majchrzak et al., 2007), and medical decision making (e.g., Coman et al., 2013). Taken together, these findings have shown that memory processes across diverse settings are impacted by complex social dynamics which may facilitate recall, forgetting, and subsequent behaviors. Social memory practices also appear to play a role in emotional processes and mental health. For instance, Brown et al. (2012) found that symptoms of forgetting associated with posttraumatic stress disorder (PTSD) may be linked with alterations in how individuals with PTSD

process information during acts of social remembering. In particular, in two socially-shared retrieval induced forgetting (SS-RIF) tasks, combat veterans with PTSD exhibited greater forgetting compared to those without PTSD and non-trauma exposed civilian participants.

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The complete article can be found at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9551165/#sec1title>

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Articles from Frontiers in Psychology are provided here courtesy of **Frontiers Media SA**

How Storytelling is Good for Your Mental Health

Storytelling is typically described as telling or writing stories. These narratives are often told for entertainment and to engage listeners or readers. Storytelling, however, is also powerful in shaping your [mental health](#).

We are storytellers when we share with a family member about a negative event that happened at the market. We also are storytellers when we describe the beginning of a [romantic relationship](#).

When we talk about events, characters, actions, themes, feelings, and ideas, we use storytelling techniques daily.

“Here’s the story” is the way we begin some of our conversations. We share stories with others more often than we realize.

This article discusses the value of storytelling and details the mental health benefits of sharing stories.

The Link Between Storytelling and Mental Health

Annie Brewster, assistant professor at Harvard Medical School and internist at Massachusetts General Hospital is the founder of [Health Story Collaborative](#). She started this nonprofit organization to help patients and families make sense of trauma and a range of mental and physical health challenges.

She also wanted to create a forum for story exchange and thereby transform healthcare through storytelling. She believes that stories connect us.

Research from the field of narrative psychology shows a link between narratives and well-being.¹ Exploring personal stories, reflecting on them, changing these narratives, and sharing them might make us [vulnerable](#), but also helps us heal and grow.

Mental Health Benefits of Storytelling

Here are some positive gains for your brain when you’re involved in storytelling. Just by telling stories, listening to stories and sharing stories we are doing something good for our mental health.

Boosts Listening Skills & Fosters Imagination

You become an [active listener](#) when you focus with all of your senses and give complete attention to stories. Becoming a better and active listener is a great social skill to have.

You also develop your imagination and expand your thinking by reading stories in books. You can use reading to exercise [your brain’s health and fitness](#). Good [imaginations](#) can sometimes enable people to weather life’s stressors better.

When we watch a scary movie, we are immersed in Hollywood’s version of a story. During those two hours, we are being transported and living in an imagined world. The writer, director, costume designer, production crew and others are creating this story for us.

Increases Empathy & Memory Retention

When we connect with the characters in a story, our brain [releases oxytocin](#). Oxytocin is associated with empathy, a building block in helping us connect and deepen our relationships.

In addition to increasing [empathy](#), another benefit we derive from storytelling is improved [memory](#). Jennifer Aaker, a marketing professor at the Stanford Graduate School of Business, says that people remember information when it is weaved into narratives “up to 22 times more than facts alone.”²

That’s why when we are carried along by a narrative, invested in an outcome, or moved emotionally, it’s the story’s power at work. It’s not facts and features that sway us.

Increases Positive Emotions

According to recent research in positive psychology,³ how we tell our stories controls our mood and self-image. Stories can uplift us and change our moods. This changed mood and outlook is no small matter.

A reasonable amount of positive emotion and [optimism](#) allows us to cope better with adversity and meet the obstacles we face.

In a study⁴ done with hospitalized children in intensive care, one storytelling session led to an increase in oxytocin, a reduction in [cortisol](#) and pain, as well as positive emotional shifts in the children.

Storytelling’s power in regulating physiological and psychological functions is not to be dismissed. It’s a simple intervention in alleviating pain and discomfort and changing our emotional landscape.

Helps Those with Dementia

People with dementia have also benefited from participating in community storytelling and [reminiscence therapy](#). Like many arts including music, [storytelling has been shown to help](#) senior community members tackle and improve their compromised memory issues.

Helps Us Engage with Others

Not only do speakers employ stories to captivate their audiences. Even scientists seeking to better connect with laypeople and the public at large are embracing storytelling.

A recent article in the *Journal of Neuroscience* says while their work may involve neurobiological mechanisms, rather than presenting with scientific-journal type specifics, scientists are having success weaving in more stories.⁵

That change could mean lecturing more about how their scientific work and process developed, conveying the information and details in a more personal way, or discussing research like a story to better engage their listeners.

Helps Us Build from Success and Failure

Changing your personal narrative in response to both [success](#) and [failure](#) can have positive effects. In research with adolescents regarding persistence and academic achievement, scientists found that new narratives can self-motivate in positive ways.⁶

Success narratives can remind people how they were effective in goal achievement, thereby increasing their [self-esteem](#) and motivating them to aim for success again.

On the other hand, failure narratives are also powerful. When told in a new way, they can enable people to appreciate their attempts, give themselves credit for getting through their challenges and encourage them to see they're better prepared to deal with challenges in the future.

[What Is the Fear of Failure?](#)

Transforming Your Story

[Narrative therapy](#) helps people move past the problematic stories that hold them back in life. By challenging unhealthy beliefs and widening the way they view the stories of their life, they find alternative stories. This leads to new and healthier viewpoints moving forward.

In fact, recent research on narrative identity⁷ shows that when it comes to life stories, those who find redemptive meanings in their past challenges and adversity, and who tell their life stories with ideas that include agency, exploration or more open-mindedness enjoy higher levels of mental health, well-being, and maturity.

By choosing a different viewpoint, you can improve your mental health.

Let's say, for example, your brother was the favorite when you grew up. You could grow up to be angry and bitter at the injustice of that. Or you might forgive your parents. You may rationalize that it was a cultural thing.

The act of telling stories helps us connect to others, make meaning, organize our lives into a coherent narrative and immerse ourselves in others' tales. While we share stories, we are also improving our mental health and well-being.

By [Barbara Field](#), a writer and speaker who is passionate about mental health, overall wellness, and women's issues. Published on November 17, 2021.

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The link to this article is <https://www.verywellmind.com/how-storytelling-is-good-for-your-mental-health-5199744>

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Continued

Sources

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Digital storytelling: Lessen student anxiety, aid SEL

As the pandemic enters year three, more schools are returning to in-person teaching and making masks optional. However, teachers are finding that getting back to normal is anything but normal. Student anxiety, behavior issues, and learning problems are swelling. That's why we're hearing so much about social and emotional learning.

Student anxiety and attention issues are nothing new. In fact, in 2018, a year before Covid-19 entered our vocabulary, a Pew Research study found that [70% of teens identified anxiety and depression as major problems](#) among their peers. When schools closed, these numbers rose. According to the American Psychological Association, 81% of teens reported [more intense stress](#) due to a loss of structure and socialization opportunities sparked by the pandemic.

When tech hurts students

In addition to the pandemic, social media has been shown in many studies to be linked with higher rates of depression and anxiety among teens. According to Pew, 45% of teens report being [online almost constantly](#), with 97% surfing social media sites such as Facebook, Instagram, Snapchat and TikTok. Despite all this time online, social media can [make students feel even more isolated](#), experience greater fear of missing out and create self-esteem issues.

Ironically, the very technology that can foster feelings of isolation, can also be leveraged to keep history students engaged with learning, [foster independent thinkers](#) and promote the crucial social and emotional learning competencies of [self-awareness](#), self-management, social awareness, relationship skills and responsible decision-making, many of which lessen behavior issues..

Making digital storytelling work for you

Social studies teachers can leverage digital tools and storytelling to get their students back on track in several ways.

Use digital learning tools to keep students off of social media and actively engaged. Student surfing on social media can disrupt both classwork and homework. Reagan Metcalf, a history teacher at Gilbert High School in Iowa, says it's a challenge to keep students actively engaged without social media, so he mimics it by using a digital curriculum that includes digital storytelling clips to illustrate concepts.

For example, teachers could use [a clip from "Family Guy"](#) to illustrate the concept of federalism in a way that is interesting to digital native students.

Allow students to learn the way they learn best. Metcalf starts each semester with a survey to determine how individual students learn and then gives them a "voice and choice" on how to demonstrate mastery. Since not everyone does well on a written test, he allows students to show proficiency using digital tools such as PowerPoint presentations and PowToon, and other mediums like poetry.

Keep learning visual and interesting. Using [multimedia to illustrate lessons](#) helps reach students and can result in better learning. According to one recent study in conjunction with Project Tomorrow, 90% of teachers say the use of digital storytelling in lessons increases their effectiveness in the classroom. Eighty-four percent of students say pop culture media helps them learn.

When classes went online, Metcalf leveraged YouTube to reach his students, creating and posting videos to explain assignments and just to stay in touch. Students liked it so much that he continued the practice when they came back to in-person learning.

Make lessons more interactive. Many teachers find that traditional lecturing isn't as effective as experiential learning and self-directed learning are in [keeping students engaged](#).

To avoid lecture fatigue, Metcalf gives students time to read the material and watch a multimedia clip. He then divides students into small groups to discuss the lesson. Next, these groups roll into larger discussion groups, allowing teams to present ideas, debate civilly and learn from each other.

He also works to make lessons current by encouraging students to compare events that happened in the past with what's happening today, such as the current invasion of Ukraine and World War 1.

Foster health and wellness through examples. [Social and emotional learning competencies](#) are often taught as part of a health curriculum, but social studies can play an important role in fostering social and emotional learning.

History is full of examples of heroes who display positive examples of how to face and overcome challenges. Many of them have been brought to life in movies and other multimedia. From Abraham Lincoln's approach to [Reconstruction](#), to John F. Kennedy's handling of the [Cuban Missile Crisis](#) and Ronald Reagan's use of humor and optimism to [combat communism](#), digital storytelling is a powerful tool to model good habits.

Digital tools are also great for student communication

Finally, digital tools provide teachers the ability to stay in touch with students and to spot struggling students earlier. Metcalf makes himself available by email and via message on Google Classroom to students who have questions about assignments and tries to respond within five to 10 minutes. He is clear about when students can reach him (usually until about 10 pm on school nights) and sets boundaries for weekends.

These interactions provide insight into which students may be struggling, so he can meet with them and their parents early to get them back on track.

By [Fred Fransen, Ph.D., CEO of Certell.org, the nonprofit developer of Poptential digital social studies course packages that pair pop culture media with engaging digital storytelling for effective, dynamic learning by today's digital native students](#). Published, April 5, 2022

Link to this article: <https://corp.smartbrief.com/original/2022/04/digital-storytelling-lassen-student-anxiety-aid-se/>

A Future plc company, SmartBrief is the industry leader in **targeted business news**. Serving nearly 6 million senior executives, thought leaders and industry professionals, SmartBrief is the leading digital media publisher of targeted business news and information by industry.

The Belonging Barometer: The State of Belonging in America

Belonging is a fundamental human need, and one that is linked to many of the most complex challenges of our time.

Without a sense of belonging, individuals and communities suffer; with it, they thrive. Yet, because belonging is notoriously difficult to measure, it is often ignored in efforts to address the deep fractures in our societies.

One purpose of this report is to call attention to belonging as a factor that matters deeply for leaders and stakeholders across diverse sectors. We make the case for including belonging in the design and implementation of programs and policies across all areas of life in the United States.

A second purpose is to propose a nuanced new tool for measuring belonging—the Belonging Barometer—that is robust, accessible, and readily deployable in the service of efforts to advance the common good. As with any new tool, it is our hope that the Belonging Barometer can and should be refined and improved upon over time. We offer it up to changemakers across the world and welcome feedback and collaboration. In this report, we review the concept of belonging and introduce a new measure, the Belonging Barometer. We then describe initial findings based on a nationally representative survey regarding the relationship between the Belonging Barometer and health, democracy, and intergroup dynamics in the US.

Next, we report on the state of belonging across five life settings: family, friends, workplace, local community, and the nation. Lastly, we briefly discuss emerging themes and considerations for designing belonging interventions.

Key findings from this report

Belonging is measurably multifaceted. Belonging is about the quality of fit between oneself and a setting. When one belongs, they feel emotionally connected, welcomed, included, and satisfied in their relationships. They know that they are valued for who they are as well as for their contributions, can bring their whole and authentic self to the table, and are comfortable expressing their thoughts and opinions regardless as to whether they diverge from dominant perspectives. In addition, they understand how things work within a given setting, feel treated equally, and perceive that they are able to influence decisions.

Belonging is vital for American society. Belonging Barometer scores were associated with critical life outcomes in health (e.g., better general and mental health; increased life satisfaction; decreased pain, stress, and loneliness), workplace (e.g., increased retention and greater willingness to recommend one's job), social cohesion (e.g., higher satisfaction with local community; increased trust in one's neighbors, other local residents, and local government; more civic engagement; decreased feelings of marginalization; decreased fear of demographic change; more openness to diversity; and greater desire to meet people who are different than oneself), and democracy (e.g., greater satisfaction with life and democracy in the US; increased support for our democratic system of government).

Socioeconomic status and other systemic factors are strongly associated with belonging. Americans were more likely to report belonging if they also saw themselves as better off or much better off economically than the average American. Other associated factors included being

older; identifying as a woman or a man vs. another gender; or identifying as heterosexual/straight or homosexual/gay rather than bi/ pansexual, asexual, or queer. In some life settings belonging also correlated with race, religion, and immigration status, however these differences often become statistically insignificant once we controlled for socioeconomic status. While we did not test associations between belonging and other forms of systemic marginalization, we note that socioeconomic status itself is influenced by them—this is the case, for example, with redlining, which prevents wealth accumulation, or being subject to racism or xenophobia, which would serve to block opportunities in ones life. For these reasons, belonging interventions—in families, workplaces, local communities, and at the national level— must be designed with an eye towards the life experiences that influence an individual systemically.

Large percentage of Americans feel they are treated as “less than others” in their daily lives, and this experience is associated with non-belonging across all life settings—not only in local community but also nationally, in the workplace, and even among friends and family. The Americans who report being treated as “less than” tend to be younger, first-generation or non-citizen immigrants, identify as non-Hispanic white, or identify as a gender minority. The range of demographic categories who reported being treated as “less than others” in their local communities suggests a broad social breakdown in civic norms and behavior, or at least the experience of such among a wide set of groups. It also presents an opportunity for local communities to inquire about whether their residents experience indignity in daily interactions, and to seek to address any issues

Belonging and diversity are interdependent, an insight that will grow increasingly important as the US becomes increasingly diverse. Americans with one or more diverse friends reported higher levels of overall friendship belonging. Moreover, Americans living in diverse neighborhoods reported less marginalization and more openness to demographic change if they experienced local belonging. Our research suggests that we all win when we strive to inculcate belonging in diverse workplaces or civic spaces, and conversely, we all lose when we don’t combine diversity with belonging. However, our survey also revealed that large percentages of Americans lack relationships with people of a different race/ethnicity, partisan affiliation, religion, sexual orientation, socioeconomic status, or country of origin. Taken together, these facts underscore the need to invest in social contact across differences.

Belonging is attainable. In today’s polarized, socially segregated, and increasingly diverse America, investments in belonging are more urgent than ever. Fortunately, there is burgeoning research on how to design effective belonging interventions, and there are already organizations and communities piloting such work. As work in this space continues, understanding what is and what is not working, and why, will be critical for advancing the field. While this first report serves as a “snapshot” of belonging in the US today, the Barometer can be adapted to measure levels of belonging over time (e.g., for workers, students, residents, citizens), or to track pre- and post-intervention changes. With such a robust measure, it will be possible to tailor interventions to improve belonging, and to identify the interventions that work best within a particular context.

Continued

The Belonging Barometer: The State of Belonging in America was produced by [Over Zero](#) and the [Center for Inclusion and Belonging](#) at the American Immigration Council, by Nichole Argo, PhD and Hammad Sheikh, PhD.

The link to this summary is <https://www.americanimmigrationcouncil.org/research/the-belonging-barometer> and the link to the full report is https://www.americanimmigrationcouncil.org/sites/default/files/research/the_belonging_barometer_-_the_state_of_belonging_in_america.pdf. Both are copyright American Immigration Council.

[The American Immigration Council](#) works to strengthen America by shaping how America thinks about and acts towards immigrants and immigration and by working toward a more fair and just immigration system that opens its doors to those in need of protection and unleashes the energy and skills that immigrants bring.

[Over Zero](#) emerged as an outgrowth of Sisi ni Amani International, an organization founded to strengthen local violence prevention efforts through leveraging communication-based tools. Our interdisciplinary and cross-sector approach contributes to the broader field of identity-based violence prevention. Over Zero's programming is focused on the United States, Central Europe, and East Africa, as well as engagement with the wider atrocity prevention field

Emotional and physical health benefits of expressive writing

Abstract

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[Karen A. Baikie](#) and [Kay Wilhelm](#)

Writing about traumatic, stressful or emotional events has been found to result in improvements in both physical and psychological health, in non-clinical and clinical populations. In the expressive writing paradigm, participants are asked to write 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 who write about neutral topics. Here we present an overview of the expressive writing paradigm, outline populations for which it has been found to be beneficial and discuss possible mechanisms underlying the observed health benefits. In addition, we suggest how expressive writing can be used as a therapeutic tool for survivors of trauma and in psychiatric settings.

Over the past 20 years, a growing body of literature has demonstrated the beneficial effects that writing about traumatic or stressful events has on physical and emotional health. In the first study on expressive writing ([Reference Pennebaker and BeallPennebaker & Beall, 1986](#)), college students wrote for 15 minutes on 4 consecutive days about ‘the most traumatic or upsetting experiences’ of their entire lives, while controls wrote about superficial topics (such as their room or their shoes). Participants who wrote about their deepest thoughts and feelings reported significant benefits in both objectively assessed and self-reported physical health 4 months later, with less frequent visits to the health center and a trend towards fewer days out of role owing to illness. The authors concluded that:

‘writing about earlier traumatic experience was associated with both short-term increases in physiological arousal and long-term decreases in health problems’ ([Reference Pennebaker and BeallPennebaker & Beall, 1986](#): p. 280).

Expressive writing studies

The basic writing paradigm ([Reference PennebakerPennebaker, 1994](#), [Reference Pennebaker1997a](#), [Reference Pennebaker1997b](#); [Reference Smyth, Pennebaker and SnyderSmyth & Pennebaker, 1999](#)) used in most of the subsequent expressive writing studies involves participants writing about traumatic or emotional experiences ([Box 1](#)) for 3–5 sessions, often over consecutive days, for 15–20 minutes per session. Most studies have been conducted in the laboratory, although more recently writing has been done at home or in a clinical setting. Participants often reveal a considerable range and depth of emotional trauma in their writing. Although many report being upset by the writing experience, they also find it valuable and meaningful ([Reference PennebakerPennebaker, 1997b](#)). Control participants are asked to write as objectively and factually as possible about neutral topics such as a particular room or their plans for the day, without revealing their emotions or opinions. No feedback is given on the writing.

Box 1 Typical writing instructions

For the next 4 days, I would like you to write your very deepest thoughts and feelings about the most traumatic experience of your entire life or an extremely important emotional issue that has affected you and your life. In your writing, I'd like you to really let go and explore your deepest

emotions and thoughts. You might tie your topic to your relationships with others, including parents, lovers, friends or relatives; to your past, your present or your future; or to who you have been, who you would like to be or who you are now. You may write about the same general issues or experiences on all days of writing or about different topics each day. All of your writing will be completely confidential.

Don't worry about spelling, grammar or sentence structure. The only rule is that once you begin writing, you continue until the time is up.

Owing to the nature of *APT*, study results discussed below are not exhaustively referenced; instead, we have tried to give the most representative or comprehensive publications. For further reading on expressive writing and its implementation we recommend [Reference Lepore and SmythLepore & Smyth \(2002\)](#), [Reference PennebakerPennebaker \(1997a ,Reference Pennebaker b \)](#) and [Reference Sloan and MarxSloan & Marx \(2004b\)](#).

Immediate and longer-term effects of expressive writing

The immediate impact of expressive writing is usually a short-term increase in distress, negative mood and physical symptoms, and a decrease in positive mood compared with controls. Expressive writing participants also rate their writing as significantly more personal, meaningful and emotional. However, at longer-term follow-up, many studies have continued to find evidence of health benefits in terms of objectively assessed outcomes, self-reported physical health outcomes and self-reported emotional health outcomes ([Box 2](#)).

Box 2 Longer-term benefits of expressive writing

Health outcomes

- Reduced blood pressure
- Improved lung function
- Improved liver function
- Fewer days in hospital
- Improved mood/affect
- Feeling of greater psychological well-being
- Reduced depressive symptoms before examinations
- Fewer post-traumatic intrusion and avoidance symptoms

Social and behavioral outcomes

- Reduced absenteeism from work
- Quicker re-employment after job loss
- Improved working memory
- Improved sporting performance
- Higher students' grade point average
- Altered social and linguistic behavior

Objectively assessed outcomes

Expressive writing results in significant improvements in longer-term physical health outcomes such as illness-related visits to the doctor ([Reference Pennebaker and BeallPennebaker & Beall, 1986](#); [Reference Pennebaker, Kiecolt-Glaser and GlaserPennebaker et al, 1988](#); [Reference Pennebaker and FrancisPennebaker & Francis, 1996](#); [Reference King and MinerKing & Miner, 2000](#)), blood pressure ([Reference Davidson, Schwartz, Sheffield, Lepore and SmythDavidson et al, 2002](#), citing Crow et al), lung function ([Reference Smyth, Stone and HurewitzSmyth et al, 1999](#)), liver function ([Reference Francis and PennebakerFrancis & Pennebaker, 1992](#)) and number of days in hospital ([Reference Norman, Lumley and DooleyNorman et al, 2004](#)). Expressive writing has also produced significant benefits in a number of measures of immune system functioning ([Reference Pennebaker, Kiecolt-Glaser and GlaserPennebaker et al, 1988](#); [Reference Esterling, Antoni and FletcherEsterling et al, 1994](#); [Reference Booth, Petrie and PennebakerBooth et al, 1997](#); [Reference Petrie, Booth and PennebakerPetrie et al, 1995](#), [Reference Petrie, Fontanilla and Thomas2004](#)).

Significant benefits have also been found for such objective outcomes as students' grade point average ([Reference Pennebaker and FrancisPennebaker & Francis, 1996](#); [Reference Cameron and NichollsCameron & Nicholls, 1998](#)), absenteeism from work ([Reference Francis and PennebakerFrancis & Pennebaker, 1992](#)), re-employment after job loss ([Reference Spera, Buhrfeind and PennebakerSpera et al, 1994](#)), working memory ([Reference Klein and BoalsKlein & Boals, 2001](#)) and sporting performance ([Reference Scott, Robare and RainesScott et al, 2003](#)). In addition, writing about emotional topics changed the way that participants interacted with others, suggesting that writing may also have an impact on objectively assessed social and linguistic behavior ([Reference Pennebaker and GraybealPennebaker & Graybeal, 2001](#)).

Self-reported physical health outcomes

Expressive writing also produces longer-term benefits in self-reported health outcomes such as visits to the doctor ([Reference Cameron and NichollsCameron & Nicholls, 1998](#)), physical symptoms ([Reference Park and BlumbergPark & Blumberg, 2002](#)) and number of days out of role because of illness ([Reference Pennebaker and BeallPennebaker & Beall, 1986](#); [Reference Smyth, True and SoutoSmyth et al, 2001](#)).

In general, expressive writing does not affect health-related behaviors such as exercise, diet or drug/alcohol use ([Reference Pennebaker, Kiecolt-Glaser and GlaserPennebaker et al, 1988](#)).

Self-reported emotional health outcomes

Some studies have also found longer-term benefits of expressive writing for emotional health outcomes, including mood/affect ([Reference Pennebaker, Kiecolt-Glaser and GlaserPennebaker et al, 1988](#); [Reference Páez, Velasco and GonzalezPáez et al, 1999](#)), psychological well-being ([Reference Park and BlumbergPark & Blumberg, 2002](#)), depressive symptoms before examinations ([Reference LeporeLepore, 1997](#)) and post-traumatic intrusion and avoidance symptoms ([Reference Klein and BoalsKlein & Boals, 2001](#)). However, the findings for emotional health are not as robust or as consistent as those for physical health.

Continued

Meta-analyses

A meta-analysis of 13 studies using expressive writing with healthy participants ([Reference SmythSmyth, 1998](#)) found a significant overall benefit ($d = 0.47$, $P < 0.0001$) and specific benefits in objective or self-reported physical health, psychological well-being, physiological functioning and general functioning outcomes. Smyth's review suggests that, for physically and psychologically healthy individuals, the effects produced by expressive writing are substantial and similar in magnitude to the effects of other psychological interventions, many of which are more involved, time-consuming and expensive.

In clinical populations, a meta-analysis ([Reference Frisina, Borod and LeporeFrisina et al, 2004](#)) of nine expressive writing studies also found a significant benefit for health ($d = 0.19$, $P < 0.05$), although when analyzed separately the effects for physical health outcomes in medically ill populations were significant ($d = 0.21$, $P = 0.01$) but those for psychological health outcomes in psychiatric populations were not ($d = 0.07$, $P = 0.17$). Although the benefits are more modest than in studies with healthy participants, this meta-analysis suggests that expressive writing nevertheless has positive effects in clinical populations.

Who can benefit?

Medical conditions

In comparisons with controls, expressive writing produced significant benefits for individuals with a variety of medical problems ([Box 3](#)). Study participants with asthma or rheumatoid arthritis showed improvements in lung function and physician-rated disease severity respectively, following a laboratory-based writing pregame ([Reference Smyth, Stone and HurewitzSmyth et al, 1999](#)), although people with rheumatoid arthritis using a home-based videotaped program showed no benefit ([Reference Broderick, Stone and SmythBroderick et al, 2004](#)). Some studies found that patients with cancer reported benefits such as better physical health, reduced pain and reduced need to use healthcare services ([Reference Rosenberg, Rosenberg and ErnstoffRosenberg et al, 2002](#); [Reference Stanton, Danoff-Burg, Lepore and SmythStanton & Danoff-Burg, 2002](#)), although others failed to find any benefits ([Reference Walker, Nail and CroyleWalker et al, 1999](#); [Reference de Moor, Sterner and Halde Moor et al, 2002](#)). Patients with HIV infection showed improved immune response similar to that seen in mono-therapy with anti-HIV drugs ([Reference Petrie, Fontanilla and ThomasPetrie et al, 2004](#)) and individuals with cystic fibrosis showed a significant reduction in hospital-days over a 3-month period ([Reference Taylor, Wallander and AndersonTaylor et al, 2003](#)). Women with chronic pelvic pain reported reductions in pain intensity ratings ([Reference Norman, Lumley and DooleyNorman et al, 2004](#)) and poor sleepers reported shorter sleep-onset latency ([Reference Harvey and FarrellHarvey & Farrell, 2003](#)). Benefits have also been found for post-operative course after papilloma resection ([Reference Solano, Donati and PecciSolano et al, 2003](#)) and for primary care patients ([Reference Klapow, Schmidt and TaylorKlapow et al, 2001](#); [Reference Gidron, Duncan and LazarGidron et al, 2002](#)).

Continued

Box 3 Medical conditions that might benefit from expressive writing programs

- Lung functioning in asthma
- Disease severity in rheumatoid arthritis
- Pain and physical health in cancer
- Immune response in HIV infection
- Hospitalizations for cystic fibrosis
- Pain intensity in women with chronic pelvic pain
- Sleep-onset latency in poor sleepers
- Post-operative course

Psychological conditions

Other studies have investigated expressive writing in preselected groups of trauma survivors and individuals with specific psychological difficulties, with mixed results. Students with a trauma history have shown improvements in physical health ([Reference Greenberg, Wortman and StoneGreenberg et al, 1996](#); [Reference Sloan and MarxSloan & Marx, 2004a](#)), post-traumatic stress disorder (PTSD) symptomatology and other aspects of psychological health ([Reference Schoutrop, Lange, Brosschot, Vingerhoets, van Bussel and BoelhowerSchoutrop et al, 1997](#), [Reference Schoutrop, Lange and Hanewald2002](#); [Reference Sloan and MarxSloan & Marx, 2004a](#)), although not all studies find benefits ([Reference Deters and RangeDeters & Range, 2003](#)).

Limited benefits were obtained for male psychiatric prison inmates ([Reference Richards, Beal and SeagalRichards et al, 2000](#)), victims of natural disaster ([Reference Smyth, Hockemeyer and AndersonSmyth et al, 2002](#)) and individuals who had experienced a recent relationship breakup ([Reference Lepore and GreenbergLepore & Greenberg, 2002](#)).

Expressive writing was beneficial, but not significantly more so than control writing, for females writing about body image ([Reference Earnhardt, Martz and BallardEarnhardt et al, 2002](#)), children of alcoholics ([Reference Gallant and LafreniereGallant & Lafreniere, 2003](#)), caregivers of children with chronic illness ([Reference Schwartz and DrotarSchwartz & Drotar, 2004](#)), students screened for suicidality ([Reference Kovac and RangeKovac & Range, 2002](#)) and individuals who had experienced a bereavement ([Reference Range, Kovac and MarionRange et al, 2000](#); [Reference O'Connor, Nikoletti and KristjansonO'Connor et al, 2003](#)).

Compared with controls, expressive writing was detrimental for adult survivors of childhood abuse ([Reference Batten, Follette and Rasmussen HallBatten et al, 2002](#)) and for a small sample of eight Vietnam veterans with PTSD ([Reference Gidron, Peri and ConnollyGidron et al, 1996](#)).

Our review of the literature shows that psychological health benefits tend to be more often found when participants' traumas and/or symptoms are clinically more severe, although results are inconsistent. One explanation for this inconsistency may be that many of the studies with null findings instructed participants to write about the specific traumatic event they were selected for,

rather than using the standard instructions ([Box 1](#)), which allow them to write about events of their choosing. In studies where expressive writing was beneficial, many participants wrote about topics other than their particular physical illness or psychological problem, but still showed improvements in that area ([Reference Smyth, Pennebaker and SnyderSmyth & Pennebaker, 1999](#)).

Individual differences

In addition to studying specific health populations, researchers have explored various individual difference indices to identify those subgroups for whom expressive writing is most beneficial. Results have been inconsistent. Variables generally found to be unrelated to outcome include age, trauma severity, baseline physical and psychological health levels, negative affectivity and measures of inhibition and prior disclosure.

[Reference SmythSmyth's \(1998\)](#) meta-analysis found that the effects were greater for males than for females. Expressive writing is more beneficial for those high in alexithymia ([Reference Páez, Velasco and GonzalezPáez et al, 1999](#); [Reference BaikieBaikie, 2003](#); [Reference Solano, Donati and PecciSolano et al, 2003](#)) and high in splitting ([Reference BaikieBaikie, 2003](#)), characteristics often seen in patients with psychosomatic disorders and borderline personality disorder respectively, suggesting potential for the use of expressive writing in these populations.

Conclusion

Overall, studies examining expressive writing demonstrate some beneficial effects in physical and/or psychological health. Although the empirical findings are at times equivocal and further research is required to clarify populations for whom writing is clearly effective, there is sufficient evidence for clinicians to begin applying expressive writing in therapeutic settings with caution. Indeed, [Reference SpiegelSpiegel \(1999\)](#) noted that a drug intervention reporting medium effect sizes similar to those found for expressive writing ([Reference SmythSmyth, 1998](#)) would be regarded as a major medical advance.

How does it work?

Although the exact mechanism by which expressive writing confers health benefits is still unclear, there have been a number of potential explanations ([Box 4](#)) (see also [Reference Sloan and MarxSloan & Marx, 2004b](#)).

Box 4 Mechanisms by which expressive writing might work

- Emotional catharsis: Unlikely
- Confronting previously inhibited emotions: May reduce physiological stress resulting from inhibition, but unlikely to be the only explanation
- Cognitive processing: It is likely that the development of a coherent narrative helps to reorganize and structure traumatic memories, resulting in more adaptive internal schemas
- Repeated exposure: May involve extinction of negative emotional responses to traumatic memories, but some equivocal findings.

Continued

Emotional catharsis

There is little support for the initial hypothesis that expressive writing operates through a process of emotional catharsis or venting of negative feelings. Writing only about the emotions associated with a trauma is not as beneficial as writing about both the event and the emotions ([Reference Pennebaker and BeallPennebaker & Beall, 1986](#)). Furthermore, expressive writing results in immediate increase in negative affect rather than immediate relief of emotional tension, and the obtained health benefits are unrelated to the amount of negative emotion or distress either expressed or reported just after writing ([Reference SmythSmyth, 1998](#)).

Emotional inhibition and confrontation

[Reference PennebakerPennebaker's \(1985\)](#) theory proposed that actively inhibiting thoughts and feelings about traumatic events requires effort, serves as a cumulative stressor on the body and is associated with increased physiological activity, obsessive thinking or ruminating about the event, and longer-term disease. Confronting a trauma through talking or writing about it and acknowledging the associated emotions is thought to reduce the physiological work of inhibition, gradually lowering the overall stress on the body. Such confrontation involves translating the event into words, enabling cognitive integration and understanding of it, which further contribute to the reduction in physiological activity associated with inhibition and ruminations ([Reference PennebakerPennebaker, 1985](#)).

This theory has intuitive appeal but mixed empirical support. Studies have shown that expressive writing results in significant improvements in various biochemical markers of physical and immune functioning ([Reference Pennebaker, Kiecolt-Glaser and GlaserPennebaker et al, 1988](#); [Reference Esterling, Antoni and FletcherEsterling et al, 1994](#); [Reference Petrie, Booth and PennebakerPetrie et al, 1995](#); [Reference Booth, Petrie and PennebakerBooth et al, 1997](#)). This suggests that written disclosure may reduce the physiological stress on the body caused by inhibition, although it does not necessarily mean that disinhibition is the causal mechanism underlying these biological effects. On the other hand, participants writing about previously undisclosed traumas showed no differences in health outcomes from those writing about previously disclosed traumas ([Reference Greenberg and StoneGreenberg & Stone, 1992](#)) and participants writing about imaginary traumas that they had not actually experienced, and therefore could not have inhibited, also demonstrated significant improvements in physical health ([Reference Greenberg, Wortman and StoneGreenberg et al, 1996](#)). Therefore, although inhibition may play a part, the observed benefits of writing are not entirely due to reductions in inhibition.

Development of a coherent narrative

A computerized text analysis system, Linguistic Inquiry and Word Count (LIWC; [Reference Pennebaker, Francis and BoothPennebaker et al, 2001](#)), was specifically designed to determine whether certain linguistic markers might be associated with improvements in health. The LIWC program analyses the writing tasks by calculating the percentage of words in the text matching each of 82 predefined language categories. The most consistent finding has been that, over the course of writing, participants whose health improved used more positive-emotion words, a moderate number of negative-emotion words and an increased number of 'cognitive mechanism' words (the latter include insight words such as *understand*, *realize* and causal words such as *because*, *reason*) ([Reference PennebakerPennebaker, 1997b](#)).

The subsequent suggestion that the beneficial effect of expressive writing is the development of a coherent narrative over time, reflecting increasing cognitive processing of the experience, is consistent with the literature on traumatic memory and trauma treatment (e.g. [Reference Van der Kolk, McFarlane and Weisaethvan der Kolk et al, 1996](#)). In addition, recent linguistic studies have shown that session-to-session variations in pronoun use are related to health improvements, which may reflect a transformation in the way people think about themselves in relation to others and the world ([Reference PennebakerPennebaker, 2002](#)).

Cognitive processing

More direct investigations of cognitive processing as a potential mechanism suggest that writing may help the writer to organize and structure the traumatic memory, resulting in more adaptive, integrated schemas about self, others and the world ([Reference Harber, Pennebaker and ChristiansonHarber & Pennebaker, 1992](#)).

Although the cognitive processing hypothesis has been difficult to evaluate empirically owing to the difficulty of measuring cognitive changes, there is evidence that narrative formation and coherence are necessary for expressive writing to be beneficial ([Reference Smyth, True and SoutoSmyth et al, 2001](#)) and that expressive writing increases working memory capacity, which may reflect improved cognitive processing ([Reference Klein and BoalsKlein & Boals, 2001](#)).

Exposure

The effectiveness of prolonged exposure as a treatment for post-traumatic stress ([Reference Foa and RothbaumFoa & Rothbaum, 1998](#)) led to the suggestion that the writing paradigm may produce extinction of negative emotional responses through repeated writing about traumatic memories ([Reference Lepore, Greenberg, Bruno, Lepore and SmythLepore et al, 2002](#)). This hypothesis has met with mixed support. There is some evidence that exposure may underlie the emotional health benefits of expressive writing ([Reference Sloan and MarxSloan & Marx, 2004a](#); [Reference Sloan, Marx and EpsteinSloan et al, 2005](#)). However, many participants benefit from writing regardless of whether they write about the same traumatic experience or different experiences at each writing session. Furthermore, writing sessions are usually considerably shorter than the 45–90 minutes deemed necessary to facilitate emotional habituation. Some of the benefits of expressive writing may be a result of repeated exposure to negative emotional experiences.

Conclusion

As can be seen, each of the proposed theories has supporting and contradictory evidence ([Reference Sloan and MarxSloan & Marx, 2004b](#)). The mechanism of action appears to be complex, with the demonstrated benefits potentially resulting from some combination of immediate cognitive and/or emotional changes, longer-term cognitive and/or emotional changes, social processes and biological effects, rather than being accounted for by any single factor ([Reference PennebakerPennebaker, 2004](#)).

Continued

How to use expressive writing as a therapeutic tool

Expressive writing has primarily been investigated in carefully controlled research settings, with results generalizing well across laboratories. However, given its simplicity, expressive writing appears to have great potential as a therapeutic tool in diverse clinical settings or as a means of self-help, either alone or as an adjunct to traditional therapies (see also [Reference Smyth and HelmSmyth & Helm, 2003](#); [Reference PennebakerPennebaker, 2004](#)). For example, promising results have been found using e-mail-based writing assignments ([Reference Sheese, Brown and GrazianoSheese et al, 2004](#)), an internet-based writing intervention for post-traumatic stress ([Reference Lange, van de Ven and SchriekenLange et al, 2000](#)) and writing tasks for couples recovering from an extramarital affair ([Reference Snyder, Gordon and BaucomSnyder et al, 2004](#)).

In extending the paradigm to clinical settings, following as much of the traditional protocol as possible will make it more likely that health benefits will be achieved (see also [Reference Batten, VandeCreek and JacksonBatten, 2002](#)). Although there is no direct evidence, it has been suggested that the more structured approach of the expressive writing paradigm is more beneficial than simple diary-keeping ([Reference Smyth, Pennebaker and SnyderSmyth & Pennebaker, 1999](#)). In addition, it seems that incorporating both the cognitive and the emotional components of the experience (i.e. thoughts and feelings) is helpful ([Reference Pennebaker and BeallPennebaker & Beall, 1986](#); [Reference Smyth, Pennebaker and SnyderSmyth & Pennebaker, 1999](#)). Suggestions for using expressive writing in clinical or self-help settings are given in [Box 5](#).

Box 5 Suggestions for the clinical use of expressive writing

- Expressive writing tasks can be set as homework, or can be carried out before, during or after a session
- Writing should be carried out in a private, personalized place, free from distractions
- Write on three or four occasions, usually on consecutive days or weeks
- Set aside 30 minutes, with 20 minutes for writing and 10 minutes for patients to compose themselves afterwards
- Use the writing instructions shown in [Box 1](#)
- Let the patient select a traumatic/stressful experience: do not specify a particular trauma or event
- Allow the patient to structure the writing rather than imposing structure
- If possible, give the patient the option to write by hand or on a computer
- Explain to the patients that their writing is private, for themselves not for you and that confidentiality and anonymity are assured; explain that you will not read their writing unless they want you to
- Do not give feedback
- Writing should be kept by the patient or separate from the clinical file

As the application of expressive writing outside of research settings is relatively recent, it is recommended that clinicians collect some data to assess its effectiveness in their particular setting, including appropriate pre- and post-writing measures of physical health, psychological health or general functioning (see [Box 6](#)).

Box 6 Notes on expressive writing

As a clinical psychiatrist working in a public teaching hospital, I (K.W.) have found expressive writing to be a useful addition to my repertoire of short-term psychological interventions for people who harm themselves, in the medical wards and for out-patients with stress-related symptoms, anxiety and depression. I use it together with daily mood charts, problem-solving, goal-setting, relaxation, mindfulness, exercise prescription and other interventions that form part of the Black Dog Institute's general practitioner education program (for related screening measures and information sheets follow the prompt for Clinician aids on the Institute's website at <http://www.blackdoginstitute.org.au>).

I keep a series of empty journals of different colors (to offer a choice) and ask patients to write on four occasions, following the instructions in [Box 1](#). They are told to write for themselves and it is up to them whether they want to share the writing with anyone else. Later, I give some feedback on the changes in writing (after linguistic analysis), if requested.

Writing has helped people to resolve longstanding issues about relationships at home and work, and to put into words feelings that have been too sensitive to describe face to face. Some patients have shown their writing to significant others and found this helpful.

Research suggests that writing may be more beneficial for men and, in my experience, men have certainly found it an acceptable intervention.

The writing is intended for patients to use as a short-term intervention to start a process of dialogue with themselves or to 'unblock' a difficult issue. It is not intended to replace face-to-face interaction and is best done with a follow-up appointment for debriefing.

As the whole point is to bring up issues that are emotionally charged, it is important to work out the best timing for the writing and to have a contingency plan if the patient becomes distressed.

For some people the experience has been extremely helpful and has quickly resolved issues that have been mulled over – sometimes for years – with no resolution.

I encourage people to continue to use their journals in whatever way they think best, and most do so.

Continued

Cautions and limitations

Expressive writing is generally associated with an immediate increase in negative affect, but this short-term distress does not appear to be detrimental or to pose a longer-term risk to participants ([Reference Hockemeyer, Smyth and AndersonHockemeyer et al, 1999](#)). Given the large number of studies conducted to date, with only a few finding any worsening of symptoms for those writing about traumatic experiences, the expressive writing paradigm appears to be reasonably safe for participants, even if no specific benefits are obtained. However, it is recommended that patients be told that they can stop writing at any time, should they wish, and appropriate contact numbers should be made available in case of distress. Patients should be encouraged to write for a maximum of 20 min at each session, so that the task does not seem too overwhelming, although they may choose to continue writing once the time is up if they wish and if this is feasible.

Regardless of the demonstrated benefits of expressive writing, it should not replace appropriate medical or psychological treatment in clinical populations; it should be used as an adjunct to standard treatment while further research is being conducted.

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