

A REPLICATION AND EXTENSION OF THE WRITTEN EXPRESSIVE
DISCLOSURE PARADIGM: A LONGITUDINAL STUDY

A THESIS SUBMITTED TO
THE GRADUATE SCHOOL OF SOCIAL SCIENCES
OF
MIDDLE EAST TECHNICAL UNIVERSITY

BY

DUYGU CANTEKİN

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR
THE DEGREE OF MASTER OF SCIENCE
IN DEPARTMENT OF PSYCHOLOGY

AUGUST 2008

Approval of the Graduate School of Social Sciences

Prof. Dr. Sencer Ayata

Director

I certify that this thesis satisfies all the requirements as a thesis for the degree of Master of Science

Prof. Dr. Nebi Sümer

Head of Department

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Science.

Prof. Dr. Tülin Gençöz

Supervisor

Examining Committee Members

Doç. Dr. Çiğdem Soykan (M+ PSYCH) _____

Prof. Dr. Tülin Gençöz (METU, PSY) _____

Dr. Özlem Bozo (METU, PSY) _____

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

Name, Last name : Duygu Cantekin

Signature :

ABSTRACT

A REPLICATION AND EXTENSION OF THE WRITTEN EXPRESSIVE DISCLOSURE PARADIGM: A LONGITUDINAL STUDY

Cantekin, Duygu

M.S. in Clinical Psychology

Supervisor: Prof. Dr. Tülin Gençöz

August 2008, 158 pages

The aim of the current study was to test the effectiveness of the written disclosure paradigm on psychological health, cognitive processing, dispositional and social factors and to improve the paradigm on the basis of the underlying mechanisms responsible for its benefits. Participants consisting of 73 Middle East Technical University students were randomly assigned to one of three groups to write during 30-min sessions on 3 consecutive days: (1) Guided Disclosure Group (GDG); (2) Standard Disclosure Group (SDG); (3) Control Group (CG). GDG wrote about their most upsetting life events according to exposure, cognitive reappraisal, and benefit-finding instructions, respectively. SDG wrote about their deepest thoughts and feelings related to their most upsetting life events. CG described familiar environments without including any emotion or opinion. All participants completed measures of psychological health (i.e., general psychological distress symptoms), cognitive processing (i.e., intrusive thoughts, avoidance, and appraisal of the event), dispositional (i.e., trait anxiety, alexithymia, coping styles) and

social factors (i.e., perceived social support, and severity of negative life events) prior to the first writing session, following the third writing session, and a 1-month follow-up. It was expected that GDG would report more improvements in outcome measures, relative to SDG. In turn, SDG was expected to display greater improvements, relative to CG. All groups reported similar improvements in psychological distress symptoms, cognitive processing and alexithymia. The findings were discussed in terms of relevant literature.

Keywords: Written Disclosure, Cognitive Processing, Emotional Processing, Benefit-Finding.

ÖZ

YAZILI DIŞAVURUM PARADİGMASININ YİNELENMESİ VE GENİŞLETİLMESİ: BOYLAMASINA ARAŞTIRMA

Cantekin, Duygu

Yüksek Lisans, Psikoloji Bölümü

Tez Yöneticisi: Prof. Dr. Tülin Gençöz

Ağustos 2008, 158 sayfa

Bu çalışmanın amacı, yazılı dışavurum paradigmasının psikolojik belirtiler, bilişsel işlem, bireysel yatkınlık ve sosyal faktörler üzerindeki etkililiğini test etmek ve yararlarını oluşturan alt mekanizmalara dayanarak bu dışavurum yöntemini geliştirmektir. 73 Orta Doğu Teknik Üniversitesi öğrencisinden oluşan katılımcılar, birbirini takip eden 3 günde 30 dakika boyunca yazmak üzere üç gruptan birine rasgele atanmıştır: (1) Yönlendirilmiş Dışavurum Grubu (YDG); (2) Standart Dışavurum Grubu (SDG); (3) Kontrol Grubu (KG). YDG en üzücü yaşantılarını, maruz bırakma, bilişsel yeniden değerlendirme ve yarar bulma yönergelerine göre yazdı. SDG en üzücü yaşantılarıyla ilgili en derin duygu ve düşüncelerini yazdı. KG ise sıklıkla buldukları çevreleri, duygu veya düşüncelerine yer vermeden yazdı. Tüm katılımcılar psikolojik sağlık (genel psikolojik ve psikosomatik belirtiler), bilişsel işlem (olayla ilgili rahatsızlık verici düşünce, kaçınma ve olayın değerlendirmesi), bireysel yatkınlık (sürekli kaygı,

aleksitimi, başa çıkma stilleri) ve sosyal faktörlerle (algılanan sosyal destek ve olumsuz yaşam olayları) ilgili anketleri ilk seanstan önce, üçüncü seanstan hemen ve 1 ay sonra doldurdular. Değişkenlerde YDG'nin SDG'ye göre, SDG'nin da KG'ye göre daha fazla gelişme göstermesi beklendi. Tüm gruplar genel psikolojik belirtiler, bilişsel işlem ve aleksitimi üzerinde benzer gelişim gösterdi. Bulgular, ilgili literatür dahilinde tartışılmıştır.

Anahtar Kelimeler: Yazılı Dışavurum, Bilişsel İşlem, Duygusal İşlem.

To my family

ACKNOWLEDGEMENTS

Firstly, I would like to express my sincere appreciation to my supervisor, Prof. Dr. Tülin Gençöz for her guidance, suggestions and contributions throughout the process. I would also like to express my thankfulness to my committee members, Doç. Dr. Çiğdem Soykan and Dr. Özlem Bozo for their valuable suggestions and comments that encouraged me for my future work.

I want to thank to TÜBİTAK for their financial support throughout my graduate education that helped me to complete an important stage in my academic life.

I want to thank to all students who participated in my study for their interest, willingness and commitment. At most, their interest in the writing process and their feedbacks following the study made me realize the importance of the writing.

I would like to give my special thanks to Ruth Yasemin Erol for both her academic and emotional support that motivated me to complete the thesis during this difficult process.

I would like to express my deepest gratitude to İsmail Çebi for his enduring companionship. I am really grateful to him for his continuous encouragement and support in hard times, and his valuable contributions during the process. His ideas always fostered me to broaden my vision.

Finally, I want to express my appreciation to my family for standing by me every time, especially to my mother Ayşe Cantekin for her endless care, love, and patience. Her great confidence, understanding, cheerfulness, optimism and open-mindedness helped me to attain my goals and shape my own life.

TABLE OF CONTENTS

PLAGIARISM.....	iii
ABSTRACT.....	iv
ÖZ.....	vi
DEDICATION.....	viii
ACKNOWLEDGMENTS.....	ix
TABLE OF CONTENTS.....	x
LIST OF TABLES.....	xv
LIST OF FIGURES.....	xvii
CHAPTER	
1. INTRODUCTION.....	1
1.1 Traumatic Experiences and Disclosure.....	2
1.2 Written Expressive Disclosure Paradigm.....	3
1.2.1 Empirical Support.....	4
1.3 Theoretical Models of Written Expressive Disclosure Paradigm...6	
1.3.1 Emotional Inhibition.....	6
1.3.2 Emotional Processing / Exposure Theory.....	7
1.3.3 Cognitive Processing Theory.....	9
1.3.4 Experiential Model of Disclosure.....	12
1.3.5 Perceiving Positive Changes Following Traumatic Experiences.....	14
1.4 Instructional aspect of written emotional disclosure.....	17
1.5 Individual Differences in Written Emotional Disclosure.....	19

1.5.1 Alexithymia.....	20
1.5.2 Trait Anxiety.....	22
1.5.3 Social Support.....	23
1.6 Focus of the Thesis: Basic Aims.....	23
2. METHOD.....	27
2.1 Participants.....	27
2.2 Instruments.....	28
2.2.1 Background Information.....	28
2.2.2 State-Trait Anxiety Inventory (STAI).....	28
2.2.3 Positive and Negative Affect Schedule (PANAS)...	29
2.2.4 Multidimensional Scale of Perceived Social Support (MSPSS).....	30
2.2.5 Toronto Alexithymia Scale (TAS-20).....	30
2.2.6 Life Events Inventory for University Students (LEIU).....	31
2.2.7 Brief Symptom Inventory (BSI).....	31
2.2.8 Turkish Ways of Coping Inventory (TWCI).....	32
2.2.9 Impact of Event Scale-Revised (IES-R).....	33
2.2.10 Post-experimental Questionnaire.....	33
2.2.11 Appraisal of the Event Items.....	34
2.2.12 Manipulation Check.....	34
2.3 Procedure.....	34
3. RESULTS.....	40
3.1 Descriptive Information of the Main Measurements.....	41

3.2 Categories of Upsetting Events.....	45
3.3 Preliminary Analyses on Baseline Assessment of the Dependent Variables.....	46
3.3.1 Group Differences on Baseline Assessments of the Dependent Variables	46
3.3.2 Gender Differences on Baseline Assessment of the Dependent Variables.....	52
3.4 Analyses on Immediate Effects of Writing (Order Effect).....	58
3.4.1. Immediate Effects of Groups, Sessions, and Order on State Anxiety.....	58
3.4.2. Immediate Effects of Groups, Sessions, and Order on Positive Affect.....	60
3.4.3. Immediate Effects of Groups, Sessions, and Order on Negative Affect.....	61
3.5 Analyses on Long-Term Effects of Writing (Time Effect).....	64
3.5.1 3 (Group) x 3 (Time) ANOVAs on Dependent Variables.....	64
3.5.2 A 3 (Group) x 3 (Time) ANCOVA on the Dependent Variable Concerning Difficulty of Disclosure Related to the Event.....	67
3.5.3 3 (Group) x 3 (Time) MANCOVAs on the Subscales of Dependent Variables.....	68
3.5.4 3 (Group) x 3 (Time) MANOVA on the Subscales of Impact of Event Scale-Revised.....	68
3.6 Manipulation Check and Essay Ratings.....	69
3.7 Perceived Effectiveness of Writing Sessions.....	71
4. DISCUSSION.....	77
4.1 Findings Related to Immediate Effects of Writing.....	77
4.2 Findings Related to Post-Assessment and	

Long-Term Effects of Writing.....	80
4.3 Discussion for Overall Findings Related to Immediate and Long-term Effects of Writing.....	82
4.4 Findings Related to Perceived Effectiveness of the Writing Sessions.....	91
4.5 Implications of the Current Study.....	93
4.6 Limitations of the Current Study.....	96
4.7 Conclusions and Future Directions.....	97
REFERENCES.....	100
APPENDICES	110
APPENDIX A.....	110
APPENDIX B.....	111
APPENDIX C.....	112
APPENDIX D.....	113
APPENDIX E.....	114
APPENDIX F.....	115
APPENDIX G.....	116
APPENDIX H.....	118
APPENDIX I.....	120
APPENDIX J.....	124
APPENDIX K.....	126
APPENDIX L.....	128
APPENDIX M.....	130
APPENDIX N.....	131
APPENDIX O.....	132

APPENDIX P.....	133
APPENDIX R.....	135
APPENDIX S.....	136
APPENDIX T.....	139
APPENDIX U.....	144
APPENDIX V.....	149
APPENDIX Y.....	154

LIST OF TABLES

TABLES

Table 1 Departments of the Participants.....	27
Table 2 Procedure of the Data Collection Phase.....	39
Table 3 Descriptive Information of the Main Measurements for Three Groups in Three Periods.....	42
Table 4 Classification of the Topics of the Upsetting Events Identified by All Groups.....	45
Table 5 Results of ANOVAs for Group Differences on Baseline Measures.....	47
Table 6 Results of MANOVAs for Group Differences on Baseline Measures....	49
Table 7 Pearson’s Chi Square Analysis for the Upsetting Event Characteristics..	51
Table 8 Gender Differences in terms of Baseline Measures of the Dependent Variables.....	53
Table 9 The Results of the MANOVAs for Gender Differences on Baseline Measures.....	56
Table 10 Pearson’s Chi Square Analysis for the Upsetting Event Characteristics.....	57
Table 11 Effects of Groups, Sessions, and Order on the State Anxiety Measure..	58
Table 12 Means for Session Main Effect for State Anxiety.....	58
Table 13 3 (Group) x 2 (Order) Interaction Effect for State Anxiety.....	59
Table 14 Effects of Groups, Sessions, and Order on the Positive Affect Schedule.....	60
Table 15 Means for Session Main Effect for Positive Affect.....	60
Table 16 Effects of Groups, Sessions, and Order on the Negative Affect Schedule.....	61
Table 17 3 (Group) x 3 (Session) x 2 (Order) Interaction Affect for Negative Affect Schedule, PANAS (N).....	62

Table 18 Effects of Groups and Time on Dependent Variables.....	65
Table 19 Means for Time Main Effect on Dependent Variables.....	67
Table 20 Mean Responses to Manipulation Check Items in the Post-Experimental Questionnaire.....	70
Table 21 Mean Responses to Perceived Effectiveness Items 3, 4, 8 in the Post-Experimental Questionnaire.....	72
Table 22 Mean Responses to Perceived Effectiveness Item 1 in the Post-Experimental Questionnaire.....	74
Table 23 Mean Responses to Perceived Effectiveness Item 2 in the Post-Experimental Questionnaire.....	74
Table 24 Mean Responses to Perceived Effectiveness Item 9 in the Post-Experimental Questionnaire.....	74
Table 25 Mean Responses to Perceived Effectiveness Item 10 in the Post-Experimental Questionnaire.....	76
Table 26 Mean Responses to Perceived Effectiveness Item 11 in the Post-Experimental Questionnaire.....	76
Table 27 Mean Responses to Perceived Effectiveness Item 12 in the Post-Experimental Questionnaire.....	76

LIST OF FIGURES

FIGURES

Figure 1 State Anxiety Ratings Before and After Writing.....	59
Figure 2 Negative Affect Ratings in the Pre- and Post-writings of the Three Sessions for the Three Groups.....	63

CHAPTER I

INTRODUCTION

Throughout history, people have coped with stressful and traumatic life experiences by talking with others. When a person experiences an important life event, the tendency to disclose information about that event has long been considered both normal and healthy (Frattaroli, 2006). The ability to freely express stress-related thoughts and feelings appears to reduce the negative mental and physical health effects of stressful life events (Smyth, 1998). The “talking cure”, originally introduced in the psychoanalytic concept of catharsis, was the idea that expressing intense emotions can relieve or eliminate symptoms associated with past traumatic experiences (Lepore & Smyth, 2002). This basic concept then has been revised and refined over the years by other psychotherapies. Recent research suggest that the benefits of expressing emotions are not limited to the vocal expression of emotions since similar physical and psychological health gains have been achieved through the written expression of significant life experiences. Experimental studies using a paradigm developed by Pennebaker and Beall (1986) have demonstrated that emotional disclosure through writing produces physical and psychological health benefits across different populations and stressful life events (see for a review, Smyth, 1998; Frattaroli, 2006). Findings, however, are not uniform, and extensions of the original paradigm have raised new questions regarding the effectiveness of written emotional disclosure paradigm in terms of underlying mechanisms. As writing is developed as an intervention strategy, it is critical to increase the opportunities for and methods of application. Thus, the purpose of the current study is to test the effectiveness of the expressive writing paradigm on psychological health, cognitive processing, dispositional and social constraints and to improve the paradigm on the basis of the underlying mechanisms responsible for its benefits.

1.1 Traumatic Experiences and Disclosure

Individuals exposed to traumatic events may have multiple undesirable physical and psychological reactions as a result. In some cases, they may develop Posttraumatic Stress Disorder (PTSD) following exposure to a traumatic event. According to the DSM-IV-TR, an individual must have either witnessed or experienced a traumatic event which included “actual or threatened death or serious injury, or a threat to the physical integrity of self or others” and the individual’s reaction to this event must have included a reaction of fear, helplessness, or horror (APA, 2000). The seventeen possible symptoms of PTSD are found within three major symptom clusters: reexperiencing, avoidance and numbing, and persistent increased arousal. Also, the more extreme trauma and the longer time over which it lasts are predictors of PTSD incidence (Pennebaker & Chung, 2007).

Following exposure to a traumatic event, many individuals experience psychological disturbances, but not all develop PTSD. There is another group who does not evidence PTSD symptoms but are still upset by the experience several weeks and months after (Pennebaker & Chung, 2007). There may be delays of months and years between the stressful event and the emergence of overt disturbances in functioning (Greenberg, Wortman, & Stone, 1996). The existence of persistent and delayed posttraumatic reactions suggests the need for theories that can uncover processes underlying the psychosocial effects of trauma and for preventive psychological interventions that can relay trauma-relevant coping skills.

A central tenet of most psychotherapies –irrespective of their theoretical orientation- is that talking about traumatic/stressful experiences is beneficial (Pennebaker, 1995). It was stated that having any type of traumatic experience is associated with elevated mental and physical health problems; having any trauma and not talking about it further elevates the risk (Pennebaker & Chung, 2007). Disclosure process itself, then, may be as important as any feedback the client receives from the therapist. Therefore, by the mid-1980s, Pennebaker and colleagues started to investigate the effects of disclosing

traumatic events on both physical and psychological health through experimental written disclosure paradigm.

1. 2 Written Expressive Disclosure Paradigm

The experimental writing paradigm developed by Pennebaker and Beall (1986) was designed to evaluate the positive correlation between non-disclosure of traumatic life events and physical illness, independent of social support, which had been identified in survey studies (e.g., Pennebaker & O’Heeron, 1984; as cited in Austenfeld, 2007). In the first study, Pennebaker and Beall (1986) randomly assigned college undergraduates to one of four writing groups: a trauma-fact group, in-which participants wrote only about the facts surrounding their trauma; a trauma-emotion group, in which participants wrote only about the emotions surrounding their trauma; a trauma-combo group, in which participants wrote about both the facts and emotions surrounding their trauma; and a control group, in which participants wrote about a trivial topic (e.g., a description of their living-room). All participants wrote anonymously for 15 minutes on four consecutive days and did not receive feedback from the experimenters regarding their essays. Increased blood pressure and negative mood immediately after writing were found in participants who wrote about both the facts and the emotions associated with the trauma, but this group also had a significant decrease in health care visits for illness at 6-month follow-up. Similar results, although to a lesser degree, were obtained for the trauma-emotion group, whereas the trauma-fact group resembled the control group. This study inspired a plethora of similar investigations seeking to replicate and extend these findings (see for a review Sloan & Marx, 2004b; Frattaroli, 2006). In these subsequent investigations, participants assigned to the written disclosure condition typically have been asked to write continuously about their deepest thoughts and emotions associated with their most stressful or traumatic event of their lives for 20 or 30 minutes on each of several consecutive days, typically for a 3-day period, whereas participants assigned to control condition write about trivial topics without mentioning emotion or opinion (e.g., a description of their living room).

1.2.1 Empirical Support

Over the past two decades, accumulating evidence has indicated the efficacy of the written disclosure intervention in improving physical and psychological health, and psychosocial adjustment. For instance, written disclosure interventions have reduced physician visits for illness, (Pennebaker and Beall, 1986; Greenberg, Wortman & Stone, 1996) reduced self-reports of illness symptoms (Pennebaker and Beall, 1986; Pennebaker, Kiecolt-Glaser & Glaser, 1988), reduced levels of negative mood and post-traumatic stress symptoms (Lepore, 1997; Sloan and Marx, 2007), enhanced immune functioning (Pennebaker et. al., 1988; Booth and Petrie, 2002), and enhanced role and physical functioning (Spera, Buhrfeind & Pennebaker, 1994; Cameron & Nicholls, 1998; Smyth, Stone, Hurewitz, Kaell, 1999). Moreover, the paradigm has been studied with a variety of samples including healthy college students (Pennebaker et al., 1988), prison inmates (Richards, Beall, Seagal & Pennebaker, 2000), individuals diagnosed with either asthma or rheumatoid arthritis (Smyth et al., 1999), individuals diagnosed with cancer (Low, Stanton & Danoff-Burg, 2006), bereaved adults (Stroebe, Stroebe, Schut, Zech & van den Bout, 2002), individuals taking an upcoming graduate entrance exam (Lepore, 1997), and individuals with a history of traumatic experiences (Gidron, Peri, Connolly, 1996, Schoutrop, Lange, Hanewald, Durland & Bermond, 1997; Sloan and Marx, 2004a). A meta-analysis (Smyth, 1998) including the first decade of randomized studies utilizing this experimental paradigm identified significant improvements in physical health, psychological well-being, physiologic parameters, and general functioning associated with emotionally expressive writing compared to non-emotional control writing. The mean weighted effect size for all outcomes was $d = .47$, representing a 23 % improvement in the experimental groups. A recent meta-analysis including one hundred forty six randomized studies (Frattaroli, 2006) showed that experimental disclosure was effective, with a positive and significant average r -effect size of 0.75.

Whereas many participants show improvements following written disclosure, some exhibit no change (Batten, Follette, Hall & Palm, 2002; Stroebe et al., 2002), and others appear to get worse (Gidron et al., 1996; Bucci, 1995).

One limitation of the standard written disclosure paradigm is the non-directive instructions of the task with no advice on how to write best. Thus, writing styles are confounded by self-selection, leaving an unlimited number of writing methods that may or may not be beneficial. For instance, this is illustrated by a process research examining six studies (Pennebaker, Mayne & Francis, 1997) which suggests that individuals who write with ruminative, static patterns of thinking do not attain benefits. Process research in psychotherapy has shown that the mere presence of disclosure in therapy is not necessarily related to positive outcomes, even though it is an essential ingredient in psychotherapeutic change (Stiles, 1987; as cited in Lutgendorf & Ullrich, 2002). Similarly, another research conducted by Lutgendorf and Antoni (1999) stated that submitting a traumatic event to a linguistic processing per se in a disclosure paradigm was not sufficient to produce affective change. Rather, greater level of experiential involvement in the disclosure process was a critical factor in the reduction of distress and greater resolution of distressing thoughts. It may be possible to be very expressive about the same distressing material over and over again without changing the cognitive schema or affective distress related to the event. Paez, Velasco and Gonzalez (1999) stated that when compared with brief writing about a traumatic event, intensive writing produced lower longer term negative mood and emotional activation induced by remembering the event. It was argued that raw frequency of talk was not important for the assimilation of an emotional event but the in-depth revelation and understanding of feelings were required (Rime, Mesquita, Philippot, & Boca, 1992; as cited in Paez et al., 1999). Cameron and Nicholls (1998) found that participants in the disclosure task reported higher GPA scores at follow-up, but only those in the self-regulation task including writing about coping strategies along with disclosure, experienced less negative affect and better adjustment to college over the control participants. The differences in writing task effects appeared to be attributable to the additional focus on coping and appraisal efforts regarding specific problems and challenges evoked by the self-regulation task. This additional guidance to engage in effective coping and self-regulation was especially beneficial for pessimistic individuals.

These findings suggested that people may need and benefit from guidance in the content and manner of written disclosure. If the instructions of standard written disclosure paradigm are made refined and better focused by building into the instructions for the intervention some of the ingredients presumed to be mechanisms for its benefits, such as narrative coherence, causal thinking, and positive emotion (Stanton & Danoff-Burg, 2002), expressive disclosure would yield even more robust results. Therefore, theoretical models and related studies regarding the effects of written disclosure on psychological and physical health will be discussed in terms of the instructional aspect of the study.

1.3 Theoretical Models of Written Expressive Disclosure Paradigm

1.3.1 Emotional Inhibition

Early theoretical model of inhibition (Pennebaker & Beall, 1986; Pennebaker et al., 1988) suggested that inhibiting thoughts and feelings in response to a traumatic or extremely personal or emotional event demands physiological work, characterized by increased autonomic activity. The physiological work expended on inhibition places stress on the body and can suppress the immune system, which, in turn, results in increase in physical illnesses. Thus, disclosing thoughts and feelings by means of expressive writing produced physiological release, thus reducing health risks and physiological strain associated with prolonged inhibition of the desire to disclose. Studies examining the written disclosure paradigm have shown that writing leads to improvement in immune functioning, namely the growth of t-helper cells, antibody response to Epstein-Barr virus, and hepatitis B vaccinations (Esterling, L'Abate, Murray & Pennebaker, 1999; Pennebaker et al., 1988; Petrie, Booth, & Davison, 1995; Booth & Petrie, 2002). However, there is no evidence for that decreases in inhibition mediates the relationship between writing about stressful or traumatic events and improved health (Sloan & Marx, 2004b). It was stated that writing about stressful or traumatic events that have been previously disclosed to others produced similar beneficial health outcomes with writing about stressful or traumatic events that have not been previously disclosed (Greenberg & Stone,

1992; as cited in Sloan & Marx, 2004b). This indicated an important distinction between superficial disclosure or describing traumatic experiences and disclosing deep emotions and thoughts related to these experiences. Also, Greenberg, Wortman and Stone (1996) found that writing about deep emotions related to imaginary traumas produced the same effects as writing about deep emotions related to experienced traumas. Overall, emotional inhibition theory has not received much support as an underlying mechanism of the written disclosure paradigm so in recent years other theories received more attention.

1.3.2 Emotional Processing / Exposure Theory

According to emotional processing theory, Mowrer's two-factor theory of avoidance behavior can explain the operative mechanism of disclosure (Sloan & Marx, 2004b; Kloss & Lisman, 2002). This theory was developed primarily to understand the process of fear or stress reduction. From the perspective of two-factor theory, inhibition can be regarded as avoidance behavior, and disclosure as an exposure procedure. Expression of thoughts and feelings regarding an upsetting event repeatedly on consecutive days is akin to exposure therapy (Foa & Kozak, 1986). Repeated exposure to a feared stimulus ultimately reduces pathological fear by activating faulty cognitive representations of the stimulus, possible responses, and their meanings (indicated by high initial levels of emotional arousal) and then providing corrective information about the stimuli, responses, and their meanings (indicated by reduced arousal to stimuli across sessions). Therefore, for the success of exposure, individuals should initially experience intense negative affect when confronted with a highly aversive stimulus followed by gradual decreases in affect within and across stimulus presentations. This allows individuals to confront, re-evaluate, and accept their fears in a non-threatening environment (Kloss and Lisman, 2002). Instead of becoming frightened by their intense emotional response and avoiding their emotions, individuals can confront their emotional response by disclosing their thoughts and emotions in writing. This procedure may help them feel more in control of these overwhelming reactions by engaging the process of exposure, leading to habituation and eventual extinction. Thus, by doing emotional

correction, individuals may experience both a decrease in inhibition or the avoidance behavior and diminished stress. Concerning this conceptualization, it is speculated that repetitive confrontation of painful stimuli through written disclosure may lead to initial high emotional arousal, followed by a subsequent reduction in arousal across the writing sessions, resulting in beneficial outcome.

In order to support the emotional processing / exposure model, researchers suggested that initial activation and subsequent habituation of negative affect and arousal were factors that had been shown to be related to the observed beneficial physical and psychological effects of written disclosure (Sloan & Marx, 2004a; Sloan, Marx, Epstein, 2005; Sloan, Marx, Epstein, Lexington, 2007; Lumley & Provenzano, 2003; Low, Stanton & Danoff-Burg, 2006). Kloss and Lisman (2002) randomly assigned college undergraduates to one of the three experimental conditions including traumatic/stressful experience written disclosure group, positive experience written disclosure group, and control group. They completed psychological and physical health measures both prior to and 9 weeks following the writing sessions. They also completed a measure of state anxiety both immediately before and after the writing sessions. No significant group differences were found on any of the outcome measures. Moreover, state anxiety increased from pre- to post-writing and that levels of state anxiety did not decrease across the writing sessions. Thus, the findings of this study did not support the exposure/emotional processing model.

Sloan and Marx (2004a) conducted a study with trauma survivors who reported high levels of psychological distress. In this study, the standard writing protocol, in which participants can select to write either the same or different experiences during each session, was employed to participants. In support of the emotional processing/exposure model, participants assigned to the written disclosure condition showed significantly greater emotional reactivity (via self-reported emotion and salivary cortisol, a biomarker of stress) to the first session compared to the control participants, and the heightened activity was no longer observed at the last session. Also, participants in the disclosure condition showed significant reductions in post traumatic stress and depressive symptoms.

The standard instructions of the written disclosure paradigm do not require writing about the same topic each session. Since exposure-based therapy emphasize the necessity of repeated exposure to the same stimulus to reduce pathological fear (Rachman, 1980; as cited in Sloan et al., 2005), Sloan, Marx and Epstein (2005) compared the effects of writing about the same traumatic experience during each writing session with the effects of writing about different traumatic experience during each writing session. Participants writing about the same experience during each session reported fewer depressive and post traumatic stress symptoms, and physical health complaints at follow-up assessment compared to both participants writing about different experiences and those writing about trivial topics. Participants writing about different traumatic experiences during each session revealed no beneficial outcome related to written disclosure. In addition, only participants writing about the same traumatic experience during each session showed a pattern of initial activation and subsequent reduction in emotional arousal (via self-reported emotion and salivary cortisol) that was associated with improvements in physical and psychological health.

Additionally, some studies yielded that within-session heart rate habituation mediated effects of written disclosure on physical symptoms in breast cancer patients (Low, et al., 2006), and reduction in negative mood from the first to the last writing sessions predicted improved GPA (Lumley & Provenzano, 2003).

Overall, it is important to collect data on emotional reactions to the writing sessions in order to evaluate whether negative emotional responses are being elicited adequately and to further examine the exposure/emotional processing model (Sloan & Marx, 2004b).

1.3.3 Cognitive Processing Theory

According to cognitive processing models of disclosure, stressful events contain novel information that is difficult to reconcile with prior assumptions about the self, others and the world. Thus, these events are initially stored in active, short term memory as cognitively disparate fragments. Because

active memory has a tendency to repeat its contents, distressing trauma-related thoughts, images or feelings intrude on awareness (Horowitz, 1986; as cited in Sloan & Marx, 2004b). Intrusions result from the uncomfortable discrepancy between the trauma and existing schemas, leading individual to deny, avoid or suppress these responses. Cognitive processing of the event involves alternating between intrusive and avoidant reactions, gradually reappraising the event or modifying extant schemas to reduce the discrepancy. In the failure of cognitive transformation, continued awareness of cognitive discrepancy leads to prolonged, intense intrusive states and/or rigid dysfunctional avoidance. These intrusive thoughts can be an ongoing source of internal stress (Baum, Cohen & Hall, 1993; as cited in Lepore and Greenberg, 2002), which may be implicated in mental and physical health problems.

It was argued that written disclosure can facilitate cognitive processing by changing the meaning or significance of the trauma to make it more consistent with existing self-, other-, and world-views (Sloan & Marx, 2004b). Since cognitive processing theory has been difficult to adequately evaluate, cognitive processing in written emotional disclosure paradigm related to improved health outcomes has been examined in various ways.

One way to examine the cognitive processing in written emotional disclosure paradigm, was to analyze the content of written essays. Pennebaker and colleagues (1997; Pennebaker & Seagal, 1999) found that an increase in the use of causal and insight words regarded as cognitive terms (e.g., understand, realize, know) over writing sessions predicted subsequent health benefits. It was also stated that writing might facilitate organizing the event into a coherent narrative or story, which allows new perspectives, problem definitions, or coping strategies to emerge and formation of a narrative was related to the improvements in mental and physical health (Pennebaker & Seagal 1999; Foa, Molnar, & Cashman, 1995).

Another way researchers used to investigate cognitive processing was to examine changes in the frequency of intrusive thoughts and avoidance. Research examining the effects of written emotional disclosure on intrusive thoughts has produced mixed results. Several studies indicated reductions in intrusive thoughts after written disclosure intervention (Lutgendorf & Antoni,

1999; Park & Blumberg, 2002). In contrast, some studies revealed that written emotional disclosure did not affect the frequency of intrusive thoughts; instead it attenuates the negative effects of intrusive thoughts on mood, psychological and physical symptoms (Lepore, 1997). For instance, in the study of Lepore (1997), the reduction in depressive symptoms appeared to be the result of decreased negative emotional reactions to intrusive thoughts. Also, Lepore and Greenberg (2004) found that a higher level of intrusive and avoidant reactions was related to short-term increases in upper respiratory illness (URI) symptoms in participants from the control group, but it was unrelated to URI symptoms in participants who wrote expressively about their relationship breakup. This was interpreted by authors as a buffering effect of writing. The findings from the studies examining avoidance have also been inconsistent, with some studies indicating reductions in avoidance (Park & Blumberg, 2002), some studies reporting null effects (Stroebe et al, 2002), and some studies finding greater avoidance symptoms following the writing sessions (Gidron et al., 1996; Greenberg et al., 1996). Moreover, a recent research (Klein, 2002) indicated that decreases in intrusive and avoidant thoughts following writing sessions were related to increases in working memory, suggesting a potential mechanism by which writing about traumatic experiences may have favorable effects on adjustment by freeing up cognitive resources.

Another approach to investigating cognitive processing was to assess changes in appraisals, beliefs, and attitudes through self-report measures. In the study of relationship breakups, Lepore and Greenberg (2004) assessed participants' feelings and attitudes toward their ex-partner (e.g., resentment) and themselves (e.g., guilt) before and after writing. Results revealed changes in attitudes about the breakup over time, but not as a function of writing. Thus, these findings suggested that core beliefs about the self, others, and the situation were unaffected by written disclosure. Moreover, Park and Blumberg (2002) found that appraisal of the traumatic/distressing event (e.g., uncontrollability, threat, stressfulness) and cognitive processing indicated by intrusion and avoidance scores improved from pre-writing to follow-up for participants in the written disclosure group and were related to improved health outcomes. Since the cognitive variables were examined for the disclosure participants only, it is

unclear whether the appraisal changes occurred as a result of experimental condition. In spite of the changes in the situational meaning of trauma that facilitates assimilation, no changes in the global meaning that facilitates accommodation, as reflected in measures of beliefs, personality and coping styles, were observed in the participants from the disclosure group. It was stated that due to the stable nature of global meaning, situational meaning was much more likely to change in response to stressful life events (Janoff-Bulman, 1992; as cited in Park & Blumberg, 2002). Further, participants in the disclosure group did not differ in self-reported emotional and physical health from pre-writing to follow-up, while the control group was significantly worse. These findings were interpreted as a protective effect of written disclosure for well-being. Another study also revealed that people writing expressively about traumas subsequently perceived these experiences as more controllable and accountable (Paez et al., 1999).

1.3.4 Experiential Model of Disclosure

The experiential model of disclosure predicts that to the extent that disclosure results in affective arousal and processing new facets of the experience, including schema-discrepant information, psychological change (resolution and integration) and release of tension will ensue (Lutgendorf & Ullrich, 2002). In addressing memories of traumatic or highly stressful events, accessing of schema is usually catalyzed by conscious emotional experience. Superficial emotional processing tends to leave some of the most relevant schemas unactivated and thus untouched. Attempts at modifying cognitive-affective structures that do not evoke emotions will have less success in producing change, while high levels of emotional arousal may not be desired in disclosure, because this may produce so much emotion that the trauma cannot be processed in a new way. Furthermore, the quality of an individual's attention to inner experience, which may involve not only affective engagement but also conscious deliberation and processing of relevant cognitive components, is thought to be an important predictor of therapeutic change. Thus, affective arousal and depth of both cognitive and

emotional processing may be key process variables underlying the effects of disclosure on mental and physical health.

Pennebaker and Beall (1986) supported the necessity of a joint role of cognitive processing and emotional expression for long-term change. Undergraduates were asked to write about a traumatic event, focusing on either the facts surrounding the trauma, the emotions, or both facts and emotions, whereas a control group wrote about trivial topics. Writing about both the emotions and facts surrounding a traumatic event produced higher blood pressure and more negative moods after each writing session but it was associated with greatest health improvements. In order to support the experiential model of disclosure, Lutgendorf and Antoni (1999) found the level of experiential involvement as the critical factor in beneficial outcomes of disclosure instead of the mere presence of disclosure. Experiential involvement was defined as the manner in which feelings are experienced and the quality of a person's attention to inner experience and working engagement. In this study, the disclosure process resulted in short-term increases in overall negative mood, particularly during the first session. Participants in the disclosure group demonstrated a recovery of mood by the second session that was maintained through the third session. Greater involvement in the disclosure process and negative mood arousal contributed to greater insight, whereas use of more words contributed to higher levels of intrusion at the end of the study. Involvement in the disclosure contributed to greater negative mood reduction, whereas quantity of expression predicted higher levels of negative mood at the end of the study. Similar to this study, Paez and colleagues (1999) found that intense expressive writing, but not brief writing, had a beneficial effect on longer term mood and cognitive-affective assimilation of the traumatic event. Moreover, brief writing on an undisclosed trauma was related to an increase in the negative appraisal of the event. Furthermore, Schoutrop and colleagues (1997) conducted a study examining the mechanisms underlying the beneficial effects of the written disclosure. A questionnaire was administered to the participants at the end of the study and after an 8-week period. Two main elements were identified by the participants as most effective in reprocessing the experiences: Self-confrontation with painful thoughts and feelings which resulted

in a reduction of the intensity of emotions, and growth in the awareness of feelings and thoughts which resulted in cognitive reappraisal and the adoption of new coping strategies. To examine the impact of altering the written disclosure instructional set, Ullrich and Lutgendorf (2002) conducted a study investigating the relative importance of emphasizing cognitive assimilation and emotional expression in the written disclosure instructions. In this study, undergraduates instructed to write about a stressful experience in a way that focused on both emotions and cognitions reported (greater awareness of the positive benefits of the stressful event) more positive growth from trauma over time compared to the participants instructed to write with a focus on emotional expression only and to the participants assigned to a control group. Moreover, participants instructed to write with a focus on emotional expression reported more severe physical illness than those in the other two groups.

These findings proposed that emotional arousal during disclosure was not a strong predictor of resolution, suggesting that emotional arousal without cognitive processing might not contribute to a better understanding of an event. Rather, experiential involvement accompanied by some affective arousal may be key elements in disclosure leading to trauma resolution (Lutgendorf & Ullrich, 2002). Combination of cognitive and emotional processing results in greater psychological adaptation to a stressful or traumatic event than emotional processing alone. Recollection of trauma in the absence of cognitive work may provoke psychological problems (Paez et al., 1999) Also, it was stated that disclosure per se via talking or writing was not sufficient to produce change. Instead, depth of involvement based upon both cognitive and emotional processing was related to beneficial outcomes of disclosure.

1.3.5 Perceiving Positive Changes Following Traumatic Experiences

Perceiving positive changes or personal growth following a stressor is another common and adaptive strategy for reducing the distressing nature of an event (Tennen & Affleck, 1998, as cited in Park et al., 2002; King, 2002). Despite beneficial effects of written emotional disclosure paradigm in physical and

psychological health, it was stated that negative focus of attention is not a necessary prerequisite for positive change in the paradigm. (Stanton & Danoff-Burg, 2002; Lepore & Smyth, 2002). Some investigators suggested that writing about positive aspects of stressors or perceived benefits accrued from experiencing stressful events could also enhance physical and psychological health (King & Miner, 2000; Stanton et al., 2002). King and Miner (2000) performed a study to examine the effects of experimentally induced benefit finding in written disclosure paradigm. In this study, undergraduates who wrote only about trauma or only about perceived benefits showed significantly fewer health center visits for illness in the long term. Undergraduates who wrote about both the negative and positive aspects of their trauma showed some health benefits, but these benefits faded more quickly than other groups. It was stated that spending 10 minutes for each topic (i.e., negative aspects followed by positive aspects) would be insufficient for an individual to emotionally and cognitively process the trauma. That is, not really delving into either process influenced the results. Also, the interaction of the perceived-benefits writing condition and the use of cognitive mechanism words was associated with enhanced health benefits. It was stated for this finding, positive growth aspects of negative life events involved increased understanding, a sense of meaning and reorganized priorities. Furthermore, process research examining six experiments indicated that individuals who benefited from the written disclosure actually tended to use more positive than negative emotion words and tended to show increases in insight about the event (Pennebaker et al., 1997). A curvilinear relationship was found between negative emotion word use and illness change, such that individuals writing with moderate levels of negative emotion showed more health benefits than individuals using either very high or very low numbers of negative emotional words. Stanton and Danoff-Burg (2002) randomly assigned women with breast cancer to one of three groups either focusing on facts related to their cancer experience, their deepest thoughts and feelings related to their cancer experience, or perceived benefits in their experience. At 3-month follow-up, the group writing about their deepest thoughts and feelings reported slightly greater decrease in physical symptoms and a greater benefit in medical

appointments than the group writing about perceived benefits related to their cancer experience. In another study comparing the expressive disclosure and benefits finding among breast cancer patients, within session heart-rate habituation mediated effects of expressive disclosure on physical symptoms, and greater use of negative emotion words in essays predicted a decline in physical symptoms (Low, Stanton & Danoff-Burg, 2006). Also, post-writing mood and use of positive emotion and cognitive mechanism words in essays were not significant mediators, although greater cognitive mechanism word use was related to greater heart rate habituation and negative emotion word use. Another study conducted with adults having lupus or rheumatoid arthritis yielded that benefit finding appeared to be effective in reducing pain levels for individuals with high trait anxiety, whereas expressive writing appeared effective for individuals with low trait anxiety (Danoff-Burg, Agee, Romanoff, Kremer, & Strosberg, 2006). However, no significant group effects were found for psychological functioning. Quartana and collegeaus (2006) examined individual differences in the expression of emotion appearing to be associated with markers of cognitive processing (i.e., intrusive thoughts and avoidance) and psychological adjustment among individuals with cancer or family history of the disease. They found that negative emotional expressivity moderated relations between intrusive thoughts and distress, whereas positive emotional expressivity did not. This indicated that the association between intrusive thoughts and distress was most robust for individuals that reported low levels of negative emotional expressivity. Also, positive emotional expressivity moderated the association between intrusive thoughts and avoidance, whereas negative emotional expressivity did not. This indicated that the expression of positive emotion may be of greater benefit than the expression negative emotion with respect to coping with intrusive thoughts.

These findings suggested that exploring a broad range of thoughts and feelings, including a moderate amount of negative ones, more beneficial than focusing on a restricted range of positive thoughts and feelings (Stanton & Danoff-Burg, 2002; Lepore, Greenberg, Bruno, Smyth, 2002). Experimentally induced writing about positive aspects as well as negative ones related to stressful or traumatic life events can result in coping more effectively by shifting attention

from distress to more positive aspects. Positive emotion can “undo” or attenuate residual arousal and long-term distress that may result from negative emotional responses to stressors. Thus, writing about positive aspects of stressors might evoke positive emotions, which act as a buffer to the negative emotions evoked by the stressor. Therefore, individuals writing about perceived benefits related to their stressful events are not been exposed to “tyranny of positive thinking” that may impose pressure on individuals to present a cheerful face to the world (Stanton & Danoff-Burg, 2002). Positive emotions also can facilitate development of new personal and social resources to deal with future stress (Lepore et al., 2002). This manipulation also might allow participants to practice using positive reappraisal and allow them to find meaning in the event. Moreover, in psychotherapy, a shift from negative to positive emotions is often an indication of significant emotional processing (Greenberg & Safran, 1987; as cited in Kennedy-Moore & Watson, 2001).

1.4 Instructional aspect of written emotional disclosure

Over the last decade, the instructional set of the written disclosure paradigm has been repeatedly altered both to examine underlying mechanisms and improve the health outcomes. Some investigators have suggested that written disclosure instructions that emphasize meaning making, shifts in perspective, and improved insight might yield significant health benefits (Ullrich & Lutgendorf, 2002; Sloan, et. al., 2007; King & Miner, 2000; Stanton et al., 2002). Other researchers have suggested that standard written disclosure instructions that emphasize emotional expression might be particularly important in producing beneficial outcome (Sloan & Marx, 2004a; Sloan et al., 2005). As previously mentioned, Ullrich and Lutgendorf (2002) compared the two conditions chosen as representative of the principal theories regarding the effects of disclosure. They found that writing according to the instructions focusing on both emotional and cognitive processing lead to greater positive growth from trauma than writing according to the standard instructions focusing on emotions. In this study, there was an important deviation from the standard written disclosure protocol; that is, undergraduates were instructed to write (outside of the lab) at least twice a week

for at least 10 minutes over the course of a 1-month period. In addressing this deviation, Sloan and colleagues (2007) stated that for the emotional disclosure group, the sessions may not have been long enough for activation of negative affect and arousal, as well as subsequent habituation. Therefore, they compared the emotional disclosure group (EE) with insight and cognitive assimilation group (ICA) in which undergraduates wrote about the same experience on each of three consecutive days. They found that instructions focusing on emotional disclosure were associated with greater beneficial outcomes relative to instructions focusing on insight and cognitive assimilation and a control group, while instructions focusing on insight and cognitive assimilation were not associated with any beneficial outcome. Also, ICA condition elicited greater self-reported emotional response to the first writing session compared with control condition but significantly less response compared with EE condition. Additionally, the ICA condition did not produce significant physiological reactivity measured by HR activity to the first session compared with the other two conditions.

Furthermore, some studies stated that providing guidance via structured daily instructions for participants influenced the physical and psychological health outcomes. Parents of children with cancer (Duncan, Gidron, Rabin, Gouchberg, Moser & Kapelushnik, 2007) and frequent clinic attenders (Gidron et al., 2002) were asked to write about their upsetting event in a chronological manner, then to explicitly label their emotions and thoughts and describe the impact of the event on their lives, and finally to reflect on current feelings, thoughts, positive feelings and future coping with the event. These guided disclosure protocols were found to reduce posttraumatic stress and somatisation symptoms in the parents of children with cancer (Duncan et al., 2007) and frequent clinic attenders (Gidron et al., 2002), respectively.

A previous study (Middendorp, Sorbi, Doornen, Bijlsma, & Geenen, 2007) adapted the standard instructions of the emotional disclosure intervention to induce cognitive-emotional change in patients with rheumatoid arthritis. Instructions focusing on emotional engagement, cognitive restructuring, and positive future directedness were employed for four sessions, respectively. Compared to control group, the disclosure group produced higher immediate

negative affect and use of emotion at the first two sessions, while reporting reduction in negative affect, more insight and optimism words, and increase in positive affect towards the end of the intervention. However, since standard disclosure protocol was not employed in this study, there was insufficient evidence for the requirement of inducing these structured instructions.

Guastella and Dadds (2006), in their study of “cognitive-behavioral models of emotional writing”, manipulated instructions across groups to increase engagement with specific emotional processes. In this study, these processes were selected after a review of current trauma and emotional processing theories and included exposure to the trauma memory (Foa & Kozak, 1986), devaluation and reappraisal of threatening stimuli (Davey, 1997; as cited in Guastella et al., 2006), and benefit-finding from trauma (Davis, Nolen-Hoeksema & Larson, 1998; as cited in Guastella et al., 2006). They demonstrated that participants assigned to different writing instructions responded during and after the writing sessions in a manner that was consistent with the putative emotional processes. The results of this study suggested the possibility of research into stepped-based procedures. Participants assigned to the written disclosure group engaged in a variety of writing styles and there was a group-based shift in the type of processing across each session. It was stated that it might be of significant value to examine the effects of combining exposure, devaluation, and benefit-finding strategies in a controlled and directed manner to force this shift in all individuals.

1.5 Individual Differences in Written Emotional Disclosure

An emerging question involves specifying how effects of written emotional disclosure vary as a function of individual differences. In their review, Pennebaker and Chung (2007) stated that the available literature has not revealed any consistent personality measures indicating who benefits from disclosure. Zakowski (2001) suggested that both dispositional and social constraints on emotional expression can significantly hamper cognitive processing and psychological adjustment. Thus, another aim of the current study is to examine the effects of written disclosure intervention on the dispositional constraints (i.e., alexithymia and trait anxiety) and social constraints (i.e., perceived social

support), particularly with regard to the efficacy of both emotionally and cognitively focused writing intervention.

1.5.1 Alexithymia

One dispositional deficit in self-disclosure is alexithymia, which literally means “lacking words for feelings” (Lumley, Tojek & Macklem, 2002). The term alexithymia was coined in the early 1970s by psychodynamically-oriented clinicians who found that many of their clients with various stress-related or psychosomatic illnesses were unable to engage productively in insight-oriented psychotherapy. Such clients show little insight into the sources of negative moods and their stressful experiences, and they seem confused about the factors that intensify their symptoms. Alexithymia is a multidimensional construct defined as a deficit in the cognitive processing and regulation of emotion. It is regarded as lack of ability to process and regulate emotional states through the use of cognitive mechanisms such as introspection, imagination, and fantasy (Paez, Basabe, Valdoseda, Velasco, & Iraurgi, 1995). People with alexithymia are more likely to be found among the medically and psychiatrically ill, especially among people with somatoform disorders, substance abuse problems, eating disorders, anxiety disorders, and chronic pain (Lumley et al., 2002).

In addressing the responses of alexithymic individuals to written disclosure task, Paez, Velasco and Gonzalez (1999) found that undergraduates with high difficulty in describing feelings (measured by the subscale of Toronto Alexithymia Scale) obtain the greatest benefit with a substantial reduction in negative affect from intense writing compared with brief writing, while this pattern was not seen for those with low difficulty in describing feelings. Smyth and colleagues (2002) supported that alexithymia did not predict health outcomes or immediate emotional responses to emotional disclosure writing in a predominantly female, medical sample. That is, emotionally non-expressive participants achieved results similar to those of more expressive individuals. Moreover, Solano and colleagues (2003) supported that alexithymia predicted better psychological and physical responses in written disclosure group, compared with no-writing control group. However, later research by Lumley (2004)

suggested that alexithymics suffering from chronic illnesses or elevated stress could not obtain the same benefits after writing.

It is suggested that the instructions of the standard emotional disclosure paradigm go to the heart of the alexythmic deficit- the inability to understand one's internal state and the cognitive triggers for emotions, and the inability to appropriately express one's feelings (Lumley et al., 2002). However, with increased structure and guidance, alexythmic people may engage in tasks that allow them to build their skills at emotional awareness and cognitive processing. A research stated that alexithymic people may benefit from disclosure when additional guidance pertaining to emotions and cognitions is provided (Lumley, 2004). In this study, written disclosure task was modified via four didactic modules. These modules were designed to help participants recognize stressful experiences, identify and label various negative emotions, understand how stressful experiences affect cognitions and relationships, and then how to change cognitions about the experience. Alexithymic people in the guided disclosure group reported beneficial outcomes relative to those in the standard disclosure group. Moreover, from baseline to 3-month follow-up, alexithymia scores both in the standard disclosure group and control group did not change, while those in the guided disclosure group decreased significantly. This finding supported the idea that alexithymia may be improved via a written disclosure intervention combining emotional and cognitive didactics.

Furthermore, most of the studies utilizing the written disclosure paradigm have treated alexithymia as a stable characteristic which is regarded as "primary alexithymia" (Freyberger, 1977; as cited in Lumley, 2004). However, alexithymia may be a state, or temporary, response to trauma, stress, or even a psychiatric disorder (Lumley, 2000). Thus, "secondary alexithymia" (Freyberger, 1977; as cited in Lumley, 2004) can be viewed as a defense or strategy to cope with distress including emotional pain, aversive memories, and physiological arousal (Lumley, 2000). Pennebaker and Seagal (1999) suggested that written disclosure was found to have no effect on bereaved older adults (Stroebe et al., 2002) and deleterious effects on people with post-traumatic stress disorder (Gidron et al., 1996), because the participants had substantial anxiety or

depression, which may have resulted in deficient cognitive processing and impaired ability to organize the trauma. Thus, alexithymia may interfere with the benefits of disclosure because many people with depression or posttraumatic stress disorder are known to have elevated levels of alexithymia (Lumley et al., 2002). Also, Paez and colleagues (1999) found higher score of difficulty in describing feelings related to lower social sharing, higher avoidance, and a more negative appraisal of the stressful event. Overall, alexithymia could be attenuated in response to a written disclosure intervention focusing on both emotional and cognitive processing but research is needed to determine whether disclosure leads to changes in alexithymia.

1.5.2 Trait Anxiety

The second dispositional deficit is trait anxiety. Individuals with high trait anxiety are thought to engage in a more superficial level of cognitive processing, which may in turn inhibit naturalistic emotional disclosure (Borkovec, Roemer, & Kinyon, 1995). They merely talk about superficial concerns in therapy unless interventions explicitly focus their attention to the deeper meanings and emotions underlying them. Generalized anxiety disorder literature indicated that extended exposure to feared stimuli in a treatment setting can result in anxiety reduction; in contrast, naturalistic worry, which is superficial and occasional, does not lead to cognitive or somatic disinhibition (Borkovec et al., 1995). However, Kloss and Lisman (2002) found that trait anxiety levels of undergraduates did not differ among standard disclosure writing group, positive emotion writing group and control group at the follow-up assessment. Another research suggested that positively focused writing intervention appeared more effective for individuals with high trait anxiety, while standard expressive writing appeared effective for those with low trait anxiety (Danoff-Burg et al., 2006). This finding indicated that because high trait anxiety is associated with cognitive avoidance of perceived threat (Borkovec et al., 1995) individuals with high levels of trait anxiety would be more amenable to confront and disclose thoughts and feelings related to their traumatic events through a less distressing intervention than through standard expressive writing (Danoff-Burg et al., 2006). Therefore, with more structure and

guidance focusing on both emotional and cognitive processing, individuals with high trait anxiety may benefit more from disclosure paradigm.

1.5.3 Social Support

In terms of social constraints, those who are comfortable about disclosing to others-rather than conflicted or ambivalent about it- are more likely to engage in some alternative form of disclosure, such as social sharing. However, people whose social environments discourage or punish disclosure, will be more likely to benefit from disclosure, because the task of privately writing or talking provides a safe avenue. Norman, Lumley, Dooley & Diamond (2004) found that women with chronic pelvic pain, higher in ambivalence over emotional expression reported less disability in emotional disclosure condition.

Moreover, Pennebaker and Chung (2007), in their review, stated that written disclosure has effects on the individual's social world as well as physical and psychological health. Pennebaker and Beall (1986) found that, following the experiment, participants in the written disclosure group were more likely to talk about the event to others than those in the control group. It was stated that since disclosure may elicit social support, the individuals talk more about their stressful events, connect with others differently, and better able to take advantage of social support after writing (Pennebaker & Chung, 2007). Also not talking about traumatic experience is also associated with a breakdown of one's social network. It was stated that nonexpression per se does not result in health difficulties; rather combination of nonexpression and a desire to express causes health problems (Kennedy-Moore & Watson, 2001). Therefore, writing that promotes disclosure may begin the process of being able to confide in others (Kloss, 1998).

1.6 Focus of the Thesis: Basic Aims

Since 1986, accumulating evidence has indicated the beneficial outcomes of written emotional disclosure paradigm. Many of researchers concluded that a single theory may not fully account for the effects of written emotional disclosure (Sloan & Marx, 2004b; Pennebaker, 2004; Pennebaker & Chung, 2007). Instead, it may be the case that a combination of these previously

theorized mechanisms underlies the observed beneficial effects. In recent years, there have been several studies (Park & Blumberg, 2002; Sloan and Marx, 2004; Kloss & Lisman, 2002) that have attempted to address the underlying mechanism of the paradigm and also some studies (Ullrich & Lutgendorf, 2002; Sloan et al., 2007; King & Miner, 2000) that have attempted to improve the effectiveness of the paradigm by using more structured and guided instructions according to these underlying mechanisms. These studies have generally examined either the cognitive model or the exposure model as an underlying mechanism, though there are certainly other mechanisms (Sloan & Marx, 2004b) (such as shifting attention from negative to positive emotions). Also, they employed the specific instructions representing theoretical principles across groups. In addition, examining multiple models simultaneously would be ideal but no study has simultaneously investigated more than one model. Findings of comparative trials are instructive not only in understanding which interventions are most beneficial for individuals but also in elucidating the processes underlying the effects (Stanton & Danoff-Burg, 2002; Sloan & Marx, 2004b). Two aforementioned researches (Middendorp, 2007; Guastella & Dadds, 2006) aimed to modify the writing paradigm by directly instructing participants to write in a manner consistent with specific processes. However, the first research employed no standard disclosure paradigm, which hinders the comparison of paradigms and the second research induced the instructions in a group-based shift. Both researches did not examine the efficacy of the guided paradigm in the long-term. In the light of aforementioned theoretical models and related findings, the instructions used in the study of Guastella & Dadds were manipulated within a group in order to increase engagement with the processes including exposure, devaluation, and benefit-finding. This group was defined as “Guided Disclosure Group” (GDG) focusing on cognitive and emotional processing. Also, a standard disclosure protocol was employed to compare the effectiveness, the necessity and the advantage of inducing these instructions sequentially and deliberately. This group was also defined as “Standard Disclosure Group” (SDG) focusing on emotional processing. Further, these two disclosure groups were compared with a “Control Group” (CG) describing some familiar environments (e.g., university campus).

As compared to the physical benefits of the written disclosure paradigm, the potential psychological benefits have not been as adequately explored, with a limited number of studies concentrating on such benefits (Greenberg et al., 1996; Lepore, 1997; Schoutrop et al., 2002; Sloan & Marx, 2004a). Moreover, as pointed out by Sloan & Marx (2004b), psychological symptom improvement in response to the writing paradigm has not generally been assessed with psychometrically sound self-report measures. Thus, the first aim of this study was to measure the extent to which GDG and SDG affected psychological health.

In this study, cognitive processing was conceptualized as an iterative process involving both intrusive thoughts and avoidance. Special attention was given to the effects of GDG on intrusions and avoidance, as compared with SDG. Moreover, appraisal of the upsetting event was measured in terms of the effectiveness of the experimental groups on cognitive processing.

Some studies examined whether the individual differences exist in the benefits of the disclosure paradigm. These studies that have either preselected participants or performed a median split on a particular variable have reported some effects (Pennabaker & Chung, 2007). However, there is insufficient evidence for the changes in individual differences in response to a written disclosure paradigm. In this study, GDG and SDG were compared in terms of their effects on dispositional (i.e., trait anxiety, alexithymia, coping styles) and social (perceived social support, and severity of negative life events) factors.

Overall, GDG and SDG were compared with CG in terms of their effectiveness on psychological health (i.e., general psychological distress symptoms, psychosomatic symptoms), cognitive processing (i.e., intrusive thoughts, avoidance, and appraisal of the event) and dispositional (i.e., trait anxiety, alexithymia, coping styles) and social factors (i.e., perceived social support, and severity of negative life events). GDG with structured and guided instructions induced according to underlying mechanisms was expected to be more effective on the outcome variables relative to both SDG and the pre-assessment. SDG was also expected to report improvements in the outcome variables relative to both CG and pre-assessment.

In addition to examining the efficacy on outcome both immediately and 4-week period after the writing sessions, immediate changes in emotional arousal (i.e., state anxiety, negative and positive affect) during each writing session were also compared. GDG and SDG were anticipated to show initial increase in state anxiety and negative affect in the first session followed by subsequent habituation within and across sessions compared with other groups. Moreover, in the last session, GDG was expected to report greater positive affect compared with SDG and CG.

Therefore, specific research questions and hypotheses are as follows:

Research Question I: Are there differences among three groups regarding the immediate emotional arousal during writing sessions?

Hypothesis 1: Participants from the Guided Disclosure Group (GDG) and the Standard Disclosure Group (SDG) would report initial increase in state anxiety and negative affect in the first session and subsequent decrease across the sessions, as compared to the Control Group (CG).

Hypothesis 2: Due to the explicit benefit-finding instructions employed in GDG for the last session, participants from the GDG would report increase in positive affect in the post-writing of the last session, compared to SDG and CG.

Research Question II: Are there differences among three groups regarding the effectiveness on psychological health, cognitive processing related to the upsetting events, dispositional and social factors?

Hypothesis 3: Participants from GDG would report more improvements in psychological health, cognitive processing related to the upsetting events, dispositional and social factors, relative to both SDG and the baseline values of measures.

Hypothesis 4: Participants from SDG would report more improvements in psychological health, cognitive processing related to the upsetting events, dispositional and social factors, relative to both CG and the baseline values of measures.

CHAPTER II

METHOD

2.1 Participants

Participants were 73 Middle East Technical University (METU) students, consisting of 27 males (37 %) and 46 females (63 %). Participants were aged between 19 and 27 ($M = 21.67$, $SD = 1.93$). Of the 73 participants, 34 participants were psychology students, while 39 participants were from various departments including engineering, teaching, administration or philosophy (for the detailed information of the departments, see Table 1).

Table 1. Departments of the Participants

Departments	n
Psychology	34
Petroleum and Natural Gas Engineering	9
Metallurgical and Materials Engineering	5
Chemical Engineering	4
Molecular Biology and Genetics	3
Industrial Engineering	2
Chemical Teaching	1
Philosophy	2
Business Administration	1
Food Engineering	1
Geological Engineering	1
Statistics	1
Electrical and Electronics Engineering	1
English Language Teaching	1
Mechanical Engineering	1
Environmental Engineering	1
Mining Engineering	1

Participants were randomly assigned to one of three groups to write during 30-min sessions on 3 consecutive days: (1) Guided Disclosure Group (GDG) (n = 26); (2) Standard Disclosure Group (SDG) (n = 26); (3) Control Group (CG) (n = 21). All participants were given an extra course credit in return for their participation.

Of the 75 participants initially recruited, one student began the study but unable to attend the last session due to the feelings of distress he had experienced during writing. Therefore, two interviews were conducted to talk with this participant about his feelings and emotions until the participant was relieved. Also, the participant was offered the psychotherapy options available at METU for referral. Furthermore, one additional student failed to complete the writing sessions due to the lack of time in his program. In order to reduce the possibility of confounding variables, the exclusion criterion was to report currently being in psychotherapy or the current use of psychotropic medication but any participant did not report these situations.

2.2 Instruments

2.2.1 Background Information

Background data was collected which assessed age, gender, department, and class. For the details of demographic information, please refer to Appendix A.

2.2.2 State-Trait Anxiety Inventory (STAI)

The STAI was designed by Spielberger, Gorsuch and Lushene (1970) in order to measure both self-reported trait (continual) anxiety – how anxious a person generally feels – and state (situational) anxiety – how anxious a person feels at any given moment. It consists of two parts; State and Trait Anxiety Inventories, and each one includes 20 items. The STAI is a 40-item, 4-point Likert type scale ranging from *not at all* (1) to *very much so* (4).

The test-retest reliability of the scale ranged from .16 to .54 for state anxiety inventory and from .73 to .86 for trait anxiety inventory. The internal consistency for the first part varied between .83 and .92, and between .86 and .92

for the second part. Construct and criterion validity values were reported to be satisfactory (Spielberger et al., 1970)

STAI was translated and adapted to Turkish by Öner and LeCompte (1985) by using both a normal sample and a sample of psychiatric patients. Test-retest reliability was found to be between .71 and .86 for trait anxiety inventory, between .26 and .68 for state anxiety inventory. Internal consistency of trait anxiety inventory ranged from .83 to .87, while that of state anxiety inventory ranged from .94 to .96. Criterion and construct validity was demonstrated to be satisfactory and consistent with the original measurement of Spielberger, Gorsuch and Lushene (1970).

In the present study, the trait part of the inventory was used to determine whether a participant's overall anxiety was reduced as a result of participating in the writing exercise. Also, the state part of the inventory was used to assess anxiety immediately before and after each trial of writing. For the items of the State Anxiety and Trait Anxiety Scales, see Appendix B and C, respectively.

2.2.3 Positive and Negative Affect Schedule (PANAS)

The PANAS originally developed by Watson, Clark, and Tellegen (1988) measures how an individual feels at a certain time (over the past week, day, or at that moment). The PANAS includes two schedules, namely Positive and Negative Affect; each consisting of 10 items. Positive affect corresponds to being enthusiastic, active, and alert, whereas negative affect corresponds to anger, disgust, fear and nervousness (Gençöz, 2000).

The PANAS is a 20-item, 5-point Likert scale that measures self-reported positive or negative mood. Cronbach Alpha coefficients were reported as .88 and .85 for Positive Affect and Negative Affect, respectively (Watson et al., 1988). Test-retest reliability is .47 for the whole scale. Watson et al. (1988) validated the PANAS and reported factorial and external validation with other mood scales, such as the Beck Depression Inventory and the STAI.

The Turkish adaptation of the scale was done by Gençöz (2000). As comparable with the original scale the internal consistency coefficients of the

Turkish version were found as .83 and .86, respectively for Positive and Negative Affect, while the test-retest reliability coefficients were found as .40 and .54 sequentially. For criterion-related validity of Turkish version of the scale, Positive Affect presented correlations of -.48 and -.22 with Beck Depression Inventory and Beck Anxiety Inventory, respectively; while Negative Affect correlations were found to be .51 and .47, respectively for these inventories.

The PANAS was used to examine mood changes pre- and post-writing, along with three writing sessions in this study. Participants were asked to rate how they were feeling *at that moment*. For the items of the PANAS, see Appendix D.

2.2.4 Multidimensional Scale of Perceived Social Support (MSPSS)

The MSPSS was developed by Zimet, Dahlem, Zimet, and Farley (1988) to measure the level of perceived social support obtained from family, friends, and other domains. The MSPSS is a 12-item, 7-point Likert type scale ranging from *totally disagree* (1) to *totally agree* (7). Turkish adaptation study was conducted by Eker and Arkar (1995). The Cronbach alpha levels of the Turkish version were .85 for family, .88 for friends, .92 for the special person, and .89 for the whole scale. The correlational analyses of MSPSS with Beck Depression Inventory (BDI), and STAI revealed that MSPSS is significantly and negatively correlated with BDI and STAI.

In this study, only the total score of the scale was used in the analyses. For the items of the MSPSS, see Appendix E.

2.2.5 Toronto Alexithymia Scale (TAS-20)

Alexithymia was screened using the 20-item version of the Toronto Alexithymia Scale (TAS-20) developed by Bagby, Parker and Taylor (1994). TAS-20 is a 5-point Likert type scale ranging from *strongly disagree* (1) to *strongly agree* (5). TAS-20 was translated and adapted to Turkish by Güleç, Köse, Topbaş, Güleç, and Sayar (in press). The Turkish version of the scale reported two subscales measuring difficulty in identifying and describing feelings (Factor 1) and externally oriented thinking (Factor 2). Cronbach Alpha coefficients were

reported as .78 for the total score, .82 for the first factor, and .70 for the second factor, indicating good internal reliability of the scale. Higher scores indicate greater levels of alexithymia.

In this study, the total score and both subscales were used in the analyses. For the items of TAS-20, see Appendix F.

2.2.6 Life Events Inventory for University Students (LEIU)

The original scale was developed particularly for university students by Oral (1999) to measure the frequency of stressful events within the last month. LEIU is a 49-item, 5-point Likert type scale where 1 stands for ‘never’ and 5 stands for ‘always’. The internal consistency of this scale was 0.90. The scale revealed a correlation of .52 with the BDI. The scale was modified by using the intensity scores of the life events, and by adding several items to the original scale for the purpose of addressing some underrepresented domains (Gençöz & Dinç, 2006). The alpha coefficients were .88 and .86 for achievement-related and social life events, respectively. The alpha reliability for the total inventory was 90.77.

In the present study, intensity scores of the negative life events were used instead of frequency scores that were used in the original scale. Also, only the total score of the scale was used in the analyses. For the items of LEIU, see Appendix G.

2.2.7 Brief Symptom Inventory (BSI)

BSI was developed by Derogatis (1992) in order to assess various psychological problems (psychological distress symptoms). BSI is a 53-item, 5-point Likert type instrument that measures nine domains of psychological symptomatology and provides three global indices of distress. The inventory asks respondents to indicate the degree to which, in the last week, they suffered from the individual symptoms, on a scale of *not at all* (0) to *extremely* (4). The high scores indicate the high frequency of the person’s psychopathological symptoms.

BSI was adapted to Turkish by Sahin & Durak (1994). In three different studies, the Cronbach Alpha coefficients were found to be between 0.96 and 0.95. Coefficients for the subscales ranged between 0.55 and 0.86. Estimates

of criterion validity were obtained. The correlations varied from -.14 to -.34 for Social Comparison Scale, from .16 to .42 for Submissiveness Scale, from .24 to .36 Stress Audit, from .13 to .36 for UCLA-Loneliness Scale, from -.34 to -.57 for Offer Loneliness Scale, and from .34 to .70 for Beck Depression Inventory with BSI subscales and 3 global index scores. Factor analyses revealed 5 factors including anxiety, depression, negative self, somatisation, and hostility (Şahin & Durak, 1994).

In the current study, the total score and the scores for all 5 subscales (i.e., anxiety, depression, negative self, somatisation, and hostility) were used to assess the changes in the psychological distress of the participants following writing sessions. For the items of BSI, see Appendix H.

2.2.8 Turkish Ways of Coping Inventory (TWCI)

The scale was designed to assess a broad range of cognitive and behavioral strategies used by people to cope with stressful situations. The original Ways of Coping Checklist was developed by Folkman and Lazarus (1980). The original scale consisted of 68 items with yes/no format. They proposed two general dimensions, namely problem-focused and emotion-focused strategies. In 1985, they revised the scale. The response format was changed from “yes/ no” to 5-point Likert type scale where 0 stands for “does not apply or not used” and 3 stands for “used a great deal”. The revised scale included 66 items and eight subscales; one of which was problem-focused, six of which was emotion-focused coping styles and one of which was referred to both emotion-focused and problem-focused strategies.

Siva (1991) adapted the Ways of Coping Checklist to Turkish population. It was included 6 additional items for the purpose of representing the domains related to superstitious beliefs and fatalism and changed the response style into a 5-point Likert scale. The Cronbach alpha reliability of the whole scale was reported as .90.

Gençöz, Gençöz and Bozo (2006) found 3 factors in their study of hierarchical dimensions of TWCI; namely problem-focused coping, emotion-focused coping and indirect coping. For these factors, Cronbach Alpha

coefficients were found as .84 for Problem-Focused Coping, .86 for Emotion-Focused Coping, and .82 for Indirect Coping. The authors argued that these three factors constituted independent dimensions of coping styles.

In the current study, these three subscales were used to assess the alteration in the coping styles of the participants following the writing sessions. For the items of TWCI, see Appendix I.

2.2.9 Impact of Event Scale-Revised (IES-R)

The original IES was developed by Horowitz, Wilner and Alvarez (1979) to examine traumatic stress symptoms. This scale examines only two domains of the PTSD symptoms, namely avoidance and intrusion. In order to assess all domains of post-traumatic stress symptoms, Weiss and Marmar (1997) modified the scale. IES-R is a 23-item, 5-point Likert type instrument, ratings ranging from 0 (never) to 4 (always). The items are rated for reporting the severity of the symptoms in the last 7 days. The subscales of IES-R were regarded as avoidance, intrusion and hyperarousal.

IES-R was translated and adapted to Turkish by Çorapçioğlu and colleagues (2006). The correlation values of IES-R and its subscales with Clinician Administered Post Traumatic Stress Disorder Scale (CAPS) and its subscales were found as .71 for the total score, .69 for intrusion, .63 for hyperarousal, and .49 for avoidance. Cronbach Alpha coefficient of IES-R was found as .94.

IES-R can be applied to any stressful event, referred to in the items as “it”. The participants rated the items according to their most upsetting experience they identified in the booklet at the baseline. The total IES-R score and the subscales were used to examine cognitive processing and physical symptoms related to their upsetting experiences. For the items of IES-R, see Appendix J.

2.2.10 Post-experimental Questionnaire

Post-experimental questionnaire was adapted from the study of Schoutrop et al. (1997). This questionnaire included both 7-point Likert type items and categorical items. The questionnaire consisted of three questions served

as the manipulation check, nine questions examining perceived effectiveness of the writing sessions. The questionnaire included questions related to changes in feelings and cognitive changes attributable to the writing assignments. Due to the different writing instructions, disclosure groups and control group were given different questionnaires. For the items of the post-experimental questionnaire given disclosure groups and control group, see Appendix K and L, respectively.

2.2.11 Appraisal of the Event Items (Paez, Velasco & Gonzalez, 1999)

Items for appraisal of the event were adapted from the study of Paez et al. (1999). Participants were asked to rate the event in relation to perceived control over the occurrence and the consequence of the upsetting event (1= it was not under my control, 7= it was completely under my control), experienced awareness during the event (1= I was not aware at all, 7= I was completely aware), and difficulty of disclosure related to the event (1= I cannot disclose about the event, 7= I can completely disclose about the event). For the items, see Appendix M.

2.2.12 Manipulation Check

In order to examine whether the participants followed the given instructions of the writing tasks, two independent raters, Clinical Psychology graduate students, unaware of participants' group assignments read the essays in a random order, and recorded which group and session instructions they most reflected. Also, the post-experimental questionnaire consisted of three questions served as the manipulation check (see items 5, 6, and 7 in the post-experimental questionnaire).

2.3 Procedure

Before the data collection phase, the study was approved by METU Human Subjects Ethics Committee (HSEC). Next, the undergraduate psychology classes were visited to invite the students to participate in this study and to schedule the students agreeing to participate for the writing sessions. They were briefly informed about the aim and the procedure of the study without mentioning

about different groups and given a time schedule. The laboratory where they could find the experimenter was described. Students signing the schedule were given their pre-assessments to bring with them to their first writing session. The pre-assessment included following baseline instruments along with an informed consent that was given differently to disclosure groups and control group to prevent the expectation of gaining benefits due to the writing for control group (for disclosure groups and control group, see Appendix N and O, respectively): (1) Demographic information, (2) Trait Anxiety Inventory (STAI-T), (3) Brief Symptom Inventory (BSI) (4) Turkish Ways of Coping Inventory (TWCI), (5) Life Events Inventory for University Students (LEIU), (6) Toronto Alexithymia Scale (TAS-20), (7) Multidimensional Scale of Perceived Social Support (MSPSS). The order of the questionnaires was randomized for each participant.

During a participant's first visit to the psychology laboratory in the Social Sciences Building, the experimenter guided him/her to a private room where they sat alone at a desk and they were explained the course of the experiment. Then, the second battery of questionnaires was given. In the first page of the questionnaire booklet (see Appendix P), participants were asked to select their most upsetting life event that was still personally meaningful and still disturbing for them. It was stated that it could be either past or current event. They were asked to write in 5-10 words the event they wanted to work on during 3 writing sessions. After selecting an upsetting experience, participants responded to the items related to the presence of current medication and psychotherapy concerning their upsetting events. They also responded to four items about their experience: (1) how long ago did the event happen?, (2) whether the experience had been disclosed previously to others (1 = Yes, 2 = No), (3) whether the event was the most severe event they had ever experienced (1 = Yes, 2 = No), and (4) a severity rating for the event out of 7 (1 = not at all severe, 7 = the most severely upsetting event ever experienced). Appraisal of the Event Items, Impact of Event Scale – Revised were included in this battery as well as the PANAS and the state part of the State-Trait Anxiety Inventory (STAI-S) which assessed momentary mood and anxiety.

Participants were then randomly assigned to control or experimental conditions for private 30-minute writing sessions. Following the questionnaires, the participant received a general explanation about the procedure of the sessions, which was given to all participants (adapted from Sloan et al., 2007) (for the explanation, see Appendix R). Then, the investigator gave the instructions for the writing exercise according to each participant's group assignment. Once the participant completed to read all instructions, he/she was given an opportunity to ask questions, and then left alone to write for 30 minutes.

All instructions, except the standard disclosure instructions, were the same length, number of pages, and of similar format. The first page of all instructions was an overview of the experiment and stated that this study focused on 'how different people remember past events and how these different types of memories can affect people'. Participants from the experimental groups were instructed to write about the same upsetting event they identified on the questionnaire booklet at each writing session.

Standard Disclosure Group Instructions (SDG) were similar to those of Pennebaker et al. (1988) (see Appendix S). Participants were instructed to write their deepest thoughts and feelings about their upsetting experience and were encouraged to really get into it. No further instruction was given each day.

The Guided Disclosure Group (GDG) and Control Group (CG) Instructions were adapted from the research of Guastella and Dadds (2006). The instructions were received from the first author upon request. The instructions were translated into Turkish, and before the experiment, the samples of these instructions translated were randomly given to 15 undergraduate students in METU to rate the items concerning the clarity and the accuracy of the instructions translated. According to their suggestions and corrections, the instructions were retranslated.

Participants were not only be given instructions on how to write, but also a hypothetical overview of an essay written by a past participant by following those instructions. Participants were also received a brief summary of the instructions to reinforce the main points, and four steps to help them complete the

writing task was placed in front of the individual during the writing session. These steps were specific to instruction.

In the first session of GDG, the Exposure Writing Instructions requested participants to describe an identified upsetting event in great detail, from beginning to end as it happened. They were asked to describe what they saw, heard, felt, smelt, and tasted so they could sense it all again and to describe their reactions, including their thoughts, feelings, bodily sensations, and their actions at the time so they could feel it all again. Finally, they were instructed to focus on what makes them feel most distressed as they thought about it and then to habituate. For the first session instruction booklet of GDG, please refer to Appendix T.

In the second session of GDG, the Devaluation / Reappraisal Writing Instructions requested participants to explore what upsets them now about the event; what it really meant to them. They were asked to identify reasons why they were upset and then explore fresh ways to alter their thinking to help them cope; to persist and explore as many different strategies as possible. They were also given a variety of hypothetical strategies suggested by Davey's (1997) (as cited in Guastella & Dadds, 2006) Evaluative-Conditioning Model to prompt the development of cognitive neutralizing strategies (i.e., 'Am I blaming myself too much?; Are there more important things in life?'). For the second session instruction booklet of GDG, please refer to Appendix U.

In the third session of GDG, the Benefit - Finding Writing Instructions requested individuals to write about the benefits they had gained from the experience in relation to themselves, their relationships with others, and their world-view. They were also requested to state clearly how their life had changed or could change in the future as a result of these gains. For the third session instruction booklet of GDG, please refer to Appendix V.

The Control Group Instructions requested participants to 'visualize' and write in as much perceptual complexity as possible what they could see, hear, smell, and taste. They wrote about one of the three environments, with only the environment changing for each session: (1) the university campus (METU); (2) the home they live in; and (3) a place they go to on weekends or a work

environment. They were instructed not to interpret, place opinions or feelings on the description, but to write as objectively as possible. For an example of the instructions of the Control Group given in the three sessions, please refer to Appendix Y.

At the end of the each 30 minutes, the experimenter knocked on the door before entering the room to let the participant know that his / her writing time was finished. The participant gave his / her assignment identified only with a participant number to the investigator. At that time, the PANAS and the State Anxiety Inventory (STAI-S) were readministered to all participants. Once the participant completed the session, short interviews were conducted concerning any problems he/she had experienced related to the session. The same procedure was followed for the remaining two writing sessions: first, PANAS and STAI-S in the pre-writing, then a 30-minute writing session, and finally, PANAS and STAI-S in the post-writing.

With the exception of the demographic information, the same measures included in the pre-assessment were administered on the third day after completing the writing session as the post-assessment and at the follow-up assessment which was scheduled 1 month after the writing sessions. Follow-up assessments were given through e-mail to some participants according to their request. At the post- and follow-up assessments, post-experimental questionnaire was also given to all participants for both manipulation check and investigation of perceived effectiveness of the writing sessions. All participants were given the opportunity to receive individual-based debriefing regarding the writing process through either e-mail or interview following the follow-up. At the beginning of the following semester, writing sessions will be arranged for the participants from Control Group to work on their upsetting events. The procedure of the data collection phase was summarized in Table 2.

Table 2. Procedure of the Data Collection Phase

Pre-Assessment	Questionnaire Booklet	Pre-Writing	Instructions	3 Writing Sessions (30 min.)	Post-Writing	Post-Assessment	Follow-up Assessment
(given in the classroom)	(given in the 1 st session)	(given in all sessions)			(given in all sessions)	(given in the 3 rd session)	(given 1 month after the sessions)
Informed Consent	Event Selection	PANAS	Explanation (1 st session)		PANAS	STAI-T	STAI-T
Demographic Information	Items Related to the Event	State Anxiety Inventory	Writing Instructions According to Group Assignment		State Anxiety Inventory	BSI	BSI
Trait Anxiety Inventory (STAI-T)	Appraisal of the Event Items					TWCI	TWCI
Brief Symptom Inventory (BSI)	Impact of Event Scale-Revised (IES-R)					LEIU	LEIU
Ways of Coping Inventory (TWCI)						TAS-20	TAS-20
Life Events Inventory (LEIU)						MSPSS	MSPSS
Toronto Alexithymia Scale (TAS-20)						IES-R	IES-R
Perceived Social Support (MSPSS)						Appraisal of the Event Items Post-Experimental Questionnaire	Appraisal of the Event Items Post-Experimental Questionnaire Individual-based Debriefing

CHAPTER III

RESULTS

First, in order to examine descriptive characteristics of the main measurements of the study, descriptive analyses were performed, and to investigate the Cronbach alpha levels for the baseline values of these measurements, reliability analyses were run. To examine the adequacy of the randomization process, as the preliminary analyses, univariate analyses of variance were run for the total score of continuous variables, multivariate analyses of variance were run for the subscales of continuous variables, and chi-square analyses were run for categorical variables. These analyses were conducted with group as the independent variable and were performed on all demographic variables and baseline dependent variables. Secondly, preliminary independent samples t-tests for the continuous variables, multivariate analyses of variance and chi-square analyses were conducted to find out whether there were gender differences on baseline levels of dependent variables. Next, to examine immediate effects of writing, mixed design analyses of variance were conducted for variables assessed each session (i.e., state anxiety, positive and negative affects), with three sessions as the within-subjects Session factor, pre / post-writing as the within-subjects Order factor, and three groups as the between-subjects Group factor. Next, in order to investigate long-term effects of writing, repeated measures analyses of variance and repeated measures multivariate analyses of variance were used for dependent variables, with pre-, post- and follow-up assessments as the within-subjects Time factor, and three groups as the between-subjects Group factor. Based on the results of preliminary analyses, main analyses included gender and group as covariate factors for relevant dependent variables. Finally, for the manipulation check and the examination of perceived effectiveness of writing tasks, univariate analyses of variance were run for the continuous

variables, and chi-square analyses were run for the categorical variables included in the post-experimental questionnaire.

3.1 Descriptive Information of the Main Measurements

Mean values of the three groups (i.e., Cognitive and Emotion Processing Group, Emotion Expression Group, Control Group) in three separate periods (i.e., pre-, post-, follow-up assessments) for the main measurements of the study and the alpha levels for the baseline levels of these measurements are provided in Table 3.

Table 3. Descriptive Information of the Main Measurements for Three Groups in Three Periods

DVs	Guided Disclosure Group			Standard Disclosure Group			Control Group			Alpha Coefficient for the baseline level
	Pre-assessment	Post-assessment	Follow-up assessment	Pre-assessment	Post-assessment	Follow-up assessment	Pre-assessment	Post-assessment	Follow-up assessment	
Trait Anxiety	43.80	42.88	43.00	43.18	42.58	43.85	41.86	41.79	41.67	.89
Perceived Social Support	64.85	63.27	63.92	67.50	67.38	66.46	65.90	67.38	67.38	.90
Life Events Inventory	135.34	134.08	127.51	134.62	136.85	137.18	132.69	128.31	128.31	.93
Brief Symptom Inventory	55.17	44.38	48.76	56.61	48.56	53.12	52.01	43.21	43.53	.96
Depression	16.73	12.92	14.42	17.23	15.81	15.65	16.43	13.88	12.76	.90
Anxiety	13.65	10.96	11.96	12.19	10.35	11.88	10.86	9.14	9.10	.89
Somatisation	6.50	5.23	5.69	6.92	4.88	6.08	6.57	4.48	4.73	.79
Hostility	8.29	6.96	7.42	9.46	8.05	9.46	8.90	7.24	6.90	.81
Negative Self	10.95	8.54	9.81	11.31	9.76	10.54	9.57	8.86	10.14	.84
Toronto Alexithymia Scale	50.82	49.00	47.52	44.08	43.96	42.69	48.01	46.05	45.04	.86
Difficulty in identifying and describing feelings	27.88	26.88	24.85	24.77	23.73	22.88	25.88	24.52	23.86	.87
Externally oriented thinking	20.73	19.85	20.77	17.19	17.92	18.00	19.95	19.52	19.45	.65

Table 3. Descriptive Information of the Main Measurements for Three Groups in Three Periods (cont'd)

DVs	Guided Disclosure Group			Standard Disclosure Group			Control Group			Alpha Coefficient for the baseline level
	Pre-assessment	Post-assessment	Follow-up assessment	Pre-assessment	Post-assessment	Follow-up assessment	Pre-assessment	Post-assessment	Follow-up assessment	
Impact of Event Scale-Revised	48.65	43.58	40.96	48.77	47.93	41.92	41.09	40.52	39.43	.92
Avoidance	19.58	17.77	17.12	19.62	18.73	16.81	16.78	16.34	16.10	.75
Intrusion	16.08	13.96	12.35	16.42	16.01	13.65	13.62	13.10	12.67	.86
Hyperarousal	13.00	11.85	11.50	12.73	13.19	11.46	10.68	11.10	10.67	.85
Perceived control for the occurrence of the event	3.38	3.58	3.46	3.12	3.54	3.50	4.48	4.19	4.19	
Perceived control for the consequence of the event	3.96	4.46	4.73	3.42	4.00	3.69	4.81	4.81	4.05	
Experienced awareness during the event	4.62	4.04	4.04	4.77	4.27	4.88	5.19	5.33	5.14	
Difficulty of disclosure related to the event	4.19	4.54	4.85	5.65	4.92	5.38	4.90	5.24	5.14	

Table 3. Descriptive Information of the Main Measurements for Three Groups in Three Periods (cont'd)

DVs	Guided Disclosure Group			Standard Disclosure Group			Control Group			Alpha Coefficient for the baseline level
	Pre-assessment	Post-assessment	Follow-up assessment	Pre-assessment	Post-assessment	Follow-up assessment	Pre-assessment	Post-assessment	Follow-up assessment	
Ways of Coping Questionnaire										.88
Problem Coping	96.73	95.92	97.70	102.24	99.83	99.96	100.47	100.00	100.83	.85
Emotion Coping	50.10	47.75	49.41	50.81	49.47	51.42	46.77	47.32	48.28	.84
Indirect Coping	40.42	41.70	40.87	42.86	42.23	42.04	38.59	39.16	39.29	.85

3.2 Categories of Upsetting Events

The topics of the upsetting events about which participants selected to write were classified by two raters who were graduate students in clinical psychology (see Table 4). The upsetting events categorized included: relationship difficulties or break-ups ($n = 22$, 30.1 %), death of a family member ($n = 7$, 9.6 %), mental or physical health problems of themselves or a family member ($n = 9$, 12.3 %), traumatic events including traffic accident, earthquake, migration, burglary and being stabbed ($n = 6$, 8.2 %), family conflict ($n = 6$, 8.2 %), sexual abuse or rape ($n = 4$, 5.5 %), failure at school ($n = 10$, 13.7 %), physical abuse or witnessing violent assault ($n = 3$, 4.1 %), fights among / with friends ($n = 5$, 6.9 %), and attempting suicide ($n = 1$, 1.4 %).

Table 4. Classification of the Topics of the Upsetting Events Identified by Three Groups

The Categories of the Upsetting Events	n
Relationship difficulties or break-ups	22
Failure at school	10
Mental or physical health problems of themselves or a family member	9
Death of a family member	7
Traumatic events (traffic accident, earthquake, burglary, being stabbed)	6
Family conflict	6
Sexual abuse or rape	4
Physical abuse or witnessing violent assault	3
Fights among / with friends	5
Attempting suicide	1

3.3 Preliminary Analyses on Baseline Assessment of the Dependent Variables

3.3.1 Group Differences on Baseline Assessments of the Dependent Variables

To check for the adequate randomization to groups, one-way ANOVAs were conducted on baseline measurements. No significant differences among three groups were found on baseline values of dependent variables including Trait Anxiety, Perceived Social Support (MSPSS), Life Events Inventory, Brief Symptom Inventory, Toronto Alexithymia Scale (TAS-20), Impact of Event Scale (IES-R), Positive Affect Schedule (PANAS-P), Negative Affect Schedule (PANAS-N), State Anxiety, how long ago the event happened, ratings for the severity of the event, the occurrence and the consequence of the event in relation to perceived control, and their awareness during the event. However, results revealed that three groups reported significant differences on the scores of difficulty of disclosure related to the event, $F(2, 70) = 5.18, p < .01$. Participants from Guided Disclosure Group (GDG) ($M = 4.19$) had less difficulty in disclosure related to their upsetting event than Standard Disclosure Group (SDG) ($M = 5.65$) while SDG and Control Group (CG) ($M = 4.91$) did not reveal any significant difference. Results are provided in Table 5.

Table 5. Results of ANOVAs for Group Differences on Baseline Measures

DVs	Guided Disclosure Group	Standard Disclosure Group	Control Group	F (2, 70)
Trait Anxiety	43.80	43.18	41.86	0.23
Perceived Social Support (MSPSS)	64.85	67.50	65.91	0.24
Life Events Inventory	135.34	134.62	132.69	0.04
Brief Symptom Inventory	55.17	56.61	52.01	0.10
Toronto Alexithymia Scale (TAS-20)	50.82	44.08	48.01	2.51
Impact of Event Scale (IES-R)	48.65	48.77	41.09	2.01
Positive Affect Schedule	27.77	32.31	30.24	2.20
Negative Affect Schedule	18.50	17.73	16.29	0.64
State Anxiety	41.33	39.23	40.48	0.21
How long ago the event happened (month)	49.21	62.62	51.38	0.54
Severity of the event	6.35	5.89	6.10	1.38
Perceived control for the occurrence of the event	3.39	3.12	4.48	2.21
Perceived control for the consequence of the event	3.96	3.42	4.81	2.45
Experienced awareness during the event	4.62	4.77	5.19	0.51
Difficulty of disclosure related to the event	4.19_a	5.65_b	4.91_{ab}	5.18*

*p < .01

Note. The mean scores that do not share a same subscript on the same raw are significantly different from each other.

To examine group differences in baseline values of the subscales of Ways of Coping Questionnaire, Brief Symptom Inventory, Toronto Alexithymia Scale, and Impact of Event Scale-Revised, a series of MANOVAs were conducted (see Table 6). No significant group differences were observed on the levels of the subscales of Ways of Coping Questionnaire, Brief Symptom Inventory, and Impact of Event Scale-Revised. Results suggested that there was a significant Group main effect on Alexithymia subscales (Wilks' Lambda = .85, Multivariate $F(4, 138) = 2.89, p < .05$), (see Table 6.C). Univariate analyses with Bonferroni correction (p value = $.05 / 2 = .025$) showed that group differences were observed only for the externally oriented thinking factor, ($F(2, 70) = 5.67, p = .005, \eta^2 = .14$). According to the LSD comparison, GDG and CG had higher levels of externally oriented thinking than SDG, while GDG and CG did not significantly differ from each other.

Table 6. Results of MANOVAs for Group Differences on Baseline Measures

DVs	Guided Disclosure Group	Standard Disclosure Group	Control Group	Multivariate df	Multivariate F	Univariate df	Univariate F
A. Ways of Coping Questionnaire Subscales				6, 136	1.27		
Problem Coping	96.73	102.25	100.47				
Emotion Coping	50.10	50.81	46.77				
Indirect Coping	40.42	42.86	38.59				
B. Brief Symptom Inventory Subscales				10, 132	0.68		
Depression	16.73	17.23	16.43				
Anxiety	13.65	12.19	10.86				
Somatisation	6.50	6.92	6.57				
Hostility	8.29	9.46	8.91				
Negative Self	10.95	11.31	9.57				
C. Toronto Alexithymia Scale Subscales				4, 138	2.89*		
Difficulty in identifying and describing feelings	27.89	24.77	25.88			2, 70	1.03
Externally oriented thinking	20.73_a	17.19_b	19.95_a			2, 70	5.67**
D. Impact of Event Scale-Revised Subscales				6, 136	0.74		
Avoidance	19.58	19.62	16.78				
Intrusion	16.08	16.42	13.62				
Hyperarousal	13.00	12.73	10.68				

*p < .05, **p < .01

Note. The mean scores that do not share a same subscript on the same raw are significantly different from each other.

To examine group differences in the items related to the upsetting event characteristics, chi-square analyses were conducted. Results yielded that there were no significant differences among three groups in the items concerning whether it was the most upsetting event they had ever experienced and previous disclosure related to the reported event (see Table 7).

For the following analyses, while conducting variance analyses on the measures where Group differences were found significant (i.e., difficulty of disclosure and Toronto Alexithymia Scale) Group variable has been treated as the covariate variable; similarly on the measures where Gender differences were found to be significant (i.e., Negative Affect Schedule, Ways of Coping Questionnaire, Brief Symptom Inventory, Toronto Alexithymia Scale) Gender has been treated as the covariate variable.

Table 7. Pearson’s Chi Square Analysis for the Upsetting Event Characteristics

	Guided Disclosure Group		Standard Disclosure Group		Control Group		χ^2
	Yes	No	Yes	No	Yes	No	
This was the most upsetting event I had ever experienced	21 (80.8 %)	5 (19.2 %)	20 (76.9 %)	6 (23.1 %)	17 (81 %)	4 (19 %)	.16
Previous disclosure	22 (84.6 %)	4 (15.4 %)	26 (100 %)	0 (0 %)	20 (95.2 %)	1 (4.8 %)	5.03

3.3.2 Gender Differences on Baseline Assessment of the Dependent Variables

In order to find out whether there were significant differences between male and female participants in terms of baseline measurements of the study, separate independent samples t-tests were performed. Results suggested that male and female participants did not differ significantly on baseline values of dependent variables including Trait Anxiety, Perceived Social Support (MSPSS), Life Events Inventory, Brief Symptom Inventory, Toronto Alexithymia Scale (TAS-20), Impact of Event Scale (IES-R), Positive Affect Schedule (PANAS-P), State Anxiety, ratings for the severity of the event, the occurrence and the consequence of the event in relation to perceived control, their awareness during the event and difficulty of disclosure related to the event. However, a significant gender difference was found on the Negative Affect Schedule, [$t(71) = -1.41$, $p < .05$] showing that females had higher baseline levels of state anxiety than males. Results are summarized in Table 8.

Table 8. Gender Differences in terms of Baseline Measures of the Dependent Variables

DVs	Female	Male	df	t
Trait Anxiety	45.73	38.40	71	-3.28
Perceived Social Support (MSPSS)	67.98	62.89	71	-1.55
Life Events Inventory	142.34	120.65	71	-2.76
Brief Symptom Inventory	63.73	39.52	71	-2.95
Toronto Alexithymia Scale (TAS-20)	46.50	49.49	71	1.11
Impact of Event Scale (IES-R)	46.07	47.29	71	.34
Positive Affect Schedule	28.46	32.89	71	2.37
Negative Affect Schedule	18.35	16.30	71	-1.41*
State Anxiety	42.03	37.44	71	-1.67
Severity of the event	5.89	6.48	71	2.50
Perceived control for the occurrence of the event	3.52	3.74	71	0.38
Perceived control for the consequence of the event	4.04	3.96	71	-0.15
Experienced awareness during the event	5.09	4.41	71	-1.44
Difficulty of disclosure related to the event	5.26	4.33	71	-2.28

* $p < .05$

Four MANOVAs were conducted to find out whether males and females differed on the baseline levels of the subscales of Ways of Coping Questionnaire, Brief Symptom Inventory, Toronto Alexithymia Scale, and Impact of Event Scale-Revised.

In the first MANOVA, problem focused, emotion focused and indirect coping styles served as the dependent variables (see Table 9.A). The results yielded that there were significant gender differences on coping styles (Wilks' Lambda = .84, Multivariate $F(3, 69) = 4.34, p < .05$). Univariate analyses with Bonferroni correction (p value = $.05 / 3 = .016$) revealed that females reported higher indirect coping than males ($F(1, 73) = 6.59, p = .012, \eta^2 = .09$). That is, they tended to seek more social support than males, while coping with the event. However, males and females did not differ from each other on problem focused and emotion focused coping styles.

In the second MANOVA, the subscales of Brief Symptom Inventory including Depression, Anxiety, Somatisation, Hostility and Negative Self were the dependent measures (see Table 9.B). Gender main effect was observed on the baseline levels of psychological symptoms (Wilks' Lambda = .81, Multivariate $F(5, 67) = 3.14, p < .05$). Univariate analyses with Bonferroni correction (p value = $.05 / 5 = .01$) suggested that there were significant gender differences on Somatisation ($F(1, 73) = 13.24, p = .001, \eta^2 = .16$) and hostility ($F(1, 73) = 8.91, p = .004, \eta^2 = .11$). Females had higher somatisation and hostility symptoms than males, whereas there were no differences between males and females in terms of their depression, anxiety and negative self symptoms.

In the third MANOVA, Difficulty in Identifying and Describing Feelings, and Externally Oriented Thinking as the subscales of TAS-20 were the dependent measures (see Table 9.C). There was a significant gender main effect on alexithymia subscales (Wilks' Lambda = .89, Multivariate $F(2, 70) = 4.18, p < .05$). Univariate analyses with Bonferroni correction (p value = $.05 / 2 = .025$) showed that males had higher levels of externally oriented thinking than females ($F(1, 73) = 6.08, p = .016, \eta^2 = .08$) though males and females did not differ from each other on difficulty in identifying and describing their feelings.

Finally, for the MANOVA where the three subscales of the Impact of Event Scale-Revised served as the dependent measures (see Table 9.D), there were no significant gender differences. Table 10 displays the results of all these MANOVAs.

Table 9. The Results of the MANOVAs for Gender Differences on Baseline Measures

DVs	Females	Males	Multivariate df	Multivariate F	Univariate df	Univariate F	η^2
A. Ways of Coping Questionnaire Subscales			3, 69	4.34*			
Problem Coping	97.34	103.91			1, 73	04.18	.06
Emotion Coping	49.00	50.06			1, 73	00.17	.00
Indirect Coping	42.41	37.96			1, 73	06.59*	.09
B. Brief Symptom Inventory Subscales			5, 67	3.14*			
Depression	19.13	12.89			1, 73	06.00	.08
Anxiety	14.39	08.81			1, 73	05.93	.08
Somatisation	08.50	03.60			1, 73	1 3.24**	.16
Hostility	10.47	06.19			1, 73	08.91**	.11
Negative Self	12.02	08.41			1, 73	03.23	.04
C. Toronto Alexithymia Scale Subscales			2, 70	4.18*			
Difficulty in identifying & describing feelings	26.15	26.28			1, 73	00.01	.00
Externally oriented thinking	18.35	20.78			1, 73	06.08*	.08
D. Impact of Event Scale-Revised Subscales			3, 69	1.51			
Avoidance	18.33	19.57					
Intrusion	15.24	15.93					
Hyperarousal	12.50	11.79					

*p < .05, **p < .01

For the items related to the experienced negative event, chi-square analyses were conducted. Results revealed significant gender difference for the item concerning whether it was the most upsetting event they had ever experienced, $\chi^2(1, 73) = 11.08, p < .001$ (see Table 10). More females ($n = 31$) rated the event as the most upsetting they had ever experienced than males ($n = 27$). All participants reporting negatively to this item are females ($n = 15$). However, chi-square analysis indicated that there was no significant difference between males and females in previous disclosure related to the reported event (see Table 10).

Table 10. Pearson's Chi Square Analysis for the Upsetting Event Characteristics

	Female		Males		$\chi^2(1, 73)$
	Yes	No	Yes	No	
This was the most upsetting event I had ever experienced	31 (53.4 %)	15 (100 %)	27 (46.6 %)	0 (0 %)	11.08 *
Previous disclosure	44 (64.7 %)	2 (40 %)	24 (35.3 %)	3 (60 %)	1.22

* $p < .001$

3.4 Analyses on Immediate Effects of Writing (Order Effect)

Immediate effects of writing on state anxiety, positive and negative affects were investigated by means of a series of 3 (Group) x 3 (Session) x 2 (Order) mixed design ANOVA with repeated measures on the last two factors.

3.4.1. Immediate Effects of Groups, Sessions, and Order on State Anxiety

According to 3 (Group) x 3 (Session) x 2 (Order) mixed design ANOVA with repeated measures on the last two factors, as shown in Table 11, a significant Session main effect was found for state anxiety, $F(2, 140) = 10.28$, $p < .001$.

Table 11. Effects of Groups, Sessions, and Order on the State Anxiety Measure

	SS	df	MS	F	Partial η^2
Group	243.68	2	121.84	0.29	.01
Error	29501.21	70	421.45		
Session	1433.02	2	716.51	10.28*	.13
Group x Session	672.21	4	168.05	2.41	.06
Error	9756.69	140	69.69		
Order	96.15	1	96.15	1.98	.03
Group x Order	704.04	2	352.02	7.26*	.17
Error	3396.38	70	48.52		
Session x Order	83.70	2	41.85	1.73	.02
Group x Session x Order	204.91	4	51.23	2.12	.06
Error	3387.22	140	24.19		

Note. * $p < .001$

According to the LSD comparisons, mean ratings for state anxiety were significantly higher on Session 1 ($M = 41.31$) compared to Session 2 ($M = 37.91$) and Session 3 ($M = 37.11$), while there was no significant change between Session 2 and Session 3 (see Table 12).

Table 12. Means for Session Main Effect for State Anxiety

Session I	Session II	Session III
41.31 _a	37.91 _b	37.11 _b

Note. The mean scores that do not share a same subscript on the same raw are significantly different from each other.

Table 13. 3 (Group) x 2 (Order) Interaction Effect for State Anxiety

	Pre-Writing	Post-Writing
Guided Disclosure Group (GDG)	38.88 _{a-1}	40.72 _{a-1}
Standard Disclosure Group (SDG)	36.69 _{a-1}	40.30 _{b-1}
Control Group (CG)	33.35 _{a-2}	36.72 _{b-2}

Note. The mean scores that do not share a common letter subscript on each row, and a common number subscript on each column are significantly different from each other.

Furthermore, a significant 3 (Group) x 2 (Order) interaction was observed, $F(2, 70) = 7.26, p < .001$, indicating that state anxiety ratings changed from pre- to post-writing as a function of group (see Table 13). Post-hoc analysis with Tukey's critical difference yielded that there were significant increases in state anxiety from pre-writing to post-writing in both Standard Disclosure Group (SDG) and Control Group (CG), whereas there was no difference in state anxiety from pre- to post-writing in Guided Disclosure Group (GDG) (see Figure 1). Moreover, the state anxiety levels of CG in both pre- and post-writing orders were significantly lower than those of two experimental groups.

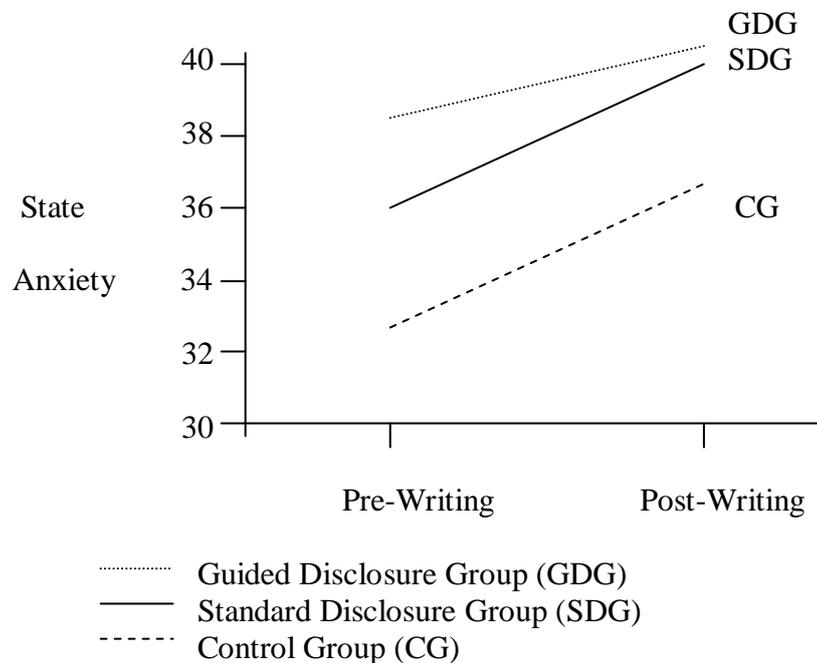


Figure 1. State Anxiety Ratings Before and After Writing

Table 14. Effects of Groups, Sessions, and Order on the Positive Affect Schedule

	SS	df	MS	F	Partial η^2
Group	860.56	2	430.28	1.40	.04
Error	21546.82	70	307.81		
Session	449.24	2	224.62	6.29*	.08
Group x Session	227.52	4	56.88	1.59	.04
Error	5003.13	140	35.74		
Order	.28	1	.28	0.02	.01
Group x Order	83.72	2	41.86	2.31	.06
Error	1270.70	70	18.15		
Session x Order	35.31	2	17.66	2.04	.03
Group x Session x Order	37.34	4	9.33	1.08	.03
Error	1213.92	140	8.67		

* $p < .01$

3.4.2. Immediate Effects of Groups, Sessions, and Order on Positive Affect

A 3 (Group) x 3 (Session) x 2 (Order) mixed design ANOVA with repeated measures on the last two factors yielded only a significant Session main effect on positive affect, $F(2, 140) = 6.29$, $p < .01$ (see Table 14). As shown in Table 15, positive affect levels in Session I was significantly higher than Session II and Session III, while these two sessions did not differ from each other significantly.

Table 15. Means for Session Main Effect for Positive Affect

Session I	Session II	Session III
29.70 _a	27.58 _b	27.51 _b

Note. The mean scores that do not share a same subscript on the same raw are significantly different from each other.

3.4.3. Immediate Effects of Groups, Sessions, and Order on Negative Affect

Since the results of independent samples t-test revealed that there was a significant gender difference on baseline values of negative affect (see Section 3.3.2), gender was served as the covariate factor in this analysis. Thus, a 3 (Group) x 3 (Session) x 2 (Order) mixed design ANCOVA with repeated measures on the last two factors was conducted with the Negative Affect Schedule served as the dependent variable and gender served as the covariate variable. According to the results of this ANCOVA, a significant Group main effect, $F(2, 69) = 4.36, p < .05$, Session x Group interaction effect, $F(4, 138) = 3.02, p < .05$, Group x Order interaction effect, $F(2, 69) = 11.22, p < .001$, and Group x Session x Order interaction effect, $F(4, 138) = 2.80, p < .05$, were found (see Table 16). Since triple interaction was significant, other significant main and interaction effects were not interpreted. For the 3 (Group) x 3 (Session) x 2 (Order) interaction effect, post-hoc analysis was conducted with Tukey's critical difference (see Table 17). Figure 2 displays Group x Session x Order interaction effect interaction.

Table 16. Effects of Groups, Sessions, and Order on the Negative Affect Schedule

	SS	df	MS	F	Partial η^2
Group	971.55	2	485.77	4.36*	.11
Error	7683.64	69	111.36		
Session	54.93	2	27.46	1.20	.02
Group x Session	276.88	4	69.22	3.02*	.08
Error	3159.20	138	22.89		
Order	1.40	1	1.40	0.10	.01
Group x Order	329.03	2	164.51	11.22**	.25
Error	1011.49	69	14.66		
Session x Order	3.32	2	1.66	0.13	.01
Group x Session x Order	144.37	4	36.09	2.80*	.08
Error	1777.22	138	12.88		

* $p < .05$, ** $p < .001$

Table 17. 3 (Group) x 3 (Session) x 2 (Order) Interaction Affect for Negative Affect Schedule, PANAS (N)

	Session I		Session II		Session III	
	Pre- Writing	Post- Writing	Pre- Writing	Post- Writing	Pre- Writing	Post- Writing
Guided Disclosure Group (GDG)	18.71 _{c-1}	21.54 _{d-1}	16.00 _{b-1}	16.00 _{b-1}	14.33 _{ab-1}	13.79 _{ab-12}
Standard Disclosure Group (SDG)	17.59 _{c-12}	22.22 _{d-1}	14.51 _{ab-12}	16.11 _{bc-1}	13.02 _{a-1}	14.82 _{b-2}
Control Group (CG)	16.20 _{b-2}	12.97 _{a-2}	12.84 _{a-2}	11.94 _{a-2}	13.28 _{a-1}	12.39 _{a-1}

Note. The mean scores that do not share a common letter subscript on each row, and a common number subscript on each column are significantly different from each other.

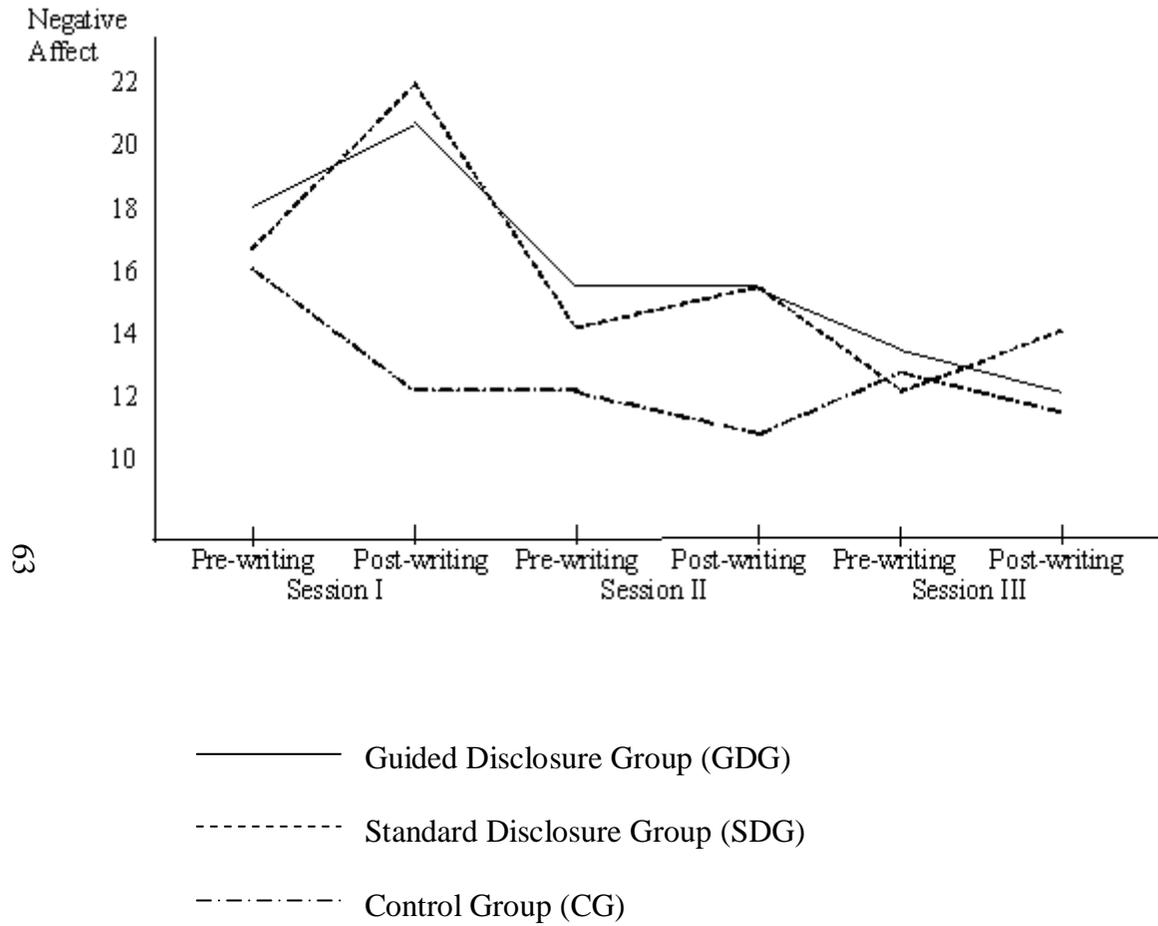


Figure 2. Negative Affect Ratings in the Pre- and Post-writings of the Three Sessions for the Three Groups

Results of the post-hoc analyses revealed that for both Guided Disclosure Group (GDG) and Standard Disclosure Group (SDG), in both pre-writing and post-writing assessments of negative affect of the sessions, there were significant decreases from Session I to Session II, whereas there were no significant differences between Session II and Session III. On the other hand, for Control Group (CG), in the pre-writing periods, a significant reduction in negative affect was found from Session I to Session II while there was no significant change between Session II and Session III. However, in the post-writing periods, Control Group did not significantly differ among sessions.

As for the between groups comparisons of Session I and Session II, in the pre-writing period, GDG reported higher levels of negative affect as compared to CG, though SDG reported similar levels with GDG and CG. However, in the post-writing of Session I and Session II, CG reported significantly lower levels of negative affect than both GDG and SDG, whereas no significant difference was observed between GDG and SDG.

As for the between group comparisons of Session III, for the pre-writing period, no group differences were observed though in the post-writing period, SDG reported significantly higher levels of negative affect than CG, whereas GDG did not significantly differ from SDG and CG.

3.5 Analyses on Long-Term Effects of Writing (Time Effect)

3.5.1 3 (Group) x 3 (Time) ANOVAs on Dependent Variables

To identify the long-term effects of writing on dependent variables, a series of 3 (Group) x 3 (Time) ANOVAs with a repeated measure on the last factor were performed. According to the analyses, as shown in Table 18, there were no significant effects on the dependent variables including Trait anxiety, Perceived Social Support, Life Events Inventory, ratings for the severity of the event, the occurrence and the consequence of the event in relation to perceived control, their awareness during the event and difficulty of disclosure related to the event.

Table 18. Effects of Groups and Time on Dependent Variables

DVs	Multivariate df	Multivariate F	Univariate df	Univariate F
A. Trait Anxiety				
Group			2, 70	0.19
Time			2, 140	0.46
Group x Time			4, 140	0.43
C. Perceived Social Support				
Group			2, 70	0.43
Time			2, 140	0.02
Group x Time			4, 140	0.67
D. Life Events Inventory				
Group			2, 70	0.24
Time			2, 140	0.82
Group x Time			4, 140	0.97
E. Brief Symptom Inventory				
Group			2, 70	0.23
Time			2, 140	6.33**
Group x Time			4, 140	0.22
F. Toronto Alexithymia Scale				
Group			2, 70	2.11
Time			2, 140	5.20**
Group x Time			4, 140	0.40
G. Impact of Event Scale-Revised				
Group			2, 70	1.08
Time			2, 140	9.62***
Group x Time			4, 140	1.66
H. Perceived control for the occurrence of the event				
Group			2, 70	1.25
Time			2, 140	0.22
Group x Time			4, 140	0.94
I. Perceived control for the consequence of the event				
Group			2, 70	1.63
Time			2, 140	1.49
Group x Time			4, 140	2.21

Table 18. Effects of Groups and Time on Dependent Variables (cont'd)

DVs	Multivariate df	Multivariate F	Univariate df	Univariate F
J. Experienced awareness during the event				
Group			2, 70	2.39
Time			2, 140	1.26
Group x Time			4, 140	1.34
K. Difficulty of disclosure related to the event				
Group			2, 69	0.43
Time			1, 69	0.93
Group x Time			2, 69	0.50
L. Ways of Coping Questionnaire Subscales				
Group	6, 134	1.11		
Time	6, 64	0.59		
Group x Time	12, 128	0.62		
M. Brief Symptom Inventory Subscales				
Group	10, 130	1.09		
Time	10, 60	0.93		
Group x Time	20, 120	0.65		
N. Toronto Alexithymia Scale Subscales				
Group	4, 136	0.14		
Time	2, 68	0.39		
Group x Time	4, 136	0.91		
O. Impact of Event Scale-Revised Subscales				
Group	6, 136	0.71		
Time	6, 65	5.01***		
Group x Time	12, 130	0.95		
Time Main Effect				
Avoidance			2, 140	6.63**
Intrusion			2, 140	12.30***
Hyperarousal			2, 140	2.57

*p < .05, **p < .01, ***p < .001

Table 19. Means for Time Main Effect on Dependent Variables

DVs	Pre- Assessment	Post- Assessment	Follow-up Assessment
Brief Symptom Inventory	54.60 _a	45.39 _b	48.47 _b
Toronto Alexithymia Scale	47.64 _a	46.34 _{ab}	45.08 _b
Impact of Event Scale Revised	46.17 _a	44.01 _a	40.77 _b
Avoidance	18.66 _a	17.61 _{ab}	16.67 _b
Intrusion	15.37 _a	14.35 _b	12.89 _c

Note. The mean scores that do not share a same subscript on the same raw are significantly different from each other.

For the total score of Brief Symptom Inventory, a significant Time main effect was found, $F(2, 140) = 6.33, p < .01$ (see Table 18), indicating that according to the LSD comparisons, levels of psychological distress symptoms in the pre-assessment ($M = 54.60$) was significantly higher than post- ($M = 45.39$) and follow-up ($M = 48.47$) assessments, while there was no significant difference between post- and follow-up assessments (see Table 19).

For the total score of Alexithymia, a significant Time main effect was observed, $F(2, 140) = 5.20, p < .01$ (see Table 18), where according to the LSD comparisons, mean ratings for alexithymia were significantly higher on pre-assessment ($M = 47.64$) than follow-up assessment ($M = 45.08$) while post-assessment ($M = 46.34$) did not significantly differ from pre- and follow-up assessments (see Table 19).

For the total score of Impact of Event Scale-Revised, a significant Time main effect was found, $F(2, 140) = 9.62, p < .001$ (see Table 18). The LSD comparisons revealed that there were no significant change between pre- ($M = 46.17$) and post-assessments ($M = 44.01$), whereas these two Time periods were significantly differ from follow-up assessment ($M = 40.77$) (see Table 19).

3.5.2 A 3 (Group) x 3 (Time) ANCOVA on the Dependent Variable Concerning Difficulty of Disclosure Related to the Event

Due to the results of ANOVAs showing that there were significant group differences on baseline values of the dependent variable concerning

difficulty of disclosure related to the event (see Section 3.3.1), the pre-assessment ratings for this variable was served as the covariate factor in the main analyses. Therefore, a 3 (Group) x 3 (Time) ANCOVA was performed with time served as the within factor and the pre-assessment of the variable served as the covariate factor. Results yielded no significant difference on difficulty of disclosure related to the event (see Table 18).

3.5.3 3 (Group) x 3 (Time) MANCOVAs on the Subscales of Dependent Variables

Due to the results of MANOVAs revealing that there were significant gender differences on baseline values of the subscales of Ways of Coping Questionnaire, Brief Symptom Inventory and Toronto Alexithymia Scale (see Section 3.3.2), gender was served as the covariate factor in each analysis related to these variables. Thus, in order to investigate the long-term effects of writing on the subscales of these dependent variables, a series of 3 (Group) x 3 (Time) MANCOVAs were conducted with time as the within factor and gender as the covariate factor. Besides, due to the results of MANOVAs revealing that there were significant group differences on baseline values of the subscales of Toronto Alexithymia Scale (see Section 3.3.2), the pre-assessment of these dependent variables was served as the covariate factor in the main analyses. Thus, a 3 (Group) x 3 (Time) MANCOVA was run with time served as the within factor, and the pre-assessment of the variables and gender served as the covariate factors. Results yielded that there were no significant effects on these measures (see Table 18).

3.5.4 3 (Group) x 3 (Time) MANOVA on the Subscales of Impact of Event Scale-Revised

To examine the long-term effects of writing on the subscales of Impact of Event Scale-Revised, a 3 (Group) x 3 (Time) MANOVA with a repeated measure on the last factor was performed. Results showed that there was a significant Time main effect on cognitive processing (Wilks' Lambda = .68, Multivariate $F(6, 65) = 5.01$, $p < .001$). Univariate analyses with Bonferroni

correction (p value = $.001 / 3 = .0003$) showed that there were significant differences on avoidance ($F(2, 140) = 6.63, p = .002, \eta^2 = .09$) and intrusion ($F(2, 140) = 12.30, p = .000, \eta^2 = .15$). The scores of avoidance significantly decreased from pre- to follow-up assessment, while avoidance scores of post-assessment did not differ significantly from those of pre- and follow-up assessments (see Table 19). Moreover, the intrusion levels significantly decreased among pre-, post-, and follow-up assessments (see Table 19).

3.6 Manipulation Check and Essay Ratings

219 essays ordered randomly were classified into the correct group and session by two independent raters who were graduate students in clinical psychology. The accuracy rates of the classifications of two raters were 96.3 % (211 essays) and 97.7 % (214 essays), indicating excellent adherence to writing instructions for participants who completed the study. Also, there is a 97.7 % agreement between two raters.

Post-experimental questionnaire included some questions serving as the manipulation check. For the ratings of these questions, a series of univariate ANOVAs, with Group as the independent variable, were conducted. As shown in Table 20, participant ratings for the degree of the writings' focus on facts revealed no significant difference. On the other hand, in terms of the degree they concentrated on feelings and thoughts in their writings, in both post- and follow-up assessment periods, there were significant differences among groups. According to this difference, Guided Disclosure Group (GDG) and Standard Disclosure Group (SDG) wrote about their feelings and thoughts significantly more than Control Group (CG). For the F scores and the mean values, please refer to Table 20.

Table 20. Mean Responses to Manipulation Check Items in the Post-Experimental Questionnaire

Questions		Guided Disclosure Group	Standard Disclosure Group	Control Group	F (2, 70)
5. To what degree did you concentrate on facts?	Post-Assessment	6.31	6.12	6.00	0.65
	Follow-up Assessment	6.00	5.92	5.86	0.10
6. To what degree did you concentrate on feelings?	Post-Assessment	5.62 _a	6.12 _a	3.38 _b	24.64*
	Follow-up Assessment	5.81 _a	5.92 _a	3.38 _b	20.91*
7. To what degree did you concentrate on thoughts?	Post-Assessment	5.88 _a	6.08 _a	4.57 _b	8.55*
	Follow-up Assessment	6.04 _a	6.08 _a	4.24 _b	16.27*

*p < .001

Note. The mean scores that do not share a same subscript on the same raw are significantly different from each other.

3.7 Perceived Effectiveness of Writing Sessions

For the questions related to the subjective perceptions of the effects of writing tasks in the post-experimental questionnaires administered at both post- and follow-up assessments, a series of univariate ANOVAs were conducted. Table 21 contains a summary of the responses to these items.

The ANOVAs yielded that in the post-assessment, there were significant group differences on the ratings for their suffering in the past due to the upsetting experience, $F(2, 70) = 4.48, p < .05$. GDG ($M = 5.69$) and SDG ($M = 5.31$) reported that they suffered more due to the upsetting experience in comparison to CG ($M = 4.29$). However, in the follow-up assessment, ratings for this question did not reach significance.

Ratings for their suffering at that moment due to their upsetting experience were found not to be significant among groups in both post- and follow-up assessments.

In both periods of the assessments, no significant differences were found on the ratings for the level of difficulty to write about their upsetting experiences for GDG and SDG, and the environments they had often been in for CG.

Table 21. Mean Responses to Perceived Effectiveness Items 3, 4, 8 in the Post-Experimental Questionnaire

Questions		Guided Disclosure Group	Standard Disclosure Group	Control Group	F (2, 70)
3. To what extent did you suffer due to the upsetting experience?	Post-Assessment	5.69 _a	5.31 _a	4.29 _b	4.48*
	Follow-up Assessment	5.69	5.00	4.90	1.96
4. To what extent do you suffer at this moment due to experience?	Post-Assessment	3.19	3.19	3.29	0.03
	Follow-up Assessment	2.88	2.92	2.95	0.01
8. To what extent was it difficult for you to write about your experience/ the environments?	Post-Assessment	3.73	3.46	3.14	0.65
	Follow-up Assessment	3.81	3.81	3.19	0.81

* $p < .05$

Note. The mean scores that do not share a same subscript on the same raw are significantly different from each other.

For the categorical items related to the perceived effectiveness of the writing tasks in the post-experimental questionnaire, chi-square analyses were performed. Results revealed that regarding the ratings for the question concerning perceived benefit of their participation in the study, in the post-assessment, no significant difference was found, whereas in the follow-up assessment, there was a significant group difference, $\chi^2(4, 73) = 17.83, p < .001$ (see Table 22). The majority of the participants from GDG and SDG reported that they had perceived a significant benefit regarding their participation in the study, while majority of participants from CG were undecided in both post- and follow-up assessments.

Concerning the ratings for the reduction of the influence of the upsetting event due to the writing, groups significantly differed from each other in the post-assessment, $\chi^2(2, 73) = 8.22, p < .05$ (see Table 23). 57.7 % of participants from GDG and 53.8 % of participants from SDG reported a reduction of the influence of their upsetting event, whereas 81 % of participants from CG reported no such reduction.

Ratings for beneficial effects of going over the upsetting event in experimental groups and the environments in CG were not significant in both post- and follow-up assessments (see Table 24).

Table 22. Mean Responses to Perceived Effectiveness Item 1 in the Post-Experimental Questionnaire

Question 1. Do you think that participating in the study has been beneficial for you?										
	Guided Disclosure Group			Standard Disclosure Group			Control Group			χ^2 (4,73)
	Yes	Undecided	No	Yes	Undecided	No	Yes	Undecided	No	
Post-Assessment	14 (53.8 %)	11 (42.3 %)	1 (3.8 %)	14 (53.8 %)	9 (34.6 %)	3 (11.5 %)	5 (23.8 %)	10 (47.6 %)	6 (28.6 %)	8.80
Follow-up Assessment	16 (61.5 %)	8 (30.8 %)	2 (7.7 %)	20 (76.9 %)	1 (3.8 %)	5 (19.2 %)	5 (23.8 %)	10 (47.6 %)	6 (28.6 %)	17.83*

* $p < .001$ **Table 23. Mean Responses to Perceived Effectiveness Item 2 in the Post-Experimental Questionnaire**

Question 2. Did writing reduce the influence of your upsetting event?									
	Guided Disclosure Group		Standard Disclosure Group		Control Group		χ^2 (2, 73)		
	Yes	No	Yes	No	Yes	No			
Post-Assessment	15 (57.7 %)	11 (42.3 %)	14 (53.8 %)	12 (46.2 %)	4 (19.0 %)	17 (81.0 %)	8.22*		
Follow-up Assessment	13 (50.0 %)	13 (50.0 %)	12 (46.2 %)	14 (53.8 %)	4 (19.0 %)	17 (81.0 %)	5.35		

* $p < .05$ **Table 24. Mean Responses to Perceived Effectiveness Item 9 in the Post-Experimental Questionnaire**

Question 9. Do you think that going over your upsetting experience (the familiar environments you had often been in) in details has beneficial effects?										
	Guided Disclosure Group			Standard Disclosure Group			Control Group			χ^2 (4,73)
	Not at all	A bit	A lot	Not at all	A bit	A lot	Not at all	A bit	A lot	
Post-Assessment	1 (3.8 %)	17 (65.4 %)	8 (30.8 %)	3 (11.5 %)	14 (53.8 %)	9 (34.6 %)	1 (4.8 %)	16 (76.2 %)	4 (19.0 %)	3.25
Follow-up Assessment	3 (11.5 %)	15 (57.7 %)	8 (30.8 %)	4 (15.4 %)	12 (46.2 %)	10 (38.5 %)	3 (14.3 %)	13 (61.9 %)	5 (23.8 %)	1.53

Ratings for the degree of increase in their awareness related to the feelings and thoughts that were hitherto unclear to them were found not to be significant among groups in the post- assessment, while there was a significant difference in the follow-up assessment, $\chi^2(4, 73) = 9.70, p < .05$ (see Table 25). Majority of participants in all groups reported a little increase in their consciousness of feelings and thoughts concerning the upsetting event.

Regarding the ratings for coming to terms completely with the upsetting experience due to the writing tasks, a significant difference was found among groups in both post-assessment $\chi^2(4, 73) = 17.71, p < .001$ and follow-up assessment $\chi^2(4, 73) = 10.64, p < .05$ (see Table 26). Majority of participants from GDG and SDG reported a small amount of benefit due to the writing, though most of participants from CG stated that writing did not help at all.

Ratings for the change about the way they thought about their upsetting experience due to the writing were significant among groups in both post-assessment $\chi^2(4, 73) = 10.10, p < .05$ and follow-up assessment $\chi^2(4, 73) = 16.31, p < .01$ (see Table 27). Most of the participants from GDG and SDG reported a small amount of change about the way they thought about the experience due to the writing, while majority of participants from CG reported no such change.

Table 25. Mean Responses to Perceived Effectiveness Item 10 in the Post-Experimental Questionnaire

	Guided Disclosure Group			Standard Disclosure Group			Control Group			$\chi^2(4, 73)$
	Not at all	A bit	A lot	Not at all	A bit	A lot	Not at all	A bit	A lot	
Post-Assessment	5 (19.2 %)	13 (50.0 %)	8 (30.8 %)	5 (19.2 %)	17 (65.4 %)	4 (15.4 %)	7 (33.3 %)	11 (52.4 %)	3 (14.3 %)	3.96
Follow-up Assessment	3 (11.5 %)	16 (61.5 %)	7 (26.9 %)	5 (19.2 %)	14 (53.8 %)	7 (26.9 %)	8 (38.1 %)	13 (61.9 %)	0 (.0 %)	9.70*

* $p < .05$

Table 26. Mean Responses to Perceived Effectiveness Item 11 in the Post-Experimental Questionnaire

	Guided Disclosure Group			Standard Disclosure Group			Control Group			$\chi^2(4, 73)$
	Not at all	A bit	A lot	Not at all	A bit	A lot	Not at all	A bit	A lot	
Post-Assessment	4 (15.4 %)	15 (57.7 %)	7 (26.9 %)	7 (26.9 %)	12 (46.2 %)	7 (26.9 %)	15 (71.4 %)	3 (14.3 %)	3 (14.3 %)	17.71**
Follow-up Assessment	7 (26.9 %)	10 (38.5 %)	9 (34.6 %)	7 (26.9 %)	8 (30.8 %)	11 (42.3 %)	14 (66.7 %)	4 (19.0 %)	3 (14.3 %)	10.64*

* $p < .05$, ** $p < .001$

Table 27. Mean Responses to Perceived Effectiveness Item 12 in the Post-Experimental Questionnaire

	Guided Disclosure Group			Standard Disclosure Group			Control Group			$\chi^2(4, 73)$
	Not at all	A bit	A lot	Not at all	A bit	A lot	Not at all	A bit	A lot	
Post-Assessment	8 (30.8 %)	14 (53.8 %)	4 (15.4 %)	9 (34.6 %)	11 (42.3 %)	6 (23.1 %)	15 (71.4 %)	4 (19.0 %)	2 (9.5 %)	10.10*
Follow-up Assessment	6 (23.1 %)	12 (46.2 %)	8 (30.8 %)	9 (34.6 %)	15 (57.7 %)	2 (7.7 %)	15 (71.4 %)	4 (19.0 %)	2 (9.5 %)	16.31**

* $p < .05$, ** $p < .01$

CHAPTER IV

DISCUSSION

This study was designed to replicate and extend the beneficial outcomes of the written expressive disclosure paradigm. The current study had two main aims. The first aim was to examine the immediate emotional arousal during writing sessions among three groups, namely Guided Disclosure Group (GDG) focusing on both cognitive and emotional processing through explicit instructions, Standard Disclosure Group (SDG) focusing on only emotional processing and Control Group (CG) focusing on describing familiar environments without including any emotion or opinions. The second aim of the current study was to compare the effectiveness of GDG, SDG and CG on psychological health, cognitive processing, and dispositional and social constraints. Further, the perceived effectiveness of the writing sessions was explored in both post- and follow-up assessment.

4.1 Findings Related to Immediate Effects of Writing

With respect to emotional processing/exposure model, it was expected that for the GDG and SDG, state anxiety ratings would initially increase in the first session and subsequently decrease across the sessions. For the SDG, state anxiety ratings increased from pre- to post-writing, while for the GDG, despite a slight increase in state anxiety from pre- to post- writing, this increase was not statistically significant. For both groups, the level of state anxiety decreased from the first writing session to the second one and this decrease was maintained in the last session. Based on two-factor theory, Foa and Kozak (1986) described the necessary parameters to determine whether extinction has occurred. According to Foa and Kozak (1986), emotional processing occurs when (1) there is evidence for fear activation through either physiological responses or self-reports of fear; (2) reactions to the feared stimuli gradually habituate within exposure sessions;

and (3) initial reactions decrease across sessions. The findings of the current study indicated that state anxiety increasing after each session in SDG is clear evidence for fear activation. However, the reason for nonsignificant increase in state anxiety in GDG might have been more controlled fear activation due to the more structured instructions, compared with SDG. These findings contrast with those of Kloss and Lisman (2002) who found that state anxiety increased from pre- to post-writing and that levels of state anxiety did not decrease across the writing sessions. Difference between this study and that of Kloss and Lisman (2002) might be due to the instructions that in Kloss and Lisman's study, participants could write about the same or different experiences across all three days. The authors argued that these instructions could have contributed to these null results that do not support exposure/emotional processing hypothesis. While writing about the same experience across all three days should augment exposure, writing about different experiences would diminish exposure. Further, they argued that various methods should be employed when assessing emotional reactions because self-report can be imprecise, particularly at high levels of emotional response.

In the current study, it was also expected that for CG, state anxiety ratings would be constant in both within and across sessions. Incongruent with this expectation, findings showed that state anxiety ratings increased from pre- to post-writing although in both pre- and post-writings of all sessions, state anxiety levels of CG was significantly lower than those of SDG and GDG. Moreover, similar to SDG and GDG, state anxiety levels for CG decreased from the first writing session to the second one and this decrease was maintained in the last session. The reason for the elevation in state anxiety for CG might have been due to that the participants from CG were being asked to write about unexpected focus of content, such as describing university campus, after they determined their most upsetting events prior to the first writing session.

It was expected that due to the explicit benefit-finding instructions employed in GDG for the last session, positive affect ratings would increase in the post-writing of the last session for the GDG, compared to SDG and CG. However, for all groups, the level of positive affect decreased from the first session to the second one and this decrease was maintained through the last session. Congruent

with this finding, King and Miner (2000) stated that instructions for perceived benefits led participants to rate the experience as somewhat difficult though the participants reported beneficial outcomes in the long term.

It was expected that for the GDG and SDG, negative affect ratings would initially increase in the first session and subsequently decrease across the sessions. As expected, for both the GDG and SDG, in the first writing session, negative affect significantly increased from pre- to post-writing. Also, for both the GDG and SDG, in both pre-writing and post-writing of the sessions, negative affect decreased from the first session to the second one while this decrease was maintained through the third session. With respect to emotional processing/exposure model, the effects of writing partly support the fact that the exposure manipulation worked as proposed. Analyses comparing participants writing about upsetting events in both GDG and SDG with participants in the CG replicated effects found in previous research (e.g., Sloan, et al., 2005; 2007; Middendorp, 2007). There was an immediate elevation and subsequent reduction in negative mood in the disclosure groups. These results rely on self-report measures with medium or satisfactory reliabilities. It is noteworthy that they converge with more objective data. For instance, the importance of habituation as a mechanism for explaining the assimilation of upsetting events by means of exposure is reinforced by physiological experimental data from some research (Sloan & Marx, 2004a; Sloan et al., 2005; Low et al., 2006).

In addition, the standard instructions for the writing procedure do not require the person write about the same topic each session. However, some have argued that exposure to the same traumatic experience is critical for extinction/habituation to occur and, as a result, critical for successful outcome (Foa & Rothbaum, 1998; as cited in Sloan & Marx, 2004b). Previously, the written disclosure procedure had been shown to be effective in investigations in which investigators altered the writing instructions, such that participants assigned to the disclosure group were asked to write about the same topic in each session (e.g., Lepore, 1997; Sloan et al., 2005; 2007). In the current study, both guided and standard disclosure groups wrote about the same event in each writing session. Therefore, it is feasible that the participants could not engage in

avoidance behavior because they focused on a single event, and thus initial activation and subsequent habituation of negative affect were observed in both groups.

For the GDG and SDG, in both the first and the second session, post-writing negative affect levels were significantly higher than those of CG. However, at the last writing session, for the GDG, negative affect ratings slightly decreased from pre- to post-writing, while for the SDG, negative affect ratings significantly increased from pre- to post-writing. GDG and CG completed the writing sessions with similar negative affect levels, whereas SDG reported higher negative affect levels than CG. This discrepancy between GDG and SDG at the last session may yield that explicit benefit-finding instructions employed at the last session for the GDG acted as a buffer to the negative affect although there was no change in positive affect levels from pre- to post-writing at the last session. The mere repeated expression concerning the upsetting events without guided instructions focusing on cognitive and positive aspects of the events may result in increase in negative mood at the last sessions following a reduction in negative mood at the second session.

On the other hand, for CG, in the first session, negative affect ratings significantly decreased from pre- to post-writing and this reduction was maintained through the second and the third session.

4.2 Findings Related to Post-Assessment and Long-Term Effects of Writing

GDG and SDG were compared with CG in terms of their effectiveness on psychological health, cognitive processing, and dispositional and social constraints. It was expected that GDG with structured instructions induced according to underlying mechanisms was more effective on the outcome variables relative to both SDG and the baseline values of measures. SDG was also expected to report improvements in the outcome variables relative to both CG and the baseline values of measures. In contrast to expectations, it was found that there were no differences among groups in terms of the effectiveness on outcome measurements. More specifically, the results revealed that there were no improvements in severity of negative life events, appraisals of the upsetting event,

coping styles, trait anxiety, and perceived social support in the disclosure groups as compared to Control Group from pre-assessment to both post- and follow-up assessments.

From pre- to post-assessment, GDG and SDG did not show improvements in cognitive manifestations of unresolved stress (indicated by IES-R) in response to writing while from the post-assessment to the follow-up assessment, the impact of unresolved stress related to the event significantly decreased. More specifically, for both groups, avoidance scores gradually decreased from pre-assessment to follow-up assessment. Moreover, the levels of intrusive thoughts significantly decreased among pre-, post-, and follow-up assessments. The observed decrease in intrusion of mental contents and avoidance in the disclosure groups is consistent with predictions from cognitive processing model. According to this model, written disclosure would work by allowing the individual to face avoided upsetting/stressful events and reentering the working-through process, to continue to resolve both cognitive and emotional aspects of the stressor. To the extent that an individual can confront an avoided stressful experience through disclosure, chances for resolution of the experience are increased. Thus, decreased avoidance post disclosure might have reflected an increased willingness to be in an emotional contact with the upsetting/stressful event. In a similar vein, decreased intrusion of trauma-related cognitions might have reflected a greater sense of integration or assimilation regarding the upsetting/stressful event.

These findings are congruent with the study of Park and Blumberg (2002). They found that the disclosure group did not differ in self-reported emotional and physical health from pre-writing to follow-up. This indicated that positive changes in appraisals of the traumatic/stressful event and cognitive processing reflected by intrusions and avoidance occurred in the absence of beneficial outcome. In that study, the control group was significantly worse at follow-up relative to pre-writing scores. The authors interpreted this finding as indicating that the written disclosure exerted a protective effect for well-being.

As an important finding in the current study, the disclosure groups and the control group did not differ in their changes in cognitive processing (intrusive

thoughts and avoidance) related to the upsetting/stressful events they identified. That is, CG reported similar improvements in the markers of cognitive processing with SDG and GDG. These findings related to improvements in cognitive processing for all groups will be discussed in the Section 4.3.

Moreover, for all groups, psychological distress symptoms significantly decreased from pre- to post-assessment and this reduction was maintained 4-week period after the writing sessions. This finding will also be discussed in the Section 4.3.

In terms of the effectiveness on the dispositional and social constraints, only alexithymia levels significantly decreased from pre-assessment to follow-up for all groups. Although no significant group differences were found on the levels of alexithymia, an inspection of the descriptive information (see Section 3.1, Table 1) revealed that scores on the facet named as “difficulty in identifying and describing feelings” improved gradually from pre- to follow-up assessment, especially for Guided Disclosure Group. This is consistent with the idea that alexithymia could be reduced in response to the written disclosure by providing more guided instructions. The reduction in alexithymia levels was also congruent with the responses to the items in the post-experimental questionnaire. At the follow-up assessment, majority of participants in all groups reported an increase in their awareness related to the feelings and thoughts that were hitherto unclear to them.

4.3 Discussion for Overall Findings Related to Immediate and Long-term Effects of Writing

It was argued that intense negative affect during initial writing sessions, followed by gradual decreases in negative affect across writing sessions, is evidence for the extinction and habituation that makes disclosure writing effective (Sloan & Marx, 2004a; Sloan et al., 2005; 2007). This pattern was observed in both disclosure groups in the current study. The increased negative affect in disclosers following the first session may reflect arousal from thinking about the upsetting event discussed. Both groups also showed within-session and across-session habituation to negative affect. It was also expected that GDG

would report more improvements on cognitive processing than SDG due to the structured instructions focusing on cognitive reappraisal and perceived benefits gained from the event. In contrast with the expectations, as similar to SDG, GDG showed beneficial outcomes from pre-assessment to follow-up on cognitive processing reflected by the reduction in the frequency of intrusive thoughts and avoidance and psychological distress. In respect to emotional processing/exposure model, it can be argued that since both approaches may promote similar curative processes (Sloan et al., 2007), inducing explicit instructions focusing on cognitive processing and perceived benefits may not be advantageous. It can be stated that repeated expression of thoughts and feelings, which is considered as akin to exposure, may efficiently promote the levels of emotional expression and cognitive processing needed for change. On the other hand, as an important finding, control group did not differ on cognitive processing and psychological distress measures from the disclosure groups.

As another possible explanation, these findings may suggest that the mere presence of affective arousal during the disclosure process was insufficient to promote resolution and decrease psychological distress. In congruent with this aspect, Smyth (1998), in his meta-analysis, found that experiencing short-term distress did not appear to lead to long-term health improvements. With respect to experiential model of disclosure, the reason for that the GDG did not differ from SDG on beneficial outcomes may be the lack of sufficient involvement or depth of processing (Lutgendorf & Antoni, 1999). Participants from GDG perhaps did not delve more deeply into topic of concern because of several reasons discussed as follow.

Shift in the Topic Orientation. Although the procedure employed in the GDG seemed ideal for fostering both catharsis and reappraisal, there would be some risk that not really delving into either process affected the results. For instance, in the study of King and Miner (2000), undergraduates writing about both the negative and the positive aspects of their traumas showed some health benefits, but these benefits faded more quickly than for writing only about trauma or perceived benefits. In the study of Guastella and Dadds (2006), exposure, devaluation, and benefit-finding instructions were employed each session across

groups, so the participants could respond in a manner that was consistent with these processes during and after the sessions. However, when the combination of these instructions was employed within a group, the participants were forced to engage in each process for only one session. Therefore, due to this quick shift of the processes among sessions, the participants might not have fully engaged in these processes. For effective cognitive-affective assimilation and longer term benefits in mood, more intensive writing sessions may be needed.

Participants' Stress Levels. In the current study, participants were healthy, young college students who might have been under significantly less stress than those who participated in most of the other studies on written disclosure (e.g., Stanton & Danoff-Burg, 2002; Low et al., 2006). In the studies using college sample, participants were mostly under a more stressful period such as medical students writing about current stressful events during exam periods (e.g., Austenfeld et al., 2006; Pennebaker et al., 1988), and Freshman writing about their adjustment to college during their first semester (Pennebaker, Colder, & Sharp, 1990). Kloss (1998) stated that this degree of distress should optimize the likelihood of detecting an experimental effect. That is, greater variance for even a minimal intervention might produce a better opportunity to observe a significant effect. As suggested by Smyth (1998), students who are in their first semester or transfer students were likely to benefit more psychologically from the exercise. Thus, a floor effect may have resulted by the use of non-distressed healthy college undergraduates, and it would be more illustrative to test the written disclosure exercise on subjects who are more distressed or during a time of psychological or social adjustment. For instance, studies conducted with undergraduates who were preselected based on a trauma history and reported high levels of psychological distress (e.g., Sloan et al., 2005; 2007) showed significant reductions in PTSD and depressive symptoms and fewer physical health complaints at follow-up in the written disclosure groups compared to control groups. Also, the written disclosure groups reported greater emotional reactivity to the first session and subsequent reduction in the remaining sessions. However, these samples examined were not a treatment-seeking sample and PTSD diagnosis was not considered like those in the study of Gidron et al. (1996). The study

examining the potential usefulness of the writing paradigm with clinical sample of trauma survivors, conducted by Gidron and colleagues (1996) found greater PTSD-related avoidance symptoms and greater physical symptom complaints at follow-up in the disclosure group, compared to control group. These adverse affects may be due to baseline differences between two groups on a number of variables, including severity of PTSD symptomatology (Sloan & Marx, 2004b). Also another methodological concern is that some of the participants were taking psychotropic medication during the study of Gidron and colleagues. Sloan and Marx (2004b) stated that when the sample variability in the written disclosure studies is taken into consideration (e.g., Gidron et al., 1996; Sloan et al., 2007), it is feasible that the paradigm works best for those with moderate levels of symptomatology and may only serve to increase negative emotional associations for those with more severe levels of psychopathology. In such cases, consistent with the cognitive and exposure models, more sessions of longer durations may be needed, since a few sessions short in duration may not be adequate for cognitive reframing and/or extinction of negative emotional associations (Sloan & Marx, 2004b). In the current study, an inspection of the contents of the events showed that GDG participants wrote about more severe events such as committing suicide, being stabbed or sexual abuse than those in SDG and CG so more sessions with longer durations could have been needed for GDG in order to fully engage in emotional and cognitive processing.

A 3-day writing intervention may produce minimal differences on healthy, nonstressed young undergraduates, but may produce an appreciable difference on stressed or physically symptomatic populations. Participants who were higher in stress, poorer in physical health were more likely to benefit from experimental disclosure (Frattaroli, 2006). In the meta-analysis of Frattaroli (2006), it was stated that participants with a history of trauma or stressors had larger subjective impact effect sizes. It was noted that this might be due to that studies without the inclusion criterion for a history of trauma or current stressors might have contained participants who did not have upsetting events to disclose and who became irritated or bored with the writing activity, prompting lower scores on the subjective impact measures. Alternatively, healthy populations may

need a more intensive or extensive writing intervention that would continue on a daily or weekly basis in order to create a meaningful change (Kloss, 1998).

In addition the effects mentioned above, in the current study, the experimental phase started at the beginning of the second semester during which most students were presumed to be under lower levels of stress, and baseline measurements prior to the writing sessions were assessed during this period. Also, participants' ratings of psychological well-being were measured during their final exam period at the end of the semester. This may have increased their distress and masked any effect that would otherwise have been evidenced.

Timing of the Stressors. The time passed since the upsetting event may be an important factor in the effectiveness of the intervention. Most of the studies that directed participants to write about an ongoing stressor, such as adjusting to college life (e.g., Pennebaker et al., 1990) or a current physical illness (e.g., Low et al., 2006, Danoff-Burg et al., 2006) have reported beneficial outcome. Smyth's (1998) meta-analysis indicated that instructions to write about current traumas resulted in a higher mean effect size for outcome than instructions to write about past traumas. These findings might have been obtained because, for randomly selected college students (who comprised the majority of samples examined in the meta-analysis), current stressors may have been more distressing than previous stressors (Sloan & Marx, 2004b). Addressing ongoing stressors more intimately linked to daily life may produce greater well-being change than addressing past traumas that may be less salient to daily experience. Smyth (1998) also noted that the writing task may have more direct impact on student's well-being because their writing topics were ongoing hassles that had immediate affectual consequences. It is probably best not to make decisions about which experience might have been the most traumatic for the participant, but rather to allow participants to select the most traumatic/distressing topic. However, Smyth (1998) found that participants writing about only current traumas had well-being outcomes to be superior to those of participants who were instructed to write about any kind of trauma (either past or current) they had experienced.

The duration after the event was found to moderate the effect for psychological health effect sizes (Frattaroli, 2006). In the current study, the events

that participants chose to write about tended to vary widely with respect to how long ago they occurred. Participants were allowed to write about either current or past upsetting/stressful events. However, an inspection of the trauma contents showed that most of the upsetting events were took place approximately 5 years ago ($M = 54.61$ month, $SD = 49.19$), a duration that is similar to the results presented by Paez and collegeaus (1999). It is possible to speculate that, the upsetting/stressful events that occurred 5 years ago, have been already overcome and that this duration explains why self-reported psychological distress symptoms, intrusive thoughts and avoidance, and appraisals related to the event measures were similar to those for the control group.

A recent study found that disclosing one's thoughts and feelings about an event for which one has already gained a sense of closure, does not have any beneficial effects (Naufel & Beike, 2004; as cited in Frattaroli, 2006). Participants might have already processed and integrated these previous events into their self-schemas, which would reduce the utility of the experimental disclosure exercise (Fidler, Dittoe, Quartana, & Zakowski, 2004; as cited in Frattaroli, 2006). Also, the events that took place long ago might be judged to be less severe, and severity of the event has been found to positively correlate with obtaining benefit from disclosure (Greenberg & Stone, 1992).

Previous disclosure Similar to the argument that more recent events are better candidates for disclosure, it has been argued that previously undisclosed events may also be better candidates for disclosure (Paez et al., 1999). Previous disclosure of the event was found to moderate the effect for psychological health effect sizes (Frattaroli, 2006). Undisclosed events, like recent events, are also less likely to be closed, precisely because the participant has not had the opportunity to translate these events into language, to process them fully, and to integrate them into their life story. Paez and collegeaus (1999) found that writing about an undisclosed event showed a better cognitive-affective assimilation of the event, while another study found that there was no significant effect of previous disclosure of the stressful event (Greenberg & Stone, 1992). Moreover, surveys show that the vast majority of people who have been through traumatic or even mildly upsetting experiences desire to talk about them with others (Rime, 1995).

In the current study, most participants confirmed having prior social sharing of emotions and thoughts concerning the event, while a few participants wrote about previously undisclosed upsetting/stressful event. This maybe means that they have “worked through” by means of social sharing.

Extrinsic vs. intrinsic motivation. Participants who accepted participation in the study were primarily seeking credits for their courses, not necessarily with a motivation to resolve troubling issues. It was stated that the possibility that the enhancement of extrinsic motivation by offering rewards reduces intrinsic motivation (Lepper, Greene, Nisbett, 1972; as cited in Schoutrop, 1997). It is possible that the participants in the present study were susceptible to this mechanism. This may be because of that they were nontreatment-seeking sample who were under considerable levels of stress. Furthermore, the reason for that may be that they had already come to terms with their most upsetting events prior to the experiment. Nevertheless, as indicated in answers given in the post-experimental questionnaire, subjects appeared to have been sufficiently motivated in carrying out the writing assignments. Still, it is possible, that the effects would be greater in participants whose motivation is solely intrinsic like individuals with serious chronic illnesses or significant stressors or traumas.

Social context. In terms of underlying mechanisms, multiple processes may contribute to the effects of disclosure. The finding indicating no differences of GDG from other groups on the outcomes may be due to the social factors. As previously mentioned, most of the participants from GDG wrote about more serious events like being stabbed or committing suicide. During the experimental period, participants submitted their writings to the researcher as a manipulation check to verify that writings were completed as instructed. Yet, the fact that one’s writing is given to -and presumably read by- one or more researchers means that there is an audience for the writing and renders written disclosure a social experience that is not truly private (Radcliffe, Lumley, Kendall, Stevenson & Beltran, 2007). Perhaps, sharing one’s disclosures with another person interferes with the benefits of disclosure. Writers might censor themselves, avoid disclosing embarrassing or shameful experiences, or be more concerned with the potential reactions of the reader than with fully engaging in the exposure and resolution

processes (Brody & Park, 2004). GDG writers seemed to have chosen to address more difficult, private stressors and conflicts than those from SDG and CG, and perhaps these stressors were not fully processed or resolved, leading to reduced benefits.

Timing of follow-up. Frattaroli (2006) stated that studies with follow-up periods of less than 1 month had larger overall and psychological health effect sizes than studies with follow-up periods of 1 month or more. This finding was interpreted such that the benefits have a tendency to wear off after some time, especially benefits related to psychological health. This is in agreement with the idea of hedonic adaptation, which states that people's subjective well-being may have a tendency to return to baseline shortly after mood-altering events or interventions (Suh, Diener, & Fujita; 1996). Interventions of this type, therefore, may need to be readministered periodically to sustain their effectiveness. A systematic investigation of symptom changes over time related to written disclosure would be informative.

The time frame for follow-up assessment in the current study was selected for two reasons. First, the follow-up assessment period is consistent with previous investigations (Sloan et al., 2005; 2007), which would permit comparison of the findings across studies. Second, 1-month period is consistent with the time frame described in the instructions for one outcome measure included in this study (i.e., Life Events Inventory for University Students).

As previously noted, the findings also revealed that Control Group showed improvements on cognitive processing and psychological distress symptoms similar to disclosure groups. Several explanations may exist for this finding, including predisclosure priming, applied active coping strategies, positive expectancies, and social disclosure.

Predisclosure priming. Predisclosure priming (warning participants in advance that they may be asked to disclose upsetting events) could have influenced the effect of experimental disclosure for any type of outcome measures. The study that experimentally manipulated predisclosure priming (Cole, 2003; as cited in Frattaroli, 2006) found that this procedure caused the

control group to get worse after the experiment. Frattaroli (2006) suggested that as a precaution, future researchers may want to avoid priming control participants to think about upsetting topics when the participants will not be asked to disclose the topics, to avoid even the possibility of inhibition-related detrimental effects. In contrast, in the current study, participants from CG who have been prompted to think about upsetting events by the recruitment or consent process might have reported some benefits from expectation or participation. Radcliffe and colleagues (2007) testing the credibility of the control writing condition found no lasting “placebo effect” of control writing from expectation. However, it was noted that the outcomes were assessed nearly 3 months post-writing, and any placebo effects from time management control writing could be short-lived. A study of written disclosure among people with fibromyalgia, revealed that time management writing led to significant decreases in negative mood and increases in perceived social support at 1-month follow-up, but that these “placebo” effects did not last until 3 months (Gillis, Lumley, Mosley-Williams, Leisen, & Roehrs, 2006; as cited in Radcliffe et al., 2007). Thus, control writing might have led to short-term positive effects but these effects might have faded away over time.

Social context in the laboratory. In the current study, full blinding did not occur because the same researcher participated throughout the experiment from baseline to follow-up assessment. Although the researcher was blind to group assignment during baseline assessment, she knew the participants’ group assignments to provide participants with correct instructions, and the interactions with the participants continued during the instructions and writing phase, and also prior to the writing sessions and follow-up assessments. Moreover, the participants were contacted via e-mail (if necessary via mobile phone as well) in order to remind them the sessions and assessments. Pennebaker (1994) advises interacting in a warm and caring, yet serious manner with those participants assigned to disclose emotional aspects of their trauma. This warm and caring environment is created through continual one-on-one meetings with the experimenter over the duration of the study and is done to foster full written disclosure. Thus, this continual meeting with the participant might have fostered the expectations of CG.

Active Coping Strategies. It was stated that active coping strategies are related to reductions in negative mood over time (Folkman & Lazarus, 1988). Because the sample was composed of a relatively high-functioning sample of young individuals (i.e., college students), when they were exposed to the event by entering the experiment, they might have started to work through the event like those in SDG and GDG. In congruent with this inference, during the debriefing, most of the participants in CG as well as those in disclosure groups stated that they had thought more frequently related to their upsetting events during the writing phase, as compared to prior to the experiment.

Positive Expectancy. It was suggested that active coping strategies are not effective in themselves. They seem to be effective only to the extent that people have high expectations that they will be able to achieve a better mood state by using these strategies (Langens & Schüler, 2007). In the study examining the role of positive expectancies in the written disclosure, Langens and Schüler (2007) found that if participants believed that writing would have a positive effect, the writing was related to a reduction in the emotional impact of an upsetting event. It was also found that just venting negative emotions showed improvements in the outcomes due to the positive expectancies. They suggested that positive effects can occur in the absence of a full-blown cognitive and emotional confrontation with a stressful event.

Social disclosure. It was suggested that the written disclosure intervention prompted the participants to seek out social support (Pennebaker, 2004). As previously mentioned, surveys show that the vast majority of people who have been through traumatic or even mildly upsetting experiences desire to talk about them with others (Rime, 1995). It can be presumed that when the thoughts related to the upsetting events came to their mind frequently, they might have been more eager to disclose them to others.

4.4 Findings Related to Perceived Effectiveness of the Writing Sessions

To examine the subjective evaluations of the participants for the effectiveness of the written disclosure, a post-experimental questionnaire was given at both post- and follow-up assessment. According to their ratings, in both

post- and follow-up assessments, the majority of the participants from GDG and SDG reported that participating in the study had been beneficial for them while the majority of participants from CG were undecided. Moreover, half of the participants from GDG and SDG reported that writing reduced the influence of their upsetting events, whereas most of the participants from CG reported no such reduction. In addition, in the post-assessment, it was reported that participants from GDG and SDG suffered more in the past due to their upsetting experience in comparison to those from CG. However, in the follow-up assessment, the groups did not differ for the ratings of suffering in the past due to the event. Additionally, the groups did not differ on their suffering at the time of both post- and follow-up assessments. An inspection of the mean responses showed a reduction for all groups for their suffering between in the past and at the time of the assessments. All groups, in the follow-up assessment, also reported that writing increased their awareness related to the feelings and thoughts that were hitherto unclear to them. Most participants from disclosure groups reported that they had received a small amount of benefit due to the writing for coming to terms completely with their upsetting experience and for changing the way they had thought about their upsetting experience.

With the evaluations mentioned above, the responses in disclosure groups to the open-ended question, “Looking back on the experiment, do you think as if the writing sessions have had any long lasting effects? What have been the positive and negative effects?”, are quite informative in terms of underlying mechanisms of the written disclosure.

Congruent with the emotional processing/exposure model, the participants in both disclosure groups commented that the writing sessions, especially the first session, made them feel upset and distress due to remembering the event and toward the end of the session, these feelings reduced. Also, they reported that the frequency of thoughts related to the events increased during writing sessions. It was reported that while repeated self-confrontation with the event was negative in the short-term, congruent with the cognitive processing, writing increased their understanding and awareness in thoughts, feelings, causes and consequences concerning the upsetting events. They stated that forming a

cohesive narration increased organization, coherence and structure in their thoughts as previously regarded as chaotic. They stated gaining insight into what happened and why, including the perspectives of others, accepting their own responses related to the upsetting events during writing sessions. They also stated that their self-efficacy increased through writing and perceived their experiences as more controllable. Moreover, consistent with the improvements in alexithymia, they commented that writing provided clarifying and identifying their emotions related to the upsetting events. They stated that writing about thoughts and feelings related to the upsetting events comprehensively, creating new appraisals of past and present circumstances led to a sense of resolution and closure. Consistent with the aforementioned statements of previous disclosure and timing of the stressful events, participants mostly stated that they had disclosed about the events to others, especially their friends, and their upsetting events had taken place long time ago so they had already overcome the events and come to terms completely with them. They also noted that others who did not previously disclosed to others or with current stressful events might had received more benefit from the writing sessions. Furthermore, some participants stated that they already used writing as a coping strategy. Some participants only from the GDG commented that writing provided them to realize the existence of positive aspects of their upsetting events. They added that writing enabled them to perceive some benefit from their suffering, gain a new appreciation for their own courage, dignity, or resilience in response to the events.

Overall, the participants from disclosure groups perceived the writing sessions as credible in terms of the efficacy for their upsetting events. To sum up, confrontation with the event, habituation to their intense emotions evoked by remembering the event, cognitive reappraisal of the event, and perceiving positive aspects related to the event have been highlighted by the statements of the participants in the disclosure groups.

4.5 Implications of the Current Study

In the literature of the written disclosure paradigm, this is the first attempt to induce instructions in the guidance of underlying mechanisms trying to

explain the effectiveness of written disclosure paradigm. These instructions focusing on the exposure, cognitive reappraisal and benefit-finding were also given sequentially to a group of college students for the first time. In the study of Guastella and Dadds (2006), these instructions were employed across groups in order to examine whether the responses of the participants were consistent with these putative processes. Also, in the study of Middendorp (2007), similar instructions were given within a group but those were not so structured. The importance of the specificity of disclosure instructions was examined in the study of Frattaroli (2006), studies in which participants were given directed questions or specific examples of what to disclose and those in which participants were given instructions regarding topic switching had larger psychological health effect sizes than studies that provided less specific instructions. Moreover, the studies of Guastella and Dadds (2006) and Middendorp (2007) did not demonstrate long-term health changes in accordance with these processes or psychopathology.

Also, an important strength of the current study is that it is a longitudinal study. The study examined long-term changes on psychological distress symptoms, cognitive processes, and individual and social constraints. Further, a systematic investigation of symptom changes over time related to written disclosure was conducted since post-assessment measures were administered both after completing the writing sessions and 1 month after the writing sessions.

Previous studies providing daily instructions for frequent clinic attenders (Gidron et al., 2002), parents of children with cancer (Duncan, et al. 2007) to write their stressful event in a similar guided manner revealed lower somatisation and posttraumatic stress symptoms, respectively. However, these studies did not include a standard written disclosure protocol as a comparison condition, which would have permitted more solid conclusions concerning differential effects of the guided disclosure protocols. In the current study, a standard disclosure group was included to investigate the advantage and the necessity of inducing the instructions according to underlying mechanisms. Also, a control group as well as a standard group was employed to compare the effectiveness of the written disclosure protocols among groups. Furthermore, in

the meta-analysis of Frattaroli (2006), focus of disclosure instructions (e.g., giving participants instructions that are specifically designed to promote cognitive processing or insight vs. giving participants standard disclosure instructions) did not moderate any of the outcome measures. However, it was noted that only 6 studies used cognitive-processing instructions, whereas 110 used standard instructions; the lack of variability can make it difficult to detect effects. Therefore, more studies with explicit instructions focusing on cognitive processing and perceived benefits are needed to increase understanding of the written disclosure and to improve the efficacy of the paradigm. Overall, these aspects of the study were important because findings of comparative trials are instructive not only in understanding which interventions are most beneficial for individuals but also in elucidating the processes underlying their effects.

Most of the studies providing explicit instructions focusing on only positive aspects of the upsetting event showed beneficial outcomes (e.g., Stanton & Danoff-Burg, 2002; Low et al., 2006). These investigators speculated that there is no need to focus on negative aspects of the event, thus elevation in negative mood while confronting the event. As previously mentioned, one study performed by King and Miner (2000) induced instructions related to perceived benefits following instructions related to the confrontation of the event. In the current study, while GDG did not differ from SDG and CG on any outcome measures, it would still be advocated using these instructions shifting attention from negative to positive aspects of the event like this in future studies for some reasons. First, during the writing phase, participants writing about perceived benefits of the upsetting events at the last session maintained the reduced levels of negative affect from pre- to post-writing. However, participants writing about the event according to the repeated instructions in the standard paradigm reported an increase in negative affect from pre- to post-writing at the last session. This may show the protective role of benefit-finding instructions. Second, some participants in GDG commented that no one had ever asked them about the positive aspects of the event before as a response to the question, “Looking back on the experiment, do you think as if the writing sessions have had any long lasting effects? What have been the positive and negative effects?”

Moreover, while studies mostly examined individual differences in the effectiveness of the written disclosure, the current study attempted to investigate changes in dispositional and social constraints in response to a written disclosure intervention. The findings of the current study showed the possibility of that alexithymia could be attenuated after a written disclosure intervention.

Some potential confounding variables that could have influenced task outcomes including the degree of severity of the events among groups, the degree to which traumatic event had been previously disclosed to others, time since event, gender of the participants were tried to be excluded. Also, the contents of the upsetting events were similar to those found in previous studies (e.g., Paez et al., 1999; Guastella & Dadds, 2006; Schoutrop, et al., 1997). Moreover, the current use of psychotropic medication or psychotherapy was controlled. In addition, the manipulation was effective, evidenced by items in the post-experimental questionnaire and also two independent raters.

4.6 Limitations of the Current Study

The sample in this study was composed of non-treatment-seeking college undergraduates who write about upsetting events that varied widely in nature, severity, duration, and time since occurrence, potentially limiting the generalizability of the findings. Also, the sample was not pre-selected based on a measure like psychological distress, trauma history or trauma-related symptoms. The small sample size also limited the power to find differences between groups or changes over time. Moreover, the current study could not investigate how effects of written disclosure intervention vary as a function of individual differences due to the small sample size. The study examined merely the changes in individual differences in response to the written disclosure.

There has also been some indication that the outcome associated with the writing paradigm may be affected by gender differences, with males showing greater benefit from written disclosure compared to females (Smyth, 1998). The sample consisted mostly of females, precluding the examination of gender differences in these processes. Gender was not examined specifically in the written disclosure studies as well as in the current study, and it will be important

for future studies to further explore if gender does in fact influence outcome and, if so, why gender contributes to outcome.

Moreover, participants may have been influenced by demand characteristics. Student participants assigned to the writing intervention might have expected to feel better due to the explicit instructions and the emotional disclosure acted through “placebo”. Control group might have had positive expectancies about writing, although majority of participants from control group were undecided about perceiving a significant benefit regarding their participation in the study in both post- and follow-up assessments.

Several investigators have reported that the effects of disclosure writing are more robust with physical outcomes than with emotional outcomes (Smyth, 1998). The absence of measurements assessing physical health limited the interpretation of these findings. Further, the current study relied solely on self-report measures to assess immediate emotional reactivity to the writing sessions. As previously noted, various methods such as physiological measures should be employed when assessing emotional reactions because self-report can be imprecise, particularly at high levels of emotional response (Sloan & Marx, 2004b).

Another limitation of this study was the relatively short-time frame used for follow-up assessment. A longer term follow-up for measurement of outcomes might have revealed that the observed improvements in distress and cognitive resolution would maintain in the long-term, especially with respect to CG. A systematic investigation of symptom changes over time related to written disclosure would be informative.

4.7 Conclusions and Future Directions

Benefits after sessions of written disclosure have been mostly observed in the participants with medical disorders such as cancer (Low et al, 2006), rheumatoid arthritis (Danoff-Burg et al., 2006) and participants with a trauma history (Sloan et al., 2007). This is in agreement with the idea that most benefits from written disclosure tend to be more often experienced by participants with considerable level of distress and current stressors. Therefore, more significant

differences of the guided written disclosure paradigm could be found in other populations, such as medical patients or those experiencing acute stressors. It was also suggested that no studies to date have directly compared treatment participants with and without a history of trauma or stressor in a single experimental disclosure; this may be a valuable avenue for future explorations.

It may be useful for future studies to include physiological measures, such as heart rate or salivary cortisol, which would allow for an examination of within as well as between-session reductions of emotional response, in addition to self-reported emotion and anxiety measures (i.e., PANAS, State Anxiety Inventory).

The current study did not examine within group differences in responding to the writing task. The underlying mechanisms of written disclosure may vary for different samples and the efficacy of specific instructions may also differ depending on the sample being investigated. For this reason, in the future studies, it is important to link baseline individual differences to process variables and to the health outcomes.

To understand the complexity of effective coping strategies, research on the efficacy of disclosure needs to be designed to differentiate for whom and under what conditions written disclosure leads to improved psychological and physical health outcome, rather than simply differentiating whether or not disclosure is effective. This may help to refine the techniques and provide valuable resources in the mental and physical management of the individuals. It was often stated that more than one mechanism of action is associated with the efficacy of the written disclosure paradigm, and it may be most informative to simultaneously examine such underlying mechanisms. Writing is tremendously cost-effective, allows people to confront traumas at their own rates, and encourages them to devise their own meaning and solutions to their problems (Esterling, L'abate, Murray, & Pennebaker, 1999). Also, written disclosure may provide an alternative form of preventive therapy that can be valuable for individuals who otherwise would not enter therapy. In addition, when writing is coupled with verbal psychotherapy, it may reduce the length of therapy and thus its costs. However, the results of the current study might suggest that, at best, the

utilization of the written disclosure should be limited to serving as an adjunct to other empirically supported treatments. For instance, Pennebaker (2004) stated that expressive writing can be serving as an adjunct to cognitive behavior therapy or other traditional therapies.

Moreover, when the commitment of undergraduate students to the current study, which required the students to get around to the writing sessions and the assessments, is taken into consideration, it can be argued that the students might need this kind of self-help interventions. Their motivation to complete the study indicated that guided written disclosure can be proposed as a package intervention for university students. One student dropped out the study due to the distress he experienced during the writing sessions. He stated that he actually wanted to write about his feelings and thoughts related to his upsetting experience, and what he experienced during and after the upsetting event, but he could not endure the distress while writing. Written disclosure might actually be effective for the people with current considerable distress related to their past stressful or upsetting experiences like this participant. Therefore, guided written disclosure coupled with psychotherapy can be utilized in the psychological counseling services of the universities. Further, future research needs to be designed to investigate that the guided written disclosure can be served as a package intervention as an adjunct to crisis interventions. Also, written disclosure can be effective to understand the feelings and distorted thoughts of individuals with suicidal tendencies.

Future research is clearly needed to provide additional mechanisms of change (both mental and physical) and to demonstrate efficacy in a global range patients (e.g., cancer patients, people with a trauma history).

REFERENCES

- Austenfeld, J. L., Paolo, A. M., Stanton, A. L. (2006). Effects of writing about emotions versus goals on psychological and physical health among third-year medical students. *Journal of Personality, 74* (1), 267-286.
- Bagby, R. M., Parker, J. D. A., & Taylor, G. J. (1994). The twenty-item Toronto Alexithymia Scale-I. Item selection and cross-validation of the factor structure. *Journal of Psychosomatic Research, 38*, 23-32.
- Batten, S. V., Follette, V. M., Hall, M. L. R., & Palm, K. M. (2002). Physical and psychological effects of written disclosure among sexual abuse survivors. *Behavior Therapy, 33*, 107-122.
- Borkovec, T. D., Roemer, L., & Kinyon, J. (1995). Disclosure and worry: Opposite sides of the emotional processing coin. In J. W. Pennebaker (Ed.), *Emotion, disclosure, and health* (pp.47-70). Washington, DC: American Psychological Association.
- Booth, R. J., & Petrie, K. J. (2002). Emotional expression and health changes: Can we identify biological pathways? In S. J. Lepore & J. M. Smyth (Eds.), *The writing cure: How expressive writing promotes health and emotional well-being* (pp. 157-176). Washington DC: American Psychological Association.
- Brody, L. R., & Park, S. H. (2004). Narratives, mindfulness, and the implicit audience. *Clinical Psychology: Science and Practice, 11*, 147-154.
- Bucci, W. (1995). The power of the narrative: A multiple code account. In J. W. Pennebaker (Ed.), *Emotion, disclosure, and health* (pp.93-124). Washington, DC: American Psychological Association.
- Cameron, L. D., & Nicholls, G. (1998). Expression of stressful experiences through writing: Effects of a self-regulation manipulation for pessimists and optimists. *Health Psychology, 17* (1), 84-92.
- Çorapçioğlu, A., Yargıç, İ., Geyran, P., & Kocabaşoğlu, N. (2006). "Olayların Etkisi Ölçeği" (IES-R) Türkçe versiyonunun geçerlilik ve güvenilirliği. *New/Yeni SymposiumJournal, 44* (1), 14-22.

Danoff-Burg, S., Agee, J. D., Romanoff, N., Kremer, J. M., Strosberg, J. M. (2006). Benefit finding and expressive writing in adults with lupus or rheumatoid arthritis. *Psychology and Health, 21* (5), 651-665.

Derogatis, L. R. (1992). *The brief Symptom Inventory (BSI), Administration, Scoring, and Procedures Manual = II*. Clinical Psychometric Research Inc.

Duncan, E., Gidron, Y., Rabin, E., Gouchberg, L., Moser, A. M., & Kapelushnik, J. (2007). The effects of guided written disclosure on psychological symptoms among parents of children with cancer. *Journal of Family Nursing, 13* (3), 370-384.

Eker, D., & Arkar, H. (1995). Çokboyutlu Algılanan Sosyal Destek Ölçeği'nin faktör yapısı, geçerlilik ve güvenilirliği. *Türk Psikoloji Dergisi, 34*, 45-55.

Esterling, B. A., L'Abate, L., Murray, E. J., & Pennebaker, J. W. (1999). Empirical foundations for writing in prevention and psychotherapy: Mental and physical health outcomes. *Clinical Psychology Review, 19* (1), 79-96.

Foa, E. B., & Kozak, M. J. (1986). Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin, 99* (1), 20-35.

Foa, E. B., Molnar, C., & Cashman, L. (1995). Change in rape narratives during exposure therapy for posttraumatic stress disorder. *Journal of Traumatic Stress, 8* (4), 675-690.

Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior, 21*, 219-239.

Folkman, S., & Lazarus, R. S. (1988). Coping as a mediator of emotion. *Journal of Personality and Social Psychology, 54*, 466-475.

Frattaroli, J. (2006). Experimental disclosure and its moderators: A Meta-Analysis. *Psychological Bulletin, 132* (6), 823-865.

Gençöz, T. (2000). Pozitif ve negatif duygu ölçeği: Geçerlik ve güvenilirlik çalışması. *Türk Psikoloji Dergisi, 15* (46), 19-26.

Gençöz, T. & Dinç, Y. (2006). Moderator role of perfectionism between negative life events and depressive symptoms among Turkish youth. *International Journal of Social Psychiatry*, 52 (4), 332-342.

Gençöz, F., Gençöz, T., & Bozo, Ö. (2006). Hierarchical dimensions of coping styles: A study conducted with Turkish university students. *Social Behavior and Personality*, 34 (5), 525-534.

Gidron, Y., Duncan, E., Lazar, A., Biderman, A., Tandeter, H. & Shvartzman, P. (2002). Effects of guided written disclosure of stressful experiences on clinic visits and symptoms in frequent clinic attenders. *Family Practice*, 19 (2), 161-166.

Gidron, Y., Peri, T., Connolly, J. F. & Shalev, A. Y. (1996). Written disclosure in posttraumatic stress disorder: Is it beneficial for the patient? *Journal of Nervous and Mental Disease*, 184, 505-507.

Greenberg, M., & Stone, A. (1992). Emotional disclosure about traumas and its relation to health: Effects of previous disclosure and trauma severity. *Journal of Personality and Social Psychology*, 1, 75-84.

Greenberg, M. A., Wortman, C. B., & Stone, A. A. (1996). Emotional expression and physical health: Revising traumatic memories or fostering self-regulation? *Journal of Personality and Social Psychology*, 71 (3), 588-602.

Guastella, A. J. & Dadds, M. R. (2006). Cognitive-behavioral models of emotional writing: A validation study. *Cognitive Therapy Research*, 30, 397-414.

Güleç, H., Köse, S., Topbaş, M., Güleç, Y. M., Sayar, K. (in press). Yirmi soruluk Toronto Aleksitimi Ölçeği'nin Türkçe formunun faktör yapısı, geçerlik ve güvenilirliği. *Türkiye'de Psikiyatri Dergisi*.

Horowitz, M., Wilner, N., & Alvarez, W. (1979). Impact of Event Scale: a measure of subjective stress. *Psychosomatic Medicine*, 41, 209-218.

Kennedy-Moore, E. & Watson, J. C. (2001). How and when does emotional expression help? *Review of General Psychology*, 5 (3), 187-212.

King, L. A. (2002). Gain without pain? Expressive writing and self-regulation. In S. J. Lepore & J. M. Smyth (Eds.), *The writing cure: How expressive writing promotes health and emotional well-being* (pp. 119-134). Washington DC: American Psychological Association.

King, L. A. & Miner, K. N. (2000). Writing about the perceived benefits of traumatic events: Implications for physical health. *Personality and Social Psychology Bulletin*, 26, 220-230.

Klein, K. (2002). Stress, expressive working, and working memory. In S. J. Lepore & J. M. Smyth (Eds.), *The writing cure: How expressive writing promotes health and emotional well-being* (pp. 135-156). Washington DC: American Psychological Association.

Kloss, J. D. (1998). The effects of narrative disclosure on affect and health: A replication and extension of Pennebaker's model of inhibition. *Dissertation Abstracts International*, 17, 89. (UMI No. 9830617).

Kloss, J. D., & Lisman, S. A. (2002). An exposure-based examination of the effects of written emotional disclosure. *British Journal of Health Psychology*, 7, 31-46.

Langens, T., & Schüler, J. (2007). Effects of written emotional expression: The role of positive expectancies. *Health Psychology*, 26 (2), 174-182.

Lepore, S. J. (1997). Expressive writing moderates the relation between intrusive thoughts and depressive symptoms. *Journal of Personality and Social Psychology*, 73, 1030-1037.

Lepore, S. J., & Greenberg, M. A. (2002). Mending broken hearts: Effects of expressive writing on mood, cognitive processing, social adjustment and health following a relationship breakup. *Psychology and Health*, 17 (5), 547-560.

Lepore, S. J., Greenberg, M. A., Bruno, M., & Smyth, J. M. (2002). Expressive writing and health: Self-regulation of emotion-related experience, physiology, and behavior. In S. J. Lepore & J. M. Smyth (Eds.), *The writing cure: How expressive writing promotes health and emotional well-being* (pp. 99-118). Washington DC: American Psychological Association.

Lepore, S. J. & Smyth, J. M. (2002). The Writing Cure: An Overview. In S. J. Lepore & J. M. Smyth (Eds.), *The writing cure: How expressive writing promotes health and emotional well-being* (pp. 3-14). Washington DC: American Psychological Association.

Low, C. A., Stanton, A. L., & Danoff-Burg, S. (2006). Expressive disclosure and benefit finding among breast cancer patients: Mechanisms for positive health effects. *Health Psychology, 25* (2), 181-189.

Lumley, M. A. (2000). Alexithymia and negative emotional conditions. *Journal of Psychosomatic Research, 49*, 51-54.

Lumley, M. A. (2004). Alexithymia, emotional disclosure, and health: A program of research. *Journal of Personality, 72* (6), 1271-1300.

Lumley, M. A., & Provenzano, K. M. (2003). Stress management through written emotional disclosure improves academic performance among college students with physical symptoms. *Journal of Educational Psychology, 95*, 641-649.

Lumley, M. A., Tojek, T. M., & Macklem, D. J. (2002). Effects of written emotional disclosure among repressive and alexithymic people. In S. J. Lepore & J. M. Smyth (Eds.), *The writing cure: How expressive writing promotes health and emotional well-being* (pp. 75-96). Washington DC: American Psychological Association.

Lutgendorf, S. K., & Antoni, M. H. (1999). Emotional and cognitive processing in a trauma disclosure paradigm. *Cognitive Therapy and Research, 23*, 423-440.

Lutgendorf, S. K. & Ullrich, P. (2002). Cognitive processing, disclosure, and health: Psychological and physiological mechanisms. In S. J. Lepore & J. M. Smyth (Eds.), *The writing cure: How expressive writing promotes health and emotional well-being* (pp. 177-196). Washington DC: American Psychological Association.

Middendorp, H., Sorbi, M. J., Doornen, L. J. P., Bijlsma, J. W. J., & Geenen, R. (2007). Feasibility and induced cognitive-emotional change of an emotional disclosure intervention adapted from home application. *Patient Education and Counseling, 66*, 177-187.

Norman, S. A., Lumley, M. A., Dooley, J. A. & Diamond, M. P. (2004). For whom does it work? Moderators of the effects of written emotional disclosure in women with chronic pelvic pain. *Psychosomatic Medicine*, 66, 174-183.

Oral, M. (1999). The relationship between dimensions of perfectionism stressful life events and depressive symptoms in university students: 'A test of diathesis-stress model of depression.' Unpublished doctoral thesis, ODTÜ, Department of Psychology, Ankara.

Öner, N., & LeCompte, A. (1985). *Durumluk-Sürekli Kaygı Envanteri elkitabı [Manual for the State-Trait Anxiety Inventory]*. İstanbul: Boğaziçi Üniversitesi.

Paez, D., Basabe, N., Valdoseda, M., Velasco, M. & Iraurgi, I. (1995). Confrontation: Inhibition, Alexithymia, and Helath. In J. W. Pennebaker (Ed.), *Emotion, disclosure, and health* (pp.195-222). Washington, DC: American Psychological Association.

Paez, D., Velasco, C., & Gonzales, J. L. (1999). Expressive writing and the role of alexithymia as a dispositional deficit in self-disclosure and psychological health. *Journal of Personality and Social Psychology*, 77, 630-641.

Park, C. L., & Blumberg, C. J. (2002). Disclosing trauma through writing: Testing the meaning-making hypothesis. *Cognitive Therapy and Research*, 26, 597-616.

Pennebaker, J. W. (1994). Hints on running a writing study. Unpublished Manual.

Pennebaker, J. W. (1995). Emotion, Disclosure, and Health: An Overview. In J. W. Pennebaker (Ed.), *Emotion, disclosure, and health* (pp.3-10). Washington, DC: American Psychological Association.

Pennebaker, J. W. (2004). Theories, therapies, and taxpayers: On the complexities of the expressive writing paradigm. *Clinical Psychology: Science and Practice*, 11 (2), 138-142.

Pennebaker, J. W. & Beall, S. K. (1986). Confronting a traumatic event: Toward an understanding of inhibition and disease. *Journal of Abnormal Psychology*, 95, 274-281.

Pennebaker, J. W. & Chung, C. K. (2007). Expressive writing, emotional upheavals, and health. In H. Friedman and R. Silver (Eds.), *Handbook of health psychology* (pp 263-284). [Electronic version]. New York: Oxford University Press.

Pennebaker, J. W., Colder, M., & Sharp, L. K. (1990). Accelerating the coping process. *Journal of Personality and Social Psychology*, 58, 528-537.

Pennebaker, J. W., Kiecolt-Glaser., J., & Glaser, R. (1988). Disclosure of traumas and immune function: Health implications for psychotherapy. *Journal of Consulting and Clinical Psychology*, 56 (2), 239-245.

Pennebaker, J. M., Mayne T. J. & Francis, M. E. (1997). Linguistic Predictors of Adaptive Bereavement. *Journal of Personality and Social Psychology*, 72 (4), 863-871.

Pennebaker, J. W., & Seagal, J. D. (1999). Forming a story: The health benefits of narrative. *Journal of Clinical Psychology*, 55, 1243-1254.

Petrie, K. J., Booth, R. J., & Davison, K. P. (1995). Repression, disclosure, and immune function: Recent findings and methodological issues. In J. W. Pennebaker (Ed.), *Emotion, disclosure, and health* (pp.223-240). Washington, DC: American Psychological Association.

Radcliffe, A. M., Lumley, M. A., Kendall, J., Stevenson, J. K., & Beltran, J. (2007). Written emotional disclosure: Testing whether social disclosure matters. *Journal of Social and Clinical Psychology*, 26 (3), 362-384.

Richards, J. M., Beall, W. E., Seagal, J., & Pennebaker, J. W. (2000). Effects of disclosure of traumatic events on illness behavior among psychiatric prison inmates. *Journal of Abnormal Psychology*, 109, 156-160.

Rime, B. (1995). Mental rumination, social sharing, and the recovery from emotional exposure. In J. W. Pennebaker (Ed.), *Emotion, disclosure, and health* (pp.271-292). Washington, DC: American Psychological Association.

Quartana, P. J., Laubmeier, K. K., & Zakowski, S. G. (2006). Psychological adjustment following diagnosis and treatment of cancer: An examination of the

moderating role of positive and negative emotional expressivity. *Journal of Behavioral Medicine*, 29 (5), 487-498.

Schoutrop, M., Lange, A., Hanewald, G., Duurland, C., & Bermond, B. (1997). The effects of structured writing assignments on overcoming major stressful events: An uncontrolled study. *Clinical Psychology and Psychotherapy*, 4 (3), 179-185.

Siva, A. N. (1991). Infertilite'de stresle başetme, öğrenilmiş güçlülük ve depresyonun incelenmesi [Coping with stress, learned powerfulness, and depression among infertile people]. Unpublished doctoral dissertation, Hacettepe University, Ankara.

Sloan, D. M., & Marx, B. P. (2004a). A closer examination of the written disclosure paradigm. *Journal of Consulting and Clinical Psychology*, 72, 165-175.

Sloan, D. M., & Marx, B. P. (2004b). Taking pen to hand: Evaluating theories underlying the written disclosure paradigm. *Clinical Psychology: Science and Practice*, 11 (2), 121-137.

Sloan, D. M., Marx, B. P., & Epstein, E. M. (2005). Further examination of the exposure model underlying written emotional disclosure. *Journal of Consulting and Clinical Psychology*, 73, 549-554.

Sloan, D. M., Marx, B. P., Epstein, E. M., & Lexington, J. M. (2007). Does altering the writing instructions influence outcome associated with written disclosure? *Behavior Therapy*, 38, 155-168.

Smyth, J. M. (1998). Written emotional expression: Effect sizes, outcome types, and moderating variables. *Journal of Consulting and Clinical Psychology*, 66, 174-184.

Smyth, J. M., Anderson, C. F., Hockemeyer, J. R., & Stone, A. A. (2002). Does emotional non-expressiveness or avoidance interfere with writing about stressful life events? An analysis in patients with chronic illness. *Psychology and Health*, 17 (5), 561-569.

Smyth, J. M., Stone, A., Hurewitz, A., & Kaell, A. (1999). Writing about stressful events produces symptom reduction in asthmatics and rheumatoid arthritics: A randomized trial. *Journal of American Medical Association*, 281, 1304-1309.

Solano, L., Donati, V., Pecci, F., Persichetti, S., & Colaci, A. (2003). Postoperative course after papilloma resection: effects of written disclosure of the experience in subjects with different alexithymia levels. *Psychosomatic Medicine*, 65, 477-484.

Spera, S., Buhrfeind, E., & Pennebaker, J. W. (1994). Expressive writing and coping with job loss. *Academy of Management Journal*, 3, 722-733.

Spielberger, C. D., Gorsuch, R. L., & Lushene, R. D. (1970). *Manual of State-Trait Anxiety Inventory*. Palo Alto, California: Consulting Psychologist Press.

Stanton, A. L. & Danoff-Burg, S. (2002) Emotional expression, expressive writing, and cancer. In S. J. Lepore & J. M. Smyth (Eds.), *The writing cure: How expressive writing promotes health and emotional well-being* (pp. 31-52). Washington DC: American Psychological Association.

Stroebe, M., Stroebe, W., Zech, E. & Bout, J. (2002). Does disclosure of emotions facilitate recovery from bereavement? Evidence from two prospective studies. *Journal of Consulting and Clinical Psychology*, 70, 169-178.

Suh, E., Diener, E., & Fajita, F. (1996). Events and subjective well-being: Only recent events matter. *Journal of Personality and Social Psychology*, 70 (5), 1091-1102.

Şahin, N. H., & Durak, A. (1994). Kısa Semptom Envanteri: Türk gençleri için uyarlanması. *Türk Psikoloji Dergisi*, 9 (31), 44-56.

Ullrich, P., & Lutgendorf, S. K. (2002). Journaling about stressful events: Effects of cognitive processing and emotional expression. *Annals of Behavioral Medicine*, 24 (3), 244-250.

Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, 54, 1063-1070.

Weiss, D., & Marmar, C. (1997). The Impact of Event Scale-Revised. Wilson, J., Keane, T. editors. Assessing psychological trauma and PTSD. New York: Guilford.

Zakowski, S. G., Valdimarsdottir, H. B., & Bovbjerg, D. H. (2001). Emotional expressivity and intrusive cognitions in women with family histories of breast cancer: Application of a cognitive processing model. *British Journal of Health Psychology*, 6, 151-165.

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52 (11), 30-41.

APPENDICES

APPENDIX A

Lütfen aşağıdaki bilgileri doldurunuz.

Okul numaranız: _____

En sık kullandığınız e-posta adresiniz: _____

Size en rahat ulaşılabilinecek telefon numaranız: _____

Yaşınız: _____

Cinsiyetiniz: _____

Bölümünüz / sınıfınız: _____

APPENDIX B

Aşağıda kişilerin kendilerine ait duygularını anlatmada kullandıkları bir takım ifadeler verilmiştir. Her ifadeyi dikkatlice okuyun, sonra da **şu anda** nasıl hissettiğinizi, ifadelerin sağ tarafındaki rakamlardan uygun olanını işaretlemek suretiyle belirtin. Doğru ya da yanlış cevap yoktur. Herhangi bir ifadenin üzerinde fazla zaman sarf etmeksizin, **şu anda** nasıl hissettiğinizi gösteren cevabı işaretleyin.

	Hiç	Biraz	Çok	Tamamiyle
1. Şu anda sakinim	1	2	3	4
2. Kendimi emniyette hissediyorum	1	2	3	4
3. Şu anda sinirlerim gergin	1	2	3	4
4. Pişmanlık duygusu içindeyim	1	2	3	4
5. Şu anda huzur içindeyim	1	2	3	4
6. Şu anda hiç keyfim yok	1	2	3	4
7. Başıma geleceklerden endişe ediyorum	1	2	3	4
8. Kendimi dinlenmiş hissediyorum	1	2	3	4
9. Şu anda kaygılıyım	1	2	3	4
10. Kendimi rahat hissediyorum	1	2	3	4
11. Kendime güvenim var	1	2	3	4
12. Şu anda asabım bozuk	1	2	3	4
13. Çok sinirliyim	1	2	3	4
14. Sinirlerimin çok gergin olduğunu hissediyorum	1	2	3	4
15. Kendimi rahatlamış hissediyorum	1	2	3	4
16. Şu anda halimden memnunum	1	2	3	4
17. Şu anda endişeliyim	1	2	3	4
18. Heyecandan kendimi şaşkına dönmüş hissediyorum	1	2	3	4
19. Şu anda sevinçliyim	1	2	3	4
20. Şu anda keyfim yerinde	1	2	3	4

APPENDIX C

Aşağıda kişilerin kendilerine ait duygularını anlatmada kullandıkları bir takım ifadeler verilmiştir. Her ifadeyi dikkatlice okuyun, sonra da **genel olarak** nasıl hissettiğinizi, ifadelerin sağ tarafındaki rakamlardan uygun olanını işaretlemek suretiyle belirtin. Doğru yada yanlış cevap yoktur. Herhangi bir ifadenin üzerinde fazla zaman sarf etmeksizin, **genel olarak** nasıl hissettiğinizi gösteren cevabı işaretleyin.

	Hemen hiç bir zaman	Bazen	Çok zaman	Hemen her zaman
1. Genellikle keyfim yerindedir.	1	2	3	4
2. Genellikle çabuk yorulurum.	1	2	3	4
3. Genellikle kolay ağlarım.	1	2	3	4
4. Başkaları kadar mutlu olmak isterim.	1	2	3	4
5. Çabuk karar veremediğim için fırsatları kaçırırım.	1	2	3	4
6. Kendimi dinlenmiş hissederim.	1	2	3	4
7. Genellikle sakin, kendime hakim ve soğukkanlıyım.	1	2	3	4
8. Güçlüklerin yenemeyeceğim kadar biriktiğini hissederim.	1	2	3	4
9.Önemsiz şeyler hakkında endişelenirim.	1	2	3	4
10. Genellikle mutluyum.	1	2	3	4
11. Her şeyi ciddiye alırım ve etkilenirim.	1	2	3	4
12. Genellikle kendime güvenim yoktur.	1	2	3	4
13. Genellikle kendimi emniyette hissederim.	1	2	3	4
14. Sıkıntılı ve güç durumlarla karşılaşmaktan kaçınırım.	1	2	3	4
15. Genellikle kendimi hüzünlü hissederim.	1	2	3	4
16. Genellikle hayatımdan memnunumum.	1	2	3	4
17. Olur olmaz düşünceler beni rahatsız eder.	1	2	3	4
18. Hayal kırıklıklarını öylesine ciddiye alırım ki hiç unutmam.	1	2	3	4
19. Akli başında ve kararlı bir insanım.	1	2	3	4
20. Son zamanlarda kafama takılan konular beni tedirgin eder.	1	2	3	4

APPENDIX D

Bu ölçek farklı duyguları tanımlayan bir takım sözcükler içermektedir. **Su anda** nasıl hissettiğinizi düşünüp her maddeyi okuyun. Uygun cevabı her maddenin yanında ayrılan yere (puanları daire içine alarak) işaretleyin. Cevaplarınızı verirken aşağıdaki puanları kullanın.

1. Çok az veya hiç
2. Biraz
3. Ortalama
4. Oldukça
5. Çok fazla

1. İlgili	1	2	3	4	5
2. Sıkıntılı	1	2	3	4	5
3. Heyecanlı	1	2	3	4	5
4. Mutsuz	1	2	3	4	5
5. Güçlü	1	2	3	4	5
6. Suçlu	1	2	3	4	5
7. Ürkmüş	1	2	3	4	5
8. Düşmanca	1	2	3	4	5
9. Hevesli	1	2	3	4	5
10. Gururlu	1	2	3	4	5
11. Asabi	1	2	3	4	5
12. Uyanık	1	2	3	4	5
13. Utanmış	1	2	3	4	5
14. İlhamlı	1	2	3	4	5

(yaratıcı düşüncelerle dolu)

15. Sinirli	1	2	3	4	5
16. Kararlı	1	2	3	4	5
17. Dikkatli	1	2	3	4	5
18. Tedirgin	1	2	3	4	5
19. Aktif	1	2	3	4	5
20. Korkmuş	1	2	3	4	5

APPENDIX E

Aşağıda 12 cümle ve her birinde de cevaplarınızı işaretlemeniz için 1 den 7ye kadar rakamlar verilmiştir. Her cümlede söylenenin sizin için ne kadar çok doğru olduğunu veya olmadığını belirtmek için o cümle altındaki rakamlardan yalnız bir tanesini daire içine alarak işaretleyiniz. Bu şekilde 12 cümlenin her birinde bir işaret koyarak cevaplarınızı veriniz.

1. İhtiyacım olduğunda yanımda olan özel bir insan var.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
------------------	---	---	---	---	---	---	---	-----------------

2. Sevinç ve kederimi paylaşabileceğim özel bir insan var.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
------------------	---	---	---	---	---	---	---	-----------------

3. Ailem bana gerçekten yardımcı olmaya çalışır.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
------------------	---	---	---	---	---	---	---	-----------------

4. İhtiyacım olan duygusal yardımı ve desteği ailemden alırım.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
------------------	---	---	---	---	---	---	---	-----------------

5. Beni gerçekten rahatlatan bir insan var.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
------------------	---	---	---	---	---	---	---	-----------------

6. Arkadaşlarım bana gerçekten yardımcı olmaya çalışırlar.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
------------------	---	---	---	---	---	---	---	-----------------

7. İşler kötü gittiğinde arkadaşlarıma güvenebilirim.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
------------------	---	---	---	---	---	---	---	-----------------

8. Sorunlarımı ailemle konuşabilirim.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
------------------	---	---	---	---	---	---	---	-----------------

9. Sevinç ve kederlerimi paylaşabileceğim arkadaşlarım var.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
------------------	---	---	---	---	---	---	---	-----------------

10. Yaşamımda duygularıma önem veren özel bir insanım.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
------------------	---	---	---	---	---	---	---	-----------------

11. Kararlarımı vermede ailem bana yardımcı olmaya isteklidir.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
------------------	---	---	---	---	---	---	---	-----------------

12. Sorunlarımı arkadaşlarımla konuşabilirim.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet
------------------	---	---	---	---	---	---	---	-----------------

APPENDIX F

Lütfen aşağıdaki maddelerin sizi ne ölçüde tanımladığını değerlendirerek maddelerin karşılarında bulunan seçeneklerden uygun rakamı daire içine alarak belirtiniz.

Hiçbir zaman (1),....., Her zaman (5) olacak şekilde bu maddelere puan veriniz.

	Hiçbir zaman	Nadiren	Bazen	Sık sık	Her zaman
1- Ne hissettiğimi çoğu kez tam olarak bilemem.....	1	2	3	4	5
2- Duygularım için uygun kelimeleri bulmak benim için zordur.....	1	2	3	4	5
3- Bedenimde doktorların dahi anlamadığı hisler oluyor.....	1	2	3	4	5
4- Duygularımı kolayca tarif edebilirim.....	1	2	3	4	5
5- Sorunları yalnızca tarif etmektense onları çözümlemeyi yeğlerim.....	1	2	3	4	5
6- Keyfim kaçtığında, üzgün mü, korkmuş mu yoksa kızgın mı olduğumu bilemem.....	1	2	3	4	5
7- Bedenimdeki hisler kafamı karıştırır.....	1	2	3	4	5
8- Neden öyle sonuçlandığını anlamaya çalışmaksızın, işleri olurlarına bırakmayı yeğlerim	1	2	3	4	5
9- Tam olarak tanımlayamadığım duygularım var.....	1	2	3	4	5
10- İnsanların duygularını tanıması gerekir.....	1	2	3	4	5
11- İnsanlar hakkında ne hissettiğimi tarif etmek bana zor geliyor.	1	2	3	4	5
12- İnsanlar duygularımı kolayca tarif etmemi isterler.	1	2	3	4	5
13- İçimde ne olup bittiğini bilmiyorum.....	1	2	3	4	5
14- Çoğu zaman neden kızgın olduğumu bilmem.....	1	2	3	4	5
15- İnsanlarla, duygularından çok günlük uğraşları hakkında konuşmayı yeğlerim.....	1	2	3	4	5
16- Psikolojik dramalar yerine eğlendirici programlar izlemeyi yeğlerim.....	1	2	3	4	5
17- İçimdeki duyguları yakın arkadaşlarıma bile açıklamak bana zor gelir.....	1	2	3	4	5
18- Sessizlik anlarında dahi, kendimi birisine yakın hissedebilirim.....	1	2	3	4	5
19- Kişisel sorunlarımı çözerken duygularımı incelemeyi yararlı bulurum.....	1	2	3	4	5
20- Film veya oyunlarda gizli anlamlar aramak, onlardan alınacak hazzı azaltır.....	1	2	3	4	5

APPENDIX G

Aşağıda günlük yaşantınızda size sıkıntı verebilecek bazı olaylar ve sorunlardan bahsedilmektedir. Her maddeyi dikkatli bir şekilde okuyarak, son bir ay içerisinde bu olay ya da sorunun size ne yoğunlukta bir sıkıntı yaşattığını ve ne kadar sıklıkla böyle bir olay ya da sorunla karşılaştığınızı maddelerin karşılarında bulunan seçeneklerden uygun rakamları işaretleyerek belirtiniz.

	Bu sorun size ne yoğunlukta bir sıkıntı yaşattı veya yaşatmakta?				
	Hiç	Az	Orta	Fazla	Çok fazla
1. Derslerin ağırlığı ve yoğunluğu	1	2	3	4	5
2. Genel sağlık problemleri.....	1	2	3	4	5
3. Kız/erkek arkadaşıyla olan problemler.....	1	2	3	4	5
4. Barınma ile ilgili sorunlar.....	1	2	3	4	5
5. Ulaşım sorunu.....	1	2	3	4	5
6. Zamanın sıkışıklığı.....	1	2	3	4	5
7. Anne ve babamla aramızdaki çatışmalar.....	1	2	3	4	5
8. Gelecekle ilgili kaygılar.....	1	2	3	4	5
9. Arkadaş ilişkilerinde yaşanan sorunlar.....	1	2	3	4	5
10. Ülkedeki olumsuz siyasi gelişmeler.....	1	2	3	4	5
11. Sevdiğim insanlardan ayrı olmak (Aile, arkadaşlar vs.).....	1	2	3	4	5
12. Çevresel koşullardan (Gürültü, havalar, kirlilik vs.) dolayı yaşanan sorunlar.....	1	2	3	4	5
13. Okula uyum sağlayamamak...	1	2	3	4	5
14. Maddi problemler.....	1	2	3	4	5
15. Sosyal faaliyetlere katılamamak (spor, sinemaya, tiyatroya gitmek vs.).....	1	2	3	4	5
16. Öğretim görevlileri ile ilgili sorunlar.....	1	2	3	4	5
17. İnsanların birbirine karşı duyarısız olmaları.....	1	2	3	4	5
18. Yalnızlık kaygıları.....	1	2	3	4	5
19. Kişiliğimle ilgili kendimi sorgulamak.....	1	2	3	4	5
20. Yorgunluk.....	1	2	3	4	5
21. İçki, sigara ve benzeri alışkanlıkların verdiği rahatsızlıklar.....	1	2	3	4	5
22. Karar vermekte güçlük çekmek.....	1	2	3	4	5
23. Uykusuzluk.....	1	2	3	4	5
24. Beslenme problemi.....	1	2	3	4	5

	Bu sorun size ne yoğunlukta bir sıkıntı yaşattı veya yaşatmakta?				
	Hiç	Az	Orta	Fazla	Çok Fazla
25. Sorumluluklarımı yerine getirememek.....	1	2	3	4	5
26. Reddedilme korkusu.....	1	2	3	4	5
27. Fiziksel görünüşümle ilgili endişeler.....	1	2	3	4	5
28. Okulda başarısız olmak.....	1	2	3	4	5
29. Aileden birinin rahatsızlığı.....	1	2	3	4	5
30. Ödevler ya da projelerin verdiği rahatsızlıklar.....	1	2	3	4	5
31. Okuduğum bölümden memnun olmamak.....	1	2	3	4	5
32. Tüm ya da bazı konularda emeğimin karşılığını alamama.....	1	2	3	4	5
33. Yeterince ders çalışmamak...	1	2	3	4	5
34. Sınavların sıkışıklığı, sınav kaygısı.....	1	2	3	4	5
35. Okula devamsızlık problemleri.....	1	2	3	4	5
36. Yurt ya da ev arkadaşlarımla aramızdaki sorunlar.....	1	2	3	4	5
37. Kardeşim/lerimle ilgili sorunlar.....	1	2	3	4	5
38. Zamanımı yeterince iyi değerlendirememek.....	1	2	3	4	5
39. Kendimi insanlara yeterince ifade edememek.....	1	2	3	4	5
40. Ailevi problemler.....	1	2	3	4	5
41. Çalıştığım işle ilgili sorunlar...	1	2	3	4	5
42. İş görüşmeleri ile ilgili kaygılar.....	1	2	3	4	5
43. Yayın organlarındaki kötü haberlerle ilişkili kaygılar.....	1	2	3	4	5
44. Derslerin İngilizce olmasından dolayı zorluk çekmek.....	1	2	3	4	5
45. Cinsel sorunlar.....	1	2	3	4	5
46. Kilomla ilgili kaygılar.....	1	2	3	4	5
47. Mezun olamama kaygısı....	1	2	3	4	5
48. Hata yapma kaygısı.....	1	2	3	4	5
49. Eleştirilmekten duyduğum rahatsızlık.....	1	2	3	4	5
50. Tatmin edici ilişkiler kuramama / bulamama.....	1	2	3	4	5
51. Kız/erkek arkadaştan ayrılma..	1	2	3	4	5
52. Ailemin beklentilerini yerine getirememe kaygısı.....	1	2	3	4	5
53. Tüm ya da bazı derslerde başarısız olma endişesi.....	1	2	3	4	5

APPENDIX H

Aşağıda, insanların bazen yaşadıkları belirtilerin ve yakınmaların bir listesi verilmiştir. Listedeki her maddeyi lütfen dikkatle okuyun. Daha sonra o belirtinin, SİZDE BUGÜN DAHİL, SON BİR HAFTADIR NE KADAR VAR OLDUĞUNU yandaki bölmede uygun olan yerde işaretleyin. Her belirti için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösterin. Yanıtlarınızı kurşun kalemle işaretleyin. Eğer fikir değiştirirseniz ilk yanıtınızı silin.

Yanıtlarınızı aşağıdaki ölçeğe göre değerlendirin:
Bu belirtiler son bir haftadır sizde ne kadar var?
0. Hiç yok
1. Biraz var
2. Orta derecede var.
3. Epey var
4. Çok fazla var

		Bu belirtiler son bir haftadır sizde ne kadar var?				
		Hiç				Çok
1	İçinizdeki sinirlilik ve titreme hali	0	1	2	3	4
2	Baygınlık, baş dönmesi	0	1	2	3	4
3	Bir başka kişinin sizin düşüncelerinizi kontrol edeceği fikri	0	1	2	3	4
4	Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu	0	1	2	3	4
5	Olayları hatırlamada güçlük	0	1	2	3	4
6	Çok kolayca kızıp öfkelenme	0	1	2	3	4
7	Göğüs (kalp) bölgesinde ağrılar	0	1	2	3	4
8	Meydanlık (açıklık) yerlerden korkma duygusu	0	1	2	3	4
9	Yaşamınıza son verme düşünceleri	0	1	2	3	4
10	İnsanların çoğuna güvenilemeyeceği hissi	0	1	2	3	4
11	İştahta bozukluklar	0	1	2	3	4
12	Hiçbir nedeni olmayan ani korkular	0	1	2	3	4
13	Kontrol edemediğiniz duygu patlamaları	0	1	2	3	4
14	Başka insanlarla beraberken bile yalnızlık hissetmek	0	1	2	3	4
15	İşleri bitirme konusunda kendini engellenmiş hissetmek	0	1	2	3	4
16	Yalnızlık hissetmek	0	1	2	3	4
17	Hüzünlü, kederli hissetmek	0	1	2	3	4
18	Hiçbir şeye ilgi duymamak	0	1	2	3	4
19	Ağlamaklı hissetmek	0	1	2	3	4
20	Kolayca incinebilme, kırılmak	0	1	2	3	4
21	İnsanların sizi sevmediğine, kötü davrandığına inanmak	0	1	2	3	4
22	Kendini diğerlerinden daha aşağı görme	0	1	2	3	4
23	Mide bozukluğu, bulantı	0	1	2	3	4
24	Diğerlerinin sizi gözlediği ya da hakkınızda konuştuğu duygusu	0	1	2	3	4
25	Uykuya dalmada güçlük	0	1	2	3	4
26	Yaptığınız şeyleri tekrar tekrar kontrol etmek	0	1	2	3	4
27	Karar vermede güçlükler	0	1	2	3	4
28	Otobüs, tren, metro gibi umumi vasıtalarla seyahatten korkmak	0	1	2	3	4
29	Nefes darlığı, nefessiz kalmak	0	1	2	3	4

30	Sıcak soğuk basmaları	0	1	2	3	4
31	Sizi korkuttuğu için bazı eşya, yer ya da etkinliklerden uzak kalmaya çalışmak	0	1	2	3	4
32	Kafanızın “bomboş” kalması	0	1	2	3	4
33	Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar	0	1	2	3	4
34	Günahlarınız için cezalandırılmanız gerektiği	0	1	2	3	4
35	Gelecekle ilgili umutsuzluk duyguları	0	1	2	3	4
36	Konsantrasyonda (dikkati bir şey üzerinde toplama) güçlük / zorlanmak	0	1	2	3	4
37	Bedenin bazı bölgelerinde zayıflık, güçsüzlük hissi	0	1	2	3	4
38	Kendini gergin ve tedirgin hissetmek	0	1	2	3	4
39	Ölme ve ölüm üzerine düşünceler	0	1	2	3	4
40	Birini dövme, ona zarar verme, yaralama isteği	0	1	2	3	4
41	Bir şeyleri kırma, dökme isteği	0	1	2	3	4
42	Diğerlerinin yanındayken yanlış bir şeyler yapmamaya çalışmak	0	1	2	3	4
43	Kalabalıklarda rahatsızlık duymak	0	1	2	3	4
44	Bir başka insana hiç yakınlık duymamak	0	1	2	3	4
45	Dehşet ve panik nöbetleri	0	1	2	3	4
46	Sık sık tartışmaya girmek	0	1	2	3	4
47	Yalnız bırakıldığında / kalındığında sinirlilik hissetmek	0	1	2	3	4
48	Başarılarınız için diğerlerinden yeterince takdir görmemek	0	1	2	3	4
49	Yerinde duramayacak kadar tedirgin hissetmek	0	1	2	3	4
50	Kendini değersiz görmek / değersizlik duyguları	0	1	2	3	4
51	Eğer izin verirsiniz insanların sizi sömüreceği duygusu	0	1	2	3	4
52	Suçluluk duyguları	0	1	2	3	4
53	Aklınızda bir bozukluk olduğu hissi	0	1	2	3	4

APPENDIX I

AÇIKLAMA

Bir genç olarak çeşitli sorunlarla karşılaşılıyor ve bu sorunlarla başa çıkabilmek için çeşitli duygu, düşünce ve davranışlardan yararlanıyor olabilirsiniz.

Sizden istenilen karşılaştığımız sorunlarla başa çıkabilmek için neler yaptığınızı göz önünde bulundurarak, aşağıdaki maddeleri cevap kağıdı üzerinde işaretlemenizdir. Lütfen her bir maddeyi dikkatle okuyunuz ve cevap formu üzerindeki aynı maddeye ait cevap şıklarından birini daire içine alarak cevabınızı belirtiniz. Başlamadan önce örnek maddeyi incelemeniz yararlı olacaktır.

ÖRNEK:

Madde 4. İyimser olmaya çalışırım.

	Hiç uygun değil	Pek uygun değil	uygun	oldukça uygun	çok uygun
Madde 4.	1.....	2.....	3.....	4.....	5.....

1. Aklımı kurcalayan şeylerden kurtulmak için değişik işlerle uğraşırım.....
1.....2.....3.....4.....5
2. Bir sıkıntı olduğumu kimsenin bilmesini istemem
1.....2.....3.....4.....5
3. Bir mucize olmasını beklerim.....
1.....2.....3.....4.....5
4. İyimser olmaya çalışırım.....
1.....2.....3.....4.....5
5. “ Bunu da atlatırsam sırtım yere gelmez ” diye düşünürüm.....
1.....2.....3.....4.....5
6. Çevremdeki insanlardan problemi çözmeye bana yardımcı olmalarını beklerim.
1.....2.....3.....4.....5
7. Bazı şeyleri büyütmemeye üzerinde durmamaya çalışırım.....
1.....2.....3.....4.....5
8. Sakin kafayla düşünmeye ve öfkelenmemeye çalışırım.....
1.....2.....3.....4.....5
9. Bu sıkıntılı dönem bir an önce geçsin isterim.....
1.....2.....3.....4.....5
10. Olayın değerlendirmesini yaparak en iyi kararı vermeye çalışırım.....
1.....2.....3.....4.....5
11. Konuyla ilgili olarak başkalarının ne düşündüğünü anlamaya çalışırım.....
1.....2.....3.....4.....5
12. Problemin kendiliğinden hallolacağına inanırım.....
1.....2.....3.....4.....5
13. Ne olursa olsun kendimde direnme ve mücadele etme gücü hissederim.....
1.....2.....3.....4.....5
14. Başkalarının rahatlamama yardımcı olmalarını beklerim.....
1.....2.....3.....4.....5

15. Kendime karşı hoşgörölü olmaya çalışırım.....
1.....2.....3.....4.....5
16. Olanları unutmaya çalışırım.....
1.....2.....3.....4.....5
17. Telaşımı belli etmemeye ve sakin olmaya çalışırım.....
1.....2.....3.....4.....5
18. “ Başa gelen çekilir ” diye düşünürüm.....
1.....2.....3.....4.....5
19. Problemin ciddiyetini anlamaya çalışırım.....
1.....2.....3.....4.....5
20. Kendimi kapana sıkışmış gibi hissedirim.....
1.....2.....3.....4.....5
21. Duygularımı paylaştığım kişilerin bana hak vermesini isterim.....
1.....2.....3.....4.....5
22. Hayatta neyin önemli olduğunu keşfederim.....
1.....2.....3.....4.....5
23. “ Her işte bir hayır vardır ” diye düşünürüm.....
1.....2.....3.....4.....5
24. Sıkıntılı olduğumda her zamankinden fazla uyurum.....
1.....2.....3.....4.....5
25. İçinde bulunduğum kötü durumu kimsenin bilmesini istemem.....
1.....2.....3.....4.....5
26. Dua ederek Allah’tan yardım dilerim.....
1.....2.....3.....4.....5
27. Olayı yavaşlatmaya ve böylece kararı ertelemeye çalışırım.....
1.....2.....3.....4.....5
28. Olanla yetinmeye çalışırım.....
1.....2.....3.....4.....5
29. Olanları kafama takıp sürekli düşünmekten kendimi alamam.....
1.....2.....3.....4.....5
30. İçimde tutmaktansa paylaşmayı tercih ederim.....
1.....2.....3.....4.....5
31. Mutlaka bir yol bulabileceğime inanır, bu yolda uğraşırım.....
1.....2.....3.....4.....5
32. Sanki bu bir sorun değilmiş gibi davranırım.....
1.....2.....3.....4.....5
33. Olanlardan kimseye söz etmemeyi tercih ederim.....
1.....2.....3.....4.....5
34. “ İş olacağına varır ” diye düşünürüm.....
1.....2.....3.....4.....5
35. Neler olabileceğini düşünüp ona göre davranmaya çalışırım.....
1.....2.....3.....4.....5
36. İşin içinden çıkamayınca “ elimden birşey gelmiyor ” der,
durumu olduğu gibi kabullenirim.....
1.....2.....3.....4.....5
37. İlk anda aklıma gelen kararı uygulayırım.....
1.....2.....3.....4.....5
38. Ne yapacağıma karar vermeden önce arkadaşlarımla fikrini alırım.....
1.....2.....3.....4.....5

39. Herşeye yeniden başlayacak gücü bulurum.....
1.....2.....3.....4.....5
40. Problemin çözümü için adak adarım.....
1.....2.....3.....4.....5
41. Olaylardan olumlu birşey çıkarmaya çalışırım.....
1.....2.....3.....4.....5
42. Kırgınlığımı belirtirsem kendimi rahatlamış hissederim.....
1.....2.....3.....4.....5
43. Alın yazısına ve bunun değişmeyeceğine inanırım.....
1.....2.....3.....4.....5
44. Soruna birkaç farklı çözüm yolu ararım.....
1.....2.....3.....4.....5
45. Başıma gelenlerin herkesin başına gelebilecek şeyler olduğuna inanırım.....
1.....2.....3.....4.....5
46. “ Olanları keşke değiştirebilseydim ” derim.....
1.....2.....3.....4.....5
47. Aile büyüklerine danışmayı tercih ederim.....
1.....2.....3.....4.....5
48. Yaşamla ilgili yeni bir inanç geliştirmeye çalışırım.....
1.....2.....3.....4.....5
49. “ Herşeye rağmen elde ettiğim bir kazanç vardır ” diye düşünürüm.....
1.....2.....3.....4.....5
50. Gururumu koruyup güçlü görünmeye çalışırım.....
1.....2.....3.....4.....5
51. Bu işin kefaretni (bedelini) ödemeye çalışırım.....
1.....2.....3.....4.....5
52. Problemi adım adım çözmeye çalışırım.....
1.....2.....3.....4.....5
53. Elimden hiç birşeyin gelmeyeceğine inanırım.....
1.....2.....3.....4.....5
54. Problemin çözümü için bir uzmana danışmanın en iyi yol olacağına inanırım.....
1.....2.....3.....4.....5
55. Problemin çözümü için hocaya okunurum.....
1.....2.....3.....4.....5
56. Herşeyin istediğim gibi olmayacağına inanırım.....
1.....2.....3.....4.....5
57. Bu dertten kurtulayım diye fakir fukaraya sadaka veririm.....
1.....2.....3.....4.....5
58. Ne yapılacağını planlayıp ona göre davranırım.....
1.....2.....3.....4.....5
59. Mücadeleden vazgeçerim.....
1.....2.....3.....4.....5
60. Sorunun benden kaynaklandığını düşünürüm.....
1.....2.....3.....4.....5
61. Olaylar karşısında “ kaderim buymuş ” derim.....
1.....2.....3.....4.....5
62. Sorunun gerçek nedenini anlayabilmek için başkalarına danışırım.....
1.....2.....3.....4.....5

63. “ Keşke daha güçlü bir insan olsaydım ” diye düşünürüm.....
1.....2.....3.....4.....5
64. Nazarlık takarak, muska taşıyarak benzer olayların olmaması
için önlemler alırım.....
1.....2.....3.....4.....5
65. Ne olup bittiğini anlayabilmek için sorunu enine boyuna düşünürüm.....
1.....2.....3.....4.....5
66. “ Benim suçum ne ” diye düşünürüm.....
1.....2.....3.....4.....5
67. “ Allah’ın takdiri buymuş ” diye kendimi teselli ederim.....
1.....2.....3.....4.....5
68. Temkinli olmaya ve yanlış yapmamaya çalışırım.....
1.....2.....3.....4.....5
69. Bana destek olabilecek kişilerin varlığını bilmek beni rahatlatır.....
1.....2.....3.....4.....5
70. Çözüm için kendim birşeyler yapmak istemem.....
1.....2.....3.....4.....5
71. “ Hep benim yüzümden oldu ” diye düşünürüm.....
1.....2.....3.....4.....5
72. Mutlu olmak için başka yollar ararım.....
1.....2.....3.....4.....5
73. Hakkımı savunabileceğime inanırım.....
1.....2.....3.....4.....5
74. Bir kişi olarak iyi yönde değiştiğimi ve olgunlaştığımı hissedirim.....
1.....2.....3.....4.....5

APPENDIX J

Aşağıda kişiyi ruhsal olarak sarsan, aşırı sıkıntı veren, hayatı tehdit eden bir olaydan sonra insanlar tarafından dile getirilen şikayetlerin listesi vardır. Lütfen her soruyu tek tek okuyup, **soru kitapçığınızda belirttiğiniz üzücü yaşantınıza bağlı olarak son yedi gün içerisinde** bu şikayetlerle ne kadar sıklıkla karşılaştığınızı işaretleyiniz. Eğer şikayetleriniz son yedi gün içerisinde hiç olmadıysa hiçbir zaman sütununu işaretleyiniz.

		Hiçbir zaman	Nadiren	Bazen	Sıklıkla	Her zaman
1	En ufak bir şey bile olayla ilgili duygularımı tekrar kabartıyor					
2	Gece, uykumu sürdürmekte güçlük çekiyorum					
3	Başka şeyler bile beni o olayı düşünmeye itiyor					
4	Kendimi gergin ve sinirli hissediyorum					
5	Olayla ilgili birşey hatırladıkça veya düşündükçe sanki olay anındaymışım gibi heyecana kapılmamak için kendimi zor tutuyorum					
6	İstemediğim zaman bile elimde olmadan olayı düşünüyorum					
7	Olay hiç olmamış ya da gerçek değilmiş gibi hissediyorum					
8	Olayı hatırlatan şeylerden uzak durmaya çalışıyorum					
9	Olayla ilgili görüntüler birden bire zihnimde canlanıyor					
10	Her an sıçrayacakmış gibi tetikteyim					
11	Olayı düşünmemeye çalışıyorum					
12	Olayın benim üzerimde hala başa çıkamadığım pek çok etkisi olduğunu düşünüyorum					
13	Olay anını hatırlamaya çalışınca vücudum kaskatı kesiliyor					
14	Kendimi o anki duygularımın ve davranışlarımın içerisinde buluyorum					
15	Uykuya dalmada zorluk çekiyorum					
16	Olayla ilgili, içimde kuvvetli hisler kabarıyor					
17	Olayı hafızamdan silmeye çalışmak yoruyor					
18	Dikkatimi toplamakta güçlük çekiyorum					

		Hiçbir zaman	Nadiren	Bazen	Sıklıkla	Her zaman
19	Olayı hatırlatan şeyler, şimdi de bende terleme, çarpıntı, nefes darlığı, bulantı, titreme gibi belirtiler yapıyor					
20	Olayla ilgili rüyalar görüyorum					
21	Kendimi tetikte, nöbette gibi hissediyorum					
22	Olay hakkında konuşmamaya çabalıyorum					

APPENDIX K

Lütfen, katıldığınız yazma seansları ile ilgili aşağıdaki soruları cevaplayınız.

1- Bu araştırmaya katılmanın sizin için yararlı olduğunu düşünüyor musunuz?

Evet _____ Kararsızım _____ Hayır _____

2- Yazmak, yaşadığınız üzücü olayın etkisini azalttı mı?

Evet _____ Hayır _____

3- Yaşadığımız üzücü olayla ilgili ne kadar sıkıntı çektiniz?

1-----2-----3-----4-----5-----6-----7

Hiç

Çok

fazla

4- Yaşadığımız üzücü olayla ilgili şu anda ne kadar sıkıntı çekiyorsunuz?

1-----2-----3-----4-----5-----6-----7

Hiç

Çok

fazla

5- Yazılarınızda gerçeklere ne kadar odaklandınız?

1-----2-----3-----4-----5-----6-----7

Hiç

Çok

fazla

6- Yazılarınızda duygularınıza ne kadar odaklandınız?

1-----2-----3-----4-----5-----6-----7

Hiç

Çok

fazla

7- Yazılarınızda düşüncelerinize ne kadar odaklandınız?

1-----2-----3-----4-----5-----6-----7

Hiç

Çok

fazla

8- Yaşadığımız üzücü olayla ilgili yazmak sizin için ne kadar zor oldu?

1-----2-----3-----4-----5-----6-----7

Hiç

Çok

zor olmadı

zor oldu

9- Yazılarınızda yaşadığınız üzücü olayın üzerinde detaylarıyla durmanın yararlı etkileri olduğunu düşünüyor musunuz?

Hiç _____ Biraz _____ Çok fazla _____

10- Yazmak, şimdiye kadar net olmayan duygu ve düşüncelerinizin farkına varmanızı ne kadar sağladı?

Hiç _____ Biraz _____ Çok fazla _____

11- Yazmanın, yaşadığınız üzücü olayla tamamen hesaplaşmanızda (barışmanızda / kabul etmenizde) ne kadar yardımcı olduğunu düşünüyorsunuz?

Hiç _____ Biraz _____ Çok fazla _____

12- Yazmak, yaşadığınız üzücü olaya bakış açınızı ne kadar değiştirdi?

Hiç _____ Biraz _____ Çok fazla _____

13- Şu anda araştırmanın bitimiyle birlikte, bu seansların sizi nasıl etkilediğini düşünüyorsunuz? Olumlu ve olumsuz etkileri neler olmuştur?

APPENDIX L

Lütfen, katıldığınız yazma seansları ile ilgili aşağıdaki soruları cevaplayınız.

1- Bu araştırmaya katılmanın sizin için yararlı olduğunu düşünüyor musunuz?

Evet _____ Kararsızım _____ Hayır _____

2- Yazmak, yaşadığımız üzücü olayın etkisini azalttı mı?

Evet _____ Hayır _____

3- Yaşadığımız üzücü olayla ilgili ne kadar sıkıntı çektiniz?

1-----2-----3-----4-----5-----6-----7

Hiç

Çok

fazla

4- Yaşadığımız üzücü olayla ilgili şu anda ne kadar sıkıntı çekiyorsunuz?

1-----2-----3-----4-----5-----6-----7

Hiç

Çok

fazla

5- Yazılarınızda gerçeklere ne kadar odaklandınız?

1-----2-----3-----4-----5-----6-----7

Hiç

Çok

fazla

6- Yazılarınızda duygularınıza ne kadar odaklandınız?

1-----2-----3-----4-----5-----6-----7

Hiç

Çok

fazla

7- Yazılarınızda düşüncelerinize ne kadar odaklandınız?

1-----2-----3-----4-----5-----6-----7

Hiç

Çok

fazla

8- Yazılarınızda sıklıkla içinde bulunduğunuz çevreleri betimlemek sizin için ne kadar zor oldu?

1-----2-----3-----4-----5-----6-----7

Hiç
zor olmadı

Çok
zor oldu

9- Yazılarınızda sıklıkla içinde bulunduğunuz çevrelerin üzerinde detaylarıyla durmanın yararlı etkileri olduğunu düşünüyor musunuz?

Hiç _____ Biraz _____ Çok fazla _____

10- Yazmak, şimdiye kadar net olmayan duygu ve düşüncelerinizin farkına varmanızı ne kadar sağladı?

Hiç _____ Biraz _____ Çok fazla _____

11- Yazmanın, yaşadığınız üzücü olayla tamamen hesaplaşmanızda (barışmanızda / kabul etmenizde) ne kadar yardımcı olduğunu düşünüyorsunuz?

Hiç _____ Biraz _____ Çok fazla _____

12- Yazmak, yaşadığımız üzücü olaya bakış açınızı ne kadar değiştirdi?

Hiç _____ Biraz _____ Çok fazla _____

13- Şu anda yazma seanslarının bitimiyle birlikte, bu seansların sizi nasıl etkilediğini düşünüyorsunuz? Olumlu ve olumsuz etkileri neler olmuştur?

APPENDIX M

Lütfen, soru kitapçığınızda belirttiğiniz üzücü yaşantınızla ilgili aşağıdaki soruları cevaplayınız.

- Bu yaşantınızın ortaya çıkmasında ne derece kontrolünüzün olabileceğini düşündüğünüzü aşağıda verilen 1 (hiç benim kontrol edebileceğim bir olay değildi) - 7 (tamamen benim kontrol edebileceğim bir olaydı) arasındaki seçeneklerden birini işaretleyerek belirtiniz.

1-----2-----3-----4-----5-----6-----7

- Bu yaşantınızın sonucu üzerinde ne derece kontrolünüzün olabileceğini düşündüğünüzü aşağıda verilen 1 (hiç benim kontrol edebileceğim bir olay değildi) - 7 (tamamen benim kontrol edebileceğim bir olaydı) arasındaki seçeneklerden birini işaretleyerek belirtiniz.

1-----2-----3-----4-----5-----6-----7

- Bu olay sırasında neler yaşadığınızın ne derece farkında olduğunuzu aşağıda verilen 1 (bu olay sırasında neler yaşadığının hiç farkında değilim) - 7 (bu olay sırasında neler yaşadığının tamamen farkındayım) arasındaki seçeneklerden birini işaretleyerek belirtiniz.

1-----2-----3-----4-----5-----6-----7

- Bu yaşantınızı ifade etmekte ne derece zorluk yaşadığınızı aşağıda verilen 1 (bu olayı hiç ifade edemiyorum) - 7 (bu olayı tamamen ifade edebiliyorum) arasındaki seçeneklerden birini işaretleyerek belirtiniz.

1-----2-----3-----4-----5-----6-----7

APPENDIX N

BİLGİLENDİRİLMİŞ ONAY FORMU

ÇALIŞMANIN AMACI:

Bu çalışma Doç. Dr. Tülin Gençöz ve Psk. Duygu Cantekin tarafından yürütülmektedir. Çalışmanın amacı, katılımcıların geçmiş yaşantılarını nasıl hatırladığı ve farklı türdeki hatıraların katılımcıları nasıl etkilediği ile ilgili bilgi toplamaktır.

PROSEDÜRLERİN TANIMLANMASI

Bu araştırmaya katılmayı kabul ederseniz öncelikle sizden deneyimleriniz, duygularınız ve düşüncelerinizle ilgili bir dizi anket cevaplamanız istenecektir. Bu anketleri cevaplamanız yaklaşık 20 dakikanızı alacaktır. Araştırmanın ikinci aşaması olarak, sizden birbirini takip eden 3 gün boyunca 30 dakikalık yazma seanslarına katılmanız beklenecektir. Her üç günde, yazmanızın hemen öncesinde ve sonrasında duygularınızla ilgili soruları cevaplamanız istenecektir. Üçüncü yazma seansından 4 hafta kadar sonra, en başta doldurmuş olduğunuz anketlere benzer yaklaşık 30 dakikanızı alacak bir dizi anketi cevaplamanız istenecektir. Bu aşamada, çalışmayla ilgili bilgi verilecek ve sorularınız cevaplandırılacaktır.

RİSKLER VE GÜÇLÜKLER

Bu araştırmada, duygusal açıdan sizi üzen konular hakkında yazmanız istenebilir. Yazma ile ilgili önceki çalışmalarda, bazı katılımcılar kendilerini üzgün hissettiklerini belirtmişlerdir ancak bu etkiler genellikle geçicidir. Üniversite öğrencilerinde bu tür bir yazma çalışmasının uzun süreli negatif etkileri saptanmamıştır. Ayrıca, önceki araştırmalarda bu yazma çalışmalarının olumlu etkileri katılımcılar tarafından sıklıkla belirtilmektedir.

Anketler, genel olarak kişisel rahatsızlık verecek soruları içermemektedir. Ancak katılım sırasında sorulardan veya yazdıklarınızdan ötürü kendinizi fazlasıyla rahatsız hissederseniz soruları cevaplamamayı seçebilir ya da istediğiniz an araştırmaya katılmamayı tercih edip bırakabilirsiniz.

YARARLARI

Bu çalışmaya katılmaktan dolayı bazı yararlar sağlamanız beklenmektedir. Ancak, bu yararlanmanın boyutu kişiden kişiye farklılık gösterebilmektedir. Bununla birlikte, elde edilecek bilgi ulusal ve uluslararası literatüre katkı sağlayabilir.

GİZLİLİK

Bu çalışmada sağlanan tüm bilgiler gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir. Bu çalışmadan bilimsel yayın yapılması halinde okuyucuların sizleri tanımasına yol açacak bilgilerin bulunmamasına özen gösterilecektir.

GÖNÜLLÜ KATILIM

Çalışmaya katılım tamamen gönüllülük temelinde olmalıdır. Çalışmaya katılmamayı da seçebilirsiniz. Eğer kendinizi rahatsız hissederseniz çalışma süresince herhangi bir zamanda ayrılma isteğiniz olumlu karşılanacaktır.

İZİN ONAYI

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum.

İsim Soyad

Tarih

İmza

----/----/-----

Proje yürütücüsünün ya da bilgilendirilmiş onayı alan kişinin imzası:

APPENDIX O

BİLGİLENDİRİLMİŞ ONAY FORMU

ÇALIŞMANIN AMACI:

Bu çalışma Doç. Dr. Tülin Gençöz ve Psk. Duygu Cantekin tarafından yürütülmektedir. Çalışmanın amacı, katılımcıların geçmiş yaşantılarını nasıl hatırladığı ve farklı türdeki hatıraların katılımcıları nasıl etkilediği ile ilgili bilgi toplamaktır.

PROSEDÜRLERİN TANIMLANMASI

Bu araştırmaya katılmayı kabul ederseniz öncelikle sizden deneyimleriniz, duygularınız ve düşüncelerinizle ilgili bir dizi anket cevaplamanız istenecektir. Bu anketleri cevaplamanız yaklaşık 20 dakikanızı alacaktır. Araştırmanın ikinci aşaması olarak, sizden birbirini takip eden 3 gün boyunca 30 dakikalık yazma seanslarına katılmanız beklenecektir. Her üç günde, yazmanızın hemen öncesinde ve sonrasında duygularınızla ilgili soruları cevaplamanız istenecektir. Üçüncü yazma seansından 4 hafta kadar sonra, en başta doldurmuş olduğunuz anketlere benzer yaklaşık 30 dakikanızı alacak bir dizi anketi cevaplamanız istenecektir. Bu aşamada, çalışmayla ilgili bilgi verilecek ve sorularınız cevaplandırılacaktır.

RİSKLER VE GÜÇLÜKLER

Bu araştırmada, duygusal açıdan sizi üzen konular hakkında yazmanız istenebilir. Yazma ile ilgili önceki çalışmalarda, bazı katılımcılar kendilerini üzgün hissettiklerini belirtmişlerdir ancak bu etkiler genellikle geçicidir. Üniversite öğrencilerinde bu tür bir yazma çalışmasının uzun süreli negatif etkileri saptanmamıştır.

Anketler, genel olarak kişisel rahatsızlık verecek soruları içermemektedir. Ancak katılım sırasında sorulardan veya yazdıklarınızdan ötürü kendinizi fazlasıyla rahatsız hissederseniz soruları cevaplamamayı seçebilir ya da istediğiniz an araştırmaya katılmamayı tercih edip bırakabilirsiniz.

YARARLARI

Bu çalışmaya katılmaktan dolayı doğrudan bir yarar sağlamanız beklenmemektedir. Bununla birlikte, elde edilecek bilgi ulusal ve uluslararası literatüre katkı sağlayabilir.

GİZLİLİK

Bu çalışmada sağlanan tüm bilgiler gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir. Bu çalışmadan bilimsel yayın yapılması halinde okuyucuların sizleri tanımasına yol açacak bilgilerin bulunmamasına özen gösterilecektir.

GÖNÜLLÜ KATILIM

Çalışmaya katılım tamamen gönüllülük temelinde olmalıdır. Çalışmaya katılmamayı da seçebilirsiniz. Eğer kendinizi rahatsız hissederseniz çalışma süresince herhangi bir zamanda ayrılma isteğiniz olumlu karşılanacaktır.

İZİN ONAYI

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum.

İsim Soyad

Tarih

İmza

----/----/----

Proje yürütücüsünün ya da bilgilendirilmiş onayı alan kişinin imzası:

APPENDIX P

Bu bölümde, hayatınızda şimdiye kadar yaşadığınız en üzücü/olumsuz yaşantınızı belirlemeniz istenmektedir. Bunun önümüzdeki üç gün boyunca üzerinde çalışmak istediğiniz ve sizi hala rahatsız ettiğini düşündüğünüz bir yaşantınız olması beklenmektedir. Bu yaşantı geçmişte veya bugünlerde gerçekleşmiş olabilir. Sizden seçeceğiniz ve üzerinde çalışmak istediğiniz en üzücü/olumsuz yaşantınızı ana hatlarıyla, 5–10 kelimeyle yazmanız ve daha sonra bununla ilgili soruları yanıtlamanız istenmektedir.

- Şu anda yukarıda belirttiğiniz olayla ilgili herhangi bir psikolojik yardım alıyor musunuz? Evet _____ Hayır _____

Cevabınız EVET ise ne kadar süredir ve ne amaçla psikolojik yardım aldığınızı belirtiniz.

- Şu anda yukarıda belirttiğiniz olayla ilgili herhangi bir psikiyatrik ilaç kullanıyor musunuz? Evet _____ Hayır _____

Cevabınız EVET ise ne kadar süredir ve ne amaçla psikiyatrik ilaç kullandığınızı belirtiniz.

- Daha önce yukarıda belirttiğiniz olayla ilgili herhangi bir psikolojik yardım aldınız mı? Evet _____ Hayır _____

Cevabınız EVET ise ne kadar süre boyunca ve ne amaçla psikolojik yardım aldığınızı belirtiniz.

- Daha önce yukarıda belirttiğiniz olayla ilgili herhangi bir psikiyatrik ilaç kullandınız mı? Evet _____ Hayır _____

Cevabınız EVET ise ne kadar süre boyunca ve ne amaçla psikiyatrik ilaç kullandığınızı belirtiniz. _____

- Bu yaşantınız ne kadar zaman önce başınıza geldi?
_____ (yıl) _____ (ay)
- Bu yaşantınızı daha önce başkalarıyla paylaştınız mı?
Evet _____ Hayır _____
- Bu olay, hayatınızda şimdiye kadar yaşadığınız en üzücü/olumsuz yaşantınız mı?
Evet _____ Hayır _____
- Yaşadığınız bu olayın ciddiyetini aşağıda verilen 1 (hiç üzücü değil) - 7 (şimdiye kadar yaşadığım en üzücü olay) arasındaki seçeneklerden birini işaretleyerek belirtiniz.
1-----2-----3-----4-----5-----6-----7

APPENDIX R

Genel Açıklama

Önümüzdeki üç gün süresince, her gün 30 dakika boyunca sizden belli bir konu hakkında yazmanız istenecektir. Araştırmacı o günkü seansa ait yönergelerinizi size verecektir. Yazınızı özel bir odada yalnız tamamlamanız beklenecektir. Sizi, odaya götüren araştırmacı, siz o günün yazma yönergelerini okumayı bitirinceye kadar sizinle odada bekleyecektir. Okumanız bitince araştırmacı odadan ayrılacak ve sizden yazmaya başlamanız istenecektir. 30 dakikanın sonunda araştırmacı yazmak için size verilen sürenin bittiğini anlamanız için odanın kapısına vuracaktır.

Tek kural, tüm süre boyunca sürekli olarak yazmanızdır. Eğer anlatacaklarınızı bitirerseniz o ana kadar yazdıklarınızı tekrarlayınız. Yazınızda, dilbilgisi, imla veya cümle yapısına dikkat etmenize gerek yoktur. Sadece yazdığımız konuya odaklanmanız istenmektedir. Çalışmada, farklı kişilerin farklı konular hakkında yazması istenecektir. Bu nedenle, çalışma hakkında kimseyle konuşmamanızı rica ediyoruz. Bu noktada, diğer kişilerin ne hakkında yazdığını veya araştırmacının doğasıyla ilgili herhangi bir bilgiyi veya araştırmacının tahminlerini size açıklayamıyoruz. Buna karşın, araştırma tamamlandığında size araştırmayla ilgili detaylı bilgi verilecektir. Çalışmanın 8 hafta içinde bitmesini beklemekteyiz.

Bazen yazdıktan hemen sonra insanlar biraz üzgün veya çökkün hissedebilmektedirler. Bu durum tamamen normaldir. Önceki çalışmalar bu hislerin birkaç saat içinde kaybolduğunu belirtmektedir. Araştırma süresince herhangi bir zaman kendinizi fazlasıyla üzgün veya sıkıntılı hissederseniz, lütfen aşağıdaki araştırmacıyla iletişime geçin.

Ayrıca, yazılarınız tamamen isimsiz ve gizli tutulacaktır. Kitapçığınızın önünde yazılı olan katılımcı numarası ile kim olduğunuz belirlenecektir. Lütfen kitapçığın üstüne isminizi yazmayınız. Bazı katılımcılar yazdıklarını kimsenin okumasını istemeyebilirler. Yazdıklarınızı geri vermek konusunda kendinizi rahatsız hissederseniz araştırmacıya vermeyebilirsiniz. Ancak katılımcıların ne yazdığıyla da ilgilendiğimiz için yazdıklarınızı vermenizi tercih ederiz. Yazdıklarınız hiçbir şekilde sizinle ilişkilendirilmeyecektir. Bizler araştırmacı olarak, eğer yazınız kendinize veya bir başkasına zarar vermeye niyetli olduğunuzu gösterirse, katılımcı numaranız ile isminizi birleştirmeye yasal olarak yükümlüyük. Bunların dışında, gizliliğiniz titizlikle korunacaktır. Eğer herhangi bir sorunuz olursa lütfen odada sizinle birlikte olan araştırmacıya sorunuz. Eğer, bu açıklamayı okuduktan sonra katılmayı istemezseniz, yanınızda bulunan araştırmacıya çalışmaya devam etmek istemediğinizi belirtebilirsiniz. Katılımınız için teşekkür ederiz.

Psk. Duygu Cantekin Tel: 0535 627 74 72 e-mail: duygu_cantekin@yahoo.com

APPENDIX S

~ Katılımcı Kitapçığı ~

İçerik:

Genel Bilgi	1
Yönerge	2

Genel Bilgi

Çalışmanın amacı, katılımcıların geçmiş yaşantılarını nasıl hatırladığı ve farklı türdeki hatıraların katılımcıları nasıl etkilediği ile ilgili bilgi toplamaktır.

Önceki araştırmalar, geçmiş yaşantılar hakkında yazmanın birkaç yolla yararlı olduğunu belirtmektedir. Araştırmalar, özellikle, geçmiş üzüntü verici deneyimler hakkında en derin duygu ve düşünceleri yazmanın yararlı olduğuna işaret etmektedir.

Önümüzdeki 30 dakika boyunca, sizden beklenen soru kitapçığınızda belirttiğiniz üzüntü verici deneyiminiz hakkında yazmanızdır. Tüm üç seans boyunca aynı olay hakkında yazmanız beklenmektedir.

Yazdığınız bilgilerin isimsiz ve gizli tutulacağını unutmayınız.

Lütfen yönergeler için arka sayfaya geçiniz.

Yönerge

Bu seansta sizden beklenen üzücü deneyiminiz hakkında yazmanızdır. Burada önemli olan yaşadığınız olayla ilgili en derin düşünce ve duygularınızı detaylı olarak açıkça yazmanızdır. Sizden gerçekten olayın içine girmeniz beklenmektedir. Eğer yazmak istediklerinizi tamamlarsanız, yazdıklarınızı yeniden yazarak devam edin. Yazınızda, dilbilgisi, imla veya cümle yapısına dikkat etmenize gerek yoktur. Bu seanstan mümkün olduğunca çok yarar sağlayabilmek için 30 dakika bitene kadar sürekli olarak yazmaya çalışın.

APPENDIX T

~ Katılımcı Kitapçığı ~

İçerik:

Genel Bilgi	1
Yönerge	2
Özet	3
Adımlar	4

Genel Bilgi

Bilgilendirildiğiniz üzere, çalışmanın amacı, katılımcıların geçmiş yaşantılarını nasıl hatırladığı ve farklı türdeki hatıraların katılımcıları nasıl etkilediği ile ilgili bilgi toplamaktır.

Önceki araştırmalar, geçmiş yaşantılar hakkında yazmanın birkaç yolla yararlı olduğunu belirtmektedir. Araştırmalar, özellikle, üzücü deneyimlerin hatıralarını zihinsel olarak yeniden yaşamının yararlı olduğuna işaret etmektedir. Böylelikle, bu olaylar hatırlandığında hissedilen korku veya kaygının etkisinin yavaş yavaş azalması beklenmektedir. Bu durum, hatıralar yeniden yaşandığında, ilk başta hissedilen üzüntü veya kaygıya rağmen yarar sağlanabildiğini göstermektedir.

Önümüzdeki 30 dakika boyunca, sizden beklenen soru kitapçığınızda yazmış olduğunuz üzüntü verici deneyiminiz hakkında yazmanızdır. Eğer deneyiminiz uzun bir süreyi kapsıyorsa bu yaşantınızı en iyi anlatan ve özellikle yazması sizin için üzüntü verici olan ancak üzerinde çalışmak istediğiniz belirgin bir olayı seçmelisiniz. Tüm üç seans boyunca aynı olay hakkında yazmanız beklenmektedir.

Yazdığınız bilgilerin isimsiz ve gizli tutulacağını unutmayınız.

Lütfen yönergeler için arka sayfaya geçiniz.

Yönerge

Bu seansta sizden beklenen yaşadığınız üzücü olayı yazarak bu olayı yeniden yaşamanızdır. Bazı insanlar geçmiş olayları yazarak yeniden yaşayabilmek için farklı yollar kullanırlar. Siz de, yaşadığınız olayı yeniden canlandırmak için size en rahat gelecek bir yolla olay hakkında yazmalısınız. Bunu yapmak için, olayla ilgili şu an ne düşündüğünüzü anlatmayın. Onun yerine, olayın olduğu zamanı nasıl hatırlıyorsanız öyle yazın. O zamanki çevrenin ve sizin tepkilerinizin tam olarak bir anlatımını yapın. Bazı katılımcılar “yaşadığı olayın içine girmenin” zor olduğunu belirtirler. Buna karşılık, bazıları vazgeçer ve olayların basit, duygusuz bir anlatımını yazarlar. Buna rağmen, olayın tam olarak yeniden yaşanmasında ısrar eden ve “gerçekten olayın içine giren” kişilerin bu seanstan en çok yarar sağladığı görülmektedir.

Örnek

Ali, işten kovulduğu zamanı yazdı. Ali deneyimini en iyi, olayın başından sonuna kadar bir anlatımını yazarak yeniden yaşayabildiğini belirtti. “*Salı günü yorgun ve bitkin bir halde işe gittim. Uzun bir hafta sonundan sonraki ilk gündü*”. Gördüğü şeyleri görebiliyormuş, duyduğu şeyleri duyabiliyormuş, kokladığı şeyleri koklayabiliyormuş, hissettiği şeyleri hissedebiliyormuş gibi çevresindekileri yazdı. “*Klimadan dolayı ofis soğuktu ve benim ürpermişti. Ofisimin her yerinde mis kokulu bir parfüm vardı ve kasvetli beyaz ofisin duvarları etrafımı sarmıştı*”. Çevresindekilerin detaylarını betimleyerek, Ali gerçekten oradaymış gibi hissetmeye başladı. Özellikle, hikaye boyunca kendi tepkilerini anlatmasının, deneyimini yeniden yaşamasında gerçekten yardımcı olduğunu hissetti. Hikayenin her bölümünde, aklından geçen düşünceleri, vücut tepkilerini (örn., terleyen eller), ve yaptığı hareketleri (örn., koştum) açıkladı. Örneğin, “*İş arkadaşım, Ayşe, patronun beni görmek istediğini söylemek için geldi. Ayşe ‘Durum pek iyi değil’ dedi. Hemen ‘Aman Allah’ım, yanlış bir şey yaptım’ diye düşündüm ve sonra karnımda kelebekler uçuşmaya başladı. Midemin bulandığını hissettim*”. Patronun, kendisinin kovulduğunu söylediğini yazdığında Ali, kendisini rahatsız hissetmeye başladığını fark etti. Bu, Ali’nin olayı gerçekten yeniden yaşadığını gösteren bir işaretti ve olayın bu bölümüne gerçekten odaklanmasına ihtiyacı vardı. O andaki hem kızgınlık ve üzüntü hislerini hem “*Bunun olduğuna inanamıyorum, ne yapacağım*” gibi aklında birbiriyle yarışan düşüncelerini yani tüm tepkilerini yazarak hikayenin bu bölümüne odaklandı. Ali sonunda şunu fark etti; bir süre sonra deneyimi hakkında yazabiliyor ve kendini ilk yazmaya başladığında hissettiğinden çok daha rahat hissedebiliyordu.

Özet

Bu seansın amacı, üzücü deneyiminizi anımsayarak ve o andaki çevrenizi ve tepkilerinizi detaylı olarak anlatarak zihinsel olarak “yeniden yaşamandır”. Kendinizi biraz rahatsız ve kaygılı hissetmeniz normaldir. Sizi en çok üzen şeylere odaklanırsanız, yazdıkça kaygınızın yavaş yavaş azalması beklenir. Son olarak, deneyiminizin genelde hayatınıza olan etkisini veya deneyiminizle ilgili şimdiki görüşlerinizi açıklamanıza gerek yoktur. Sadece deneyiminizi olduğu zamanki gibi anlatın. Bu seanstan mümkün olduğunca çok yarar sağlayabilmek için 30 dakika bitene kadar sürekli olarak yazmaya çalışın.

Adımlar

“Olayı yeniden yaşamak” için size destek olacak yardımcı ipuçları:

1. Çok detaylı **açıklayın:**

Başından sonuna kadar olayların **sırasını**

Hikayenin her bölümünde her şeyi yeniden görebiliyor, duyabiliyor, koklayabiliyor, hissedebiliyor ve tadabiliyormuşsunuz gibi **çevrenizi**

Tüm duygularınız, düşünceleriniz, davranış/hareketleriniz ve fiziksel hislerinizle birlikte **o andaki tepkilerinizi**

2. Hikayenin sizi rahatsız hissettirebilecek bölümlerine **odaklanın.**

Mümkün olduğunca çok detaylı bir şekilde tepkilerinizi açıklayın.

3. Deneyiminizle ilgili şu andaki düşüncelerinize **yer vermemeye özen gösterin.**

Olayı sadece **olduğu zamanki** gibi açıklayın.

Sürekli olarak yazın. Yazdıklarınızı tekrar etmeniz gerekse bile zaman sona erene kadar yazın. İmla hatalarına veya cümle yapısına dikkat etmenize gerek yoktur.

APPENDIX U

~ Katılımcı Kitapçığı ~

İçerik:

Genel Bilgi	1
Yönerge	2
Özet	3
Adımlar	4

Genel Bilgi

Bilgilendirildiğiniz üzere, çalışmanın amacı, katılımcıların geçmiş yaşantılarını nasıl hatırladığı ve farklı türdeki hatıraların katılımcıları nasıl etkilediği ile ilgili bilgi toplamaktır.

Önceki araştırmalar, geçmiş yaşantılar hakkında yazmanın birkaç yolla yararlı olduğunu belirtmektedir. Araştırmalar, özellikle, korkuları, üzüntüleri, sıkıntıları, kaygıları belirlemenin ve bu korkular, üzüntüler, sıkıntılar, kaygılar hakkında farklı düşünme yolları geliştirmenin katılımcılar için yararlı olduğuna işaret etmektedir. Böylelikle, daha az korku, sıkıntı, üzüntü veya kaygı hissedebilmektedirler.

Önümüzdeki 30 dakika boyunca, sizden beklenen soru kitapçığınızda belirttiğiniz ve bir önceki seansta üzerinde çalıştığınız üzüntü verici deneyiminiz hakkında yazmanızdır.

Yazdığınız bilgilerin isimsiz ve gizli tutulacağını unutmayınız.

Lütfen yönergeler için arka sayfaya geçiniz.

Yönerge

Bu seansta sizden beklenen yaşadığınız ve bir önceki gün detaylarıyla anlattığınız üzücü olayınızın size sıkıntı veren, sizi rahatsız eden, kaygılandırıcı, üzen yönünü saptamanızdır. Bu durum belki bir nesne, bir kişi veya kendi tepkileriniz olabilir. Bunların dışında, olayı başkalarına anlatamamanız olabilir. Belki de en sıkıntılı bulduğunuz yönü, olayın sonucudur. Bu yazma seansının en önemli yanı, daha iyi başa çıkabilmeniz ve daha az üzgün hissedebilmeniz için, sizi korkutan, üzen, kaygılandırıcı şeyler hakkında düşünmenin farklı yollarını geliştirmek ve açıklamaktır. İnsanlar düşüncelerini değiştirmek için birçok yöntem kullanırlar. Size en rahat gelecek şekilde yazmanız sizin için önemlidir. Bazı katılımcılar yeni perspektifleri düşünmenin zor olabildiğini belirtirler. Bunun sonucunda, bazıları vazgeçer. Buna rağmen, alternatif düşünme yolları geliştirmekte ısrar eden ve “gerçekten olayın içine giren” kişilerin bu seanstan en çok yarar sağladığı görülmektedir.

Örnek

Ali, patronunun, kendisinin yaptığı işi eleştirdiği ve kovulduğu zamanı yazdı. Olayı önceki yazısında anlatmıştı. Bu yazısında ise, olayı anımsadığında şu anda tam olarak kendisini üzen şeyi yazarak başladı. “*Şimdi, kovulduğum zamanı düşündüğümde, üzgün ve kızgın hissediyorum. Şu anda beni üzen patronumun yaptığım işi eleştirmesi.*” Ali sonra, onu üzen eleştirinin ne hakkında olduğunu daha fazla inceledi. “*Sanırım beni neden böylesine üzdüğünü şimdiye kadar hiç düşünmedim. Mesela, ne yapacağımı söylemeye nasıl cesaret eder. Bu, bana işimi yapamazmışım, tamamen yetersizmişim ve hiçbir şey yapamazmışım gibi hissettiriyor.*” Şimdi Ali neden üzgün olduğunu saptadı, sonrasında olay hakkında düşünmenin diğer yollarını veya kendi kendine söyleyeceği yolları bulmayı denedi. Bunun sonucunda, eleştiri o kadar da kötü görünmedi. Ali ilk olarak, daha iyi baş edebilmek için kendisine “*eleştirilmek o kadar da kötü bir şey değildir*” diyebilmeyi denedi ve bu perspektifi desteklemek için bir açıklama yaptı. “*Artık bunun hakkında şöyle düşünüyorum. Patron kolay sinirlenirdi ve diğer birçok insanı da eleştirirdi. Bu yüzden, bu benim tamamen yetersiz bir insan olduğum anlamına gelmez. Onun için çalışması zordu ve geçmişte işimi çok iyi yaptım.*” Neden eleştirinin o kadar kötü olmadığı hakkında yeteri kadar çok yazdıktan sonra Ali, kendisini daha iyi hissettirecek başka bir perspektif geliştirdi. Kendisine ailesi ve arkadaşları gibi hayatında işinden daha önemli birçok başka şey olduğunu söylemeye karar verdi. Tekrar, zamanının bir kısmını bu tür şeylerin işinden daha ne kadar önemli olduğunu açıklamaya ayırdı. Yazının sonunda Ali, eleştirilmekten hoşlanmazken bunun, onun tamamen yetersiz olduğu anlamına gelmediğini saptadı. İşini kaybetmenin dünyanın sonu olduğunu veya tamamen onun hatası olduğunu daha fazla düşünmedi. Düşünmenin diğer

yollarını araştırarak yazmak, olayla daha iyi başa çıkmasına yardım etti ve kendini daha az üzgün hissettirdi.

Özet

Olayla ilgili şu anda üzgün hissettiğiniz yönü inceleyin ve neden üzgün olduğunuzu araştırın. Sonra, korkularınızın, sıkıntılarınızın, üzüntülerinizin, kaygılarınızın daha az önemli görünmesi ve daha iyi başa çıkabilmeniz için bu durumlar hakkında düşünmenin yeni yollarını geliştirin ve açıklayın. Sizin için ne gerekli ve doğru ise onu yazın. Yazınızda gerçek olayı detaylı bir şekilde açıklamanıza, olay anındaki duygu ve düşüncelerinize geri dönmenize veya genel olarak deneyimin hayatınızda yarattığı olumlu değişimleri incelemenize gerek yoktur. Eğer yazmak istediklerinizi tamamlarsanız, yazdıklarınızı yeniden yazarak devam edin. Bu seanstan mümkün olduğunca çok yarar sağlayabilmek için 30 dakika bitene kadar sürekli olarak yazmaya çalışın.

Adımlar

1. Olayı anımsadığınızda **şu anda** halen sizi neyin üzdüğünü **tespit edin** (örn., Sizi üzen ne?- nesne, his, kişi, düşünce, tepki, sonuç?).
2. Neden **şu anda** üzücü bulduğunuzu **inceleyin**. Sizin için gerçekten ne anlama geliyor?
Net ve tam bir şekilde düşüncelerinizi açıklamayı deneyin.
3. Sizi üzen şey hakkında düşünmenin yeni yollarını **değerlendirin**. Korkularınızla, üzüntülerinizle, kaygılarınızla, sıkıntılarınızla başa çıkmanıza yardımcı olabilecek, kendi kendinize söyleyebileceğiniz tamamen farklı düşünme yolları tanımlayın. Kendinize sorabileceğiniz soruların bazı örnekleri size yardımcı olması için aşağıda verilmiştir:
Daha iyi hissedebilmek için kendime ne söyleyebilirim?
Aynı durumda olan bir başkasına ne söyledim?
Olayın olumsuz boyutuna çok mu fazla odaklanıyorum?
Kendimi çok fazla suçluyor olabilir miyim?
Şimdiye kadar başa çıktım mı veya gelecekte başa çıkabilir miyim?
4. Olayı detaylı olarak anlatmanıza veya genel düşüncelerinizi yazmanıza **gerek yoktur**.

Sürekli olarak yazın. Yazdıklarınızı tekrar etmeniz gerekse bile zaman sona erene kadar yazın. İmla hataları veya cümle yapısına dikkat etmenize gerek yoktur.

APPENDIX V

~ Katılımcı Kitapçığı ~

İçerik:

Genel Bilgi	1
Yönerge	2
Özet	3
Adımlar	4

Genel Bilgi

Bilgilendirildiğiniz üzere, çalışmanın amacı, katılımcıların geçmiş yaşantılarını nasıl hatırladığı ve farklı türdeki hatıraların katılımcıları nasıl etkilediği ile ilgili bilgi toplamaktır.

Önceki araştırmalar, geçmiş yaşantılar hakkında yazmanın birkaç yolla yararlı olduğunu belirtmektedir. Araştırmalar, özellikle, geçmiş üzücü olaylardan kazanılan olumlu değişimleri belirlemenin ve bunları açıklamının katılımcılar için yararlı olduğuna işaret etmektedir.

Önümüzdeki 30 dakika boyunca, sizden beklenen soru kitapçığınızda belirttiğiniz ve son iki seansta üzerinde çalıştığınız üzüntü verici deneyiminiz hakkında yazmanızdır.

Yazdığınız bilgilerin isimsiz ve gizli tutulacağını unutmayınız.

Lütfen yönergeler için arka sayfaya geçiniz.

Yönerge

Bu seansta sizden beklenen üzücü deneyiminizin size kazandırdığı olumlu değişimleri belirlemeniz ve incelemenizdir. Olayın sizi ve hayat felsefenizi olumlu olarak nasıl etkileyebildiğini değerlendirmek için hayatınızı, aşağıda ayrıntılarıyla verilen üç boyutta inceleyebilirsiniz. Bu üç boyuttan bir tanesine ya da hepsine odaklanmak sizin seçiminizdir. Sizin için uygun olan boyut neyse ona odaklanın. Bazı katılımcılar olumsuz olayların olumlu yanlarını düşünmenin zor olabileceğini söylerler ve vazgeçerler. Buna rağmen, düşünebildiği kadar çok olumlu değişimleri belirlemekte ısrar eden kişilerin bu seanstan en çok yarar sağladığı görülmektedir. Aşağıda belirtilen üç boyutta, yaşadığınız üzücü olay sonrasında uzun dönemde elde edilen olumlu değişimleri belirleyebilir ve açıklayabilirsiniz:

Kendinizle ilgili:- Olayın, kendinizle ilgili düşünme biçiminizi, inandıklarınızı veya davranışlarınızı daha iyi nasıl değiştirdiğini yazın. Örneğin, bazı kişiler, uzun dönemde kendileri hakkında büyük oranda bir şeyler öğrendiklerini belirtirler ve artan kişisel güçlerini, özgüvenlerini, bilgeliklerini, yeteneklerini veya daha az korkulu olduklarını açıklarlar.

Diğerleriyle ilgili:- Olayın, ilişkilerinizi, ilişkileriniz hakkındaki düşüncelerinizi genel olarak iyi yönde nasıl değiştirdiğini yazın. Örneğin, bazı kişiler, olay sayesinde kendilerinin başkalarına daha yakınlaştıklarını veya şu anda ilişkilerinin farklı açılara değer verdiklerini belirtirler.

Dünya ile ilgili:- Olayın, genel hayat felsefenizi, dini görüşlerinizi veya temel hayat varsayımlarınızı daha iyi nasıl değiştirdiğini yazın. Örneğin, bazı kişiler daha gerçekçi, hayata daha akılcı bir bakış açısı geliştirdiklerini veya hayattaki değerlerinin değiştiğini belirtirler.

Örnek

Ali, patronu tarafından eleştirildiği ve işinden kovulduğu zamanı yazdı. Ali yazısında olayı anlatmadı. Bunun yerine, bu üzücü olaydan beri hayatının daha iyi nasıl değiştiğini anlatarak başladı. Belirleyebildiği değişimlerin her birinin kapsamlı bir açıklamasını yazdı. “*İşimi kaybettiğimden beri, daha kendine güvenen ve güçlü biri olduğuma inanıyorum. Diğerlerinin bana söylediklerine çok fazla değer vermiyorum artık. Kendime ve kendi düşüncelerime inanıyorum.*” Sonra bu değişimin hayatını olumlu olarak nasıl etkilediğini ifade ederek bu değişimi detaylandırdı. “*Bu, üstünde çok durmadan küçük zorlukların üstesinden gelmemde yardımcı oldu. İşe geldiğimde çok kaygılanırdım fakat şimdi hayatın tadını çıkararak ve daha az kaygılanarak zamanımı geçiriyorum. Şimdi hayatta önemli olanı fark ettim.*” Bu olumlu değişimin etkilerini detaylı olarak anlattıktan sonra diğer olumlu değişimleri

açıklayarak devam etti. Ailesine daha fazla nasıl önem verdiğinin ve ailesiyle daha fazla nasıl zaman geçirdiğinin açıklamasını yaptı.

Özet

Bu seansın sizin için amacı, olaydan sonra, hayatınızdaki uzun süreli olumlu değişimleri düşünebildiğiniz kadar çok belirlemeniz ve çok detaylı olarak bu değişimleri açıklamanızdır. Sizin için daha uygun ve doğru olan bilgileri yazın. Yazınızda detaylı olarak gerçek olayı anlatmanıza, olay anındaki duygu ve düşüncelerinize geri dönmenize veya olayla ilgili sizi üzenin ne olduğunu açıklamanıza gerek yoktur. Eğer yazmak istediklerinizi tamamlarsanız yazdıklarınızı yeniden yazarak devam edin. Bu seanstan mümkün olduğunca çok yarar sağlayabilmek için 30 dakika bitene kadar sürekli olarak yazmaya çalışın.

Adımlar

1. Olumlu, uzun süreli deęişimleri **belirleyin**. Aşağıdaki üç boyutu düşünün:

Kendiniz:- kendinizle ilgili nasıl düşündüğünüz, sahip olduğunuz inançlarınız veya davranışlarınızla ilgili deęişimler

Diğerleri:- diğer insanlar hakkında nasıl düşündüğünüz, ilişkilerinize şimdi verdiğiniz değerler veya ilişkilerinizde şimdi nasıl davrandığınızla ilgili deęişimler

Dünya:- genel hayat felsefenizle, ve din, bilgelik, başarı ve yaşam amaçları gibi konuları ve dünyayı şimdi nasıl gördüğünüz ile ilgili deęişimler

2. Olumlu deęişimleri detaylı olarak belirterek ve hayatınızın açıkça nasıl deęiştiğini ve deęişebileceğini ifade ederek **açıklayın**.
3. Olayı detaylı olarak anlatmanıza veya şu anda neden üzücü bulduğunuzu belirtmenize **gerek yoktur**.

Sürekli olarak yazın. Yazdıklarınızı tekrar etmeniz gerekse bile zaman sona erene kadar yazın. İmla hataları veya cümle yapısına dikkat etmenize gerek yoktur.

APPENDIX Y

~ Katılımcı Kitapçığı ~

İçerik:

Genel Bilgi	1
Yönerge	2
Özet	3
Adımlar	4

Genel Bilgi

Bilgilendirildiğiniz üzere, çalışmanın amacı, katılımcıların geçmiş yaşantılarını nasıl hatırladığı ve farklı türdeki hatıraların katılımcıları nasıl etkilediği ile ilgili bilgi toplamaktır.

Önceki araştırmalar, geçmiş yaşantılar hakkında yazmanın birkaç yolla yararlı olduğunu belirtmektedir. Araştırmalar, özellikle, betimleme yeteneklerini geliştirmenin ve kendileri dışındaki olayları anlatmanın katılımcılar için yararlı olduğuna işaret etmektedir. Bu seansın amacı, çevrenizdekilerin detaylarını hayal etmeniz ve anlatmanızdır.

Yazdığımız bilgilerin isimsiz ve gizli tutulacağını unutmayınız.

Lütfen yönergeler için arka sayfaya geçiniz.

Yönerge

Bu seansta sizden beklenen her gün içerisinde bulunduğunuz fiziksel çevreyi, **ODTÜ Kampüsü'nü** hayalinizde zihinsel olarak canlandırmanızdır. Binaların, odaların, eşyaların ve yeşil alanların fiziksel detaylarının hepsini hayalinizde canlandırmaya çalışın. Sonra, net bir resim elde ettiğinizde durumu mümkün olduğu kadar çok detayla betimlemeye çalışın ki yazınızı okuyan bir kişi zihninde durumun bir resmini çizebilsin. Görebildiğiniz, koklayabildiğiniz, duyabildiğiniz, hissedebildiğiniz şeylerin hepsini anlatın. Bazı katılımcılar “bir durumun detaylarını hayal etmenin” zor olabileceğini söylerler. Buna karşılık, bazıları vazgeçer ve çok basit bir anlatım yazarlar. Buna rağmen, derinlemesine anlatımında ve durumun yeniden yaratımında ısrar eden ve “gerçekten durumun içine giren” kişilerin bu seanstan en çok yarar sağladığı görülmektedir. Unutmayın, doğru veya yanlış anlatma şekli yoktur. Siz içinizden geldiği gibi çevrenizdeki tüm detayları anlatmaya çalışın.

Örnek

Ali'den iş çevresini anlatarak betimleme yeteneklerini geliştirmesi istendi. Ali, öncelikle zihninde ofisinin net bir resmini oluşturmayı denedi. Bu resmi oluşturduğunda detaylarını yazmaya başladı. İlk betimlemesinde, ofis binasına odaklandı. Bu anlatım, bu nesneyle ilgili tüm görünüşleri, kokuları, sesleri içerdi. “*İş yeri Eskişehir yolu üzerinde ODTÜ'nün karşısında, köprüyü biraz geçince yer almaktadır. Toplam 8 katlı, içinde çeşitli mağazaları, sinemaları bulunan büyük bir alışveriş merkezidir. Bina uzun bir dikdörtgene benzer. Binaya ilk girdiğimde kapıda bir güvenlik memuru ve kontrol masası bulunur. Kontrol geçişi yaklaşık 2,5 metre uzunluğunda olabilir*”. Ali binayı betimlerken zihnindeki görüntüyü geliştirmek için kendine birçok soru sordu. Bunlar “*Binalar neye benziyor ve bir diğerine göre nasıl yerleştirilmişlerdi? Duvarlar ne renk?*” gibi sorulardı. Ali özellikle en çok zamanını harcadığı yerlere odaklandı. “*Odama girdiğimde, mis kokulu bir parfüm kokusu alırım ve klimadan dolayı o kadar soğuktur ki tenim ürperir. Masam kahverengidir ve üstünde siyah bir örtü bulunur. Sağında üç çekmece bulunur ve her çekmecenin siyah yuvarlak bir tokmağı vardır*”. Ali bir şeyden hoşlanıp hoşlanmadığı ile ilgili bir fikirden veya nesnelerin iyi dizayn edilip edilmediğini düşündüğünden bahsetmedi. Hayal gücünü sadece **objektif** bir betimleme sağlamak için kullandı. Sonunda, yazdıkça çevresindekilerin anlatımını geliştirmeye başladığını fark etti. Yazısının sonunda, çevresini, bir başkasının zihninde uygun bir görüntü oluşturacak kadar yeterli detayla betimledi.

Özet

Bu seansın amacı **ODTÜ Kampüsü**'nü anlatmanız için betimleme yeteneklerinizi kullanmanızdır. Yapabildiğiniz kadar çok hayal edin ve betimleyin. Sadece hayal edebildiğiniz gerçek çevrenizle ilgili yazın. Lütfen nesnelere ilgili düşüncelerinizi, yorumlarınızı veya duygularınızı yazmamaya çalışın. Bunun yerine, betimlemenizi test etmek için çevrenizdeki detayların mümkün olduğu kadar çok farkına varmaya çalışın. Eğer yazmak istediklerinizi tamamlarsanız, yazdıklarınızı yeniden yazarak devam edin. Bu seansın mümkün olduğunca çok yarar sağlayabilmek için 30 dakika bitene kadar sürekli olarak yazmaya çalışın.

Adımlar

1. Zihninizde **ODTÜ** Kampüsü'nü **canlandırın**.
2. Çevrenin görsel yönlerini mümkün olduğunca çok detaylı **betimleyin**. Bu, aşağıdakileri içerebilir:
 1. Nesnelerin neye benzediği, neye benzer koktukları gibi. Mümkün olduğunca durumun içine girin.
 2. Tamamen objektif olun. Yorum yapmayın veya betimlediğiniz şeyler hakkında ne hissettiğinizi belirtmeyin.

Sürekli olarak yazın. Yazdıklarınızı tekrar etmeniz gerekse bile zaman sona erene kadar yazın. İmla hataları veya cümle yapısına dikkat etmenize gerek yoktur.