

Abstract

A systematic review of the literature was carried out to assess whether therapeutic writing could improve outcomes for clients with disordered eating. Twelve studies were identified that met the review's inclusion criteria. Each study was critically appraised for methodological quality. Quantitative results from the largely high to moderate quality studies show a positive trend, indicating therapeutic writing may improve outcomes for clients with disordered eating. Qualitative results indicate that brief therapeutic writing interventions can access a depth of emotional experience. Further research in this area is therefore warranted. Counselors working creatively with clients experiencing disordered eating are encouraged to consider therapeutic writing, particularly when seeking to enhance emotional expression or group cohesion.

Keywords: disordered eating; therapeutic writing; systematic review; poetry therapy; bibliotherapy; eating disorders; creativity in counselling

Therapeutic Writing for Disordered Eating: A Systematic Review

Many have noted how our creative capacities diminish as we age from playful toddlers and children into self-conscious young people and adults (Duffey et al., 2016; Duffey, 2006; Gladding, 2016). Explicitly focusing on the creative capacity in counselling, as it emerges relationally in the therapeutic process, provides a gateway towards rebuilding this (Duffey et al, 2016). Such co-creation can take a wide variety of forms - some recognizably related to the arts, and others more every day – with each helping to shift the focus away from problem solving or diagnoses and towards well-being and growth (Duffey et al, 2016). Reading literature or writing creatively for therapeutic purposes is therefore but one of many modes of working with creativity in counselling.

Creative Writing for Therapeutic Purposes

Poetry therapy is the term used in the United States for art therapy interventions that employ creative writing or the reading of literature for therapeutic purposes (Mazza, 2003). It encapsulates many different clinical interventions, including journaling and creative writing, reading literature and performing poetry. An accredited profession in the US, there is a large descriptive literature around poetry therapy (Wright & Chung, 2001; Alexander et al., 2016). Some of this work has particular relevance for engaging hard to reach clients (Deshpande, 2010).

Where clients need more support, there is a need for psychiatric group interventions for day patients or inpatients which can encourage engagement in recovery. Alschuler (2006) makes the case that therapeutic writing, like other art therapies, is particularly suitable here as it can encourage expression and peer interaction in a less confrontational or threatening way than a more intense group psychotherapy. A groundbreaking piece of doctoral research in poetry therapy showed how adding collaborative creative writing tasks to sessions increases group cohesion (Golden, 1995), a key factor in effective group therapy

(Yalom, 2005). As writing focuses on meaning and expression, it can give voice to clients' experiences, help to shift any sense of blame, and empower the client (Robbins & Pehrsson, 2009). Boone and Castillo (2008) argue that therapeutic writing may be particularly useful with 'resistant' or highly defended clients, as the intervention is explorative and works indirectly, enabling reflection and revelation.

Expressive Writing

Another form of therapeutic writing arises from Pennebaker's (Pennebaker and Evans, 2014) expressive writing paradigm - a form of therapeutic autobiographical writing where participants write about a traumatic event for a set time over several sessions. This intervention is well researched; a recent systematic review of 146 randomised studies (total $N = 10,994$) of Pennebaker's experimental disclosure intervention found a positive and significant overall r -effect size of .075 (Frattaroli, 2006). Many theories have been advanced to explain this result, including disinhibition theory or a theory of catharsis, cognitive processing theory, self-regulation theory, social integration theory and exposure theory. Frattaroli (2006) argued that her systematic review only provided strong support for exposure theory, which asserts that expressive writing achieves its benefits through repetition and extinction of negative thoughts and feelings.

Disordered eating

Disordered eating comprises of behaviors such as bingeing, purging or restricting, and attitudes or cognitions such as fear or anxiety around food or eating. Disordered eating is widespread and is a source of much psychological distress (Stice, 2001; Masuda et al., 2010). A recent national survey of British adults calculated that 9.1% of women may need further assessment for and support with disordered eating (McBride et al., 2013). Early identification and treatment of disordered eating is important, both to reduce current suffering and to prevent future physical and psychological difficulties (Kärkkäinen et al., 2018).

Untreated disordered eating can develop into an eating disorder. Anorexia in particular is a complex presentation that lags behind other psychiatric disorders in terms of evidence and treatment (Schmidt & Treasure, 2006). While prevalence remains low, at around 0.3% in young females (van Hoeken et al., 2003), it continues to have the highest mortality rate of any psychiatric disorder (Arcelus et al., 2011). Clients recovering from anorexia deserve further accessible and cost-effective treatments (Reynaga-Abiko, 2008).

Clinicians already use writing as a recovery-oriented therapeutic tool in mental health care (Alexander et al., 2016) and as a tool to navigate ‘resistance’ and ambivalence in group therapy (Hagedorn, 2011). The weight of clinical opinion behind the appropriateness of therapeutic writing interventions as an art therapy for eating disorder presentations is promising (Author & Devine, 2017). Many treatment programmes for anorexia feature writing letters to “anorexia my enemy” / “anorexia my friend” as a motivational intervention or encouraging clients to externalise anorexia as a “bully” through their writing, from a narrative perspective (Treasure & Alexander, 2013; Serpell et al., 1999). This may assist reticent or inarticulate clients to give voice to their experience. Clients recovering from eating disorders such as anorexia often voice their dissatisfaction with traditional treatments as well, which they can experience as reductionist, with staff appearing to focus primarily on weight gain (Robbins & Pehrsson, 2009). There is a need to create space for clients’ ambivalence in order to assist recovery, which is why writing and reading-based interventions may be particularly appropriate interventions for eating disorders.

Some clinicians have also explored extending expressive writing to eating disorders work, with promising results (Howlett, 2004; Treasure & Whitney, 2010; Schmidt et al., 2002). In addition, many studies of body image or eating disorder interventions have used expressive writing as an active control condition, with their control groups showing non-significant or marginally significant positive results (Stice et al., 2008; Stice et al., 2012;

Robinson & Serfaty, 2008). This has led some to advocate for writing-based interventions for eating disorders within a stepped care model of treatment (Robinson & Serfaty, 2008). However, this is difficult to assert until the current evidence for writing-based interventions for eating disorders is systematically identified and assessed. As in other creative arts therapies (Uttley et al., 2015), there is a need for more robust and rigorous research to build an evidence base for creativity arts therapies such as therapeutic writing that meets the weight of clinical experience (Heimes, 2011; Duffey et al, 2016).

Therefore, a systematic review was initiated to assess the evidence base for therapeutic writing for participants experiencing an eating disorder. Specifically, the review focused on identifying and appraising any evidence that creative writing for therapeutic purposes; expressive, autobiographical writing; or any other form of therapeutic writing could improve outcomes for participants.

Methods

Protocol and Registration

The literature search procedure and the inclusion criteria for this review were specified in advance and documented in a protocol, which was registered with the Centre for Reviews and Dissemination at the University of York on 21 October 2016 (registration number CRD42016049953). Their database of systematic review protocols can be accessed at <http://www.crd.york.ac.uk/PROSPERO> .

Eligibility Criteria

Early explorations of the literature showed that insufficient research has been carried out into the application of therapeutic writing for specific eating disorders. Therefore, this review examined the application of therapeutic writing for disordered eating and to other risk factors for eating disorders, as such results could indicate whether further research into therapeutic writing for eating disorders is warranted. For example, previous work indicates

that perfectionism (Wade et al., 2016), trauma, and Post-Traumatic Stress Disorder (PTSD) (Brewerton, 2007) are risk factors for the development of eating disorders. Studies examining the effects of therapeutic writing interventions on symptoms of trauma or markers of perfectionism have therefore been included, with the acknowledgement that although not an eating disorder population, evidence of effectiveness of therapeutic writing and possible pathways of change in relevant groups would be informative.

Search Terms and Information Sources

Therapeutic writing interventions are referred to by many terms in the literature. Therefore, a search of electronic databases using the search terms ‘poetry therapy’, ‘therapeutic writing’, ‘therapeutic creative writing’, ‘bibliotherapy’, ‘expressive writing’, ‘creative bibliotherapy’ or ‘applied literature’ was carried out. These search terms were combined with ‘anorexia’ or ‘eating disorder*’ to ensure that all results were related to eating disorders research and practice.

The following electronic databases relevant for all years in April – July 2016: Embase, Emerald, Index to Theses, Informa Healthcare, JSTOR, Medline, PsychInfo, PsychBooks, Science Citation Index and the Wiley Online Library. AEI, The Campbell Collaboration, The Cochrane Collaboration, Sage Journals Online and DOAJ were also searched with these terms at this time, with no results. Reference lists of included papers were also hand searched for articles that met the inclusion criteria, producing further studies for inclusion.

Search Strategy and Study Selection

Following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (JBI, 2016), the first author conducted the literature search, removed duplicates, and sifted first the resulting abstracts and then the remaining full papers, which included several unpublished theses. A random sample of the full papers that were included

and excluded was shared with the second author to verify the robustness of the process. No disagreements arose that warranted discussion and resolution with the third author (see flow diagram Figure 1).

Methodological Quality

After contacting all authors for additional information on method and design, all papers included in the review were assessed for methodological quality using critical appraisal checklists from The Joanna Briggs Institute (JBI) (2016). JBI produce established tools for appraising not only randomized trials but also qualitative research, enabling systematic reviews of evidence from a wide range of sources. The checklists produced a score out of either 10 or 13, which was converted into a percentage for an overall quality score. The mixed method study was appraised using both tools. The results of higher quality papers were then given more weight in the subsequent narrative synthesis. Common methodological errors are reported in the findings and used to make recommendations for future research.

Data Synthesis

A meta-analysis of quantitative results or a synthesis of qualitative results was not possible, due to the range of outcome measures and designs used. The data synthesis is therefore presented in narrative form. First, the data from the quantitative studies was extracted and analyzed to determine whether therapeutic writing could improve outcomes for clients with disordered eating or those manifesting risk factors for an eating disorder. More weight was given to the conclusions of the higher quality studies in the analysis. Then, a critical appraisal and secondary synthesis of the extracted data from the qualitative studies took place to explore whether the results of the qualitative studies that met the inclusion criteria triangulated with the quantitative data, and/or whether it offered any insight into how therapeutic writing could improve outcomes for clients recovering from disordered eating.

The quantitative and qualitative data from the mixed methods study was analyzed separately within this process and incorporated into the narrative synthesis.

Results

The results are presented grouped by methodology and then quality of the study.

Quantitative Results

Key features of the eight quantitative studies and the quantitative results from the mixed methods study are summarized in Table 1. Effect sizes are reported where available; where unavailable, levels of significance are reported instead. Data extraction was guided by the moderating variables identified in a previous systematic review of expressive writing interventions (Frattaroli, 2006).

Quality Assessment

All studies employed randomized, prospective and controlled designs. Only five studies described a process of power calculation, with the authors indicating that two of those studies five studies (East et al., 2010; Smyth et al., 2008) were underpowered. Two studies (O'Connor et al., 2011; East et al., 2010) described a process of blind allocation of groups, and baseline differences between intervention and control groups were discussed in all studies. According the JBI (2014), a score of 70% or above indicates a high-quality study, where a score of 40 – 60% indicates a moderate quality study. Only one study (Smyth et al., 2008) was rated as poor or below 40%. Details of each study are ordered by study quality in the table of results. High quality studies scoring 70% or above (O'Connor et al., 2011; East et al., 2010; Niles et al., 2014) were then given more weight and consideration in the narrative synthesis of results, while the weaker study was analysed primarily in terms of indications for future research. Studies were downgraded largely for failing to adequately detail the method and extent of randomization and blinding of participants, allocators, and assessors, or for lack of power.

Results of the Quantitative Findings

All studies focused on variations on Pennebaker's (Pennebaker & Evans, 2014) expressive writing protocol, as opposed to other therapeutic writing interventions. All studies employed samples of university students, other than Niles et al. (2014) (healthy American adults who had experienced a stressful event) and Smyth et al. (2008) (American adults with a diagnosis of PTSD). All studies focused on normal populations except for Smyth et al. (2008) (as above) and Johnston et al., (2010) (adults experiencing disordered eating).

High Quality Studies

The results overall were mixed. There was some good evidence that expressive writing can help to increase cognitive flexibility, as East et al. (2010) found a medium effect size for a student population for this outcome in their expressive writing condition. There was also some good evidence from a high-quality study (O'Connor et al., 2011) that an expressive writing task focused on body image issues improved self-esteem in a student population.

Moderate Quality Studies

Among the studies of moderate quality, Arigo and Smyth (2012) found that expressive writing can particularly help reduce body image dissatisfaction in students experiencing high levels of stress. This result indicates that expressive writing may create resilience in those students vulnerable to eating disorders in the face of pressure from others and the wider culture to be thin (Stice, 2001). Others found that writing, regardless of the subject or topic, brought improvements. Both expressive writing and writing-based control tasks brought improvements in body image perception (Lafonte and Oberle, 2014), body esteem (Earnhardt et al., 2002), mood (Earnhardt et al., 2002), and disordered eating (Johnston et al., 2010).

On the other hand, there were also indications that expressive writing might not be an effective intervention for disordered eating. Participants who withdrew from East et al. (2010) were found to be higher in emotional avoidance than those who completed the study. Niles et al. (2014) also found that participants low in emotional expressiveness had increased levels of anxiety at 8-week follow up, which suggests that expressive writing may be contraindicated for those higher in emotional avoidance and those who struggle to express their emotions. More direct research is needed to explore this result. Moreover, in Frayne and Wade (2006), one study of moderate quality found that a planning control task reduced disordered eating and feelings of inadequacy more than the expressive writing intervention at 10-week follow up in female university students.

Common Design Flaws

Many studies in this review suffered from low participant numbers (East et al., 2010; Frayne and Wade, 2006; Smyth et al., 2008); larger studies are needed to verify these results. There was also an over-reliance on self-report measures. A previous review of expressive writing research observed that measures of physiological functioning such as blood pressure or antibody levels showed larger effect sizes (Smyth, 1998), perhaps because they removed participant expectancy effects. Interestingly, the only study of moderate quality to use an implicit measure (the Self-Esteem Implicit Association Test) alongside self-report measures did observe a significant result, but for the implicit measure and expressive writing condition only (O'Connor et al., 2011). The weaker study, which used measures of cortisol levels to test the effects of an expressive writing task on a PTSD population, also found the expressive writing group produced attenuated levels of the stress hormone after a re-living task and quicker recovery in the intervention group (Smyth et al., 2008). Future research on writing interventions for disordered eating should employ more objective outcome measures with

larger samples and more extensive blinding at allocation, delivery and assessment to explore these effects further.

In summary, four of the eight quantitative studies included in this review, including two of the high quality studies, indicated that expressive writing tasks can improve body image dissatisfaction, self-esteem and cognitive flexibility in non-clinical populations, and two studies indicated that expressive writing can also improve body image satisfaction or reduce disordered eating. Meanwhile, two high quality studies also suggested that expressive writing may not be helpful for those high in emotional avoidance or low in emotional expressiveness, and a further study found a larger effect size for the control than the expressive writing condition. More research is required to clarify these results.

Qualitative Results

Qualitative results were examined for whether they confirmed or contradicted the quantitative results, and for indications of how writing interventions may affect therapeutic change. Key features of the three qualitative studies and the qualitative results from the mixed methods study are summarized in Table 2.

Quality Assessment

All qualitative studies included in this review scored 70% or above (JBI, 2014), indicating that their results can be taken with some confidence. Studies were typically downgraded for failing to include a clear statement of the researchers' ontological position, which therefore did not allow an assessment of the congruity of the research methodology with the researchers' philosophical perspective.

Results of Qualitative Findings

While diverse, all four studies provided insight into the process and potential benefits or difficulties of writing as an intervention for disordered eating. One study interviewed clients receiving psychological therapy who kept a journal as part of their counselling process

(Phillips and Rolfe, 2016). Showell (2012) interviewed discharged eating disorder patients on their experience of self-compassionate letter writing, which is a key intervention in Compassion-Focused Therapy (CFT) for eating disorders. The final two studies explored themes within the expressive or other writing of perfectionists or participants experiencing disordered eating (Johnston et al., 2010; Merrell et al., 2011).

The qualitative findings contradicted the quantitative results of Niles et al. (2014). Rather than indicating that participants low in emotional expressiveness do not benefit from expressive writing interventions, all four studies identified expression of emotion as a key feature of therapeutic writing, despite using participant groups (eating disorder patients or participants with disordered eating) not generally known for high levels of expressiveness. In particular, Showell (2012) found that enabling eating disorder clients to voice previously unexpressed emotions or experiences was central to the positive change they experienced. This finding was more evident in studies that did not aim to explore expressive writing interventions modelled on the Pennebaker paradigm (Phillips and Rolfe, 2016; Showell, 2012), and in an analysis carried out through a psychodynamic lens (Phillips and Rolfe, 2016). The CFT clients also commented on the centrality of the group experience with regards to their experienced benefits of therapeutic writing (Showell, 2012). Both sharing their difficult experiences with others and hearing others read out their writing in the group were described as being beneficial.

In addition, several qualitative findings confirmed some of the quantitative results indicating the benefits of therapeutic writing. Merrell et al. (2011), for example, observed that although it would seem unlikely that a brief expressive writing intervention would enable the expression of a range and depth of emotional experiences, particularly in perfectionists, this was in fact the case. The participants in Johnston et al. (2010) reported that expressive

writing was experienced as less shaming than verbally sharing experiences as well, thus facilitating disclosure.

In summary, in comparison with the quantitative studies, the findings of the qualitative studies were less contradictory and more positive regarding the benefits of therapeutic writing. Furthermore, they begin to describe an emerging causal pathway for the benefits of therapeutic writing as a disinhibitory or cathartic effect, due to increased expression of emotional experiences. Thus, rather than supporting the theory that therapeutic writing reaches its effects through repeated exposure to negative thoughts and feelings (Frattaroli, 2006), the voices of these participants indicate that expressing thoughts and feelings on its own can bring relief and reduce distress.

Discussion

Overall, the evidence from this review indicates that therapeutic writing deserves consideration and further exploration in clinical practice and research, as a potentially useful intervention for clients experiencing disordered eating attitudes or behaviors. For example, several studies found that both the experimental and control writing groups showed reductions in disordered eating or body image issues (Lafont and Oberle, 2014; Johnston et al., 2010; Earnhardt et al., 2002). This may indicate that different kinds of writing can be therapeutic; it certainly indicates that much remains to be understood regarding what writing tasks are most helpful for which client groups, and why. Therefore, these results indicate that clinicians need to proceed with the implementation of such interventions cautiously on the basis of strong and clear formulation. This echoes the guidance on best practice in the literature, advocating that writing interventions are implemented within a wider package of care and within a strong therapeutic alliance (Schmidt et al, 2002).

Possible Change Processes for Therapeutic Writing

The strongest emerging causal pathway from the qualitative studies in this review was a disinhibitory or cathartic effect, due to increased expression of emotional experiences. This contradicts the conclusion of a systematic review of expressive writing interventions (Frattaroli, 2006), which found more evidence that expressive writing interventions benefit participants through the repetition and extinction of distress following exposure than through emotional expression. This may be the case for structured expressive writing tasks that focus on the disclosure of traumatic events. However, it may also be the case that therapeutic writing more broadly, including journaling and compassionate letter writing, benefits clients by facilitating deeper emotional expression and processing over time (Phillips and Rolfe, 2016), which could in turn lead to a decrease in disordered eating behavior (Showell, 2012).

Other possible change mechanisms include enhanced group cohesion and de-centering. Those clients who experienced a therapeutic writing intervention in a group context described the group experience as key to the change they experienced as well (Showell, 2012). This corresponds with previous work observing that the benefits of therapeutic writing can be social (Golden, 1995; Pennebaker & Greybeal, 2001) and that therapeutic writing interventions are particularly suited to group settings (Alschuler, 2006). Meanwhile, Lafont and Oberle (2014), Johnston et al. (2010) and Earnhardt et al. (2002) theorize that the measurable benefits from their control groups may be due to the benefits of either distraction or de-centering from distressing experiences.

In conclusion, this systematic review found that emotional expression, group cohesion, and de-centring or distraction could all be causal pathways for therapeutic writing interventions in different contexts and at different times. This again points to the importance of formulation-based care (Schmidt et al, 2002); writing tasks in counselling need to be allocated appropriately based on emerging individual clinical need.

Limitations

There are limits to the generalizability of these results. All studies involved largely white and either American, British or Australian participants, and while the qualitative studies involved participants with direct experience of disordered eating, perfectionism, psychological therapy or eating disorders, most of the quantitative studies in this review used healthy university student populations. Further research with non-Western, black or ethnic minority, adolescent and clinical populations would provide stronger evidence into whether therapeutic writing could improve outcomes for the range of clients recovering from disordered eating.

Furthermore, while the JBI critical appraisal tool enabled the comparative weighting of qualitative and quantitative studies within the same synthesis, it proved imprecise in some areas, allowing, for example, under-powered studies with excellent randomization and blinding procedures to be scored very highly (East et al., 2010).

The final limitation of this review is the absence of research into interventions that employ creative writing tasks or the reading of literature for therapeutic purposes, as in poetry therapy. Therefore, it is currently impossible to state, with any confidence, the benefits of poetry therapy or creative writing for therapeutic purposes for clients experiencing disordered eating. However, the mixed results of this review, combined with the strength of existing case reports (Hagedorn, 2011; Deshpande, 2010; Robbins & Pehrsson, 2009), would indicate that further research is warranted.

Conclusion

Recent research suggests that therapeutic writing interventions such as expressive writing might improve outcomes for clients experiencing disordered eating behaviors or attitudes, but more research is needed. Qualitative research in particular in this area documents the positive experiences of some clients recovering from eating disorders of

therapeutic writing interventions and suggests that a number of causal pathways may be at work for different writing tasks, such as the expression of emotion, building group cohesion, or de-centering from experience. Therefore, counsellors working with individuals or groups where their formulation indicates that enhancing emotional expression or group cohesion would be beneficial are encouraged to consider therapeutic writing as a way of working with this more creatively. Meanwhile, it is recommended that future researchers employ more objective or implicit measures to avoid participant expectancy effects and extend the focus of research beyond expressive writing to other therapeutic writing or reading-based interventions, including journaling, letter writing and creative writing.

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