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SELF-DISTANCING MAY BE HARMFUL: THIRD-PERSON WRITING INCREASES LEVELS OF DEPRESSIVE SYMPTOMS COMPARED TO TRADITIONAL EXPRESSIVE WRITING AND NO WRITING

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Introduction: The positive effects of expressive writing on both mental and physical health are well documented. However, expressive writing may have the potential to activate negative schemas and facilitate rumination in those at high cognitive risk for depression (Yasinski, Hayes, & Laurenceau, 2016). The current research tested the hypothesis that writing using self-distancing would be more effective than traditional expressive writing in preventing depressive symptoms for those at high cognitive risk for depression. **Method**: Two studies using undergraduate samples (n = 104 and n = 80) were conducted to test our hypotheses. Both studies used a two-week daily writing experimental design. **Results**: Contrary to hypotheses, Study 1 found that individuals randomly assigned to a self-distancing writing condition reported greater levels of depressive symptoms than those assigned to a traditional expressive writing condition. The results of Study 2 replicated the results of Study 1. Participants randomly assigned to the self-distancing writing condition reported significantly greater levels of depressive symptoms than those in the expressive writing and no-writing control conditions. The effect of writing condition in Study 2 was driven by those with high levels of cognitive vulnerability. **Discussion**: Results suggest that writing using self-distancing should not be used for the prevention of depressive symptoms.

Keywords: depression, self-distancing; expressive writing; cognitive vulnerability

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A significant body of research shows that expressive writing has positive effects on both mental and physical health (Baikie & Wilhelm, 2005; Páez, Velasco, & Gonzalez, 1999; Park & Blumberg, 2002; Pennebaker, 1997). Expressive writing involves journaling about personal emotional experiences and is thought to help people confront negative thoughts and feelings associated with stressful life experiences. Expressive writing has been associated with increased satisfaction with social support (Gellaitry, Peters, Bloomfield, & Horne, 2010), decreased negative affect (Soliday, Garofalo, & Rogers, 2004), and decreased aggression levels in at-risk adolescents (Kliewer et al., 2011). It has also been shown to increase working memory capacity by reducing intrusive thinking about life stressors (Klein & Boals, 2001). The benefits of expressive writing are not limited to mental health: it is associated with significant physiological health benefits including improved immune system functioning (Frattaroli, 2006; Frisina, Borod, & Lepore, 2004; Smyth, 1998).

The link between expressive writing and positive mental health outcomes is undeniable. However, there appears to be at least some boundary conditions with regard to the types of people and symptom outcomes for which expressive writing is beneficial. For example, Yasinski, Hayes, and Laurenceau (2016) found that one's perspective when writing may affect the usefulness of expressive writing. In their study, they found that participants who were instructed to reflect from a traditional, self-immersed perspective reported increased ruminative processing and increased negative emotion compared to those in a distancing condition. Similarly, McIsaac & Eich (2004) showed that individuals with PTSD reported greater anxiety and heightened emotional response when recalling a traumatic event from a self-immersed perspective compared to an observer's perspective. The observer's perspective seemed to provide greater emotional relief for participants. These findings suggest that traditional expressive writing has the potential to lead to negative rather than positive outcomes for particular groups of people and in particular contexts (see Sloan, Marx, Epstein, & Dobbs, 2008 for exception).

In light of these findings, we theorize that expressive writing may not be optimal for those at high cognitive risk for depression. According to the cognitive theories, some people are at higher risk for developing depression because they generate

overly negative interpretations of life stress (Abramson, Metalsky, & Alloy, 1989). We hypothesize that expressive writing will not be effective for people who have this cognitive vulnerability because of its potential to induce excessive self-focus and lead to increased rumination (Nolen-Hoeksema, 1991; Sloan, 2005). Expressive writing is associated with immediate increases in negative affect (Pascual-Leone, Yeryomenko, Morrison, Arnold, & Kramer, 2016; Smyth, 1998), which may activate negative cognitive schemas and facilitate brooding in cognitively at-risk individuals (Ehring, Tuschen-Caffier, Schnülle, & Fischer, 2010; Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008). And once activated, cognitively vulnerable individuals may not have the ability to work through their emotions in the way that expressive writing requires, particularly because they have difficulty down-regulating negative emotions as well as difficulty removing negative information from working memory (Joorman & Gotlib, 2008).

It is important to underscore that our hypothesis regarding the ineffectiveness of expressive writing is specific to those with high levels of cognitive vulnerability. We are not hypothesizing that it would be detrimental for those with low levels of cognitive vulnerability or even those with depressive symptoms more generally. Indeed, research suggests that expressive writing may be therapeutic for those with depression (e.g., Krpan et al., 2013). Our hypothesis is specific to a subgroup of people who report high levels of a cognitive risk factor for depression. This line of reasoning is similar to that proposed by Haeffel (2017) in a study examining sleep and cognitive vulnerability. Haeffel proposed that less sleep during times of stress would be beneficial for those with high, but not low, levels of cognitive vulnerability. The results of the study corroborated hypotheses, but this does not mean that sleep is not necessary for healthy mental and physical functioning. Rather, the finding shows that under specific conditions (during times of stress), less sleep is actually beneficial for a specific subgroup of people (those with high levels of cognitive vulnerability). Similarly, research shows that expressive writing is beneficial for most people; however, we hypothesize that it may not be effective for a particular subgroup of people—those with a specific cognitive vulnerability to depression.

The purpose of the current research was twofold. First, we tested the hypothesis that expressive writing would be less effective for those with high levels of cognitive vulnerability to depression compared to those with low levels of cognitive vulnerability. Second, we tested an alternative form of expressive writing that might prove beneficial for those with high levels of cognitive vulnerability. Specifically, we examined writing using self-distancing. Research shows that the perspective that one takes when reflecting on emotional experiences can influence his or her affect and mood (Kross & Ayduk, 2009). According to Kross and Ayduk (2008), people who tend to ruminate and are at risk for depression can be buffered from negative emotions by viewing stress from a self-distancing perspective (Kross & Ayduk, 2009; Kross, Gard, Deldin, Clifton, & Ayduk, 2012; Pfaltz et al., 2017). Writing from a self-distancing perspective (e.g., using third person pronouns instead of first person pronouns) reduces self-focus (Mor & Winquist, 2002) and is associated with less threatening stress appraisals as well as shorter emotional episodes compared to traditional writing (Kross et al., 2014; Verduyn, Van Mechelen, Kross, Chezzi, & Van Bever, 2012). There is also preliminary support showing self-distancing may be beneficial for those with clinically significant depression. For example, Kross and colleagues (2012) showed that depressed individuals who used a self-distancing perspective to analyze their feelings reported lower negative affect and generated more adaptive reconstructions of past experiences compared to those who used a self-immersed perspective to analyze their feelings (Kross et al., 2012).

In summary, we theorized that traditional expressive writing would be less effective for those at high cognitive risk for depression because of its potential to activate negative schemas and facilitate rumination. We hypothesized that writing using self-distancing could mitigate these problems. We conducted two longitudinal experimental studies to test our hypotheses. In Study 1, we randomly assigned participants to one of two daily writing conditions—traditional expressive writing or writing using self-distancing. The purpose of Study 2 was to replicate and extend the findings of Study 1. Specifically, we added a no-writing control condition to better determine whether the two

expressive writing interventions reduced and/or increased depressive symptoms relative to no writing at all.

STUDY 1

METHOD

Participants

Participants were 104 undergraduates (83 female, 21 male; *M* age = 18.91, *SD* = 1.08) recruited from a medium sized private university in the Midwestern United States. The ethnicity of the sample was: 77% Caucasian, 12% Hispanic, 4% Asian, 4% African American, 3% Other. Participants were given extra credit points for their participation. All procedures were approved by the institution's human subject review board.

Measures

Cognitive Vulnerability. The Cognitive Style Questionnaire (CSQ; Haeffel et al., 2008) was used to assess cognitive vulnerability (as featured in the hopelessness theory of depression). It assesses participants' inferences for 12 hypothetical negative events on dimensions of cause, consequences, and self-worth. The CSQ has demonstrated excellent internal consistency (coefficient alpha typically >.90; Haeffel et al., 2008), strong test-retest reliability over months and even years (e.g., 1-year test-retest is .80; Alloy et al., 2000), and predictive validity (Haeffel et al., 2008). Prospective studies have consistently found that the CSQ interacts with measures of negative events to predict the development of depressive symptoms (e.g., Haeffel et al., 2007; Metalsky & Joiner, 1992) and depressive disorders (e.g., Alloy et al., 2006; Hankin et al., 2004). Coefficient alpha for the CSQ in the current study was .90.

Depressive Symptoms. The Beck Depression Inventory (BDI; Beck, Rush, Shaw, & Emery, 1979) is a widely used 21-item self-report inventory that assesses depressive symptoms. Participants rate symptoms of depression (e.g., negative mood, pessimism, sleep disturbance, etc.) on 0–3 scales. Total scores on the BDI can range from 0 to 63, with higher scores indicating greater levels of de-

pressive symptoms. The BDI has high internal consistency (coefficient alpha is typically greater than .8), good test-retest reliability (r = .60–.83 for nonpsychiatric samples), and validity with both college and psychiatric samples (see Beck, Steer, & Garbin, 1988 for review). Coefficient alpha for the BDI was .85 at Time 1 and .87 at Time 2.

Procedure

The study used a two-week longitudinal experimental daily-diary design. At baseline, participants completed measures of cognitive vulnerability (CSQ) and depressive symptoms (BDI). Participants were then randomly assigned to one of two writing conditions—traditional expressive writing (n = 48) or writing using self-distancing (n = 56). In the traditional expressive writing condition, participants were instructed to write about stress in each day for two weeks. Consistent with prior research on expressive writing (Baikie & Wilhem, 2005), participants were given the following instructions:

> Every day for the next two weeks, we would like you to write about your deepest thoughts about the event that has you most stressed out. Think about causes of the event as well as what it means about you and your future. You may write about this same stressful event on all days of writing or about a different stressful event each day. Please use a separate sheet of paper and take 5–10 minutes to write about this event. Using a separate sheet of paper will ensure everything you write is completely confidential.

In the self-distancing condition, participants were instructed to write about stress in the third-person each day for two weeks. Consistent with prior research on self-distancing, participants were given the following instructions:

> Every day for the next two weeks, we would like you to write about your deepest thoughts about the event that has you most stressed out. Think about causes of the event as well as what it means about you and your future. You should think about the event from a distance. When writing about the event, please *use only third-person pronouns (e.g., his/her), and your name,* as if you were writing about yourself in a novel. For example, instead of writing, "I woke up and went to the dining hall to get myself some breakfast", you should write "Jordan

> woke up and went to the dining hall to get herself some breakfast." Please use a separate sheet of paper and take 5–10 minutes to write about this event. Using a separate sheet of paper will ensure everything you write is completely confidential.

After two weeks of daily writing, all participants returned to the lab and again completed measures of depressive symptoms.

RESULTS

Analyses were designed to test the hypothesis that individuals randomly assigned to a traditional writing condition (n = 48) would report greater depressive symptoms than those assigned to a self-distancing writing condition (n = 56), particularly for those with high levels of cognitive vulnerability. As expected given random assignment, participants assigned to the two conditions did not differ on baseline levels of cognitive vulnerability or depressive symptoms (both ps > .05). We conducted an analysis of covariance (ANCOVA) with condition (traditional versus self-distancing) and cognitive vulnerability (high versus low as determined by median split) as the independent variables and BDI score post-intervention as the dependent variable. BDI score at baseline was included as a covariate to control for initial levels of depressive symptoms. Consistent with hypotheses, results showed a significant main effect of condition, $F(1,97) = 5.51$, $p = .02$,= $\eta_p^2 = .05$ However, the effect was in the opposite direction as predicted. Participants assigned to the traditional writing condition ($M = 4.77$; $SE = .51$) reported significantly *fewer* depressive symptoms post-intervention than participants randomly assigned to the self-distancing condition ($M = 7.97$; $SE = .56$). The difference in BDI scores between groups is considered in the medium effect size range. Contrary to hypotheses, there was no significant condition by vulnerability interaction.

STUDY 2

METHOD

Overview

The results of Study 1 corroborated prior research showing that the perspective one takes when writing about stressful events affects one's levels of depressive symptoms. However, the effect was opposite of what we predicted. Participants who journaled using a traditional first-person perspective reported lower, rather than higher, levels of depressive symptoms compared to those who wrote using self-distancing. Thus, the primary purpose of Study 2 was to replicate the unexpected results. In addition, Study 2 included a no-writing control condition. It was important to include a no-writing control condition to clarify if the effect of writing condition in Study 1was due to the harmful effects of self-distancing or the beneficial effects of traditional writing. By including a no-writing control condition we can determine if writing using self-distancing writing is harmful compared to not writing at all.

Participants

Participants were 80 undergraduates (51 female, 29 male; *M* age = 18.91, *SD* = 1.08) from a small Midwestern university. Individuals reported their ethnicity as 77% Caucasian, 9% as Hispanic, 8% as Asian, 4% as African American, 1% as Native American, and 1% as Other. Participants were given extra credit points for their participation. Three participants did not complete all of the measures at both time points; thus, 77 participants were included in the final analysis. All procedures were approved by the institution's human subjects review board.

Measures

Depressive Symptoms. The BDI was used to assess depressive symptoms (see Study 1 for description). Coefficient alpha for the BDI was .85 at Time 1 and .86 at Time 2.

Cognitive Vulnerability. The CSQ was used to assess cognitive vulnerability (see Study 1 for description). Coefficient alpha for the CSQ in the current study was .89.

Procedure

The study used a two-week longitudinal experimental daily diary design. At baseline, participants completed measures of cognitive vulnerability (CSQ) and depressive symptoms (BDI). Participants were then randomly assigned to one of three conditions—traditional expressive writing (n = 25), writing using self-distancing (n = 26), or no writing (n = 26). Participants in the traditional and self-distancing conditions received the same instructions as participants had in Study 1. In the no-writing control condition, participants were not given any instructions to journal each day. However, these participants were still given a daily writing packet in which they were instructed each day to simply "list the one event or situation that had you most stressed-out today." After two weeks, all participants again completed measures of depressive symptoms.

RESULTS

Based on the findings from Study 1, analyses were designed to test the hypothesis that individuals randomly assigned to write using self-distancing (n = 26) would once again report greater levels of depressive symptoms than those assigned to traditional writing (n = 25) as well as a no-writing control condition (n = 26), particularly for those with high levels of cognitive vulnerability. As expected given random assignment, participants assigned to the three conditions did not differ on baseline levels of cognitive vulnerability or depressive symptoms (both ps > .05). We used ANCOVA with condition (traditional versus self-distancing versus no-writing) and cognitive vulnerability (high versus low as determined by median split) as the independent variables and BDI score post-intervention as the dependent variable. BDI score at baseline was included as a covariate to control for initial levels of depressive symptoms. Results replicated those of Study 1. As predicted, there was a significant main effect of condition,

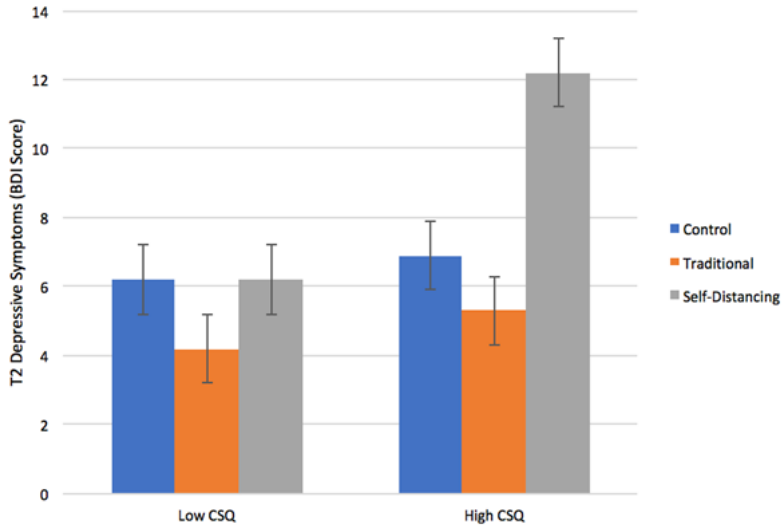

FIGURE 1. Depressive symptoms post intervention as a function of writing condition (traditional vs. self-distancing vs. control) and cognitive vulnerability level (high vs. low as determined by median split).

$F(2,69) = 8.63$, $p < .001$, $\eta_p^2 = .20$. The difference in BDI scores among groups is considered in the large effect size range. Tests of simple main effects showed that participants assigned to the self-distancing condition reported significantly greater levels of depressive symptoms ($M = 9.23$; $SE = .76$) post-intervention than participants in the traditional writing condition ($M = 4.81$; $SE = .76$) and the no-writing ($M = 6.57$; $SE = .77$) control condition. Although means were in the expected direction, the difference in depressive symptoms scores between the traditional writing condition and no-writing control condition did not reach statistical significance ($p = .10$). There was also a significant main effect of cognitive vulnerability level, $F(1,69) = 7.17$, $p = .009$, $\eta_p^2 = .09$, (participants with higher levels of cognitive vulnerability reported greater prospective levels of depressive symptoms than those with lower levels of cognitive vulnerability; effect size in the medium range). The main effects were qualified by the hypothesized condition by cognitive vulnerability interaction, $F(2,69) = 3.62$ $p = .03$, $\eta_p^2 = .10$ (effect size in the medium to large range). As hypothesized and shown in Figure 1, participants with high levels of cognitive vulnerability who were assigned to the write

using self-distancing had the greatest levels of depressive symptoms.

DISCUSSION

Prior research shows that expressive writing has positive effects on both mental and physical health for most people (Baikie & Wilhelm, 2005; Páez, Velasco, & Gonzalez, 1999; Pennebaker, 1997; Park & Blumberg, 2002). However, we hypothesized that this type of writing might not be effective for individuals with high levels of cognitive vulnerability to depression. This is because of the self-focused nature of expressive writing and its possibility to activate negative schemas and induce rumination in this particular group of people. To mitigate this problem, we hypothesized that writing using self-distancing should be used for cognitively vulnerable individuals because it would allow them to reflect on emotional experiences without activating negative schemas. We conducted two studies to test our hypotheses. The results of both studies contradicted our original hypothesis. Traditional expressive writing did not increase levels of depressive symptoms in those with high levels of cognitive vulnerability, but writing using self-distancing did increase depressive symptoms. These results corroborate a large body of research demonstrating beneficial effects of traditional expressive writing for a variety of emotional problems and for a variety of types of people.

Surprisingly, writing using self-distancing was harmful when compared to traditional expressive writing and no-writing. Although we did not predict this finding, the results are corroborated by at least a few prior studies. For example, Wisco and colleagues (2015) found that even in cases where physiological reactivity to traumatic memories was improved, self-distancing was ineffective in addressing subjective emotional reactivity. Similarly, Katzir and Eyal (2013) showed that certain emotions, such as shame and guilt, were not attenuated by adopting a self-distancing perspective. They propose that self-conscious emotions such as these may trigger differing appraisal methods, which in turn influences the efficacy of self-distancing. Further, Lau, Moulds, and Richardson (2009) found that recalling a mem-

ory of social exclusion from a third-person perspective resulted in persistent negative effects on psychological well-being when compared to recalling similar experiential memories from a first-person perspective (Lau, Moulds, & Richardson, 2009). Finally, Holmes, Coughtrey, and Connor (2008) found that participants instructed to imagine a positive scenario from a third-person perspective reported deteriorations in positive affect while those adopting a first-person perspective reported increased positive affect (Holmes et al., 2008). Taken together with the current findings, there is at least some evidence that self-distancing can lead to mood deterioration.

There are a number of potential explanations for the negative effects of self-distancing. First, it is possible that self-distancing reduced the generation of self-affirming statements. Research suggests that self-affirmation (i.e., positive reflections on a personal trait or valued concept) is one mechanism by which traditional expressive writing leads to positive outcomes (Cohen & Sherman, 2014). Self-affirmation in expressive writing is associated with reduced anxiety (Niles, Byrne Haltom, Lieberman, Hur, & Stanton, 2016) and lower cortisol responses to stress (Creswell et al., 2005). In one study, self-affirming statements made by early stage breast cancer survivors fully mediated the positive effects of expressive writing on physical symptoms at a 3-month follow-up assessment (Creswell et al., 2007). Cohen & Sherman (2014) concluded that "people benefited from the expressive writing not so much because it led them to reappraise their cancer but because it helped them to reappraise themselves." Thus, self-distancing may have had an iatrogenic effect in our studies because it was antithetical to self-affirmation. Self-distancing encourages an other-focused perspective as opposed to a personal focus. For this reason, a self-distanced focus may cause over restriction of self-affirmations, which, in turn, increases negative emotions.

Along these same lines, it is possible that self-distancing decreased the use of affect labeling (i.e., putting feelings into words such as "I feel sad"), which has been shown to reduce autonomic activity and self-reported negative affect (Torre & Lieberman, 2018). Pennebaker & Chung (2007) found that using few affect labels (in this case, a low number of negative emotion words)

during expressive writing had a negative correlation with health outcomes. Self-distancing may decrease affect labeling because it feels unnatural to label emotions when thinking in third person, and this suppression of affect labeling may lead to an increase in negative emotions.

A third explanation for the negative effects of self-distancing in our studies may relate to the unfamiliar nature of writing in the third person. Using third person pronouns may have been so novel that it required more cognitive resources to complete the task. This additional cognitive burden may have disrupted participants' ability to work through their emotional experiences leading to increased levels of negative affect (e.g., Klein & Boals, 2001). Another possible explanation for the findings is that self-distancing is effective in reducing immediate negative affect, but not more enduring negative moods. Previous studies (Kross, Ayduk, & Mischel, 2005; Pfaltz et al., 2017; Wisco & Nolen-Hoeksema, 2011) examining self-distancing have typically focused on immediate emotional responses and affect. However, the current study explored the effect of self-distancing on the more enduring moods such as depressive symptoms. A final explanation for the negative effects of writing using self-distancing is that it may have resulted in increased fundamental attribution error in participants (Gilbert & Malone, 1995; Ross, 1977). Writing about stress in the third person may have led participants to make more internal and stable critical assessments of their own behavior because they were viewing themselves as someone else. Increasing these types of stable causal attributions for stress should increase depressive symptoms according to the hopelessness theory of depression. That said, it remains unclear exactly why self-distancing is detrimental in reducing depressive symptoms. Clearly, it will be important for future research to further examine the factors that influence whether self-distancing is helpful versus harmful.

Our hypothesis that cognitive vulnerability would moderate the effect of writing condition was only partially supported. In Study 1, level of cognitive vulnerability did not influence the main effect of writing condition. However, in Study 2 we found a moderating effect of cognitive vulnerability. Specifically, the negative effect of writing using self-distancing was driven by indi-

viduals with high levels of cognitive vulnerability. One hypothesis for this discrepancy between the two studies is that there may have been differing stress levels in the two samples. Cognitive vulnerability is activated by high stress, and thus, would not be activated in a sample with low levels of stress. It is possible that participants in Study 1 had lower levels of stress (and thus less activation of cognitive vulnerability) because it was conducted just prior to the most recent presidential election, which seems to have increased stress and feelings of uncertainty for many college students.

The two studies had a number of limitations. For example, we did not collect participants' daily writing samples, which means that we could not perform text analysis on the content of what people were writing. We did not collect these daily writings because we wanted participants to be unguarded in how they expressed their feelings and emotions. Thus, the next logical step in this line of research will be to identify the mechanism by which self-distancing increases depressive symptoms. To this end, a text analysis of individuals' journal writings may prove useful. For example, research conducted by Seih, Chung, and Pennebaker (2011) found that individuals who wrote with the third-person perspective used fewer cognitive mechanism words (because, understand, consider, etc.) than those who wrote in the first-person. They argued that this reflected decreased cognitive processing and potentially increased intrusive thinking. We look forward to future work testing potential mediators of the negative effects found in the current set of studies (e.g., fewer self-affirmations, less use of affective labels, etc.).

A second limitation is that our studies used relatively healthy samples. We chose to use college samples because this age is at heightened risk for developing depression (National Institute of Mental Health, 2016) and previous research on cognitive vulnerability has most often used undergraduates (Haeffel et al., 2017). However, use of these samples means that we cannot generalize our results to clinically significant forms of depression.

The two studies also had a number of strengths. For example, the current research used two separate longitudinal experiments and provided a replication of results. Further, the no-writing control condition introduced in Study 2 allowed us to show that

writing using self-distancing was worse than no writing at all. The experimental design also meant it was possible to make causal claims about the effect of the writing condition on future depressive symptoms.

In conclusion, the current results are among the first to show that writing using self-distancing may be harmful compared to traditional writing and no writing at all. The negative effect of writing using self-distancing was found in two studies, but may be specific to those with high levels of cognitive vulnerability (as shown in study 2). These findings indicate that writing using self-distancing should not be used for the prevention of depressive symptoms.

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