

Pepperdine University

Pepperdine Digital Commons

Theses and Dissertations

2011

The journal project: written expression of trauma as intervention for high school students in Ayacucho, Peru

Shannon J. Curry

Follow this and additional works at: <https://digitalcommons.pepperdine.edu/etd>

Recommended Citation

Curry, Shannon J., "The journal project: written expression of trauma as intervention for high school students in Ayacucho, Peru" (2011). *Theses and Dissertations*. 172.

<https://digitalcommons.pepperdine.edu/etd/172>

This Dissertation is brought to you for free and open access by Pepperdine Digital Commons. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of Pepperdine Digital Commons. For more information, please contact josias.bartram@pepperdine.edu , anna.speth@pepperdine.edu.

Pepperdine University
Graduate School of Education and Psychology

THE JOURNAL PROJECT:
WRITTEN EXPRESSION OF TRAUMA AS INTERVENTION FOR HIGH
SCHOOL STUDENTS IN AYACUCHO, PERU

A clinical dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology

by

Shannon J. Curry

September 2011

Shelly Harrell, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

Shannon Jeanne Curry

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

Shelly P. Harrell, Ph.D., Chairperson

Miguel Gallardo, Psy.D.

John Billimek, Ph.D.

© Copyright by Shannon Jeanne Curry (2011)

All Rights Reserved

TABLE OF CONTENTS

	Page
LIST OF TABLES.....	viii
LIST OF FIGURES.....	ix
DEDICATION.....	x
ACKNOWLEDGEMENTS.....	xi
VITA.....	xiii
ABSTRACT.....	xx
Chapter I. Introduction.....	1
Purpose of the Study.....	1
Research Questions and Hypotheses.....	3
Chapter II. Review of the Relevant Literature.....	5
Call for a More Global Psychology.....	5
Political Violence in Ayacucho, Peru.....	6
The Effects of Violence on Child Development.....	8
Multicultural Limitations of Traditional Psychotherapy.....	11
Latino/a-Specific Cultural Considerations.....	16
The Written Expression Paradigm.....	18
Mechanisms of Written Expression.....	20
Narrative Mechanisms of Written Expression.....	26
Review of the Written Expression Research.....	30
Chapter III. Method.....	32
Participants.....	32
Design.....	34
Research Instruments.....	34
Demographics Questionnaire.....	34
PANAS.....	34

	Page
CES-D.....	36
BSI-21.....	37
Outcome Questionnaire.....	38
Procedure.....	38
Translation of Research Materials.....	42
 Chapter IV. Results.....	 44
Overview.....	44
Preliminary Analysis.....	46
Data Cleaning.....	46
Descriptive Statistics.....	46
Distribution Analysis.....	48
Scale Internal Reliability Analysis.....	49
Homogeneity of Group Variance Analysis.....	50
Hypothesis Testing.....	50
Affect.....	51
Depressive Symptoms.....	52
Somatic Symptoms.....	53
Relation of Group Mean Scores to Scale Predictive Psychopathology Cut-off Scores.....	53
Exploratory Analysis.....	54
Value of Participation in Writing Condition.....	54
Summary of Findings.....	57
The Research Experience.....	58
 Chapter V. Discussion.....	 63
Summary of Findings.....	65
Interpretation.....	66
Internal Changes.....	67
Changes in Meaning.....	68
Cultural Idioms of Distress.....	69
Culture & Response Style.....	70
Social Desirability & Response Bias.....	71
Familiarity & Response Bias.....	72
Value Changes.....	74
Perceived Research Value.....	74
Value of Measures.....	75
Social Constructivism in Research.....	77

	Page
Limitations.....	80
Contributions & Conclusions.....	83
REFERENCES.....	85
APPENDIX A: Parent Informed Consent (English).....	105
APPENDIX B: Parent Informed Consent (Spanish).....	108
APPENDIX C: Youth Informed Assent (English).....	111
APPENDIX D: Youth Informed Assent (Spanish).....	113
APPENDIX E: Adult Student Informed Consent (English).....	115
APPENDIX F: Adult Student Informed Consent (Spanish).....	118
APPENDIX G: Demographics Questionnaire (English).....	121
APPENDIX H: Demographics Questionnaire (Spanish).....	122
APPENDIX I: PANAS (English).....	123
APPENDIX J: Publisher Permission for use of SPANAS.....	124
APPENDIX K: SPANAS.....	125
APPENDIX L: CES-D (English).....	126
APPENDIX M: CES-D (Spanish).....	127
APPENDIX N: BSI-21 (English).....	128
APPENDIX O: Author Permission for Use of BSI-21.....	129
APPENDIX P: BSI-21 (Spanish).....	130
APPENDIX Q: Author Permission for Use of Outcome Questionnaire.....	131
APPENDIX R: Outcome Questionnaire (English).....	132

	Page
APPENDIX S: Outcome Questionnaire (Spanish).....	135
APPENDIX T: Headmaster Permission Form (English).....	138
APPENDIX U: Signed Headmaster Permission Form (Spanish).....	141
APPENDIX V: Pepperdine University Institutional Review Board Approval.....	144
APPENDIX W: Teacher Information Form (English).....	146
APPENDIX X: Teacher Information Form (Spanish).....	150
APPENDIX Y: Control Group Instructions (English).....	154
APPENDIX Z: Control Group Instructions (Spanish).....	156
APPENDIX Z-1: Experimental Group Instructions (English).....	158
APPENDIX Z-2: Experimental Group Instructions (Spanish).....	160
APPENDIX Z-3: Frequently Asked Questions.....	162

LIST OF TABLES

	Page
Table 1. Participant Demographics.....	47
Table 2. Internal Consistency of Measures.....	49
Table 3. MANOVA for Writing Effects.....	51
Table 4. Mean Scores.....	54
Table 5. MANOVA for Meaningfulness Ratings and SOM.....	55

LIST OF FIGURES

	Page
Figure 1. Normal P-P Plot for NA.....	48
Figure 2. Trends in NA and DEP.....	52
Figure 3. Trends in SOM by Meaningfulness Ratings Over Time.....	56

DEDICATION

Dedicated to the students of Luis Carranza high school for their resiliency, spirit,
and all that they taught me. And especially to Juan.

ACKNOWLEDGMENTS

The Journal Project was a collaborative effort which deserves many thanks. First and foremost, the author wishes to acknowledge the many contributions of Justin Westgaard. The pages that follow were borne from Justin's encouragement, support, and dedication to every aspect of this project... and all those that came before it.

Gratitude is expressed to Dr. Shelly Harrell, particularly for her sense of adventure—upon which this study wholly depended. Dr. Harrell is also thanked for imparting both her keen research sense and altruistic spirit into this project, making it a combined work of science and soul.

Dr. John Billimek is acknowledged for inspiring and aiding in the development of the study, and for involving the Peruvian American Medical Society. His endurance while coaching the author through the statistical analysis is also deserving of special thanks.

Heartfelt thanks are extended to Dr. Miguel Gallardo for his mentorship over the last 6 years. His academic integrity and commitment to social justice inspired this project as well as the author's own professional growth, and his influence has established a high standard of multicultural competence against which the author's work will continually be measured.

Muchas gracias a mi prima, Dr. Valerie Paz Soldan, for her thoughtful feedback, her brave contributions to global health, and her valued friendship.

The work of Pepperdine Masters students Lauren Pickhartz, Elisha Agee, and Heather Partipilo, who diligently coded the research data, is greatly appreciated. Their

competence, paired with their eager involvement in the study—no matter what shape or form—suggests bright futures ahead in research and clinical work.

Finally, this project relied heavily upon the rich data provided by the staff and affiliates of the *Salud Mental* Center in Ayacucho, Peru. The author is indebted to this project's Ayacucho allies; *mil gracias* to Sister Antonnette Carbon, Dr. James Phillips, Dr. Lorenzo Puertas, Dr. William Castillo, and Father Gonzalo for your valued support and service to the people of Ayacucho.

VITA

EDUCATION

- Psy.D. Pepperdine University** August 2011
Doctorate in Clinical Psychology, *with Honors*
- Dissertation:
Description: Quantitative novel research with data collection and analysis.
Project Title: *The Journal Project: Written Expression of Trauma as Intervention for High School Students in Ayacucho, Peru.*
- Research Areas:
Violence & Intergenerational Trauma
Multicultural Competence
Forensic Psychology
Military Psychology
Post Traumatic
- M.S. California School of Professional Psychology** In progress
Master of Science in Clinical Psychopharmacology
- M.A. Pepperdine University** June 2007
Master of Arts in Clinical Psychology, *with Honors*
- B.A. University of California, Irvine** June 2005
Bachelor of Arts in Psychology and Social Behavior, *Magna Cum Laude*

PUBLICATIONS

- Gallardo, M. & Curry, S. (2009). Shifting perspectives: Culturally responsive interventions with Latino substance abusers. *Journal of Ethnicity in Substance Abuse, 8*(3), 314-329.
- Gallardo, M. & Curry, S. (2009). Machismo. In Constantine, M. (Series Ed.), & Leong, F. T. (Vol. Ed.). *The Encyclopedia of Counseling: Vol 4. Cross-Cultural Counseling*. Thousand Oaks: Sage Publishing.
- Curry, S. (2004, July 8). Rape culture. *The Los Angeles Times Daily Pilot*, p. A5.
- Curry, S. (2004, July 1). Trial a case of sexism. *The Los Angeles Times Daily Pilot*, p. A6.

PROFESSIONAL PRESENTATIONS

- Curry, S. (October 2008). *The journal project: Written expression of trauma as intervention for high school students in Ayacucho, Peru*. Powerpoint lecture presented at the Biennial Multicultural Research & Training Conference, Los Angeles, CA.
- Curry, S. (March 2008). *Psychopathology and its treatment*. Powerpoint lecture presented at Devry University, Irvine, CA.
- Curry, S. (May 2005). *Violence in Peru: The effects of poverty, segregation, and abusive power*. Poster presented at annual University of California, Irvine, Undergraduate Research Symposium.
- Curry, S. (May 2005). *Long term efficacy of The San Cristobal Ranch Academy rehabilitative program for troubled youth*. Poster presented at University of California, Irvine, Undergraduate Field Research Symposium.
- Curry, S. (October, 2005). *Potential for and encouragement of self-actualization in youth*. Lecture delivered at The Hyde School, Woodstock, Connecticut.

CLINICAL TRAINING & WORK EXPERIENCE

<u>Doctoral Internship</u>		2010-2011
Primary Site:	Tripler Army Medical Center	
Supervisor:	MAJ Brian O’Leary, Ph.D.	
Rotations:	Adult, Child, Family, & Neuropsychology	
Secondary Site:	Waianae Coast Comprehensive Health Center	2010-2011
Supervisor:	John Myhre, Psy.D., M.S.	
Rotations:	Individual, Group, & Family Counseling Substance Abuse Treatment Health Psychology	
<u>Practicum</u>		2009-2010
Site:	Metropolitan State Hospital, Norwalk, CA	
Supervisor:	Kirk Hartley, Ph.D.	
Rotation:	Adult Forensic	
<u>Psychological Assistant</u>		2009-2010
Site:	Private Psychiatric Practice of Alex Michelson, M.D., Mission Viejo, CA	
Clientele:	Child, Adult, & Adolescent	
Focus:	Mild to Severe Psychopathology	
<u>Practicum</u>		2008-2009
Site:	Orange County Sheriff-Coroner Department Youth Diversion Program, Aliso Viejo, CA	
Supervisor:	Robert Hohenstein, Ph.D.	
Rotation:	Adolescent/Juvenile Legal Offender Counseling	
<u>Practicum</u>		2007-2009
Site:	Pepperdine University Community Counseling Center, Irvine, CA	
Supervisor:	Duncan Wigg, Ph.D.	
Rotation:	Child, Adolescent, & Adult Community Counseling	
<u>Educational Therapist</u>		2004-2006
Site:	The Reading and Language Center, Irvine CA	
Clientele:	Child & Adolescent	
Focus:	Learning & Pervasive Developmental Disorders	

RESEARCH EXPERIENCE

- Co-Researcher** 2011-2012
- Site:** Waianae Coast Comprehensive Health Center
- Project Title:** *Use of Novel Antipsychotic Lurasidone for Treatment of Methamphetamine Addiction*
- Description:** Experimental research on the efficacy of a new antipsychotic medication thought to target the neuro-cognitive components of addiction to and withdrawal from methamphetamines.
- Status:** Start date of January 2012.
- Funding:** Fully funded by the National Institute of Health.
- Lead Researcher** 2008-2011
- Project Title:** *The Journal Project: Written expression of trauma as intervention for high school students in Ayacucho, Peru.*
- Description:** This quasi-experimental between-groups study utilized a pretest posttest control group design to examine the relationship between writing about trauma and its associated emotions to depressive symptoms, somatization symptoms, and emotional affect. 170 students from Luis Carranza High School in Ayacucho, Peru, a region heavily affected by the Shining Path terrorist movement of the past three decades, participated in the study.
- Status:** Submitted for publishing.
- Funding:** Fully funded by Psychology Beyond Borders Mission Research Award
- Research Assistant** 2005-2010
- Employer:** Pepperdine University Graduate School of Education & Psychology
- Description:** Assistant to Dr. Miguel Gallardo, Past-President of the California Psychological Association, in research and completion of articles, a book chapter and encyclopedia entry all pertaining to cross-cultural psychology.
- Lead Researcher** 2004-2005
- Project Title:** *Violence in Peru: The effects of poverty, segregation, and abusive power.*
- Description:** Qualitative study assessing for symptoms of residual stress and trauma in recorded interviews with Peruvian political affiliates directly exposed to political terrorism in the 1990's. Interviews were conducted in Lima, Peru, over the course of two weeks in March 2005.
- Status:** Poster presented at the University of California, Irvine 2005 Undergraduate Research Symposium.
- Funding:** Fully funded by the University of California, Irvine, Undergraduate Research Opportunity Program Grant.

Research Assistant	1997-1998
Site:	University of California Irvine, Department of Developmental Biology
Project Title:	<i>Loss of the tight junction Maguk ZO-1 in breast cancer: Relationship to glandular differentiation and loss of heterozygosity.</i>
Description:	Assisted Dr. Peter Bryant and Ph.D. candidate, Kevin Hoover, in examination and report of the effects of Zonula Occuludens-1, a Tumor Suppressor Gene, on cancerous breast tissue.
Status:	Published: Hoover, K.B., Liao, S.Y., & Bryant, P.J. (1998). Loss of the tight junction Maguk ZO-1 in breast cancer: Relationship to glandular differentiation and loss heterozygosity. <i>American Journal of Pathology</i> , 153, 1767-1773.

HONORS & AWARDS

Goetz Higher Education Scholarship Award Liberty Hill Foundation, Santa Monica, CA	2009, 2010, 2011
APA Diversity Dissertation Scholarship American Psychological Association, Washington, D.C.	2010
Colleague's Grant Pepperdine University, Los Angeles, CA	2007, 2008, 2009
Joseph R. Stone Academic Scholarship Award Tourism Cares, Canton MA	2009
Psychology Beyond Borders Mission Research Award Psychology Beyond Borders, Austin, Texas	2009
Graduation Honors- <i>Magna Cum Laude</i> University of California, Irvine	2005
Honor, <i>Outstanding Alumna</i> Hyde School Board of Governors, Woodstock, CT	2005
Undergraduate Research Opportunity Grant University of California, Irvine	2004
Psi Chi, The National Honor Society in Psychology	2003-2011
Golden Key International Honor Society	2003-2011

LEADERSHIP POSITIONS

- Center for Unconventional Security Affairs Advisory Board Member** 2011
 Advisor on multicultural psychology considerations for international policy research and health care interventions in post-war developing countries. The Center for Unconventional Security Affairs is an organization of the University of California, Irvine, founded and directed by Richard Matthew, Ph.D.
- Co-Chair, The Latino Student Psychological Association (LSPA)** 2006-2011
 Organization of multicultural training workshops (Bi-Annual).
 Organization & direction of Association meetings (Quarterly).
 Community outreach & volunteer organization (Please see Volunteer Work).
- Conference Committee Member, California Psychological Association** 2009
 Conference organization & volunteer recruitment: Diversity Education & Training Conference. (2009). *A Call for Action: Educating and Training the Next Generation of Practicing Psychologists in California*. Conducted by the California Psychological Association/Board of Psychology. Hosted at Pepperdine University Graduate School of Education & Psychology: Los Angeles, CA.
- Student Government Representative, Pepperdine University GSEP** 2007-2008
 Representation of students in monthly student government meetings, during which student government and faculty collaborate regarding Graduate School of Education and Psychology program policies.
- Orange County Representative, Latino Student Psychological Association** 2005-2006
 Assistant to the Chair in organization of quarterly meetings & events.
 Member recruitment.

VOLUNTEER WORK

- Volunteer Coordinator, Children's Hospital Los Angeles HOPE Event** 2006-2008
 Day-long carnival benefit for children fighting cancer held on "the streets of New York" at Paramount Studios. Patients and their families enjoy a guest-sponsored day of food, rides, and entertainment.
- Volunteer Coordinator & Donor, Student Blood Drive** 2006-2008
 Pepperdine University student blood donation drive for Children's Hospital Los Angeles.

- Therapist for Peruvian American Medical Society Ayacucho Mission** 2008
No-cost counseling & medical care provided for local community members at Hospital Regional, Ayacucho, Peru.
- Volunteer Coordinator, Children’s Hospital Los Angeles Sickle Cell Seminar** 2008
Sickle Cell Task Force Town Hall Seminar.
- Organizer, Guatemala Recovery Effort After Hurricane Stan** 2006
Outreach and donation drive providing clothing and monetary support to victims of Hurricane Stan in Guatemala.
- Teacher & Coordinator, California Department of Fish and Game** 2005
Transported mobile aquarium to elementary schools in Orange County to teach students about water conservation and local marine habitats. Students were permitted to walk through the “Sharkmobile” and “two-finger-touch” various marine life.
- Volunteer, OPUS Oncology Program, Georgetown University Hospital** 1998
Mentorship for children hospitalized with cancer.
- Volunteer, Habitat for Humanity** 1998
Two weeks spent in West Virginia building homes for families needing shelter.

PROFESSIONAL AFFILIATIONS

- Advisory Board Member** 2011
University of California Irvine, Center for Unconventional Security Affairs
- Board Member** 2005-2011
California Latino Psychological Association
- Student Affiliate** 2005-2011
University of California Irvine, Center for Unconventional Security Affairs
- Student Affiliate** 2005-2011
American Psychological Association
- Member** 2006-2011
California Psychological Association
- Member** 2008-2011
Peruvian American Medical Society
- Member** 2008-2011
Psychology Beyond Borders
- Member** 2008-2011
APA Division 54

ABSTRACT

This between-groups quasi-experimental study examined the efficacy of Pennebaker's Written Expression Paradigm (WEP; Pennebaker & Beall, 1986) as a multiculturally-responsive therapeutic intervention among Peruvian high school students who grew up in Ayacucho during the *Sendero Luminoso's* guerilla insurgency. Journaling about prior traumatic experiences eludes many of the cultural and contextual limitations of the traditional Euro-therapeutic model; enabling a person to disclose their deepest thoughts and emotions privately, without expense, and at the time and location they choose. It was hypothesized that written expression would be perceived by local participants as less value-threatening than traditional psychotherapy, allowing for increased disclosure of prior traumatic life events and a resulting decrease in depressive symptoms, somatic symptoms, negative affect, and increased positive affect, operationalized by the CES-D-18, BSI-21, and the SPANAS negative and positive scales (consecutively). Changes were assessed from pretest to posttest between the experimental WEP group which was asked to write about prior traumatic events and their associated emotions, and the control group which was asked to write only about designated superficial topics. Promising trends were seen in the present study's data results that support the potential effectiveness of Pennebaker's written expression task for high school students in Ayacucho, Peru. However, an increase in reported somatic symptomology among the WEP-group was the only significant effect obtained in the results. This finding may be representative of an improvement in participant well-being and experiential awareness due to its positive correlation with WEP-group participants' value ratings of the experience at posttest. It

may also be a result of culture-specific response styles and differential content validity across measures utilized in the present study. Based on these findings and the WEP's feasibility for communities with limited economic and mental health resources, further exploration of the WEP in multicultural settings appears warranted. Future considerations for multiculturally-focused research are also presented.

Chapter I

Introduction

The experience of human suffering is universal. It transcends cultural and political boundaries, necessitating continued movement within the field of psychology toward multiculturally-responsive research and practice. In this pursuit, written expression has emerged as a potentially valuable alternative to traditional psychotherapy. Evidence suggests that the act of writing about traumatic life events can facilitate coping, increase physical health, and reduce symptoms of traumatic stress (Alford, Malouff, & Osland, 2005; Kranz & Pennebaker, 1996; Lewis & Butcher, 1992; Pennebaker, Mayne, & Francis, 1997; Ramirez-Esparza & Pennebaker, 2006; Smyth, 1998; Smyth & Greenberg, 2000). Furthermore, writing eludes many of the cultural and contextual limitations of the traditional Euro-therapeutic model; enabling a person to disclose their deepest thoughts and emotions privately, without expense, and at the time and location they choose.

Purpose of the Study

The present study aimed to examine the effectiveness of written expression as a therapeutic intervention among Peruvian high school students who grew up in Ayacucho during the *Sendero Luminoso*'s guerilla insurgency. It was hypothesized that participation in the WEP would be perceived as less-threatening than traditional psychotherapy and would therefore be conducive to participant emotional expression.

Prior research suggests that the written expression method is an effective mechanism for coping with traumatic life events such as those encountered by citizens of Ayacucho. It has been shown to accelerate the coping process (Pennebaker, Colder, &

Sharp, 1990); decrease depression, distress, negative mood, and negative affect (Sloan & Marx, 2004); and facilitate the cognitive assimilation of a traumatic experience into one's personal narrative (Smyth, 1998).

This researcher is a member of the Peruvian American Medical Society (PAMS), a group of health professionals dedicated to assisting the Ayacucho community in its post-war recovery. In June of 2008, this author joined PAMS in providing teeth fluorination services throughout a high school in Ayacucho, Peru. During that time, the author collaborated with the local mental health center in Ayacucho, the Director of the local high school, the regional hospital staff, and a local priest to arrange the present study which took place in April of the following year. Through ongoing discussion, the following project goals were established:

1. To examine the effectiveness of expressive writing among high school students in the Ayacucho region of Peru.
2. Through the publication and presentation of the study and its results, to encourage the development of evidence-based alternative therapeutic interventions in world regions where traditional Euro-therapy is either inaccessible or culturally incongruent.
3. To collaboratively involve the community of Ayacucho, Peru in the proposed study, first to promote community awareness of mental health; second, to increase the cultural validity of the study by incorporating the feedback of individuals from the region; and third, to foster a meaningful connection between the researcher and the community through humility and respect.

Research Questions and Hypothesis

Question 1. At post-test, will there be significant differences in positive and negative affect between students who describe traumatic events and their associated feelings as compared with students who describe superficial events in three expressive writing sessions?

Hypothesis 1. Students who describe traumatic events and their associated feelings will show a significant difference at post-test in increased positive affect and decreased negative affect as compared with students who describe superficial events.

Question 2. At post-test, will there be a significant difference in depressive symptoms between students who write about traumatic events and their associated feelings as compared with students who write about superficial events in three expressive writing sessions?

Hypothesis 2. Students who write about traumatic events and their associated feelings will show a significant difference at post-test in decreased depressive symptoms as compared with students who write about superficial events.

Question 3. At post-test and 1-month follow-up, will there be significant differences in somatic symptoms between students who write about traumatic events and their associated feelings as compared with students who write about superficial events in four expressive writing sessions?

Hypothesis 3. Students who write about traumatic events and their associated feelings will show a significant difference at post-test in decreased somatic symptoms as compared with students who write about superficial events.

Exploratory Analysis. Based on the research results, an exploratory analysis will assess for relationships between qualitative data on the participant's perceived benefit from the writing experience and changes that may have occurred.

Chapter II

Review of the Relevant Literature

The following literature review will begin with a presentation of the global need for culturally-responsive therapeutic interventions. Specific reference will be made to the communal trauma and child development issues experienced by those living in Ayacucho, Peru, home of the *Sendero Luminoso* (Shining Path) guerrilla war that lasted nearly 2 decades (1980's -1990's). Pennebaker's *Written Expression Paradigm* (Pennebaker & Beall, 1986) will then be presented as a multiculturally-responsive alternative to traditional psychotherapy, with discussion of its purported mechanisms toward improved mental health. The introduction will conclude with an outline of the present study's aim to employ written expression of trauma as a therapeutic intervention for high school students in Ayacucho, Peru.

Call for a More Global Psychology

Mental health issues are an increasingly global concern. The World Health Organization (WHO) estimated depression to be the third leading cause of the global burden of disease in 2004. Additionally, alcohol abuse was among the top ten causes (World Health Organization, 2008). Higher rates of these mental health issues have been found in developing regions of the world where social issues of impoverishment, political violence, and racial oppression most frequently occur (Boothby, 1996; Snider et al., 2004).

Throughout history, civilians have commonly become the target of political violence, and comprise the majority of war casualties around the world (Summerfield, 1995). Those who live through civil insurgencies are likely to have been exposed to

extremely violent events, often emerging from these experiences with significant psychological trauma. Unfortunately, many post-war communities are ill-equipped to address the need for mental health care due to limited resources and lack of mental health-related knowledge (Boothby, 1996).

Political Violence in Ayacucho, Peru. Of all the world regions that have endured ongoing political violence, the city of Ayacucho, Peru, is unique—having endured a guerilla war lasting through 2 decades (1980-2000) of Peruvian history (Fumerton, 2001; Simpson, 1994; Snider et al., 2004).

On May 17, 1980, in the early morning hours that preceded the presidential election, the *Sendero Luminoso* (Shining Path), also known as the Communist Party of Peru, burned local ballot boxes in their first act of war. In the 20 years following, the *Sendero Luminoso* communist party increased in size and brutality. What began as a call for just treatment of the rural populations devolved into a confused and bloody guerilla war; terrorizing the people of Peru and dividing the once cohesive societies in which they lived.

The massacre that took place in Huancasancos in 1983 illustrates the eventual brutality of the *Sendero Luminoso* during these violent years. In April of 1983, members of the *Sendero Luminoso*, known as *senderistas*, entered the Andean province of Huancasancos and used machetes to murder 69 villagers after scalding them with boiling water. Of the 69 villagers who were killed, 18 were children—one of whom was only 6-months-old.

The Huancasancos massacre is remembered as the most horrific of the *Sendero* attacks, yet their terrorism was not limited to the Andean regions of Peru. By the mid-eighties the *Sendero Luminoso* had infiltrated the capitol city of Lima; killing

thousands as they bombed government agencies, shopping malls, and civilian-packed streets.

The inhumanity of the *Sendero Luminoso* war did not only occur by the hands of the *senderistas*. At the start of the insurgency in 1981, the Peruvian government declared the Andean region of Peru an “emergency zone,” deploying military to the local villages and instructing soldiers to detain “suspicious” persons. Yet, rather than provide protection, within weeks of the military’s arrival in the Peruvian Sierras, soldiers had taken to hiding their identities beneath black ski masks while raping and executing the local civilians.

In the mid-nineties, the *Sendero Luminoso*’s strength began to waver as its most influential leaders were captured and detained by government forces. However, the long history of warfare had already crippled the social fabric of the Sierra communities. The Peruvian economy was severely weakened by the destruction of public infrastructures, and massive rates of impoverishment spread throughout the country (Snider et al., 2004).

The publication of Peru’s *Truth and Reconciliation Commission* report in 2003 estimated that 69,280 people died or disappeared between 1980 and the year 2000 as a result of the armed conflict in Peru, while 430,045 civilians were displaced, the majority of whom fled Ayacucho in search of safer locales. Approximately half of the deaths and disappearances were believed to be caused by the *Sendero Luminoso*. One-third are believed attributable to government security forces. And, while the majority of the remaining deaths are thought to be at the hands of smaller guerilla groups and local militias, many are still unknown (Human Rights Watch, 2003).

The Effects of Violence on Child Development. During the *Sendero Luminoso* conflict, families in Ayacucho were often affected by the abrupt and violent loss of family members. This led to shifts in family members' roles, often placing strain on the familial system. Parents in post-war societies like Ayacucho may be less likely to provide environments for children to progress through stages of development with a sense of safety and well-being (Wall & Levy, 2005). This is evidenced by the results of a 2003 epidemiological study of adolescents living in Ayacucho, where approximately 65% of local adolescents indicated that they had been abused by their parents. 55% of the abuse described was psychological in nature, 40.5% was physical, 13.1% consisted of severe neglect, and 2.5% involved sexual victimization (Instituto Especializado de Salud Mental [IESM], 2003).

The quality of a child's social upbringing has profound influences on the development of their personal narrative, or life story (White & Epton, 1990). Parents pass on their own biases, many of which originated in the larger society in which they live. In places like Ayacucho, these societal themes may reflect the disempowerment of political oppression. While children receive these cultural messages, the way in which parents relate to their child also influences the child's perception of self-worth (DeSocio, 2005).

Recent epidemiological studies in Ayacucho, Peru, have raised significant concerns about the well-being of local children, and provide strong support for the detrimental effects of war on family systems (IESM, 2003; Snider et al., 2004). An estimated 34% of 15-17 year-olds in Ayacucho have "wished for death" in their lifetime, 73% of whom attributed the experience to relationship issues with their parents. Not unrelated, in

assessing for the primary causes of stress among Ayacucho's adolescent population, 59% of Ayacuchan adolescents indicated that their relationship with parents caused moderate to extreme stress in their lives (IESM, 2003; Snider et al., 2004).

In Snider et al. (2004), villagers reported that they believed children were most vulnerable to the lingering effects of the *Sendero Luminoso* war. This local assertion follows empirical evidence of warfare's detrimental effects on child development (Alkhatib, Regan, & Barrett, 2007; Garbarino, 1993; La Greca, 2007; Wall & Levy, 2005).

Due to the uncertainty of terrorism, children may become hypervigilant to threat at a level that compromises their daily functioning. Alternatively, they may adopt a "psychic numbness," acting out in risk-taking and counter-phobic ways in order to cope with fear (Garbarino, 1993). Exposure to the inhumanities of war can make it difficult for children to make sense of the world, significantly limiting their trust in human relationships (Silvern & Kaersvang, 1989). Children who grew up during the peak of the *Sendero Luminoso* insurgency—a time so violent that it became known as *manchay tiempo*, or time of fear (Starn, 1995)—faced extreme affronts to their sense of safety and well-being. The loss or emotional absence of loved ones during vulnerable phases of attachment may have contributed to life-long struggles with trust and self-esteem.

According to Alkhatib and colleagues (2007), even infants younger than 18 months are vulnerable to the psychologically detrimental effects of war. In this early phase of life, Erikson theorized that infants' primary task is learning to negotiate trust versus mistrust. However, in war afflicted regions like Ayacucho, the frequency of startling noises such as gunfire and the explosion of bombs, abrupt darkness, and sudden absence of primary

caregivers can make the development of mistrust and anxiety more likely than trust. A constant fear is exhausting for an infant, who may exhibit anxiety in the form of irritability, sleep problems, diarrhea, and illnesses. Furthermore, insecure attachments created during this time may carry on into the infant's adult life as pervasive insecurity and mistrust of human relationships.

Erikson posited that from 18 to 36 months of age, the primary task for toddlers is the development of self-esteem, or the negotiation between autonomy and shame. This is an important developmental phase in which toddlers explore their world; learning to walk, talk, climb, and touch. During this phase, the encouragement of caregivers is central to the child's sense of safety. However, during the war in Ayacucho, caregivers were likely to be preoccupied by fear and many went missing. In stressful situations like this, a child's behavior may revert to earlier developmental stages in which they again struggle with speech and toilet training.

Erikson theorized that the main developmental task of children from 3 to 5 ½ years old was the struggle between initiative and guilt, during which time children test boundaries and negotiate between what feels good and what is allowed. In areas like Ayacucho where the communities were divided by fear and mistrust, children were provided limited exposure to the social and cultural structures of their once cohesive society. Cultural norms regarding social relationships and behavioral boundaries were less clearly defined, potentially resulting in issues of excessive worry, anxiety and sleep problems for children.

Research has shown that overall, children who grow up in war-affected communities are likely to manifest symptoms matching the criteria for Post Traumatic Stress Disorder. They may continually re-experience distressing emotions associated with past traumatic events. Comorbid problems such as depression, anxiety, and persistent fearfulness are also not uncommon, especially when a child has encountered a traumatic event that resulted in mass casualties (American Academy of Child and Adolescent Psychiatry, 1998; Comer and Kendall, 2007; Garbarino, 1993; Yule, Udwin, & Bolton, 2002).

Additionally, children who have experienced the death of someone they know often become withdrawn, irritable, and/or argumentative. They are prone to sleep disturbances and difficulty concentrating, and they can be easily upset by changes in their daily routines—an indicator of larger problems with anxious attachment (Wall & Levy, 2005). Even their play may feature themes from a past trauma (Pynoos & Eth, 1984). These findings underscore the need for psychological interventions that address child developmental issues resulting from war.

Multicultural Limitations of Traditional Psychotherapy

While the need is evident, the privileged European origins of psychology do not account for the societal influences that prevent communities like Ayacucho from receiving adequate mental health care. Research has estimated that the majority of the adult population of the Peruvian Andes (74%) is estimated to have experienced symptoms of mental illness within their lifetime (IESM, 2003; Pedersen, 2002; Pederson, Gamarra, Planas, & Errazuriz, 2002). Yet, of this group, only 14% are reported to have sought

mental health services. In the Mental Health Institute of Peru's 2003 epidemiological study of Ayacucho and the Peruvian Sierras, the most frequently reported reasons for not seeking mental health care included (a) the belief that mental illness could be overcome on one's own (55.9%), (b) not knowing where to go for services (40.2%), (c) a lack of confidence in psychological services (32.9%), and (d) the inability to pay for services (30.8%; IESM, 2003). These findings are indicative of the cultural and contextual barriers for treatment in the Ayacucho community, as well as the incongruence between traditional mental health care and the local culture.

The vast majority of psychology graduate students (85%) are Caucasian (Dittman, 2003), a homogeneity that further necessitates multicultural training, awareness, and sensitivity among mental health providers—in addition to greater access to higher education for marginalized populations. According to Sue & Sue (2003), multiculturally *sensitive* care requires the service provider's self-evaluation of personal prejudices, biases, and racial identity. Without this exploration, a provider from the dominant cultural group is prone to *color blindness*, failing to acknowledge the social injustices inflicted on marginalized clients and in turn denying significant aspects of their experience (Burkard & Knox, 2004). It has been found that providers who simultaneously score high in measures of color blindness and low in measures of cultural self-awareness are more likely to attribute a marginalized client's problems to their internal locus of control (Atkinson, Thomson, & Grant, 1993).

Research also shows that employing an individualistic-oriented mode of Euro-developed therapy in world regions affected by communal trauma is not only

ineffective, but capable of inflicting additional psychological harm (Neugebauer, 1999; Snider et al., 2004). Over the past 3 decades, the emergence of theories such as *Liberation Psychology* and *Narrative Therapy* have drawn attention to the inseparable nature of psychological health and the larger social systems in which we live. Culturally-responsive research is encouraged to integrate these points by aiming to understand how social forces have been internalized and interact with human developmental processes (Morrow, 2005).

Originating from a context of political conflict and oppression in Latin America, liberation psychology posits that therapeutic interventions must address the historical and societal dynamics that influence individual members of communities (Freire, 1972; Martín-Baró, 1984, 1989, 1994).

Martín-Baró's (1989) concept of *social trauma* eschews an individualized conceptualization of psychopathology, asserting that psychological injuries are *social* products of *inhuman relationships*. By conceptualizing a client's traumatic experience in terms of intrapsychic processes, responsibility for traumatization is inadvertently placed on the client instead of the dominant societal force which inflicted the trauma. Furthermore, the counselor's view of the client problem as internal reinforces the client's experience of persecution, alienation, and inadequacy (Duran, Firehammer, & Gonzalez, 2002; Martín-Baró, 1989).

In contrast, when the counselor supports a client in deconstructing, or critically evaluating, the societal assumptions that have been integrated into their worldview, the client is liberated to assign their own meaning to their life events. This component of liberation psychology follows Freire's (1972) idea of *conscientization*, meaning a shift in

consciousness, and is considered by Liberation psychologists to be central to the achievement of liberation and personal growth.

Similar to liberation psychology, narrative therapy evolved from postmodern philosophies in which an individual's construction of reality is thought to derive from shared language (White & Epston, 1990). From the narrative perspective, individuals create and revise their life stories to find personal meaning from their experiences. The language used in story-telling is considered to be a powerful symbol of personal experience.

In liberation psychology, individuals critically evaluate disempowering beliefs they may have adopted from dominant society. Narrative therapy parallels this idea, reasoning that the language of a society is infused with the values of its larger social systems. Therefore, the language used in a life story can be evaluated and revised so that it is conducive to personal freedom and well-being.

The social constructivist foundation of narrative therapy holds that cultural history is woven into the individual narratives, or personal stories, of its members. This idea is supported by research that has shown a tendency for individuals to adopt the values held by their larger social systems (Bruener, 1989). In this way, oppressed and marginalized populations may internalize the dominant culture's assertion that they are inferior. In societies with longstanding histories of political conflict, violence may also become normative to those living within the culture (Hernández, 2002), as evidenced by Ayacucho's significantly higher rates of domestic violence than surrounding regions, with over 41% of women reporting prior physical abuse by a spouse (IESM, 2003). In the context of counseling individuals from marginalized social origins, narrative therapy aims

to support the client in a critical evaluation of societal norms. The client is encouraged to revise personal narratives which limit their sense of freedom and potential—re-writing their life story toward the goal of liberation (Sluzki, 1993).

In narrative therapy, a client's problems are also externalized. Narrative theory posits that this externalization enables the client—not the dominant society—to decide which aspects of their experience are “real and valid” (Snider et al., 2004). The counselor takes on an active role in narrative therapy, enabling open discussion and evaluation of the power dynamics within the counseling relationship (Graybeal, Sexton, & Pennebaker, 2002). Furthermore, narrative theory does not view the counselor as a neutral entity. In this way, the moral implications of individual and societal behavior are explored and discussed from the viewpoint of both client and counselor (Sluzki, 1993; White & Epston, 1990).

In both Liberation Psychology and Narrative Therapy, professional competence is defined by more than meeting the theoretical and ethical standards put forth by psychological boards. Rather, both orientations hold that acts of oppression and inhumanity, no matter how far removed, psychologically injure the human population as a whole. Therefore, mental health providers are called upon to expand their role beyond the counseling office to a more global advocacy for well-being. Central to this effort is a commitment to social justice (Alsup, 2009; Duran et al., 2008; Freire, 1972; Hernandez, 2002; Martín-Baró, 1989; Sluzki, 1993; Vera & Speight, 2003; White & Epston, 1990).

Latino/a-Specific Cultural Considerations. While the global need for mental health provisions is evident, the European-developed traditional model of psychotherapy is

often incongruent with the cultural values of Latino/a populations. With more than half of the U.S. Latino/a clients who seek mental health care terminating treatment after just one session (Cheung, 1991), the traditional Euro-therapeutic model has so far shown itself to be ineffective in meeting the needs of this population.

The term *Latino/a* refers to a large population which encompasses multiple ethnic groups, each with their own regional histories, beliefs, and cultural values. Nonetheless, within this heterogeneous population there exist shared cultural themes that can be instrumental in guiding the development of relevant treatment modalities for Latino/a clients (Comas-Diaz, 2006; Gallardo & Curry, 2009).

Many of the themes central to Latino/a culture are at odds with the client role in traditional psychotherapy (Casas & Vasquez, 1989; Falicov, 1998). For example, in the Euro-model, participation in therapy requires that a client travel to an unfamiliar setting (the counseling office) at a pre-established time, followed by the expectation that the client will readily disclose personal information to a stranger (the counselor), and all for a typical duration of 50 minutes.

Personalismo is the Latino/a value of prioritizing interpersonal relationships. People come before all else, irrespective of schedules and work-related demands. This more fluid conceptualization of time can be at odds with the production-oriented nature of American culture. More specifically, issues may arise around the traditional 50-minute counseling session which, in opposition to *personalismo*, requires the termination of a personal interaction at the end of a predetermined length of time.

Furthermore, interpersonal disclosure of vulnerable emotions in therapy may be uncomfortable for a Latino male client who values the construct of *orgullo*, (pride and dignity) and *machismo*. It is important to note that machismo is an international phenomenon, despite the term's Mexican origins (Casas & Vasquez, 1989; Neff, 2001). The strong masculine ideology associated with *machismo* is common among a variety of disadvantaged ethnic groups in which it arose as compensation for sociopolitical vulnerability (Gallardo & Curry, 2007), and—relevant to the purposes of the present study—is prevalent within the culture of Peru (Abreu, Goodyear, Campos, & Newcomb, 2000; Bolton, 1979; Fumerton, 2001). In recent years, the definition of *machismo* has been misconstrued as a chauvinistic attitude among Latino men. In reality, the central components of *machismo* are positive values of honor, respect, bravery, dignity, and family responsibility. Nonetheless, while these virtues provide strength for the Latino/a community, they must also be accounted for as potentially limiting a Latino client's participation in counseling (Abreau et al., 2000).

The Latino/a cultural theme of *familismo* underlies both *orgullo* and *machismo*. *Familismo* refers to the central importance family has in one's life. Maintaining family honor is of the utmost priority, and the family is one's most salient resource for social support. For these reasons, Latino/a clients may view disclosing personal issues to persons outside the family circle as a betrayal, bringing shame to the family name (Velasquez & Burton, 2004).

Accordingly, in recent epidemiological research, citizens of Ayacucho, Peru, indicated that a person who receives mental health services would be likely to be

stigmatized by members of the community. Reported stigmas included perceptions of the individual as “violent and dangerous,” “contagious,” “crazy,” and/or “without hope.” Furthermore, citizens of Ayacucho reported that in addition to stigmatizing labels, a person known to have received mental health services would also be subject to social isolation, reduced employment opportunities, and treatment as though he or she were “inadequate” (IESM, 2003).

A reluctance to discuss personal issues, whether due to *orgullo*, *machismo*, *familismo*, *personalismo*, or otherwise, has been associated with depression and a limited ability to cope with traumatic life events (Gallardo & Curry, 2009; Pennebaker et al., 1997; Velasquez & Burton, 2004). Therefore, when considering the culture-specific needs of the Latino/a client, methods of disclosing personal issues that are less direct or value-threatening than traditional psychotherapy should be considered. One such method involves written expression.

The Written Expression Paradigm

The desire to translate our experiences into language is uniquely human. Self-disclosure and self-expression are inherent to psychotherapy, originating with Freud’s assertion that psychological health was attained through verbal exploration of one’s previously unconscious experience. Today, the majority of people who seek therapy still do so based on the idea that disclosing their thoughts and emotions will relieve them of distress (Mahoney, 1995).

In 1977, emerging from Freud’s emphasis on self-development through eliciting the subconscious, psychologist Ira Progoff designed a comprehensive, depth-oriented

journaling technique intended to unite the conscious and unconscious selves (Smyth & Greenberg, 2000). Therapeutic writing was revisited in the early eighties by James Pennebaker, who redirected the focus of research to the role of cognition and language in the therapeutic process. Pennebaker's *Written Expression Paradigm* (WEP) is a standard laboratory writing technique in which participants are asked to write about an important emotional event in their lives, exploring their deepest associated thoughts and feelings. Pennebaker and Beall's 1986 study of the WEP was the first to suggest the central role of language in healing both physical and psychological wounds. Participants in their study who wrote about the emotional implications of traumatic life events showed significant improvements on measures of mental and physical health 3 and 5 months (consecutively) following their participation in the writing condition (Pennebaker & Beal, 1986).

WEP has since been employed in multiple research studies across diverse populations. Most previously researched WEP designs have taken place over the course of 1 to 5 days, with daily writing sessions ranging from 15 to 30 minutes. Control groups have typically been instructed to write about various assigned superficial topics, and no feedback is given to either experimental or control participants on their writing (Pennebaker, 1997a; Slatcher & Pennebaker, 2006; Sloan & Marx, 2004; Smyth, 1996, 1998, 1999; Smyth & Helm, 2003).

The Written Expression Paradigm goes by multiple names in the scientific literature including: *The Writing Paradigm* (Pennebaker, 1997a), *Writing Therapy* (Largo-Marsh & Spates, 2002), *Expressive Writing* (Baikie & Wilhelm, 2005; Slatcher & Pennebaker, 2006), *The Structured Written Disclosure Paradigm* (Sloan & Marx, 2004),

Written Disclosure (Smyth, 1999), *Focused Expressive Writing* (Smyth & Helm, 2003), *Written Emotional Expression* (Smyth, 1998), and *Journaling* (Stone, 1998). For the purpose of this paper, variations of the term *Written Emotional Expression* are used interchangeably, all of which allude to Pennebaker's original Written Expression Paradigm.

Mechanisms of Written Expression. Pennebaker and Beall's (1986) written expression study evolved from the theory of *catharsis*. This theory held that the emotional release that occurred following disclosure of a traumatic event was the sole mechanism responsible for improvements in client well-being. Pennebaker expanded on the idea of a positive relationship between catharsis and physical health in his *Inhibition Model* (1983), suggesting that a person may unconsciously inhibit their emotional experience in an effort to avoid psychological stress. This effort toward inhibition was seen as a stressor that depleted a person's energy resources and compromised their physical and mental health.

Pennebaker and Beall (1986) developed their study to test the accuracy of the Inhibition Model by assessing for changes in participants' physical and/or mental well-being immediately following the cathartic disclosure of a traumatic life event. In order to isolate a potential cathartic effect from interpersonal influences on outcome (e.g., quality of response or support from the person with whom the emotional experience is shared), the researchers selected writing as the vehicle for emotional expression, enabling participants to disclose personal struggles independent of social feedback.

Over the course of 4 consecutive nights, Pennebaker and Beall asked 46 introductory psychology students to write for 15 minutes. Students were divided into four

groups, each of which received unique writing instructions. The first, “trauma-*fact*” group, was instructed to write about a prior event in their life that had been deeply upsetting. Participants were asked to write only about the event itself, excluding any associated emotions they might have experienced. The second, “trauma-*emotion*” group was asked to do the opposite—write only about the emotions experienced in relation to a prior traumatic event, excluding any description of the event itself. The third, “trauma-*combination*” group was instructed to write about both a traumatic event *and* the emotions surrounding the event, while the fourth group served as the control—writing only superficial descriptions of a specified object or location (e.g., participant living room, participant shoes, a visible tree, the classroom where the study took place).

To assess for change, Pennebaker and Beall took each participant’s blood pressure, heart rate, and disseminated self-report questionnaires assessing mood and physical symptoms before and after each session. At the conclusion of the fourth writing session, neither the trauma-*fact* nor the control groups had experienced a significant change. However, both the trauma-*emotion* and the trauma-*combination* groups—the two groups assigned written tasks involving emotional expression—had higher blood pressure scores and more self-reported negative mood than at baseline. In other words, the participants in these two groups appeared to feel *worse* following disclosure than they had prior to writing. These findings contradicted Pennebaker’s Inhibition Model, which predicted that participants in the two emotionally expressive writing groups would experience immediate benefits following the cathartic release of emotional trauma.

Three months later, participants in Pennebaker and Beall's study again completed additional questionnaires. These revealed that, despite feeling worse immediately following the experiment, at the 3-month follow-up, those who participated in the emotional writing groups (*trauma-emotion* and *trauma-combination*) reported significant improvements in mental health that exceeded their levels at baseline. Furthermore, when the frequency of participants' visits to the student health center was assessed 5 months following the conclusion of the writing task, those in the two writing conditions involving emotional expression were shown to visit the student health center less frequently than the participants in the non-emotional writing groups, and less often than they had in prior years. This finding suggested that their physical health had improved following their participation in emotionally expressive writing.

Another result of Pennebaker and Beall's study was the emergence of a theory of cognitive processing for mental health. Qualitative questionnaires used in the study allowed for open-ended responses to whether participants found the writing task useful. One participant from the *trauma-emotion* group wrote, "It helped me think about what I felt during those times. I never realized how it affected me before" (Pennebaker & Beal, 1986, p. 279). Similarly, a participant from the *trauma-combination* group wrote, "Although I have not talked with anyone about what I wrote, I was finally able to deal with it, work through the pain instead of trying to block it out. Now it doesn't hurt to think about it" (Pennebaker & Beall, 1986, p. 279). The overall content of responses in the two emotional writing groups were similar in their mention of an enhanced understanding

of the emotional implications of past trauma, resulting in a sense of closure and enhanced well being.

Most significant to a cognitive theory of therapeutic progress was the finding that even though both emotional-writing groups improved significantly in comparison to the trauma-*fact* and control groups, participants from the trauma-*combination* group which wrote about emotions *and* facts related to a trauma experienced significantly more improvements at follow-up than the trauma-*emotion* group which wrote only about emotions. In accordance with these findings, the past 3 decades have produced WEP research that supports a cognitive-language based component to therapeutic healing (Alford et al., 2005; Kranz & Pennebaker, 1995; Lewis & Butcher, 1992; Pennebaker et al., 1997; Ramirez-Esparza & Pennebaker, 2006; Smyth, 1998; Smyth & Greenberg, 2000). Furthermore, tasks requiring written emotional expression without the inclusion of cognitive processing have not been supported in research. (Lewis & Bucher, 1992; Pennebaker & Beall, 1986; Kranz & Pennebaker, 1996).

In a meta-analytic comparison of stress-management interventions across a subject pool of 3,736 working adults, cognitive-behavioral techniques were shown to be significantly superior to relaxation techniques (van der Klink, Blonk, Schene, & van Dijk, 2001). Similarly, in Kranz and Pennebaker's 1996 study comparing the effects of written expression and non-language based modes of emotional expression (e.g., dance, art therapy) on the outcome variable of participant grade point averages and physical health, only those in the written expression group demonstrated significant improvements. These findings

suggest that for optimal therapeutic benefit, our emotional experience must be represented by words.

Results from a Linguistic Inquiry and Word Count (LIWC) software program have further illustrated the likelihood that language-based cognitive processes underlie the effectiveness of the Written Expression Paradigm (Pennebaker, Francis, & Booth, 2001). Pennebaker developed LIWC to better understand the patterns of prior writing samples that may be correlated to participant outcome.

Indeed, the LIWC's analysis of prior writing samples revealed that participants who experienced the most benefit from the writing task used high amounts of *positive emotion words*, combined with moderate amounts of *negative emotion words*. From this "high positive/moderate negative" word pattern, it was theorized that individuals who obtained the most benefit may share a tendency to remain optimistic while simultaneously acknowledging problems in their lives (Pennebaker & Seagal, 1999).

Patterns demonstrating low levels of negative word usage were found among participants who showed little to not benefit in prior WEP studies. This seemed to suggest a *repressive coping style* (Weinberger, Schwartz, and Davidson, 1979), in which individuals had difficulty identifying personal problems and labeling emotions, therefore limiting their potential for insight and therapeutic improvement (Pennebaker & Seagal, 1999).

Lastly, participants who achieved the least amount of benefit from WEP tasks appeared to use high levels of negative words when writing, indicating a potential to ruminate about problems without seeking insight or closure (Pennebaker & Seagal, 1999).

An additional LIWC finding further supported a cognitive theory of WEP.

Among those who benefited most significantly from written expression tasks, a tendency was seen in which their usage of pronouns evolved over the course of the study from the first person (e.g., “I”) to the collective (e.g., “we,” “you,” “she,” “he,” “they”) over the course of the study. Interestingly, in analysis of cross cultural data, this trend was found to be consistent regardless of language or whether a particular culture was deemed “collectivist” or “individualistic” in nature. In fact, journal entries obtained from a Spanish-speaking WEP sample revealed an even more pronounced shift in pronoun usage than English-American samples (Ramirez-Esparza & Pennebaker, 2006). These pronoun shifts have been thought to indicate a change in participants’ perspective by increasing insight (Pennebaker, 1997b). This is also seen in the elevation of insight-specific words (e.g., “understand,” “realize”) among participants who experienced significant improvement. Similarly, increases in causal words were shown in later writing entries (e.g., “because,” “reason”) suggesting that participants engage in a narrative-like process of organizing events into a cohesive story over the course of the WEP.

In an evaluation of WEP research since 1986, it appeared that regardless of whether participants used high levels of insight or causal words in later written entries, significant benefits were only obtained by those who increased their usage of these words from start to finish of the experiment. In other words, a participant who used high levels of insight-related words at the start of the WEP, demonstrating a prior understanding of the event’s implications, is unlikely to benefit from the task. This finding indicates that a

change in thinking must occur for participants to achieve the full benefits of written expression (Ramirez-Esparza & Pennebaker, 2006).

Narrative Mechanisms of Written Expression. Theories of psychological cohesion can be traced to Freud's emphasis on uniting the unconscious with the conscious (Graybeal et al., 2002). In narrative therapy, mental health is conceptualized by the ordering of life experiences into a cohesive and meaningful whole (Graybeal et al., 2002; White & Epsom, 1990). In this way, fragmented or traumatic events can compromise a person's ability to make sense of the world. By acknowledging, examining, and assigning personal meaning to past trauma, it is thought that these experiences may then be integrated into their personal narrative, or self-story (Pennebaker & Seagal, 1999). Narrative therapy derives from various disciplines, including Vygotsky's (1978) theory of linguistics and language acquisition, concepts of symbolic interaction (Laing, 1969; Egan, 1986; McCall & Wittner, 1990), and theories of interpretation (Packer, 1985; Rennie, 2007). These components of story making serve to unite our feelings, behaviors, memories, and perceptions, and help us find meaning in the stories of our lives (Wall & Levy, 2005).

Written expression can be conceptualized as its own narrative process, incorporating all the fundamental systems upon which narrative theory is based. Linguistics, for example, is central to written expression as it is the cognitive translation of our experience. Symbolic interaction is equally important, alluding to the meaning we place on life events, as well as our recognition of their implications. Finally, hermeneutics, or our unique worldview, guides our interpretation of events. The insight attained through

the culmination of these processes enables a more unified and purposeful sense-of-self (Pennebaker & Seagal, 1999).

When exposed to trauma, an individual's worldview may be threatened. From a narrative viewpoint, it can be especially difficult to integrate violent or traumatic events into the intimacy of our personal story (Graybeal et al. 2002; Wall & Levy, 2005).

However, failure to do so can lead to a confusion about the world and a fragmented personal narrative, often manifesting as symptoms of traumatic stress. In order to resolve this conflict, the traumatic event must be consciously acknowledged, beginning a process of insight and acceptance similar to that seen in expressive writing tasks (Alford et al., 2005; Pennebaker et al., 1997). Through this cognitive process, the client arrives at an understanding of the traumatic experience that allows for personal growth (Haddock & Slade, 1996)

Support for the narrative mechanism of written expression can be found in neurological research. In narrative theory, failure to integrate traumatic events into one's personal narrative results in a *fragmented* sense of self. Consistent with this idea, neurological imaging has revealed that memory of traumatic events undergoes different neurological processes than ordinary experience. Highly emotional events have been shown to overwhelm the brain regions associated with categorization and memory storage, resulting in a literal *mis-storage* of the event. This may result in partial memories—actual neurological *fragmentations* of experience (Christianson, 1992; van der Kolk, 1994).

Renown trauma researcher, Dr. Bessel van der Kolk (1998), has described the experience of trauma as, “an inescapably stressful event that overwhelms a person's coping

mechanisms” (p. 25). This statement can be best understood by outlining the neurological mechanisms involved in the perception and memory storage of life events.

The perception of an event is dependent on the central nervous system’s (CNS) receipt of sensory information. What we see, hear, smell, taste, and feel is all recognized by the CNS before it begins its journey toward memory storage. Sensory information is transmitted from the CNS to the thalamus where perceptual aspects of the event may be integrated into early memory. Both the CNS and thalamus are responsible for basic perceptual and physiological functioning, otherwise known as *implicit*, or *automatic*, non-conscious thought processes. Unlike implicit memory, normal, or *declarative memory*, occurs in *explicit* brain regions beyond the CNS where conscious thought processes occur.

Once the perceptual experience of an event has been recognized by the CNS, it is forwarded to the amygdala which attaches *explicit*, or conscious, emotional significance to the event. In this process, the amygdala transforms the event’s sensory information into neuro-hormonal signals, initiating communication with the prefrontal cortex and hippocampus. The hippocampus categorizes the event information based on prior learning and life experience, attaching linguistic meaning to the event so that it may be stored and later retrieved as a conscious memory.

Animal studies have revealed an inverted U-shaped function was observed in amygdala and hippocampal interactions during memory storage. In other words, when the amygdala received high levels of stimulation—such as that characteristic of a traumatic life experience—the functioning of the hippocampus was compromised. In line with van der Kolk’s statement that a traumatic event overwhelms a person’s coping mechanisms, it

appears that the high level of stimulation associated with a traumatic experience literally overwhelms the hippocampus with neurological information, impairing its categorization and storage of the event. As a result, rather than designating the traumatic memory to explicit brain regions, the hippocampus stores these memories in the CNS where they are organized on a perceptual, or *implicit* level (LeDoux & Ademas, 1992). Without an explicit narrative to accompany the event, it is thought that the event is later retrieved from memory in the form of *partial imprints*. Thus, instead of retrieving a cohesive, story-like memory; the trauma re-emerges as the isolated images, tactical sensations, smells, and sounds representative of “flashbacks” wherein trauma survivors feel they are re-experiencing the traumatic event (LeDoux & Ademas, 1992; Shin, Rauch, & Pitman, 2006; van der Kolk, 1998).

Studies have also shown that the elicitation of traumatic memories is associated with decreased activity in the Broca’s area of the brain, the region responsible for transforming subjective experience into speech. At the same time, activation has been shown to increase in more implicit, or sensory, brain regions found in the right hemisphere, particularly in areas associated with emotional and visual imaging (McGaugh, 1989; van der Kolk, 2002). These findings further suggest that the linguistic appraisal of an event is associated with adaptive memory storage.

In summary of the neurological research as it pertains to narrative theory, ordinary memories have been shown to be integrated into our conscious life story by their storage in *explicit* regions of the brain (Christianson, 1992; van der Kolk, 1994), whereas traumatic memories may be stored as *implicit* emotional and sensory perceptions (Terr,

1993). Therefore, when a traumatic memory is elicited, all the senses associated with the event, even smells and tactical sensations, can be re-experienced (Pennebaker, 1997a, 1997b; Pennebaker et al., 1997; van der Kolk & van der Hart, 1991). Yet by translating the experiential memory of a traumatic event into language, it may be possible to initiate a cognitive process through which the event is better understood and eventually integrated into the appropriate explicit memory regions (Pennebaker et al., 1997).

Review of the Written Expression Research. In the 30 years since Pennebaker and Beall's seed study, subsequent research studies on the therapeutic benefits of written expression have yielded inconsistent results. However, in Smyth's 1998 meta-analysis of 13 comparable research studies, all of which adhered to Pennebaker's original WEP instructions, participants of written expression conditions showed an average of 23% greater improvement over control participants (Smyth, Stone, Hurewitz, & Kaell, 1999). Overall, individuals who write about extremely emotional or traumatic events seem to show the most benefit, regardless of the length or days of writing (Greenberg & Stone, 1992; Lutgendorf, Antoni, Kumar, & Schneiderman, 1994; Pennebaker, 1997a, 1997b). Furthermore, the qualitative feedback provided by participants of WEP studies overwhelmingly that they felt grateful for the experience and that it was personally meaningful for them (Smyth, 1998).

While more research is needed, written expression has so far been demonstrated as effective across varied levels of education, socioeconomic status, sex, ethnicity, and culture. Comparable benefits have been found between working professionals with graduate degrees (Spera, Buhrfeind, & Pennebaker, 1994), college undergraduates, medical students,

maximum-security prisoners (Richards, Beal, Seagal, & Pennebaker, 2000), victims of crime, those suffering from chronic pain or illness (Stanton, Danoff-burg, & Huggins, 2002), children, the elderly, major U.S. ethnic groups, English-speakers, non-English speakers, and international samples (Smyth, 1998). The benefits observed from writing tasks include improvements in physical health, psychological well-being, immune functioning, and productivity (Pennebaker & Seagal, 1999; Ramírez-Esparza & Pennebaker, 2006; Schoutrop, Lange, Brosschot, Davidovich, & Salomon, 1996). The only population-specific factor to date that appears to significantly affect the outcome of written expression tasks is that participants higher in hostility have been shown to benefit more than other participants (Christensen et al., 1996).

Chapter III

Method

Participants

One hundred sixty-one high school students from a high school in Ayacucho, Peru, participated in the present study. Students were recruited from five classrooms comprising the full *level five* cohort—the highest grade level at the school (equivalent to the U.S. senior year). Approximately 30-35 students made up each classroom, and the majority of students and their guardians consented to participate in the study. Two classrooms containing 61 combined students (38%) were randomly selected to participate in the control condition (*control group*). The remaining three classrooms provided a combined 100 participants (62%) for the experimental expressive-writing condition (WEP group).

One hundred and eleven (111) of the students participating in the study were male (68.4%) and 50 were female (31.6%). Consistent with the general population of Ayacucho, Peru, the majority of participants were born and raised in Ayacucho (76.6%). All those not originally from Ayacucho (23.4%) were born in bordering villages, and only 7.6% of participants lived in Ayacucho less than 5 years. This homogeneity in the geographical history of participants increased the likelihood that they experienced similar societal influences throughout their life.

The age of participants was especially relevant for this study. Ages ranged between 14 and 19 years, though the majority of participants (97.4%) were between the ages of 15-18 years-old, with an average participant age of 16 (42.3%). As expected, this sample was only slightly younger than the college student participants that make up majority of prior

expressive writing research samples (see Graybeal et al., 2002; Pennebaker & Beall, 1986; Pennebaker, Colder, & Sharp, 1990; Sloan & Marx, 2004; Smyth, 1998).

Because the age range of 14-19 years is consistent with the highest grade level at Luis Carranza high school, it was expected that participants would possess the necessary language skills to participate in the study's three writing sessions. Evidence also suggests that a critical developmental phase occurs in adolescence, at which time 14-19 year-old participants may be primed to reevaluate life events for the purpose of forming an identity (DeSocio, 2005). Furthermore, participants of this age range were in their early developmental phases during the local Sendero Luminoso conflict, increasing the likelihood of prior exposure to traumatic events and potential benefit from the WEP. (IESM, 2003; Pennebaker, 1997a., 1997b; Pennebaker et al., 2001; Pennebaker & Seagal, 1999; Wall & Levy, 2005).

The following inclusionary criteria were met by participants in the present study: (a) all participants were high school students enrolled in the *Level 5* grade classrooms; (b) all participants were between 14 and 19 years old at the time of recruitment; (c) all underage participants' parents/legal guardians provided written consent (Appendixes A & B); (d) all underage participants gave written *assent* (Appendixes C & D); and (e) all participants aged 18-years and older gave written consent to take part in the study (Appendixes E & F). Students who did not meet ALL of the above criteria were ineligible to participate. No explicit exclusion criteria existed for the purpose of this study.

Design

This quasi-experimental between-groups study utilized a pretest-posttest control group design to examine the relationship between writing about trauma and its associated emotions to depressive symptoms, somatization symptoms, and emotional affect. The independent variable in this study was expressive writing, operationalized by an experimental WEP group and a control group. In the WEP group, participants wrote about traumatic life experiences and their associated emotions. In the control group, participants wrote about non-emotional superficial events. The dependent variables examined were depressive symptoms (DEP), somatic symptoms (SOM), positive affect (PA), and negative affect (NA). Emotional affect was operationalized by the Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988), somatic symptoms were operationalized by the Bradford Somatic Inventory (BSI-21), and depressive symptoms were operationalized by the Center for Epidemiologic Studies Depression Scale (CES-D-18; Radloff, 1977).

Research Instruments

Demographics Questionnaire. The demographics questionnaire was developed by the researcher and contains three questions concerning age and place of birth (Appendix G). The questionnaire was used to collect data on the participant's age, hometown, and length of time living in Ayacucho. The scale was translated from English to Spanish by a professional translator specializing in Peruvian dialect (Appendix H).

The Positive and Negative Affect Schedule (PANAS). The PANAS 20-item scale consists of 10 items designed to measure Positive Affect (PA; e.g., *interested*, *excited*,

strong, enthusiastic, proud, alert, inspired, determined, attentive, and active), and 10 items designed to measure Negative Affect (NA; e.g., *distressed, upset, guilty, scared, hostile, irritable, ashamed, nervous, jittery, and afraid*). Each item is rated on a Likert scale ranging from 1 = *very slightly or not at all* to 5 = *extremely* indicating the extent the respondent has experienced the item in a specified time frame. The scale has been used to measure affect across various periods of time, including “at the moment,” “today,” “the past few days,” “the past week,” “the past few weeks,” the past year,” and “generally” (on average) (Appendix I).

Watson et al. (1998) demonstrated the internal consistency reliability of the PANAS to be very good regardless of the rated time frame, with Cronbach’s alpha coefficients (α) for recent experience and long term/general experience ratings ranging from 0.86 to 0.90 on measures of PA and from 0.84 to 0.87 on measures of NA, respectively. Test-retest correlations for a period of 8 weeks ranged from .47 to .68 for PA and .39 to .71 for NA, indicating high sensitivity to fluctuations in mood when rated according to recent time periods, and moderate stability in affect when rating longer periods of time (Watson et al., 1998).

Spanish-translated versions of the PANAS have shown similarly high internal and test-retest reliability to the original English version (Sandín et al., 1999; Joiner, Sandín, Chorot, Lostao, & Marquina, 1997; Robles & Paez, 2003). However, because the literal translation of the PANAS’ affect measures do not hold the same meaning cross-culturally as in the English-speaking populations where it derived, researchers have found it necessary to alter the wording of PANAS items during translation (Thompson, 2007). For

the purpose of this study, permission was granted to utilize the first Spanish version of the PANAS (SPANAS) which was validated among a female population in Spain (Joiner et al., 1997; Appendix J). A professional English to Spanish translator specializing in both Andean and social science translation made minor adjustments to wording on the SPANAS to increase the relevance of items to the targeted region of Peru (Appendix K).

The Spanish Center for Epidemiological Studies Depression Scale-18

(CES-D-18). The Spanish version of the Center for Epidemiological Studies Depression Scale assesses for the frequency of depressive symptoms (DEP) over the course of the past week (Appendix L). Originally containing 20 items to be rated on a Likert scale of 1 = *rarely or none of the time*, to 4 = *mostly or all of the time*, scores of 16 or higher have traditionally been used as the cut-off point for high depressive symptomology on the CES-D-18 (Radloff, 1977). However, frequently occurring false positives (15-20%) have prompted suggestions from researchers that a higher cut-off point be used (Boyd, Weissman, Thomson, & Myers, 1982; Zich, Atkinson, & Greenfield, 1990). A cut-off score of 20 was suggested by a Relative Operating Characteristic (ROC) analysis of CES-D-18 validity among 266 adults from the general population of Colombia, yielding 96% sensitivity and 73% specificity in detecting a major depressive episode (Campos-Arias, Diaz-Martínez, Rueda-Jaimes, Cadena-Afanador, & Hearnández, 2007).

Used within the U.S. among 875 Spanish-speaking adolescents, the reliability of the Spanish-translated CES-D-18 has been shown to be high, with a coefficient alpha of 0.90 (Estévez, Musitu, & Herrero, 2005). The Spanish-translated version to be used in this study is borrowed from the Stanford Patient Education Research Center and was

originally translated for use by the National Center for Health Statistics (1985). According to the Stanford Patient Education Research Center (2006), scaling problems have existed with the 4th and 8th items of the original CES-D-20. In an outcome assessment of a revised 18-item CES-D scale with a U.S. sample of 272 Spanish-speaking adults, both the internal consistency and test-retest reliability was excellent at .92 (González, Stewart, Ritter, & Lorig, 1995). For this reason, a truncated 18-item version of the CES-D-18 scale in which the original 4th and 8th items were been eliminated was recommended and was used in this study (Appendix M).

The Bradford Somatic Inventory-21 (BSI-21). The original, 44-item Bradford Somatic Inventory was developed based on the symptom reports of individuals diagnosed with anxiety and depression who resided in two participating psychiatric hospitals in Pakistan and Great Britain (Mumford, Bavington, Bhatnagar, Hussain, Mirza, & Naraghi, 1991). In a British primary care sample, internal reliability of the original 44-item version was good, yielding a coefficient alpha of 0.86 (Mumford, 1992).

Like the original Bradford Somatic Inventory, the shortened Bradford Somatic Inventory-21 (BSI-21; Mumford et al., 1991) assesses for somatic symptoms of psychological distress (SOM; Appendix N). The BSI-21 is believed to be an effective screening device for identification of mood disorders based on three factors: (a) inclusion of somatic symptoms not commonly related to organic illness, (b) the wide spectrum of symptoms included, and (c) the longer duration by which symptoms are rated (Mumford, Tareen, et al., 1991). In a ROC analysis comparing the diagnostic efficiency of the BSI-21 with 44- and 14-item versions, the BSI-21 came out ahead. An optimum cutoff score was

calculated to be 13/14, yielding 87% sensitivity, 75% specificity, and a positive predictive value of 56-60% (Mumford, Tareen, et al., 1991).

To the best of this researcher's knowledge, the psychometrics of either the BSI-21 or the BSI-21 have not yet been established with Latino/a populations, nor has a Spanish language version of the BSI-21 or BSI-21 been developed. Permission was granted for the scale's use in the present study (Appendix O), and the BSI-21 was translated from English to the Spanish by the aforementioned social sciences professional translator specializing in Peruvian dialect (Appendix P).

Outcome Questionnaire. Permission was obtained to adapt the original outcome questionnaire developed by Pennebaker and Beall for use in their 1986 seed study on expressive writing (Appendix Q). The adapted questionnaire contained 12 Likert-rating questions and one open-ended question regarding the participants' subjective experience of participating in the WEP (Appendix R & S). The first 12 questions request a rating answer from a Likert scale of 1 to 3; 1 being *not at all* and 3 being *a great deal*. The final, open-ended question asks, "Looking back on the experiment, do you feel it has had any long-lasting effects? Please answer this in your own words." It was hoped that these questions would allow for an exploratory analysis of the participants' perceptions to the effects of the experiment.

Procedure

The researcher obtained a signed letter from the principal and director of Luis Carranza high school, granting permission for recruitment of students for research

participation (Appendix T & U). Approval was also received from the Pepperdine University Institutional Review Board prior to participant recruitment (Appendix V).

Recruitment of students occurred on April 1st through April 3rd, 3 weeks after the start of the Peruvian school year. On the first day of recruitment, the researcher was introduced to each class by the director. In order to minimize pressure students might feel to participate, subsequent to the initial introduction, the director and the teacher excused themselves from the room while the researcher introduced the study. In the introduction, students were explicitly informed of the following:

1. Participation was strictly voluntary.
2. Students younger than 18 years who assented to participation were also required to obtain signed consent from their parent(s) or legal guardian(s).
3. Participation would not impact any evaluation of their school work or grades.
4. Participants were free to withdraw from the study at any time.
5. Participant written material and survey responses would remain confidential.
6. All written materials submitted to the researcher would neither be graded nor returned to participants.

The researcher also informed participants that they would each receive an invisible ink novelty pen as a gift for their participation on the last day of the study. It was reasoned that this gift would be small enough that they would not influence underage students to forge parental consent, yet incentive enough for interested students to participate. Consent and assent forms were disseminated to all students, and the researcher invited each class to ask questions prior to departing.

Three days were allotted for the recruitment process in order to allow sufficient time for students to bring the consent forms home to their parents for completion and then return them to the researcher at school before the end of the week. The additional 2 days of recruitment also enabled the researcher to be available to parents and students should they have any questions or concerns. During this time, the researcher met with the director of the local mental health center who extended free services to all students participating in the study should they need help coping with distress from writing about traumatic events. The researcher announced the availability of these services to students in each classroom when disseminating and collecting consent forms, and wrote the address and phone number to the mental health center on the chalk board. Additionally, each teacher was provided with a handout outlining potential warning signs and symptoms of psychological distress among students, as well as information about how to talk with students about these symptoms and local mental health resources to which students might be directed (Appendixes W & X).

The experimental portion of the study took place from Monday, April 6th, the first school day of the next school week, through Wednesday, April 9th. Each day, the researcher visited the five classrooms separately. On the first day, an *intake packet* was disseminated to all participating students. The intake packet included a demographic questionnaire and the three aforementioned scales. Following completion of the intake packets, each participant received a *journal packet*, comprised of 20 pages of lined paper with a unique number denoted on the upper right hand corner of each page. Students were requested to transfer this unique identification number to each page of their intake

packets so their survey responses and future writing could be paired confidentially, without use of their name. Students were also encouraged to transfer the number to a safe place for reference at the 2-month follow-up. Students were also requested to bring their journal packet with them to school throughout the duration of the study for use in each day's journaling assignment.

In the two classrooms making up the control condition, the researcher read aloud a Spanish-translated and simplified version of Pennebaker & Beall's 1986 instructions for participants to write continuously for 20 minutes about superficial topics (Appendixes Y & Z). On the first day, students in the control group were asked to objectively write about what they had done since they awoke that morning. On the second day, they were instructed to write objectively about the things they saw on the way to school that morning. On the third day, they were asked to objectively describe, in detail, their plans for the weekend.

In the two classrooms making up the experimental condition, the translator read a Spanish-translated and simplified version of Pennebaker & Beall's 1986 instructions for participants to write continuously for 20 minutes about the most traumatic event of their lives and the feelings associated with this event (Appendixes Z-1 & Z-2). On the 2 days following, they were given the same instructions again, with encouragement to delve more deeply into the what the experience meant to them on each consecutive day.

On the third and final day, after all participating students completed the last writing session, the researcher brought pizza to each classroom and awarded each student

an invisible ink, glow-in-the-dark novelty pen as gifts for their participation in the short-term writing portion of the study.

Research has shown that over the short-term, PA tends to decrease while NA tends to increase as a result of expressive writing. However, over the long term, PA increases and NA decreases (Pennebaker & Beall, 1986; Smyth, 1998). In lieu of this trend, past researchers suggest that at least 2 weeks are allotted after an expressive writing procedure is completed for affect scales to be administered to participants (Pennebaker & Seagal, 1999; Smyth 1998). The researcher therefore recruited a clinical psychology doctoral intern at the local mental health center in Ayacucho, as a research assistant to disseminate the PANAS, CES-D-18, BSI-21, & Outcome Questionnaire in the five participating classrooms on May 11th, approximately 2 months after the final writing session. In preparation of this task, the intern was fully briefed on the study and completed both Pepperdine University's on-line IRB certification course and the on-line HIPAA tutorial provided through the University of California.

When disseminating the *follow up packets*, the research assistant reminded students to transfer their unique identification numbers to each of the included follow-up questionnaires. Upon completion, he mailed the follow-up packets to the researcher in California to be paired with the intake questionnaires and journal entries for analysis.

Translation of Research Materials

All research materials were administered in Spanish. The PANAS and CES-D-18 were previously back-translated from English to Spanish and used in Latin America, and the authors of each scale granted the researcher permission to use the translations in the

present study. The cover sheet, demographic questionnaire, informed consent, BSI-21, and a script describing the purpose of the study were translated to Spanish, the most commonly spoken language in Ayacucho, by a professional social-science translator qualified to translate English, Spanish, and Quechua (the Indigenous language of the Andes). All translations into Spanish were then back-translated to English by a Spanish-fluent psychology master's student to enhance objectivity and accuracy.

Chapter IV

Results

Overview

This study utilized the Predictive Analytics SoftWare (PASW) Version 17.0 statistical package for data analysis. The data set was first coded by the researcher, then by three assisting masters-level students of psychology. The final data scores were entered into the PASW database by the researcher. Data analysis involved ten steps: five steps to conduct the preliminary descriptive analysis, two steps for testing the hypotheses, and three steps for exploratory analysis.

The first step of the preliminary descriptive analysis consisted of cleaning the data set by assessing frequencies, distributions, and measures of error for each item. This process enabled the researcher to assess for errors in data coding and outlier scores.

In the second step, the demographic characteristics of the participant sample were analyzed. These included participant age, gender, birthplace, and number of years lived in Ayacucho, Peru.

The third step involved a distribution analysis to assess for normality. The sample's mean and standard deviation were determined according to the dependent variables *somatic symptoms (SOM)*, *depressive symptoms (DEP)*, *positive affect (PA)*, and *negative affect (NA)*; operationalized by the following scales (in corresponding order): BSI-21, CES-D-18, PANAS-PA, and PANAS-NA.

To the best of the researcher's knowledge, neither the BSI-21, CES-D-18, or PANAS psychometric scales were utilized in prior research among the Peruvian

population. Therefore, the fourth step analyzed the internal consistency of each scale by determining their coefficient alphas.

The fifth step assessed for homogeneity between the experimental and control groups at baseline. Two-tailed *t*-tests were conducted to evaluate for significant group differences in mean at baseline across all outcome variables (i.e., DEP, SOM, PA, NA) and for the demographic variables of *gender* and *years lived in Ayacucho*. These variables were also assessed for significant group differences in variance at baseline utilizing Levene's statistic. This was followed by a comparison of the group mean DEP and SOM to their recommended cutoff points to determine whether the results would be considered predictive of psychopathology for the populations within which the cutoff scores were validated, and whether any differences in cutoffs were seen within or between groups.

Hypothesis testing occurred over the sixth and seventh steps, at which time a repeated multivariate analysis of variance (MANOVA) assessed for significant change in mean DEP, SOM, PA, or NA scores. In the sixth step, the mean score on each outcome measure was assessed for significant differences *between* groups (i.e., WEP vs. control). The seventh step accounted for significant changes on the dependent measures over time *within* each group.

The eighth step began an exploratory MANOVA analysis which assessed for differences in participant ratings of the experiment's value as well as differences in value over time among participant groups that experienced significant changes in dependent variables. Specifically, the eighth step assessed for significant changes in the mean experimental value rating between the experimental and control groups over time. The

ninth step assessed for significant changes of the experimental value rating within each group over time. In the tenth step, the mean experimental value rating of a group that experienced change on an outcome variable was compared to the mean of the outcome variable over time to assess for significant differences over time.

Preliminary Analysis

Data Cleaning. All variables in the study were cleaned by assessing the frequencies, range, and distribution for each variable. A minimal amount of data required correction, and there were no significant outliers within the data set. In accordance with the DEP scoring algorithm, individual questionnaires missing four or more response items were deemed invalid and excluded from the final analysis. For questionnaires in which less than four items were omitted, the test-taker's average response score for that particular questionnaire was inputted in place of missing data.

Descriptive Statistics. The frequency of demographic variables including participant age, gender, place of birth, and number of years lived in Ayacucho were obtained to describe the general characteristics of the participant sample. One hundred and sixty-one students from the high school's grade *level 5* (equivalent to the U.S. senior year) participated and were included in the study. One hundred and eight of the students participating in the study indicated that they were male (68.4%) and 50 reported that they were female (31.6%). Consistent with the general population of Ayacucho, Peru, the majority of participants were born and raised within Ayacucho (76.6%). All those not originally from Ayacucho (23.4%) were born in bordering villages, and only 7.6% of participants lived in Ayacucho less than 5 years at the time of testing. This homogeneity in

the geographical history of participants increases the likelihood that they experienced similar societal influences throughout their life.

All 161 consenting participants met the inclusionary demographic criteria for this study, which required enrollment in a *Level 5* classroom at the high school, and an age between 14-19 years. Because no outliers were found in the data set, all 161 participant scores were included in the data analysis (Table 1).

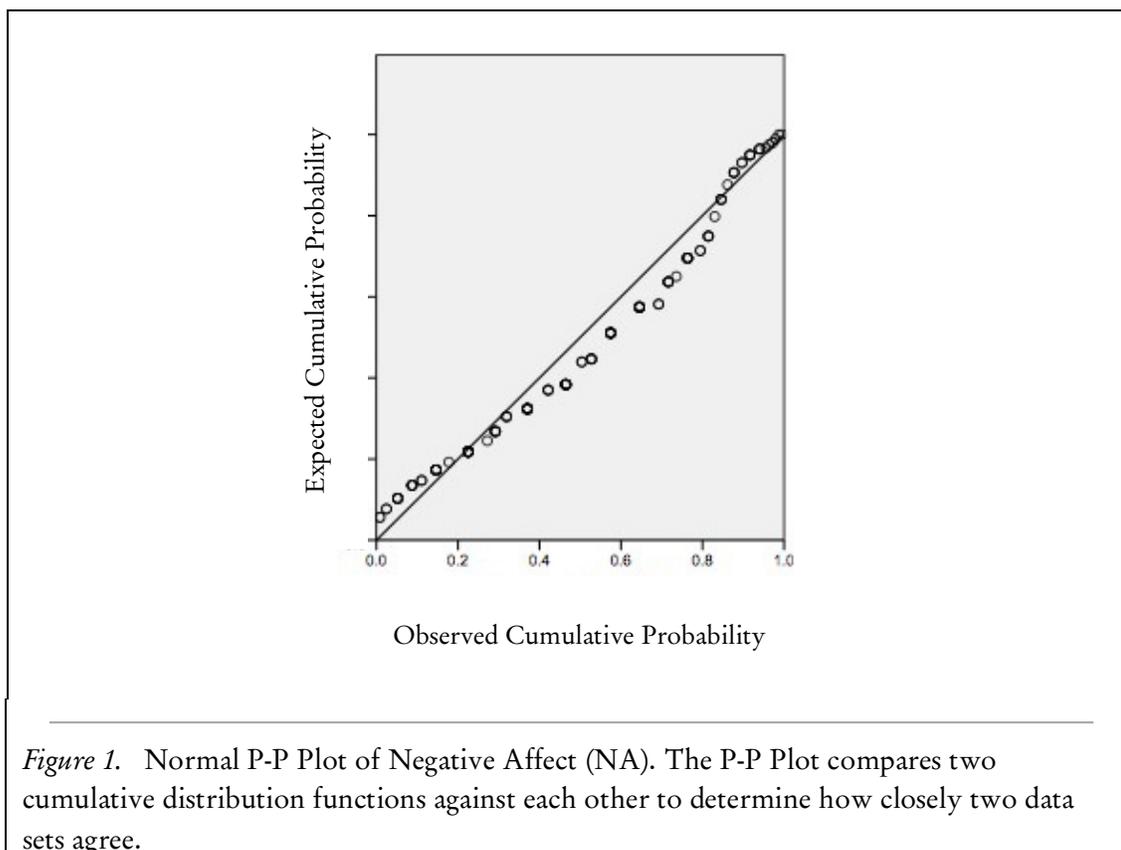
Table 1

Participant Demographics

Condition	Frequency	Valid Percent
Experimental	100	61.7 %
Control	61	37.7 %
Total Participants <i>N</i>	161	100 %
Gender		
Male	108	68.4 %
Female	50	31.6 %
Ommitted	3	--
Age		
14 years	2	1.3 %
15 years	51	32.7 %
16 years	66	42.3 %
17 years	21	13.5 %
18 years	14	9.0 %
19 years	2	1.3 %
Ommitted	5	--
Place of Birth		
Ayacucho	121	76.6 %
Other	37	23.4 %
Ommitted	3	--
Years Lived in Ayacucho		
15+ years	81	51.3 %
10-15 years	40	25.3 %
5-10 years	25	15.8 %
< 5 years	12	7.6 %
Ommitted	3	--

Distribution Analysis. The mean and standard deviation of the dependent variables, operationalized by the BSI-21, CES-D-18, PANAS-PA, and PANAS-NA, were determined to assess for normality. All variables were normally distributed with the exception of NA at posttest, which was negatively skewed (skewness = 1.206) and contained excess kurtosis (kurtosis = 2.205).

In lieu of the excess kurtosis for NA, distribution of the variable was compared to an expected normal distribution using a Probability-Probability (P-P) Plot to assess for the severity of the difference. The visual comparison provided by the P-P Plot revealed that the NA scores were relatively consistent with the normal distribution line, deterring only slightly near the mean below the expected probability (Figure 1).



To further evaluate the reliability of the NA score set, a two-tailed regression analysis utilizing Pearson's Correlation Coefficient compared the NA score set to that of the DEP-Posttest and SOM-Posttest. No significance correlation differences were determined between the three data sets, indicating that the excess kurtosis of the NA variable was not problematic.

Scale Internal Reliability Analysis. To the best of the researcher's knowledge, neither the BSI-21, CES-D-18, or PANAS psychometric scales were utilized in prior research among the Peruvian population. Therefore, the internal consistency of each scale at both pretest and posttest was analyzed by determining their coefficient alphas. Results supported the reliability of each scale, with Cronbach's alpha coefficients of 0.786 and above (Table 2).

Table 2

Internal Consistency of Measures

Measure	α	Number of Items
SOM Pretest	.805	21
SOM Posttest	.821	21
DEP Pretest	.873	18
DEP Posttest	.878	18
PA Pretest	.794	10
PA Posttest	.811	10
NA Pretest	.810	10
NA Posttest	.786	10

Note. α = Cronbach's alpha. α ranges from 0 to 1.0 according to how much index items are intercorrelated. Coefficients closer to 1.0 indicate higher intercorrelation of items.

* $\alpha > .70$ are deemed reliable.

Homogeneity of Group Variance Analysis. Homogeneity between the experimental and control groups at baseline was assessed using a two-tailed t-test. No significant group differences in mean were found across any of the dependent measures at pretest, nor were there significant differences for the demographic variables of gender and years lived in Ayacucho. Variance between groups across the aforementioned dependent and demographic variables was also examined using Levene's Test for Equality of Variances. No significant differences were found between groups.

Hypothesis Testing

Taken together, the three hypotheses of this study predicted that students who wrote about traumatic events and their associated emotions would show significant benefits at post test in measures of SOM, DEP, PA, and NA as compared with students who wrote about superficial events. A MANOVA was conducted between the experimental and control groups to assess for significant within and between-group changes across the four dependent variables (e.g., SOM, DEP, PA, and NA) over the independent variable of time. The results of this analysis are depicted in Table 3.

Table 3

Multivariate Analysis of Variance (MANOVA) for Writing Effects

Measure	<i>df</i>	<i>F</i>	Partial η^2	<i>p</i>
Between subjects (Time x Condition)				
SOM	1	4.790	.037	.031*
DEP	1	1.542	.014	.217
PA	1	.046	.000	.830
NA	1	.222	.002	.638
Within subjects (Time)				
SOM	1	.779	.006	.379
DEP	1	.054	.000	.817
PA	1	.002	.000	.968
NA	1	.165	.001	.685

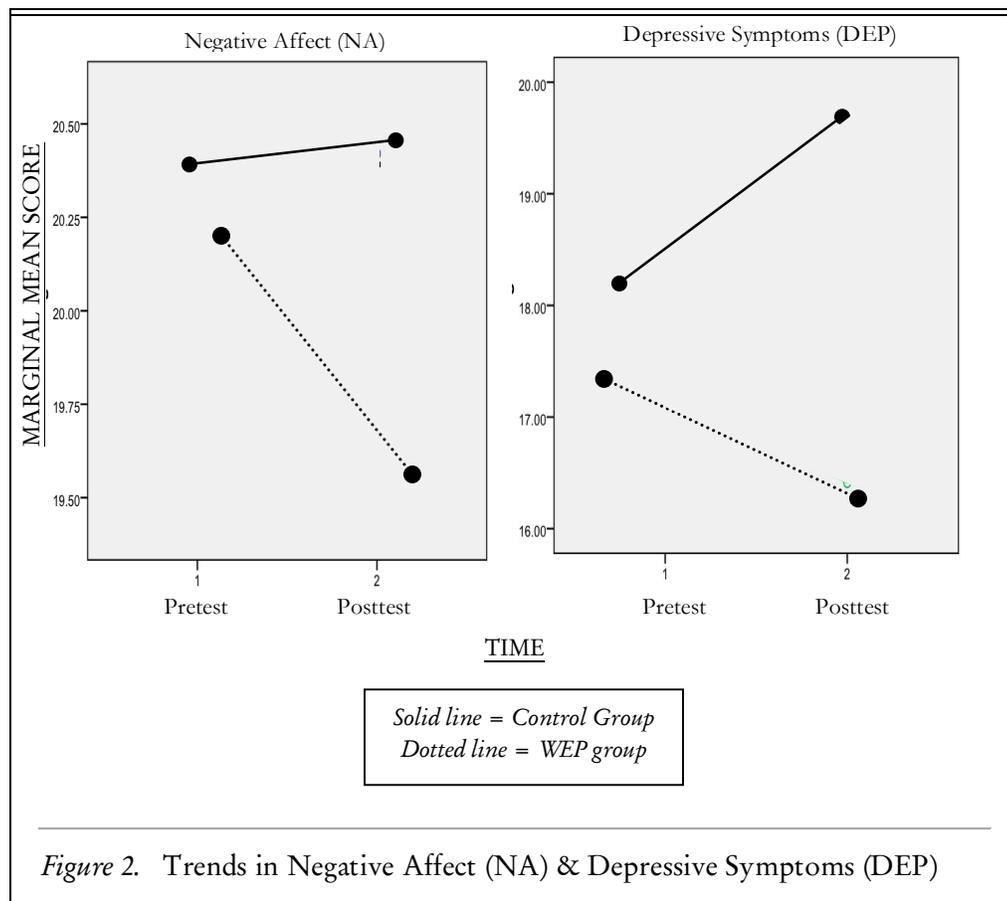
Note. *df* = degree of freedom, *F* = Fisher's *F* ratio, Partial η^2 = Partial Eta squared, *p* = probability, SOM= Somatic Symptoms, DEP = Depressive Symptoms, PA = Positive Affect, NA = Negative Affect.

**p* < .05

Affect. Hypothesis 1 predicted that students from the WEP group who wrote about traumatic experiences and their associated emotions would show increased PA and decreased NA compared to students from the control group who wrote only about superficial events. The hypothesis was examined utilizing a MANOVA with participant group *condition* (e.g., experimental and control) and *time* (e.g., pretest and posttest) as the two independent variables (IV). Participant affect was measured as two dependent variables: *Positive Affect* (PA) and *Negative Affect* (NA), operationalized by the PANAS-PA and PANAS-NA scales (consecutively).

Hypothesis 1 was not supported by the results. No significant differences in either PA or NA were seen between WEP group participants who wrote about traumatic events compared to control group participants who wrote about superficial topics. There were also no significant within group differences over time on measures of PA & NA (Table 3).

However, a trend consistent with Hypothesis 1 is depicted in a diagram of estimated marginal means of NA over time for both groups. From the perspective of the means plot, the control group marginal mean of NA remains relatively stable over time, while the WEP group marginal mean of NA visibly declines from pretest to posttest (see Figure 2).



Depressive Symptoms. Hypothesis 2 predicted that students from the WEP group who wrote about traumatic experiences and their associated emotions would show a significant decrease in DEP at posttest compared to students from the control group who wrote only about superficial events. Hypothesis 2 was not supported by the results as no significant changes were seen in DEP either within or between groups (see Table 3). However, the means plot depicting Marginal Mean DEP scores over time depicts another

trend. In this diagram, the WEP group marginal mean DEP visibly decreases over time, consistent with Hypothesis 2. However, an additional trend is apparent in the means plot that was unaccounted for in the present study's hypotheses, wherein the marginal mean DEP among the control group *increases* from pretest to posttest (Figure 2).

Somatic Symptoms. Hypothesis 3 predicted that students from the WEP group who wrote about traumatic experiences and their associated emotions would show a significant decrease in SOM at posttest compared to students from the control group who wrote only about superficial events. Hypothesis 3 was not supported by the research results, however, a significant *increase* in SOM was seen in the WEP group from pretest to posttest (Table 3).

Relation of Group Mean Scores to Scale Predictive Psychopathology Cut-off Scores. A cutoff point of 20 is recommended for use with the CES-D-18 to identify respondents who may have Major Depression. Mean scores for both groups at pretest and posttest fell slightly below the cutoff. For the BSI-21, a cutoff score of 13/14 is recommended. Interestingly, the WEP group score at pretest already slightly exceeded the cutoff point of 13, and at posttest slightly exceeded the cutoff point of 14. The control group scores fell below the BSI-21 cutoff point at both pretest and posttest. To the best of the researcher's knowledge, no cutoff scores have been previously established for the PANAS (see Table 4).

Table 4

Mean Scores

Scale	Pretest	Posttest
<i>Experimental "Written Expression Paradigm" (WEP) Group</i>		
DEP	18.72	17.09
SOM	13.17 [†]	14.13 ^{*†}
PA	31.52	31.79
NA	20.09	19.52
<i>Control Group</i>		
DEP	18.09	19.53
SOM	12.85	12.13
PA	30.45	30.16
NA	20.58	20.34

Note. * = $p < 0.05$, † = Score falls above scale cutoff points (CES-D-18 cutoff = 20, BSI-21 cutoff = 13/14), SOM = Somatic Symptoms, DEP = Depressive Symptoms, PA = Positive Affect, NA = Negative Affect.

Exploratory Analysis

Value of Participation in Writing Condition. In Pennebaker's (1986) first written expression study, participants completed qualitative questionnaires which assessed, among other things, for the value they attributed to their participation in the written expression paradigm. Pennebaker's later publications frequently referenced the positive correlation between participant's value ratings of the writing experience and measures of improvement at follow-up (Pennebaker and Beall, 1986; Pennebaker, 1999). For this reason, the present study included an exploratory analysis of the experimental participants' responses to Pennebaker's original question which asked, "Has the experiment been valuable or meaningful to you?". Participants were provided with three response options including (a) *not at all important* (b) *somewhat important* and (c) *extremely important*.

A second MANOVA was conducted to analyze the relationship between the independent variables of *time* (pretest and posttest), *personal meaning of the writing experience*, and the dependent variable SOM. Personal value of the WEP consisted of three levels according to participant ratings: (1) *not at all*, (2) *somewhat*, and (3) *extremely*. While no significant differences were observed in the MANOVA output (Table 5), a trend was again visible in the marginal means plot.

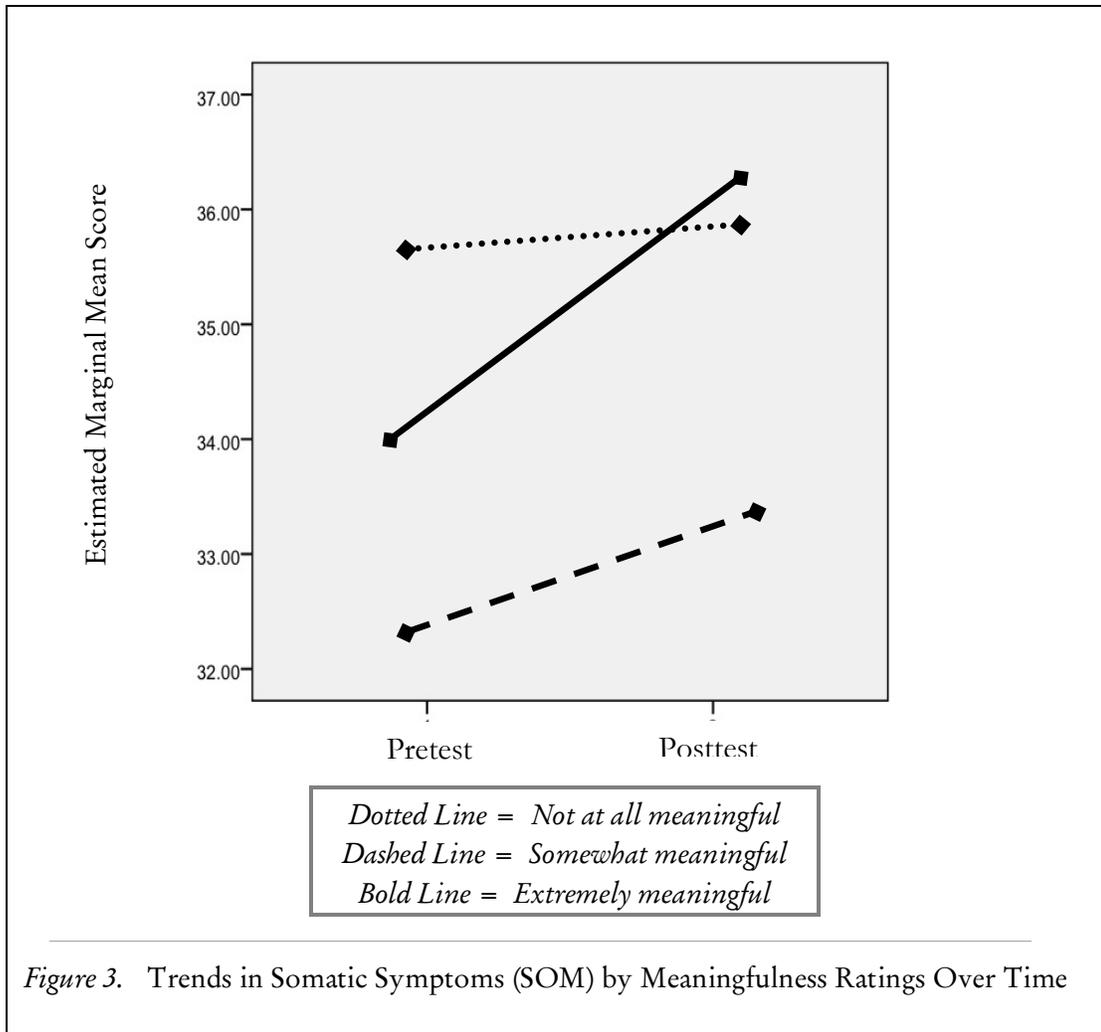
Table 5

Multivariate Analysis of Variance (MANOVA) for Meaningfulness & Somatic Symptoms over Time

Measure	<i>df</i>	<i>F</i>	Partial η^2	<i>p</i>
Between subjects (Time x Meaningful levels 1, 2, & 3)				
SOM	2	.443	.012	.644
Within subjects (Time)				
SOM	1	1.277	.017	.262

Note. * $p < .05$, *df* = degree of freedom, *F* = Fisher's *F* ratio, Partial η^2 = Partial Eta squared, *p* = probability, SOM= Somatic Symptoms.

In a visual plot of marginal means, participants who indicated at posttest that the experiment was “not at all” meaningful did not appear to experience any change in SOM from pretest to posttest. Participants who indicated that the writing experience was “somewhat” meaningful experienced a moderate increase in SOM. Participants who reported that the experiment was “extremely” meaningful experienced the most dramatic visible increase in SOM from pretest to posttest (Figure 3).



Summary of Findings

None of the present study's three hypotheses—which predicted that those who wrote about traumatic experiences and their associated emotions would experience a significant decrease in NA, an increase in PA, and a decrease in depressive and SOM—were supported. However, a significant change occurred in the opposite direction that was predicted by Hypothesis 3. Rather than predicting a decrease in SOM, results indicate that participation in the experimental condition predicted a significant *increase* in SOM.

While the statistical analysis did not yield significant results consistent with the present study's hypotheses, marginal means plots of the dependent variables over time depict trends consistent with Hypotheses 1 and 2. Specifically these plots depict a visible decrease in the marginal means of NA and DEP over time for participants in the WEP group. Pre-established cutoff scores for the BSI-21 and CES-D-18 were also compared to the mean group SOM and DEP scores at pretest and posttest to assess for the possible presence of psychopathology. All scores were below cutoff points with the exception of the WEP group SOM, which was slightly above the BSI-21 cutoff point at both pretest and posttest.

An exploratory step was added to the study in which the value rating experimental participants gave to the writing process was compared to the significant increase of reported SOM over time. While no significant changes were seen in the analysis, another trend was visible in the marginal means plot. In this diagram, experimental participants who reported their writing experience as *extremely* meaningful had a more dramatic

increase in reported SOM from pretest to posttest than those who found the writing experience less meaningful.

The Research Experience

To understand the context within which the present study was conducted, it is necessary to provide a more anecdotal description of the events that took place. The present study was conducted in April of 2009. In meeting with the school director prior to the study, the researcher learned that classes began at 1:00 in the afternoon, as many of the students work in the earlier hours of the day to support their families. Upon arriving at the school to initiate the study, the researcher was told by office administration that the director of the school was not present, as it was customary for him to depart each day at 11:00 a.m., prior to the start of classes.

The researcher observed that the presence of teachers and school administrators varied. Several classrooms were regularly left unattended by teachers, whereas some teachers were absent for brief periods throughout the day. Student reactions to the teachers' absences were also varied. In some classrooms, when a teacher was not present one of the students would take over class instruction, standing at the front and reading lessons from a book. In other classrooms, however, the absence of supervision set off an eruption of activity in which students moved desks, socialized, and shouted out to each other across the room. Many students left for the day. The unpredictability of the students' behavior became a challenge for the researcher as most teachers left the classroom upon the research team's arrival each day. In the teachers' absence, the researcher was forced to negotiate conflicting roles of the "non-coercive, collaborative visitor" and

classroom supervisor. Furthermore, the behavioral contrasts between classrooms were pronounced. While one classroom performed a touching ceremony to appoint the researcher as “Class Godmother,” in another classroom a student addressed the researcher with shouted profanity.

Over the course of the study, the researcher observed that two of the five classrooms (one from each group condition) were more difficult to manage than the others, despite their participation being voluntary. Each classroom contained a male student who appeared to be highly coercive among his peers. On the first 2 days of the writing experiment, the students within these classrooms appeared not to pay attention while the researcher explained the instructions for the day. On the second day, as students began writing, one male student leaned back in his chair and placed his hands behind his head in seeming opposition. Seeing this, several of his male peers joined in solidarity, putting down their pens and joking among themselves. The researcher observed students who were participating in the task appear distracted by the noise, and announced to the class as a whole that, as stated prior to the start of the project, all students were free to exit the study at any time. The researcher also asked that students not wishing to participate be respectful of those who remain in the study by refraining from talking during the writing exercise. While several of the non-participating students became quiet following the researcher’s announcement, several reminders were needed to maintain a reasonably quiet environment for the 20-minute writing period. The researcher noted that even the students who had appeared to be intentionally disruptive resumed writing as instructed once they stopped talking to their peers.

One notable encounter took place with a student following a particularly disruptive writing session on the second day. This student seemed older than the others, and was clearly very popular among his peers. He was also extremely disruptive to other students during the writing process, starting conversations and even convincing a small group of his peers to drag their desks into a cluster while the other students wrote. The researcher asked to speak privately with the student following the second writing task, hoping to discuss the underlying purpose of the project and validate the student's suspiciousness of outsiders given Ayacucho's history of exploitation and oppression. The researcher shared observations with the student regarding his leadership qualities and encouraged him to use this strength to help people. This was all communicated firmly yet with compassion—a genuine style for the researcher that seemed to be the most effective course for dealing with behavioral challenges within the participating classrooms. When one-on-one, the student listened respectfully to the researcher and quietly nodded his understanding. During the next writing session, the student journaled diligently, as did his peers. The researcher was especially touched when she observed that the student was crying during the final session, wiping away tears as he wrote.

Despite the challenges, almost every student—including those from the two more disruptive classrooms—turned in full journal entries each day, many of which eloquently described painful and traumatic life events. It is also important to note that all the female participants were respectful and cooperative from start to finish of the study. The researcher found it particularly meaningful to interact with the female students during the celebratory pizza party that concluded the final the final writing session, at which time

they asked the researcher questions about her life, whether or not she was married, and when she would next return to Ayacucho.

With the three generally “easier to manage” classrooms, the researcher encountered some difficulty with students talking and ignoring instructions. However, these students were generally more respectful of the researcher, and it was noted that these three classrooms also completed the questionnaires in less time than the two more challenging classrooms. One of the classrooms was especially well-behaved, and the students stood to greet the researcher each day. It was this classroom which, on the final day of the experiment, held a ceremony to appoint the researcher as their “Class Godmother.” The director attended this touching ceremony, during which the students asked in unison if the researcher would accept the title and—upon the researcher’s consent—erupted into song, clapping and singing at their desks. The researcher was overwhelmed by the appreciation shown by these students, and felt renewed resolve to provide aid to this very special community.

During the pizza party that concluded the writing sessions, the researcher opted to distribute the invisible ink novelty pens that were designated as gifts for participation to all the students in the five classrooms, including the few who declined to participate. This was done in the spirit of social constructivism, as the non-consenting students shared a stated mistrust of Americans and outside authority figures. The researcher thanked each of the non-participating students for being present while the experiment was conducted in their classroom. In return, a female student who had crossed her arms in apparent defiance during each writing session approached the researcher to ask if her family would be able to

receive future services from the medical mission with which the researcher was affiliated. The researcher now believes that by consistently demonstrating gratitude and respect for the students whose classrooms were involved with the study, the majority were able to overcome feelings of mistrust and political dissent, and recognize the researcher's care for and investment in the lives of the students and their local community.

Chapter V

Discussion

This study examined the cross-cultural efficacy of Psychologist James W. Pennebaker's Written Expression Paradigm (WEP; 1986); a process of writing about a past traumatic event and its emotional implications. Students from five classrooms in the highest grade level at a high school in Ayacucho, Peru, participated in daily 20-minute writing sessions over the course of 3 days. Questionnaires were provided at pretest and posttest to assess for changes in participant-reported levels of somatic symptoms (SOM), depressive symptoms (DEP), positive affect (PA), and negative affect (NA). The experimental WEP group, which consisted of three classrooms, was instructed to journal about their deepest thoughts and feelings regarding a prior traumatic event; while the control group, made up of two classrooms, was asked instead to write about superficial topics such as describing their walk to school. The results of these questionnaires were compared between groups.

Prior research suggests that the WEP is an effective mechanism for coping with trauma such as that experienced by the citizens of Ayacucho, Peru during the Communist Party of Peru, or *Sendero Luminoso* (Shining Path), guerilla insurgency. Today in Ayacucho, the communal trauma experienced over 2 decades of warfare is evidenced in high rates of substance and alcohol addiction, domestic abuse, community violence, and suicidality (IESM, 2003; Snider et al., 2004).

The traditional Euro-therapeutic model of psychotherapy relies upon a client's disclosure of personal issues to the therapist. Yet this expectation often conflicts with

values central to diverse cultural groups, making it less likely that their members will utilize mental health services. Conventional values of Latino/a culture include personal pride, familial support, honor, and family reputation. By seeking support outside of the family unit and sharing personal problems with a therapist—the Latino/a client may feel they are compromising their dignity and violating the trust of family members (Falicov, 1998; Gallardo & Curry, 2009). When an individual is unable to sufficiently resolve mental health issues within the family—or perhaps the issue exists with the family itself—there is evidence that more culturally-congruent modes of therapeutic intervention may be beneficial. For instance, by writing about one’s difficulties rather than speaking with a therapist, the implications of disclosing personal matters to a paid professional is removed. Through writing, a person is able to express their deepest thoughts and emotions privately, without expense, and at the time and location they choose.

This study theorized that the Written Expression Paradigm (WEP) would be a more culturally acceptable therapeutic intervention for the Ayacuchan participant sample; allowing for increased disclosure of traumatic events and accelerating the coping process (Pennebaker et al., 1990). It was therefore expected that participation in the WEP group would lead to decreased levels of depressive symptoms and negative affect subsequent to traumatic life events (Sloan & Marx, 2004).

Advances in neuroimaging have demonstrated that the overwhelming nature of a traumatic life event can cause dysfunction in the neurological processing of the experience. As a result, traumatic memories may be mis-stored in implicit, non-verbal brain regions. When retrieved, these memories emerge not as comprehensible stories from one’s past, but

are rather *re-experienced* on a sensory level. It has been theorized that verbal expression of a traumatic event, whether through written or spoken word, activates a cognitive process through which the previously fragmented memory may be re-stored in explicit, conscious brain regions (DeSocio, 2005). One can then consciously retrieve and reflect upon the memory, assimilating it into their *personal narrative*, or self-understanding, as they ascribe meaning and gain insight related to the experience. This cognitive integration is believed to enhance psychological well-being by facilitating a more congruent sense of self (Smyth, 1998).

This study hypothesized that participants assigned to the experimental expressive-writing condition (WEP group) would report significant decreases in DEP, SOM, and NA, while also reporting increased PA at follow-up. It was anticipated that these changes would be more pronounced for the WEP group than for participants who wrote only about superficial topics (control group).

Summary of Findings

The changes seen in DEP, PA, and NA for both groups were not significant, nor did either groups' scores on the depressive scale exceed the cutoff designed to identify a Major Depressive Episode. However, on average, the results of these measures were consistent with the hypothesized direction of change. In other words, the WEP group reported decreased DEP, decreased NA, and increased PA from pretest to posttest. In the control group, NA decreased slightly from pretest to posttest, but this group also demonstrated a contradictory increase in DEP and a very slight decrease in PA.

The most unexpected finding was the statistically significant increase in SOM from pretest to posttest in the WEP group. In comparison, the control group demonstrated an insignificant but slight decrease in SOM from pretest to posttest. The WEP group's somatic scores also exceeded the cutoff point of 13/14 for predicted psychopathology at both baseline and posttest. Despite statistical indications of between-group homogeneity, the inclusion of cutoff scores indicates a possible between-group difference at baseline. However, caution is required when interpreting cutoffs in the present study, as the established cutoff point for the somatic scale has not been validated with this population. Furthermore, the partial-point difference between the designated cutoff point of 13/14 and the actual WEP group scores of 13.17/14.13 (pretest and posttest) are negligible.

Interpretation

Overall, expected trends suggesting mental health improvement were seen in which DEP and NA decreased, and PA simultaneously increased for the WEP group from pretest to posttest. However, a significant increase in reported SOM in the WEP group at posttest complicates the interpretation of results. The apparent increase in SOM does not exclude the possibility that the written expression task was beneficial for those who participated. Rather, this unique result draws attention to the complex nature of multicultural research, and it is hoped, will serve to enhance the reliability of research to come.

The WEP group's significant increase in reported SOM fits the definition of a *Response Shift*. According to Schwartz and Sprangers (1999), a response shift is a change in the meaning of one's self-evaluation of a target construct as a result of: (a) a change in the

respondent's internal standards of measurement, (b) a change in the respondent's values, or (c) a redefinition of the target construct. The following discussion will explore all three possibilities of this definition which have been labeled *Internal Changes*, *Changes in Meaning*, and *Value Changes* as they relate to the present study's results.

Internal Changes

The most obvious possibility for the present study's SOM response shift is an actual research effect. In this case, we might attribute the WEP group's increase in SOM to diminished well-being following written expression. This is precisely what was suggested by participant reports immediately following the WEP experiment in Pennebaker and Beall's 1986 study. However, their subsequent 3- and 5-month follow-ups indicated that participants not only recovered from feeling worse after the experiment, but significantly improved in overall mental and physical health from baseline. Pennebaker theorized that the initial decrease in reported well-being was likely due to the initial discomfort of processing traumatic events. Research has since supported this idea, evidencing a cognitive process of traumatic memory-assimilation that occurs for several weeks before benefits of the WEP can be seen. For this reason, researchers have recommended that a period of at least 2 to 3 weeks be allotted prior to measuring for effects of the WEP (Pennebaker, 1999; Smyth, 1998).

The present study was designed in accordance with this recommendation, allowing a period of 2 months for participants to "recover" from the emotional challenges associated with the WEP process before the completion of outcome questionnaires. This provision makes it less likely that the increased SOM is a result of WEP-related stress. Furthermore,

at posttest, qualitative questionnaires were provided to participants which included an open-ended question asking for their general reactions to the experiment. The majority of participant response included statements that the writing process was “helpful” and that participants “felt better” since they wrote about their traumatic experiences, indicating that participants experienced the WEP as beneficial. This information, combined with the discrepancy between SOM in comparison to DEP, PA, and NA, suggests that factors other than participant distress are at play in the WEP group’s elevated SOM at posttest.

Changes in Meaning

The uncertain validity of assessments when used cross-culturally can lead to gross misinterpretations of research findings. As stated by Okazaki and Sue (1995), “One goal of assessment research with ethnic minorities is to conduct reliable and valid assessment while minimizing cultural or ethnic bias” (p. 371). Brislin (1993) theorized that three types of measurement equivalence must be met for the cross-cultural reliability and validity of an assessment to be attained. These include translation equivalence, conceptual equivalence, and metric equivalence.

The results of the current study suggest cultural inequivalence of the measures used, particularly in the areas of conceptual and metric equivalence. On the other hand, translation equivalence may have been a strength of this project, as the method involved use of a professional translator for conversion of the English-born assessment instruments. The translator hired was from an Andean city in Bolivia not far from Ayacucho, Peru. Not only was she familiar with the local dialect, but her specialization was translation of social-science related linguistics. The translation of this study’s measures was further

refined by a subsequent back-translation, independent review, and additional forward translation.

The limitations in conceptual and metric equivalence of the measurements used in this study can be attributed in part to a term Kleinman (1987) dubbed *category fallacy*, or the mistaken assumption that Euro-derived measures are universally meaningful. This error does not account for variations in human response to, understanding, or expression of trauma individually and cross-culturally. Research has shown that the response style participants adopt when completing questionnaires is influenced by cultural values. In one example, it has been suggested that the tendency for Asian participant groups to provide midpoint Likert ratings on questionnaires reflects Confucian moderation (Bachman & O'Malley, 1984; Hui & Trandis, 1989; Marín, Gamba, & Marín, 1992; Shapiro, Rosenblood, Berlyne, & Finberg, 1976; Hopwood, Flato, Ambwandi, Garland, & Morey, 2009). The discrepancy between this study's results on measures of somatic symptoms as compared to the results obtained on measures of depression may be attributable to a cultural inequivalence of the assessment instruments used.

Cultural Idioms of Distress. Culture is invariably linked to the way in which a person manifests psychological distress (Kleinman, 1987; van der Kolk, McFarlane, & Weisaeth, 1996). A tendency has been shown among Latino/a populations to represent stress somatically (Shiroma-Matayoshi, León-Barúa, & Berendson-Seminario, 2001). For example, prior studies that assessed for symptoms of Post Traumatic Stress Disorder (PTSD) among Salvadorian war refugees found that few reported symptoms matched the diagnostic criteria for PTSD, yet many indicated significant war-related somatic distress

(Jenkins, 1996; Farias, 1994). In Guatemala, research has demonstrated that war-related stress is best understood by the culture-bound syndromes *susto* or *nervios*, both of which involve physical manifestations of distress (Guarnaccia & Farias, 1988; Miller, 1994; Zur, 1996). And in Peru, persons meeting the diagnostic criteria for depression have been found to report significantly higher levels of somatic distress than their American counterparts (Mezzich & Raab, 1980; Shiroma-Matayoshi et al., 2001).

These findings suggest that measures of somatic distress may be more relevant for use in psychological assessment of Latino/a populations than measures that adhere to Euro-diagnostic criteria. Measures such as those used in this study to assess for clinical constructs of affect and depression may be less meaningful to Latino/a participants, in turn eliciting less meaningful responses.

Culture & Response Style. Multicultural research has shown that “middle-of-the-road” response styles are more likely when participants complete questionnaire items that have little meaning within their culture (Gibbons, Hamby, & Dennis, 1997; Gibbons, Zellner, & Rudek, 1999; Triandis & Marín, 1983). It is possible that the NA, PA, and DEP measures used in this study showed negligible changes between pretest and posttest because the meaning of items included on the PANAS and CES-D scales was less familiar to participants than the somatic complaints of the BSI. This would follow the *Meaning Hypothesis* which theorizes that respondents use more extreme scores when endorsing Likert-scale items that are meaningful to them—either on the basis of familiarity or cultural value (Gibbons et al., 1999). The Meaning Hypothesis not only

accounts for the discrepancy in levels of change between SOM and DEP, PA, and NA, but also provides insight into the implications of the SOM increase in this study.

Social Desirability & Response Bias. There is evidence that, in congruence with Latino/a cultural and societal norms, Latino/a research participants may be more likely to present themselves in a favorable light compared to Anglo participants (Booth-Kewley, Rosenfeld, & Edwards, 1992). When responding to Likert rating scales, Latino/a respondents have shown a tendency to provide more extreme ratings (Marín et al., 1992), typically in a direction that is considered socially desirable (Hopwood et al., 2009). This may be attributable to Latino/a cultural values that emphasize pride, dignity, and family honor such as *orgullo* (pride), *machismo*, and *familismo* (family closeness and honor). Additionally, *respeto*, or the Latino/a emphasis on respect for persons in positions of authority, as well as *simpatia*, in which smooth interpersonal relations are valued, may inadvertently influence Latino/a research participants to respond in ways they believe the researcher would prefer (Hopwood et al., 2009).

In Snider et al.'s 2004 study in Ayacucho, Peru, focus group participants denied using or having faith in *curanderos* (regional spiritual healers). However, a nurse and student from the region indicated otherwise, stating that *curanderos* were frequently called upon and that the focus group participants may have responded in a way that they perceived to be more respectful of and approvable to the "Western doctor"-researchers (Snider et al., 2004). The potential for a socially desirable response style is particularly relevant to the present study's results, as it may have influenced underreporting of SOM at baseline.

Familiarity & Response Bias. Aside from cultural tendencies toward socially desirable responding, research participants of all ethnicities have been shown to adopt more socially desirable response styles when test items are unfamiliar (Gibbons et al., 1999; Marín et al., 1992). In the present study, many of the participating students indicated to the researcher that they were not only unfamiliar with the meaning of test items, but also that they had never before completed a questionnaire. Within the classrooms, students asked several times for the questionnaire instructions to be repeated, and test components such as circling the appropriate response number rather than writing out the response in the margin were completely novel to them. Given the evidence that ambiguous testing situations facilitate more socially desirable response styles, it seems possible that in the present study respondents utilized a socially desirable response style across all measures at baseline.

Familiarity of the measures increased following the participants' completion of the intake packets, during which time they effectively practiced completing four separate questionnaires. This is likely to have led to increased familiarity with the mechanics of response scales, and—according to the research outlined above—may have decreased participants' inclination to respond in a socially desirable manner at posttest. A less inhibited response style might explain why SOM was reported more frequently at posttest than at pretest. It may even possible that the original research hypothesis was in fact supported, and that participants experienced a decrease in SOM not reflected by the results due to the socially desirable response bias at baseline.

However, according to this theory, it would follow that all measures, including PA, NA, and DEP, should increase at posttest as they were all practiced just the same as SOM. The most empirically supported reason for the increase in SOM only is that the items on the SOM measure were more meaningful to participants than items from the PA, NA, and DEP measures. In this way, despite increased familiarity with the mechanics of the questionnaires, research would predict that the limited cultural meaning of items on the PA, NA, and DEP measures would still elicit a similar “middle-of-the-road” response style to that seen across all the measures at baseline.

The influence of test familiarity on participant response style may also account for the difference of SOM at posttest between the WEP and control group. Research has shown that participation in research can have confounding effects on participant-reported outcome. A research participant may begin a study with limited familiarity with the concepts central to the research (e.g., somatic symptoms of psychological trauma). However, over the course of a study, research participants may be exposed to these ideas in questionnaires and task instructions. This can influence their perception of the concepts, causing distortions in their later posttest reports and confounding the research results (Baranowski, Allen, & Masse, 2006).

Prior to the present study, participants may have spent very little time considering their mental health or the relevance of their somatic complaints. However, by merely introducing herself as a “psychology student from the United States,” the researcher influenced the participants perception of the research. Exposure to mental health-related themes continued with the dissemination of baseline scales. From a participant’s point of

view, it might have been surprising to be presented with a questionnaire of physical complaints from a psychology researcher. This may have been an initial indication that the physical ailments they experienced might not only be related to mental health, but were so significant that they warranted the researcher's travel from the United States to Peru to be studied.

Furthermore, on each day of the experiment, participants from the WEP-group were provided with instructions to daily instructions in which the researcher emphasized they write about "the most traumatic, upsetting experience of [their] entire life," as well as any "major conflicts or problems" that they were experiencing at that time (Appendixes P & Q). The control group instructions, on the other hand, were devoid of emotional and psychological language (Appendixes N & O). By hearing the researcher's instructions and writing about traumatic events each day, the WEP-group received significantly more exposure to themes related to psychological distress than the control group. It may therefore be possible that by posttest, the WEP-group had a more heightened attunement to SOM as it related to the psychological implications of the research, causing more extreme item endorsement in comparison to the control group (Marín et al., 1992).

Value Changes

Perceived Research Value. Implications of the Meaning Hypothesis extend beyond the content definition of target measures for a given population. The importance of scale items as well as the perceived value of the research project itself all have significant effects on research participants' response styles. Just as respondents have been shown to use more extreme Likert ratings when test items are understood, they have also shown to

adopt a more extreme response style when endorsing items that are important to them (Gibbons et al., 1999; Triandis & Marín, 1983; Gibbons et al., 1997), reflecting more intentional responses to items that elicit meaning. This provides additional insight into the present research, particularly regarding the relationship between the value of the study for WEP-group participants in relation to their SOM scores at posttest.

While no significant results were found, trends were apparent in the correlation between WEP-group ratings of their participation in the written expression task as either *extremely*, *moderately*, or *not at all* meaningful to them. Once again, findings were consistent with the meaning hypothesis, in which participants who found their involvement to be most meaningful demonstrated the highest reported SOM. Participants who found their involvement to be moderately meaningful reported moderate increases in reported SOM. And, correspondingly, participants who rated their participation in WEP to be “not a all meaningful” experienced little to no change in SOM. Therefore, increased awareness of somatic symptoms in this study appears to be associated somewhat with the meaningfulness of the WEP for participants. This finding further suggests that increased SOM at posttest is not representative of distress, but rather may be indicative of the enhanced experiential awareness and self-attunement of participants who found value in the written expression task.

Value of Measures. The assumption that the issues assessed in a study are the issues of primary importance to the community is a form of category fallacy. Whereas Euro-psychological research of trauma frequently assesses for individual symptoms of psychological distress, communities affected by war often report primary concerns related

to the long term functional and community-based consequences of war (Tremblay et al., 2009). Examples of concerns reported in prior research with post-war communities (Bracken, Giller, & Summerfield, 1995; de Jong & von Ommermen, 2002; Englund, 1998; Summerfield, 1999) include:

- Impaired daily functioning (compromised ability to care for family)
- Family conflict
- Spousal abuse
- Isolation from others
- Sadness due to broken social networks
- Poverty
- Substance abuse
- Psychosis
- Separation from loved ones due to displacement
- Grief and confusion over death and disappearance of family members
- Loss of traditional cultural rituals of bereavement

Similarly, when Snider and colleagues (2004) interviewed 228 villagers in Ayacucho, Peru, it was found that individuals were identified as having experienced “trauma” not by demonstrating depressed mood or affect, but by problems in social functioning, isolation from others, and failing to meet the needs of their family. In this way, the *social* effects of violence were shown to be much more salient to the community than the individual symptoms of trauma that this study primarily addressed.

In 2003, Peru's *Instituto Especializado de Salud Mental* (Institute of Mental Health) conducted a landmark epidemiological study on the mental health of the Andean communities of Peru (IESM, 2003). Of the 3,895 adult and 1,568 adolescents surveyed, the citizens of Ayacucho were shown to have the highest rates of suicidal ideation, substance abuse, violent behavior, symptoms of mental illness, and domestic abuse compared to the surrounding villages. When rating their top stressors, approximately half of all adolescent and adult participants indicated that they were most troubled by problems in the family, and over half reported that the most significant stressors in their lives were impoverishment and health concerns. This emphasis on health within the Ayacucho community was also shown by Snider et al. (2004), wherein participants reported the most important post-war needs to be basic health care, direct treatment services, and provision of medicines. Given the importance of health related concerns within the Ayacucho community, it makes sense that the present study's scale assessing for somatic symptoms of stress was most endorsed by participants.

Social Constructivism in Research. The epidemiological findings above also point to the importance of interpersonal relations within the communities of Peru. The social dynamics of the present study are therefore another point of interest for interpreting the results. According to Stanley and Wise (1993), "Research is a process that occurs through the medium of a person—the researcher is always and inevitably *in* the research. This exists whether openly stated or not" (p. 175).

From a social constructivist perspective, the interaction between the research, the researcher, and the participating students is inseparable from the larger social systems

where the research takes place. In other words, “what is outside is also inside” (Miller, Kulkarni, & Kushner, 2006). Research conducted within marginalized communities is often related to the oppressive forces that impact participants’ lives. Compounding the delicate nature of these explorations is the power differential inherent to experimental research, in which one individual is given the role of *examiner* while others become *examinees* (Bhopal, 2010). Trust was therefore an important consideration in the present study, and the researcher made efforts to diminish the power differential through community collaboration and reflexivity in interactions with participants.

The nature of interactions between the researcher and participants in the present study varied significantly, and much of what the researcher found to be conducive to relating with students was also conducive to the successful completion of the study. Literature on multicultural research design supports some of the strategies found to be meaningful in the present study, such as the researcher’s adoption of a more reflexive collaborative attitude in relating with participants as equals (Bhopal, 2010). Research has shown that the incorporation of qualitative methods in multicultural research can be especially helpful in establishing a quality research relationship and obtaining more valid results. The flexibility of qualitative methods allows for an exploration of local idioms of distress prior to assessing for their presence (de Jong & von Ommerment, 2002). Furthermore, the researcher is able to modify the research approach according to the needs of a particular culture. When a researcher asks participants to restructure a questionnaire according to their own worldview, the community member, not the researcher, is acknowledged as the expert of their experience (Duran et al., 2008). The research

relationship shifts from a dynamic of power to one of liberation, and is particularly meaningful when working with marginalized individuals who may be accustomed to their views being silenced (Hutchinson, Wilson, & Wilson, 2000).

In the present study, the issue of trust between the researcher and participants must not be underestimated. Over the course of the experiment, the researcher encountered multiple challenges in effectively relating with the student participants. However, many of these challenges were resolved by addressing the challenges on a personal level at which time the researcher may have been seen as more than just an “outsider.” Trust has been shown to influence participant reports before, as in the case of anthropologist Patricia Omidian, who worked with Afghan women seeking refuge from political violence and persecution in the United States. While the women initially reported that they were happy and well-adjusted in their new homes, over time they gained trust in Omidian, eventually revealing significant grief over what they left behind and the profound difficulty of living in exile (Omidian 1996).

It is therefore quite possible that in the present study, research participants became more trusting of the researcher over time. This is demonstrated by the more focused participation of previously distracted students, as well as by the participants’ eager interactions with the researcher following the final writing session. Furthermore, the posttest questionnaires were distributed 2 months following the celebratory pizza party and distribution of participation gifts. It is possible that these rewards made the researcher more “likeable” to participants, also enhancing their participation in the follow-up reports.

Taken together, it is possible that increased trust enhanced the participants' disclosure of personal distress at posttest, leading to a significant rise in SOM.

Limitations

This study contains several limitations that warrant caution in interpreting the results. Possible confounding issues that were previously discussed include: (a) questionable content validity of the depression and affect measures, (b) response biases (e.g., cultural: social desirability, extreme response style for relevant content; general: midpoint responding on unfamiliar scales), and (c) changes in the research relationship (e.g., increased trust of researcher at posttest).

The results of the present study are also limited due to other more methodologically-based reasons. First, the generalizability of the research results are limited due to the modest sample size ($N=161$) of this study. Another issue with generalizability is that this study utilized a quasi-experimental design, assigning condition by entire classrooms rather than randomly selecting individual students.

Because students in a given classroom spend multiple hours together daily, it is possible that the influence of students on one another within a classroom causes the classroom as a whole to display certain traits. For instance, as was illustrated by the researcher's experience, a classroom containing one or two rowdy students who are well-liked by their peers may adopt a more unruly attitude as a whole. Similarly, classrooms in which several of the students are highly dedicated to their school work and unwilling to give in to social pressure may be more apt to sit quietly in the absence of a teacher.

In relation to this study, it is possible that classroom traits were unevenly distributed between the experimental and control conditions, leading to potentially confounded results. Similarly, the overall lack of structure within the classrooms may have compromised the reliability of the research results, as inattention has been shown to cause inaccurate response shifts in prior research (Chun, Campbell, & Yoo, 1974; Gibbons et al., 1999).

One particularly unexpected complication to the study's implementation was it being inadvertently scheduled during Ayacucho's *Holy Week*. On that week, school was excused on Thursday and Friday, forcing the researcher to shorten to number of writing sessions to three instead of the originally planned five. Because participants had less exposure to the written expression process in three sessions than five, it is possible that the effects of WEP were not as salient as they might have been over the course of more writing sessions.

Issues of measurement also arose in this study. As previously discussed, participants were largely unfamiliar with completing questionnaires, suggesting that more alternative modes of assessment may yield more reliable results. Similarly, the study relied primarily on quantitative measures which might have been supplemented with collateral reports and interviews. However, in keeping with the theory that respondents would be more likely to report distress privately through use of WEP, quantitative measures were believed to afford participants more confidentiality than other measures, and were therefore utilized in this study. It is interesting, however, that even when participants were assured that the confidentiality of their responses would be upheld at all times, there still

appeared to be a trend of more socially desirable responding that diminished as the participants became more trusting of the researcher. This lends further support to the social constructivist viewpoint that regardless of empirical controls, data is ultimately reflective of the social context in which it is collected (Miller et al., 2006). Trust is therefore an issue in any intervention, regardless of whether interpersonal disclosure is involved. This idea is congruent with the value the Ayacucho community places on social relationships, and indicates that the “culturally-sensitive” idea that Latino/a participants may be reluctant to disclose personal struggles may need to be reconceptualized.

Several design-specific recommendations can be made from the limitations found in the present study. First, increased contact between with participants is encouraged prior to starting an experiment in order to avoid changes in response style related to increased familiarity and trust of the researcher after pretest. Similarly, it is recommended that gifts for participation and other incentives be incorporated at the start of the study rather than between pretest and posttest.

The inclusion of additional writing sessions are also encouraged in future studies to increase the likelihood that WEP will produce an effect. Also, because participants may become more attuned to symptoms of distress by mere participation in a research study, it may be useful for future designs to incorporate an additional retrospective symptom assessment at posttest, during which participants retrospectively *re-report* the symptoms they experienced at baseline (Barclay-Goddard et al., 2009) according to their current level of symptom awareness. To better understand cultural influences on research, the increased use of social desirability scales in cross-cultural research is encouraged so that researchers

may gain a better understanding of the consistency and related response styles of the social desirability phenomenon across cultures (Hopwood et al., 2009). In the present study, the interaction between the research relationship and larger societal social issues was salient. Based on lessons learned through the conducting this study, the researcher wholeheartedly advocates for a social constructivist approach in future multicultural research. It is recommended that a participatory approach be adopted with research subjects, utilizing their feedback in order to develop more culturally-appropriate measurements so that future empirical exploration may produce more meaningful results.

Contributions & Conclusions

Promising trends were seen in the present study's data results that support the potential effectiveness of Pennebaker's written expression task for high school students in Ayacucho, Peru. While an increase in reported somatic symptomology among the WEP-group was the only significant effect obtained in the results, this finding may inadvertently representative of an improvement in participant well-being and experiential awareness, particularly due to its correlation with participants' rated value of the WEP at posttest. Therefore, the WEP warrants further exploration for use in cross-cultural settings, especially considering its applicability in communities where formal mental health services and economic resources are limited.

The most significant contribution of this study may have derived from exploring its limitations. The variations in this study's results point to the amalgamation of contextual influences on psychological healing in post-war societies. It is hoped that the lessons learned will improve the quality of future research.

A call is made for mental health researchers to move beyond psychiatric definitions and trauma-focused epidemiology to ensure we are accurately assessing the needs of research populations—as prioritized by the populations themselves. Mental health research and intervention in post-war communities may benefit from a more inclusive view of psychological well-being in which general resiliency, access to resources, socioeconomics, spirituality, family cohesiveness, interpersonal relations, and social justice issues are of equal consideration.

This researcher intends to continue collaboration within the community of Ayacucho in an ongoing exploration of the unique needs of the community and effort to increase local awareness of mental health issues and resources. It is also hoped that through future presentation and publication of the research, the urgency with which recovery services are needed in regions such as Ayacucho, Peru, will be more broadly recognized. Through genuine interactions between this researcher and the present study's participants, meaningful lessons were learned regarding the importance of trust in the research relationship. It is hoped that these more qualitative components to the study will encourage an attitude of humility and respect among researchers. It is also hoped that the trust that was established over the course of this study may pave the way for continued exploration in Ayacucho and abroad.

REFERENCES

- Abreu, J. M., Goodyear, R. K., Campos, A., & Newcomb, M. D. (2000). Ethnic belonging and traditional masculinity ideology among African Americans, European Americans, and Latinos. *Psychology of Men and Masculinity, 1*(2), 75-86.
doi:10.1037/1524-9220.1.2.75
- Alford, W. K., Malouff, J. M., & Osland, K. S. (2005). Written emotional expression as a coping method in child protective services officers. *International Journal of Stress Management, 12*(2), 177-187. doi: 10.1037/1072-5245
- Alkhatib, A., Regan, J., & Barrett, D. (2007). The silent victims: Effects of war and terrorism on child development. *Psychiatric Annals, 37*(8), 586-589. doi: 10.1080/19361521.2011.577395
- Alsup, R. E. (2009). Liberation Psychology: Martin Luther King, Jr.'s beloved community as a model for social creativity. *Journal of Humanistic Psychology, 49*(4), 388-408.
doi: 10.1177/0022167809335361
- American Academy of Child and Adolescent Psychiatry (1998). AACAP Official Action: Practice parameters for the assessment and treatment of children and adolescents with posttraumatic stress disorder. *Journal of the American Academy of Child and Adolescent Psychiatry, 37*, 4S-26S. doi: 10.1097/01.chi.0000246070.23695.06
- Atkinson, D. R., Thomson, C. E., & Grant, S. K. (1993). A three-dimensional model for counseling racial/ethnic minorities. *The Counseling Psychologist, 21*, 257-277. doi: 10.1177/0011000093212010

- Bachman, J. G. & O'Malley, P. M. (1984). Yea-saying, nay-saying, and going to extremes: Black-White differences in response styles. *Public Opinion Quarterly*, *48*(2), 491-509. doi: 10.1086/268845
- Baikie, K. & Wilhelm, K. (2005). Emotional and physical health benefits of expressive writing. *Advances in Psychiatric Treatment*, *11*, 338-346. doi: 10.1192/apt.11.5.338
- Baranowski, T., Allen, D. D., Masse, L. C., & Wilson, M. (2006). Does participation in an intervention affect responses on self-report questionnaires? *Health Education Resource*, *1*, 98-109. doi: 10.1093/her/cyl087
- Barclay-Goddard, R., Epstein, J. D., & Mayo, N. E. (2009). Response shift: a brief overview and proposed research priorities. *Quality of Life Research*, *18*, 335-346. doi: 10.1007/s11136-009-9450-x
- Bhopal, K. (2010). Gender, identity, and experience: Researching marginalized groups. *Women's Studies International Forum*, *33*, 188-195. doi: 10.1016/j.wsif.2009.12.005
- Bolton, R. (1979). Machismo in motion: The ethos of Peruvian truckers. *Ethos*, *7*(4), 312-342. doi: 10.1525/eth.1979.7.4.02a00020
- Boothby, N. (1996). Mobilizing communities to meet the psychosocial needs of children in war and refugee crisis. In Apfel, R. J. & Bennet, S. (eds.), *Minefields in their Hearts: The Mental Health of Children in War and Communal Violence* (pp. 149-163). New Haven, CT: Yale University Press.
- Booth-Kewley, S., Rosenfeld, P., & Edwards, J. E. (1992). Impression management and self-deceptive enhancement among Latino and non-Latino White navy recruits. *Journal of Social Psychology*, *132*, 323-329. doi: 10.1002/jclp.20584

- Boyd, J. H., Weissman, M. M., Thompson, W. D., & Myers, J. K. (1982). Screening for depression in a community sample. *Archives of General Psychiatry*, *39*, 1195-1200. doi: 10.1177/088626099014012005
- Bracken, P. J., Giller, J. E., & Summerfield, D. (1995). Psychological responses to war and atrocity: The limitations of current concepts. *Social Science and Medicine*, *40*, 1073-1082. doi: 10.1016/0277-9536(94)00181-R
- Breslau, J. (2004). Cultures of trauma: Anthropological views of posttraumatic stress disorder in international health. *Culture, Medicine, and Psychiatry*, *28*, 113-126. doi: 10.1023/ B%3AME DI.0000034421.07612.c8
- Brislin, R. W. (1993). *Understanding culture's influence on behavior*. New York, NY: Harcourt Brace Jovanisch.
- Bruener, E.M. (1989). Experience and its expressions. In Victor W. Turner (Ed.), *The anthropology of experience* (pp. 3-30). Urbana & Chicago: University of Illinois Press.
- Burkard, A. W., & Knox, S. (2004). Effect of therapist color-blindness on empathy and attributions in cross-cultural counseling. *Journal of Counseling Psychology*, *51*(4), 387-397. doi: 10.1037/0022-0167.51.4.387
- Campos-Arias, A., Díaz-Martínez, L. A., Rueda-Jaimes, G. E., Cadena-Afandador, L., Hernández, N. L. (2007). Psychometric properties of the CES-D-18 scale among Colombian adults from the general population. *Rev. Colomb. Psiquiatra* *36*(4), 664-674. doi: 10.1177/0890334410396510

- Casas, J.M. & Vasquez, M.J.T. (1989). Counseling the Hispanic client: A theoretical and applied perspective. In Pederson, P.B., Draguns, J.G., Lonner, W.J. & Trimble, J.E. (Eds.), *Counseling across cultures* (3rd Ed) (pp. 153-175). Honolulu, HI: University of Hawaii Press.
- Christensen, A.J., Edwards, D.L., Wiebe, J.S., Benotsch, E.G., McKelvey, L., Andrews, M., & Lubaroff, D.M. (1996). Effect of verbal self-disclosure on natural killer cell activity: Moderation influence on cynical hostility. *Psychosomatic Medicine*, 58, 150-155. doi: 10.1033-3174/96/5802-0150\$03.00/0
- Christianson, S. (1992). Emotional stress and eyewitness memory: A critical review. *Psychological Bulletin*, 112(2), 284-309. doi: 10.1037/0033-2909.112
- Chun, K. T., Campbell, J. B., Yoo, J. H. (1974). Extreme response style in cross-cultural research: A reminder. *Journal of Cross-Cultural Psychology*, 5, 465-480. doi: 10.1177/002202217400500407
- Comas-Diaz, L. (2006). The integration of ethnic psychology into psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 43(4), 436-453. doi: 10.1037/10033-3204.43.4.436
- Comer, J.S., & Kendall, P.C. (2007). Terrorism: The psychological impact on youth. *Clinical Psychology: Science and Practice*, 14(3), 179-212. doi: 10.1111/j.1468-2850.2007.00078.x
- de Jong, J. & van Ommermen, M. (2002). Toward a culture-informed epidemiology: Combining qualitative and quantitative research in transcultural contexts. *Transcultural Psychiatry*, 39, 422-433. doi: 10.1177/136346150203900402

- DeSocio, J. E., (2005). Accessing self-development through narrative approaches in child and adolescent psychotherapy. *Journal of child and adolescent psychiatric nursing*, 18(2), 53-61. doi: 10.1111/j.1744-6171.2005.00012.x
- Dittman, M. (2003). A changing student body. *Monitor on Psychology*, 34(2), 42.
- Duran, E., Firehammer, J., Gonzalez, J. (2008). Liberation Psychology as the path toward healing cultural soul wounds. *Journal of Counseling and Development*, 86, 288-295.
- Eigan, M. (1986). *The psychotic core*. Northvale, NJ: Jason Aronson.
- Englund, H. (1998). Death, trauma, and ritual: Mozambican refugees in Malawi. *Social Science and Medicine*, 46(9), 1165-1174. doi: 10.1016/S0277-9536(97)10044-2
- Estévez, E., Musitu, G., & Herrero, J. (2005). The influence of violent behavior and victimization at school on psychological distress: the role of parents and teachers. *Adolescence*, 40 (157), 183-196. doi: 10.1007/s10802-009-9310-8
- Falicov, C.J. (1998). *Latino Families in Therapy: A Guide to Multicultural Practice*. New York, NY: The Guilford Press.
- Farias, P. (1994). Central and South American refugees: Some mental health challenges. In A. J. Marsella, T. Bornemann, S. Ekblad & J. Orley (Eds.), *Amidst Peril and Pain: the Mental Health and Well Being of the World's Refugees* (pp. 101-113). Washington, D.C.: American Psychological Association.
- Freire, P. (1972). *Pedagogy of the Oppressed*. Harmondsworth, UK: Penguin.
- Fumerton, M. (2001). *Rondas Campesinas* in the Peruvian civil war: Peasant self-defense organisations in Ayacucho. *Bulletin of Latin American Research*, 20(4), 470-497. doi: 10.1111/1470-9856.00026

- Gallardo, M. & Curry, S. (2007). Machismo. *Encyclopedia of counseling psychology*. Thousand Oaks, CA: Sage.
- Gallardo, M. & Curry, S. (2009). Shifting perspectives: Culturally responsive interventions with Latino/a substance abusers. *Journal of Ethnicity in Substance Abuse*, 8, 314-329. doi: 10.1080/15332640903110492
- Garbarino, J. (1993). Children's response to community violence: What do we know? *Infant Mental Health Journal*, 14(2), 103-115. doi: 10.1002/1097-0355(199322)14:2 < 103::AID-IMHJ2280140204 > 3.0.CO;2-6
- Gendlin, E. T. (1962). *Experiencing and the creation of meaning*. New York, NY: Free Press.
- Gibbons, J. L., Hamby, B. A., & Dennis, W. D. (1997). Researching gender-role ideologies internationally and cross-culturally. *Psychology of Women Quarterly*, 21, 151-170. doi: 10.1111/j.1471-6402.1997.tb00106.x
- Gibbons, J. L., Zellner, J. A., Rudek, D. J., (1999). Effects of language and meaningfulness on the use of extreme response style by Spanish-English bilinguals. *Cross-Cultural Research*, 33(4), 369-381. doi: 10.1177/106939719903300404.
- Graybeal, A. Sexton, J., & Pennebaker, J. (2002). The role of story-making in disclosure writing. The psychometrics of Narrative. *Psychology & Health* 17(5), 571-581. doi: 10.1080/08870440290025786
- Greenberg, M. A. & Stone, A. A. (1992). Writing about disclosed versus undisclosed traumas: Immediate and long term effects on mood and health. *Journal of Personality and Social Psychology*, 63, 75-84. doi: 10.1037/0022-3514.63.1.75

- Guarnaccia, P. J. & Farias, P. (1988). The social meaning of nervios: A case study of a Central American woman. *Social Science & Medicine*, 26, 1223-1231. doi: 10.1016/0277-9536(88)90154-2
- Haddock, G. and Slade, P. D. (1996). *Cognitive behavioral interventions with psychotic disorders*. New York, NY: Routledge.
- Hernández, P. (2002). Trauma in war and political persecution: Expanding the concept. *American Journal of Pathopsychiatry*, 72(1), 16-25.
- Hopwood, C. J., Flato, C. G., Ambwani, S., Garland, B. H., Morey, L. C. (2009). A comparison of Latino and Anglo socially desirable responding. *Journal of Clinical Psychology*, 65(7), 769-780. doi: 10.1002/jclp.20584
- Hui, C. H. & Triandis, H. C. (1989). Effects of culture and response format on extreme response style. *Journal of Cross Cultural Psychology*, 20(3), 296-309. doi: 10.1177/0022022189203004
- Human Rights Watch (2003, August 28). *Peru — Prosecutions should follow Truth Commission Report*. Retrieved from <http://hrw.org/english/docs/2003/08/28/peru6334.htm>
- Hutchinson, S. Wilson, M., & Wilson, H. (2000). Benefits of participating in research interviews. *Journal of Nursing Scholarship*, 26(2), 161-164.
- Instituto Especializado de Salud Mental (IESM) “Honorio Delgado Hieyo Noguchi,” (2003). *Estudio Epidemiológico en Salud Mental en la Sierra Peruana 2003: Informe General* [Mental Health Study in the Peruvian Sierras 2003: General Information]. *Anales de Salud Mental*, 19, (1-2), 1-218.

- Jenkins, J. H. (1996). Culture, emotion, and PTSD. In A. Marsella, M. Friedman, E. Gerrity & R. Scurfield (Eds.), *Ethnocultural aspects of Posttraumatic Stress Disorder: issues, research, and clinical applications* (pp. 165-182). Washington, DC: American Psychological Association.
- Joiner, T.E., Sandín, B., Chorot, P. Lostao, L., & Marquina, G. (1997). Development and factor analytic validation of the SPANAS among women in Spain: (More) cross-cultural convergence in the structure of mood. *Journal of Personality Assessment, 68*(3), 600-615. doi: 10.1207/s15327752jpa6803_8
- Kleinman, A. (1987). Anthropology and psychiatry: The role of culture in cross-culture on illness. *British Journal of Psychiatry, 151*, 447-454. doi: 10.1192/bjp.151.4.447
- Kranz, A. & Pennebaker, J.W. (1996). Bodily versus written expression of traumatic experience. Manuscript submitted for publication.
- La Greca, A.M. (2007). Understanding the psychological impact of terrorism on youth: Moving beyond posttraumatic stress disorder. *Clinical Psychology: Science and Practice, 14*(3), 219-223. doi: 10.1111/j.1468-2850.2007.00080.x
- Laing, R. D. (1969). *The divided self*. Middlesex, England: Penguin
- Largo-Marsh, L. & Spates, C. R. (2002). The effects of writing therapy in comparison to EMD/R on traumatic stress: The relationship between hypnotizability and client expectancy to outcome. *Professional Psychology: Research and Practice, 33*(6), 581-586. doi: 10.1037/0735-7028.33.6.581

- LeDoux J. E. & Ademar, R. E. (1992). Emotion as memory: Anatomical systems underlying indelible neural traces. In S. A. Christianson (ed.), *Handbook of Emotion and Memory* (pp. 269-288). Hillsdale, NJ: Lawrence Erlbaum.
- Lewis, W.A., & Butcher, A.M. (1992). Anger, catharsis, the reformulated frustration-aggression hypothesis, and health consequences. *Psychotherapy*, 29, 385-392.
- Lutgendorf, S.K., Antoni, M.H., Kumar, M., & Schneiderman, N. (1994). Changes in cognitive coping strategies predict EBV antibody titre change following a stressor expression induction. *Journal of Psychosomatic Research*, 38, 63-78. doi: 10.1016/0022-3999(94)90009-4
- Mahoney, M.J. (Ed.). (1995). *Cognitive and constructive psychotherapies: Theory, research, and practice*. New York, NY: Springer.
- Marín, G., Gamba, R. & Marín, B. (1992). Extreme response style and acquiescence among Hispanics: The role of acculturation and education. *Journal of Cross-Cultural Psychology*, 23(4), 498-509. doi: 10.1177/0022022192234006
- Martín-Baró, I. (1984). *Guerra y salud mental* [War and mental health]. *Estudios Centroamericanos*, 39, 503-514. Retrieved from www.papelesdelpsicologo.es/vernumero.asp?id=585
- Martín-Baró, I. (1989). Political violence and war as causes of psychosocial trauma in El Salvador. *International Journal of Mental Health*, 18, 3-20. doi: 10.1177/1363461508100785

- Martín-Baró, I. (1994). *Writings for a liberation psychology*. Cambridge, MA: Harvard University Press.
- McCall, M. M. & Wittner, J. (1990). The good news about life history. In H. S. Becker & M. M. McCall (Eds.), *Symbolic interaction and cultural studies* (pp. 46-89). Chicago, Illinois: The University of Chicago Press.
- McGaugh, J. L. (1989). Involvement of hormonal and neuromodulatory systems in the regulation of memory storage. *Annual Review of Neuroscience*, 2, 255-287.
- Mezzich, J. E. & Raab, E. S., (1980). Depressive symptomology across the Americas. *Archives of General Psychiatry*, 37(7), 818-823.
- Miller, K. E. (1994). *Growing up in exile: Mental health and meaning making among indigenous Guatemalan refugee children in Chiapas, Mexico*. (Unpublished doctoral dissertation). University of Michigan, Ann Arbor, MI.
- Miller, K. E., Kulkarni, M., Kushner, H., (2006). Beyond trauma-focused psychiatric epidemiology: Bridging research and practice with war-affected populations. *American Journal of Orthopsychiatry*, 76(4), 409-422. doi: 10.1037/0002-9432.76.4.409
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250-260. doi: 10.1037/0022-0167.52.2.250
- Mumford, D.B. (1992). *The development and validity of the Bradford Somatic Inventory: An investigation of functional somatic symptoms in Britain and Pakistan*. MD Thesis, University of Bristol, United Kingdom.

- Mumford, D.B, Bavington, J.T., Bhatnagar, K.S., Hussain, Y., Mirza, S., and Naraghi, M.M. (1991). The Bradford Somatic Inventory. A multi-ethnic inventory of somatic symptoms reported by anxious and depressed patients in Britain and the Indo-Pakistan subcontinent. *The British Journal of Psychiatry* 158, 379-386.
Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/2036538>
- Mumford, D. B., Tareen, I. A. K., Bhatti, M. R., Bajwa, M. A. Z., Ayub, M. & Pervaiz, T. (1991). An investigation of functional somatic symptoms among patients attending hospital medical clinics in Pakistan—II. Using somatic symptoms to identify patients with psychiatric disorders. *Journal of Psychosomatic Research*, 35(2/3), 257-264. Retrieved from
<http://www.refdoc.fr/Detailnotice?cpsidt=4972787&traduire=en>
- Neff, J. A. (2001). A confirmatory factor analysis of a measure of 'Machismo' among Anglo, African American, and Mexican American male drinkers. *Hispanic Journal of Behavioral Sciences*, 23(2), 171-187. doi: 10.1177/0739986301232004
- Neugebauer, R. (1999). Research on violence in developing countries: Benefits and perils [Editorial]. *American Journal of Public Health*, 89(10). Retrieved from
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1508796/>
- Okazaki, S. & Sue, S. (1995). Methodological issues in assessment research with ethnic minorities. *Psychological Assessment*, 7(3), 367-374. doi: 10.1037/1040-3590.7.3.367
- Omidian, P. (1996). *Aging and family in an Afghan refugee community: Transitions and transformations*. New York, NY: Garland.

- Packer, M.J. (1985). Hermeneutic inquiry in the study of human contact. *American Psychologist*, 40(10), 1081-1093. doi: 10.1037/0003-066X.40.10.1081
- Pedersen, D. (2002). Political violence, ethnic conflict, and contemporary wars: Broad implications for health and social well-being. *Social Science and Medicine*, 55(2), 175-190. doi:10.1016/S0277-9536(01)00261-1
- Pedersen, D., Gamarra, J., Planas, M., & Errazuriz, C. (2002). *Violencia politica y salud en las comunidades alto-Andinas de Ayacucho, Peru: Publicaciones especiales* [Political violence and health in the high Andean communities of Ayacucho, Peru: Special Publications]. *Accident Analysis and Prevention*, 42(3), 867-873.
- Pennebaker, J. W. (1997a). *Opening up: The healing power of expressing emotions* (Rev. ed.). New York, NY: The Guilford Press.
- Pennebaker, J. W. (1997b). Writing about emotional experiences as a therapeutic process. *American Psychological Society*, 8(3), 162-166. doi: 10.1111/j.1467-9280.1997.tb00403.x
- 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. doi: 10.1037/0021-843X.95.3.274
- Pennebaker, J. W., Colder, M., & Sharp, L. K., (1990). Accelerating the coping process. *Journal of Personality and Social Psychology*, 58(3), 528-537. doi: 10.1037/0022-3514.58.3.528
- Pennebaker, J. W., Francis, M. E., & Booth, R. J. (2001). *Linguistic inquiry and word count (LIWC): LIWC2001*. Mahwah, NJ: Erlbaum.

- Pennebaker, J. W., Mayne, T., & Francis, M. (1997). Linguistic predictors of adaptive bereavement. *Journal of Personality and Social Psychology*, *72*, 863-871. doi: 10.1037/0022-3514.72.4.863
- Pennebaker, J. W. & Seagal, J. D. (1999). Forming a story: The health benefits of narrative. *Journal of Clinical Psychology*, *55*(10), 1243-1254. doi: 10.1002/(SICI)1097-4679(199910)55:10 < 1243::AID-JCLP6 > 3.0.CO;2-N
- Pynoos, R. S. & Eth, S., (1984). The child as witness to violence. *Journal of Social Issues*, *40*(2), 87-108.
- Radloff, L. (1977). The CES-D-18 scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, *1*, 385-401. doi: 10.1177/014662167700100306
- Ramírez-Esparza, N. & Pennebaker, J. W. (2006). Do good stories produce good health? Exploring words, language, and culture. *Narrative Inquiry*, *16*(1), 211-219.
- Rennie, D. L. (2007). Hermeneutics and humanistic psychology. *The Humanistic Psychologist* *35*(1). doi: 10.1207/s15473333thp3501_1
- Richards, J. M., Beal, W. E., Seagal, J. D., & Pennebaker, J. W. (2000). Effects of disclosure of traumatic events on illness behavior among psychiatric prison inmates. *Journal of Abnormal Psychology*, *109*(1), 156-160. doi:10.1037/0021-843X.109.1.156.
- Robles, R., & Paez, F. (2003). Study of Spanish translation and psychometric properties of the Positive and Negative Affect Scales (PANAS). *Salud Mental*, *26*(1), 69-75. doi: 10.1177/0022022106297301

- Sandín, B., Chorot, P., Lostao, L., Joiner, T. E., Santed, M. A., & Valiente, R.M. (1999). The PANAS scales of positive and negative affect: Factor analytic validation and cross-cultural convergence. *Psicothema*, *11*(1), 37-51. Retrieved from <http://www.mendeley.com/research/panas-scales-positive-negative-affect-factor-analytic-validation-crosscultural-convergence/>
- Schoutrop, M. J. A., Lange, A., Brosschot, J. F., Davidovich, U., Salomon, H. B. (1996). The effects of writing assignments on traumatised individuals: Three experimental studies. *Psychosomatic Medicine*, *58*, 64.
- Schwartz, C. E. & Sprangers, M. A. (1999). Methodological approaches for assessing response shift in longitudinal health-related quality of life research. *Social Science and Medicine*, *48*, 1531-1548. doi:10.1016/S0277-9536(99)00047-7
- Shapiro, A. H., Rosenblood, L., Berlyne, G. M., Finberg, J. (1976). The relationship of test familiarity to extreme response styles in Bedouin and Moroccan boys. *Journal of Cross-Cultural Psychology*, *7*(3), 357-363.
- Shin, L. M., Rauch, S. L., Pitman, R. K. (2006). Amygdala, Medial Prefrontal Cortex, and Hippocampal Function in PTSD. *New York Academy of Sciences*, *1071*, 67-79. doi: 10.1196/annals.1364.007
- Shiroma-Matayoshi, P. R., León-Barúa, R., & Berendson-Seminario, R. (2001). *Ansiedad, somatización, depresión, obsesión-compulsión, y cólera-hostilidad: Diversas manifestaciones de un único trastorno emocional* [Anxiety, somatization, depression, obsession-compulsion, and anger-hostility: Various manifestations of a single emotional disturbance]. *Acta Psiquiátrica y Psicológica de America Latina*, *47*(3),

229-233. Retrieved from <http://www.acta.org.ar/articulos/ansiedad-somatizacion-depesion-obsesioncompulsion-y-colerahostilidad-diversas-manifestaciones-de-un-unico-trastorno-emocional>

Silvern, L. & Kaersvang, L. (1989). The traumatized children of violent marriages. *Child Welfare*, 68(4), 421-436.

Simpson, J. (1994). *In the forests of the night*. New York, NY: Random House.

Slatcher, R. B., & Pennebaker, J. W. (2006). How do I love thee? Let me count the words: The social effects of expressive writing. *Psychological Science*, 17, 660-664. doi: 10.1111/j.1467-9280.2006.01762.x.

Sloan, D. M. & Marx, B. P. (2004), Taking Pen to Hand: Evaluating Theories Underlying the Written Disclosure Paradigm. *Clinical Psychology: Science and Practice*, 11, 121-137. doi: 10.1093/clipsy.bph062

Sluzki, C. (1993). Toward a model of family therapy and political victimization: Implications for treatment and recovery. *Psychiatry*, 56, 178-187. Retrieved from digilib.gmu.edu:8080/xmlui/bitstream/1920/511/2/sluzki_1993_toward_victimization.pdf

Smyth, J. M. (1998). Written emotional expression: Effect sizes, outcome types, and moderating variables. *Journal of Consulting Psychology*, 66(1), 174-184. doi: 10.1037/0022-006X.66.1.174

Smyth, J. M. (1999). Written emotional expression: Evidence, potential mechanism, and potential treatment. *Advances in Mind-Body Medicine*, 15(3), 179-184. doi: 10.1037/0022-006X.66.1.174

- Smyth, J. M. & Greenberg, M. A. (2000). Scriptotherapy: The effects of writing about traumatic events. In J. Masling & P. Duberstein (Eds.), *Psychodynamic perspectives on sickness and health* (pp. 121-164). Washington, DC: American Psychological Association.
- Smyth, J. M. & Helm, R. (2003). Focused expressive writing as self-help for stress and trauma. *Psychotherapy in Practice*, 59(2), 227-235. doi: 10.1002/jclp.10144
- Smyth, J. M., Stone, A. A., Hurewitz, A., Kaell, A. (1999). Effects of writing about stressful experiences on symptom reduction in patients with Asthma or Rheumatoid Arthritis: A randomized trial. *The Journal of the American Medical Association*, 281(14), 1304-1309. doi: 10.1001/jama.281.14.1304.
- Snider, L., Cabrejos, C., Marquina, E. H., Trujillo, J. J., Avery, A., Aguilar, H.A. (2004). Psychosocial assessment for victims of violence in Peru: the importance of local participation. *Journal of Biosocial Sciences*, 36(4), 389-400. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/15293382>
- Spera, S.P., Buhrfeind, E.D., & Pennebaker, J.W. (1994). Expressive writing and coping with job loss. *Academy of Management Journal*, 37, 722-733. doi: 10.1111/j.1467-9280.1997.tb00403.x
- Stanford Patient Education Center (2006). *Center for Epidemiological Studies Depression Scale (CES-D-18)*. Retrieved from Stanford University School of Medicine Patient Education Center Web site: patienteducation.stanford.edu/research/cesd.pdf

- Stanley, L. & Wise, S. (1993). Method, methodology, and epistemology in feminist research process. In Liz Stanley (Ed.), *Feminist praxis: Theory and epistemology in feminist sociology* (pp. 20-60). New York, NY: Routledge.
- Stanton, A. L., Danoff-burg, A., Huggins, M. E. (2002). The first year after breast cancer diagnosis: Hope and coping strategies as predictors of adjustment. *Psycho-Oncology*, 11(2), 93-102. doi: 10.1002/pon.574
- Sue, D. W., & Sue, D. (2003). *Counseling the culturally diverse: Theory and practice* (4th ed.). Hoboken, NJ: Wiley.
- Summerfield, D. (1995). Human response to atrocity. In Kleber, R. J., Figley, C.F., & Gersons, B. P. (eds). *Beyond Trauma: Cultural and Societal Dynamics* (pp. 17-18). New York, NY: Plenum Press.
- Summerfield, D. (1999). Sociocultural dimensions of war, conflict and displacement. In A. Ager (Ed.), *Refugees: Perspectives on the Experience of Forced Migration* (pp. 111-35). London: Gaskell.
- Terr, L. (1993). *Unchained Memories*. New York, NY: Basic Books.
- Thompson, E. R. (2007). Development of an internationally reliable short-form of the positive and negative affect schedule (PANAS). *Journal of Cross-Cultural Psychology*, 38(2), 227-242. doi: 10.1177/0022022106297301
- Tremblay, J., Pedersen, D., Errazuriz, C. (2009). Assessing mental health outcomes of political violence and civil unrest in Peru. *International Journal of Social Psychiatry*, 55(5), 449-463. doi: 10.1177/0020764009103214

- Triandis, H. C. & Marín, G. (1983). Etic plus emic versus pseudoetic: A test of a basic assumption of cross-cultural psychology. *Journal of Cross-Cultural Psychology*, *14*, 489-500. doi: 10.1177/0022002183014004007
- van der Klink, J. J., Blonk, R. W., Schene, A. H., & van Dijk, F. J. (2001). The benefits of interventions for work-related stress. *American Journal of Public Health*, *91*(2), 270-276. Retrieved from <http://ajph.aphapublications.org/cgi/content/abstract/91/2/270>
- van der Kolk, B. A., (1994). The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress. *Harvard Review of Psychiatry*, *1*, 253-265. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/9384857>
- van der Kolk, B. A. (1998). Trauma and memory. *Psychiatry and Clinical Neurosciences*, *5*(5), S97-S109. 10.1046/j.1440-1819.1998.0520s5S97.x
- van der Kolk, B. A. (2002). Trauma and memory. *Psychiatry and Clinical Neurosciences*, *52*(S5), S97-109. doi: 10.1046/j.1440-1819.1998.0520s5S97.x
- van der Kolk, B. A., McFarlane, A., & Weisaeth, L. (1996). *Traumatic stress*. New York, NY: Guilford Press.
- van der Kolk, B. A. & van der Hart, O. (1991). The intrusive past: The flexibility of memory and the engraving of trauma. *American Imago*, *48*, 425-454.
- Velasquez, R. J. & Burton, M. P. (2004). Psychotherapy of Chicano men. In R. J. Velasquez, L. M. Arrellano, & B. W. McNeill (Eds.), *The Handbook of Chicano/a Psychology and Mental Health* (pp. 177-192). Mahwah, NJ: Lawrence Erlbaum Associates.

- Vera, E. M. & Speight, S. L. (2003). Multicultural competence, social justice, and counseling psychology: Expanding our roles. *The Counseling Psychologist, 31*(3), 253-272.
- Vygotsky, L.S. (1978). *Mind in society: The development of higher psychological processes*. Cambridge, MA: Harvard University Press.
- Wall, J. C. & Levy, A. J. (2005). Rapid response with children and families following community violence: A clinical social work approach. *Child and Adolescent Social Work Journal, 22*(1), 3-18. doi: 10.1007/s10560-005-2544-6
- 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. Retrieved from <http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=1988-31508-001>
- Weinberger, D., Schwartz, G. E., & Davidson, R. J. (1979). Low-anxious, high-anxious, and repressive coping styles: Psychometric patterns and behavioral and physiological responses to stress. *Journal of Abnormal Psychology, 88*, 369-380. doi: 10.1037/0021-843X.88.4.369
- White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: Norton.
- World Health Organization (2008). *The global burden of disease: 2004 update*. Geneva, Switzerland: World Health Organization Press. Retrieved from http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf

- Yule, W., Udwin, O., & Bolton, D. (2002). Mass transportation disasters. In A.M. La Greca, W.K. Silverman, E.M. Vernberg, & M.C. Roberts (Eds.), *Helping children cope with disasters and terrorism* (pp. 223-240). Washington, DC: American Psychological Association.
- Zich, J. M., Atkinson, C. C., & Greenfield, T. K. (1990). Screening for depression in primary clinics: the CES-D-18 and the BDI. *International Journal of Psychiatry in Medicine*, 20, 259-277. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/2265888>
- Zur, J. (1996). From PTSD to voices in context: From an “experience-far” to an “experience-near” understanding of responses to war and atrocity across cultures. *International Journal of Social Psychiatry*, 42(4), 305-317. doi: 10.1177/002076409604200405

APPENDIX A

Parent Informed Consent for Participation in Research Activities (English Version)

Participant: _____

Principal Researcher: Shannon Curry, M.A.

Title of Project: The Journal Project

I _____, agree to my child, _____'s participation in the research study being conducted by Shannon Curry, M.A., under the direction of Dr. Shelly Harrell, Ph.D. Ms. Curry is from Pepperdine University Graduate School of Education and Psychology in Los Angeles, California, USA.

The overall purpose of this research is to help psychologists understand how writing may be helpful for people. I understand that my child has been asked to participate because he or she is close in age to people who have participated in studies like this before. I understand that it is unknown whether my child will benefit from this research. I understand that this research may benefit society because it helps psychologists learn about ways to help people.

I understand that my child's participation will take place over the course of the next eight months. There are two parts of this project. The first part takes place over the next two weeks in my child's classroom with the teacher present. Starting next Monday, the researchers will ask my child to write answers to questions asking how he or she has been feeling within the past week and month. The researchers will also ask my child to write for 20 minutes each day starting Monday and lasting for four days. As a gift for my child's participation in the first portion of the study, my child will receive a special pen.

For the second part of the study, the researchers will ask my child to write by themselves, outside of the classroom, once a month for four months, and to mail them what he or she writes each month. The researchers will give my child 4 pre-stamped/addressed envelopes in which to mail their writing. When the researchers return to my child's classroom in November, the researchers will once again ask my child to write down answers to questions about how he or she is feeling. As a gift for my child's participation in the second part of the study, my child will receive a t-shirt or journal from Pepperdine University.

I understand that there are some risks that my child might feel emotional discomfort during the study. My child may feel bored or tired while answering questions. He or she may also feel upset when answering questions about uncomfortable feelings. Some of the students participating in this study may be asked to write about experiences in their lives

that are upsetting to them. If my child is asked to write about an upsetting experience, I understand that he or she may feel uncomfortable emotions while writing about the experience, and that he or she may continue to feel these emotions after writing. I understand that the researchers will provide breaks for my child if he or she asks for one. I also understand that my child is free to stop participating in the study at any time if I or he or she feels it is too upsetting or uncomfortable for them to continue. I understand that the researchers are available to my child if my child feels upset and wants to talk about it. Usually, upsetting emotions go away 1 to 2 weeks after writing about an upsetting experience. However, if at any time I feel I would like my child, or my child would like to get professional help to assist him or her in dealing with upsetting feelings, or if it doesn't seem like the feelings are going away, the *La Comisión de Salud Mental de Ayacucho* knows about the study and the staff working there are available to help my child free of charge.

I understand that I may choose not to have my child participate in this research. I understand that my child's participation is voluntary and that my child or I may refuse to have him or her participate, or discontinue participation in the project or activity at any time, without any negative consequences from my child's school. I understand that my child will still be eligible to receive services from the Peruvian American Medical Society (PAMS) and *La Comisión de Salud Mental de Ayacucho* if he or she does not participate in this study.

I understand that the researcher will do everything they can to protect the confidentiality of my child's information. My child's name and identity will not be shared with anyone other than the researchers at any time before, during, or after the project. The confidentiality of my child's records will be held under state and federal laws. Under California law, there are exceptions to confidentiality, including suspicion that a child, elder, or dependent adult is being abused, or if an individual discloses an intent to harm him/herself or others.

I understand that the researcher is willing to answer any questions I have about the research. I understand that I may contact the researcher and her director by the methods below, or by speaking with the researcher after school in the Luis Carranza courtyard, where she will be for one hour each day from Monday, April 6th through Thursday, April 9th to discuss questions or concerns about this research.

Nombre: Shannon Curry, M.A.

Dr. Shelly Harrell, Ph.D,

Teléfono:

e-mail:

Correo Postal:

[REDACTED]

[REDACTED]

If I have questions about my child's rights as a research participant, I understand that I can contact Dr. Doug Leigh, Chairperson of the Graduate School of Education and Psychology IRB, Pepperdine University, by mail: 6100 Center Drive, Los Angeles, CA 90045, U.S.A.; by e-mail: Doug.leigh@pepperdine.edu; or by phone: (310) 568-2389.

I understand all the information regarding participation in this research project. All my questions have been answered to my satisfaction. I have received a copy of this informed consent form, which I have read and understand. I hereby consent to allow my child to participate in the research described above.

Parent or legal guardian's signature on participant's behalf if participant is less than 18 years of age or not legally competent.

Date

Participant's Signature

Date

Witness

Date

I have explained and defined in detail the research procedure in which the subject has consented to participate. Having explained this and answered any questions, I am cosigning this form and accepting this person's consent.

Principal Researcher

Date

APPENDIX B

Parent Informed Consent for Participation in Research Activities
(Spanish Translation)

CONSENTIMIENTO DE PADRES PARA LA PARTICIPACIÓN EN
ACTIVIDADES DE INVESTIGACIÓN

Participante: _____

Investigador principal: Shannon Curry, M.A.

Título del Proyecto: El Diario del proyecto

Yo _____, de acuerdo a mi niño, la participación de la _____ en el estudio de investigación llevado a cabo por Shannon Curry, MA, bajo la dirección del Dr. Shelly Harrell, Ph.D. La Sra. Curry es de Pepperdine University Graduate School of Educación y Psicología en Los Angeles, California, EE.UU.

El objetivo general de esta investigación es ayudar a los psicólogos entender cómo la escritura puede ser útil para las personas. Entiendo que mi niño ha sido solicitado participar porque él o ella está cerca de la edad a las personas que han participado en estudios como este antes. Yo entiendo que no se sabe si mi hijo se beneficiará de esta investigación. Yo entiendo que esta investigación puede beneficiar a la sociedad porque ayuda a aprender acerca de las maneras psicólogos para ayudar a la gente.

Entiendo que la participación de mi hijo tendrá lugar en el transcurso de los próximos ocho meses. Hay dos partes de este proyecto. La primera parte tiene lugar durante las próximas dos semanas en el salón de clase de mi hijo con el maestro actual. A partir del próximo lunes, los investigadores le preguntará a mi hijo a escribir las respuestas a las preguntas de cómo se ha hecho sentir en la última semana y mes. Los investigadores también le preguntará a mi hijo a escribir durante 20 minutos cada día a partir del lunes y durante cuatro días. Como un regalo para la participación de mi hijo en la primera parte del estudio, mi niño recibirá un lápiz especial.

Para la segunda parte del estudio, los investigadores le preguntará a mi hijo a escribir por sí mismos, fuera del salón de clases, una vez al mes durante cuatro meses, y para enviarlos por correo lo que él o ella escribe cada mes. Los investigadores darán a mi hijo 4 pre-stamped/addressed sobres en el correo para que su escrito. Cuando los investigadores volver a la sala de clase de mi hijo en noviembre, los investigadores, una vez más, pido a mi hijo a escribir las respuestas a las preguntas acerca de cómo él o ella se siente. Como un regalo para la participación de mi hijo en la segunda parte del estudio, mi hijo recibirá una camiseta o la revista de la Universidad de Pepperdine.

Tengo entendido que existen algunos riesgos de que mi hijo podría sentir malestar emocional durante el estudio. Mi hijo puede sentirse cansado o aburrido, mientras que responder las preguntas. Él o ella también puede sentirse perturbado al responder a preguntas sobre los sentimientos incómodos. Algunos de los estudiantes que participan en este estudio podrán ser invitados a escribir sobre experiencias en su vida que están perturbando a ellos. Si mi hijo está invitado a escribir sobre una experiencia inquietante, tengo entendido que él o ella pueden sentirse incómodos emociones al escribir sobre la experiencia, y que él o ella puede continuar a sentir estas emociones después de escribir. Entiendo que los investigadores brindará descansos para mi hijo si él o ella solicita una. También entiendo que mi niño es libre de dejar de participar en el estudio en cualquier momento o si él o ella siente que es demasiado perturbador ni incómodo para continuar. Entiendo que los investigadores están a disposición de mi hijo si mi hijo se siente molesta y quiere hablar de ello. Por lo general, alterar las emociones se van de 1 a 2 semanas después de escribir sobre una experiencia inquietante. Sin embargo, si en algún momento me siento me gustaría que mi hijo o mi hijo le gustaría obtener ayuda profesional para ayudar a que él o ella en el tratamiento de alterar los sentimientos, o si no parece como los sentimientos se van lejos, el de La Comisión de Salud Mental de Ayacucho sabe sobre el estudio y el personal que trabajan allí están disponibles para ayudar a mi hijo de forma gratuita.

Yo entiendo que puedo optar por no tener a mi hijo a participar en esta investigación. Entiendo que la participación de mi hijo es voluntaria y que mi hijo o yo puede negarse a que él o ella participen, o suspender la participación en el proyecto o actividad en cualquier momento, sin ningún tipo de consecuencias negativas de la escuela de mi hijo. Entiendo que mi niño todavía ser elegible para recibir servicios de la Sociedad Médica Peruano Americana (SMOP) y La Comisión de Salud Mental de Ayacucho, si él o ella no participa en este estudio.

Entiendo que la investigadora hará todo lo posible para proteger la confidencialidad de la información de mi hijo. El nombre de mi hijo y la identidad no será compartida con nadie más que a los investigadores en cualquier momento antes, durante o después del proyecto. La confidencialidad de los registros de mi hijo se celebrará de conformidad con las leyes estatales y federales. Bajo la ley de California, hay excepciones a la confidencialidad, entre ellos la sospecha de que un niño, anciano, o adulto dependiente es víctima de abuso, o si una persona revela una intención de dañar a sí mismo oa otros.

Yo entiendo que la investigadora está dispuesto a contestar cualquier pregunta que tengo acerca de la investigación. Yo entiendo que pueden ponerse en contacto con los investigadores por los métodos a continuación, o hablando con ella después de la escuela Luis Carranza en el patio, donde serán de una hora cada día de lunes, 6 de abril a jueves, 9 de abril para discutir preguntas o preocupaciones acerca de esta investigación.

Nombre: Shannon Curry, M.A.
Teléfono: [REDACTED]

Dr. Shelly Harrell, Ph.D,
[REDACTED]

e-mail:
 Correo Postal:



Si tengo preguntas sobre mis derechos del niño como un participante de investigación, entiendo que puedo contactar al Dr. Masa Leigh, Presidente de la Escuela de Graduados de Educación y Psicología IRB, la Universidad de Pepperdine, por correo: 6100 Center Drive, Los Angeles, CA 90045, EE.UU.; por e-mail: @ Stephanie.Leigh pepperdine.edu, o por teléfono: (310) 568-2389.

Entiendo que toda la información relativa a la participación en este proyecto de investigación. Todas mis preguntas han sido contestadas a mi satisfacción. He recibido una copia de este formulario de consentimiento informado, que he leído y entendido. Por la presente, el consentimiento para permitir que mi niño participe en la investigación que se describe más arriba.

 Padre, madre o tutor legal de la firma, el nombre del participante si el participante es menor de 18 años de edad o no jurídicamente competente.

 Firma del participante

 Fecha

 Fecha

 Testigo

 Fecha

He explicado y definido en detalle el procedimiento de investigación en que el sujeto ha dado su consentimiento a participar. Habiendo explicado esto y responde a cualquier pregunta, estoy cosigning aceptar este formulario y el consentimiento de esta persona.

 Firma del investigador

 Fecha

APPENDIX C

Youth Informed Assent for Participation in Research Activities
(English Version)

April 1, 2009

The Journal Project

My name is Shannon Curry, and I am a doctoral student in psychology at Pepperdine University in Los Angeles, California, USA. I would like to speak with you about a study I am conducting on how writing might be able to help people. I would like to invite you to participate in this study if you are interested. Before I explain more about the study, I want you to know that the choice to participate is completely up to you. No one is going to force you to do something you are not interested in doing. Even if you start the study and decide that you are no longer interested in continuing, just let either of us know and I will discontinue the study. Your grades at Luis Carranza High School will not be affected if you decide not to participate in the study.

Let us tell you about what you will be asked to do if you decide to participate in this study. The first portion of this study will be over in two weeks. Next week I will come back to your classroom each day for four days. I will ask you to fill out forms and to write about different topics for 20 minutes. The first day should take about 1 hour of your time for you to participate. Each day after that it should take about 20 minutes of your time for you to participate. I will give your notebooks to write in with a special number on the front and on each page. It is very important that you do not lose these notebooks as I will ask you each day to write the number of your notebook on additional forms I give you. Those of you who participate in this first part of the study will receive a special pen. One month after I finish writing, one of us will come back and have you answer some questions on more forms. For the second part of the study, I will ask you to write us something and mail it to us once a month for four months. I will give you pre-stamped and addressed envelopes so you can send us what you write for free. If you send us something each month, I will bring you a University t-shirt and journal for writing in the future when I come back in November. Please note that all of the writing you submit to us will neither be graded nor returned back to you. This exercise is for research purposes only and has no bearing on your grades at school.

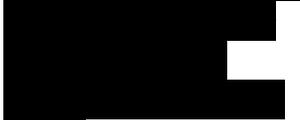
You should know that there are some risks that you might feel upsetting emotions during the study. You may feel bored or tired, or upset when answering questions about uncomfortable feelings. Some of the students participating in this study may be asked to write about experiences in their lives that are upsetting to them. If you are asked to write about an upsetting experience, you may feel uncomfortable emotions while writing about it, and it is possible that you may continue to feel these emotions after writing. If you get

bored or tired during our meeting, just let one of us know, and I can take a break. If you are bothered by some of the things I talk about, let one of us know so I can talk about what is bothering you. Most of the time what you say to us will not be repeated to your parents unless you wish for us to do so. The only exception would be if one of us is convinced your parents might be helpful to you if they knew what was going on. If such information comes up, I will talk about it before either of us speak with your parents. It is important that you remember that you are free to stop participating in the study at any time if you want to. Usually upsetting emotions go away 1 to 2 Ieks after writing about an upsetting experience. HoIver, if at any time you feel you would like help dealing with upsetting feelings, or if it doesn't seem like the feelings are going away, you can tell your teacher who can help you find someone to talk to at the La Comisión de Salud Mental de Ayacucho. The people at Salud Mental are very good at helping people with their problems. They know about this study and they are available to help you free of charge.

Your participation in this study may not provide information that will be helpful to you, but what is hoped is that what I find out from you may be of help in the future to others who are undergoing a similar experience.

If the study is published anywhere or if I give a presentation about the study at a conference I will not mention the names of anyone who participated in the study.

If you have any questions, you may contact either of us in the following ways:

Name:	Shannon Curry, M.A.	Dr. Shelly Harrell, Ph.D,
Phone:		
e-mail:		
Postal Mail:		

You may keep a copy of this form if you wish.

Youth's signature

Date

Researcher's signature

Date assent obtained

APPENDIX D

Youth Informed Assent for Participation in Research Activities
(Spanish Translation)JUVENTUD INFORMADO PARA LA PARTICIPACIÓN EN ACTIVIDADES
DE INVESTIGACIÓN

1 de Abril de 2009

El Diario del Proyecto

Mi nombre es Shannon y yo estoy un estudiante de doctorado en psicología en la Universidad de Pepperdine en Los Angeles, California, EE.UU. Yo gustaría hablar con usted acerca de un estudio que están llevando a cabo sobre cómo la escritura puede ser capaz de ayudar a las personas. Nos gustaría invitarte a participar en este estudio si usted está interesado. Antes de explicar más sobre el estudio, quiero que sepa que la elección de participar es totalmente de usted. Nadie va a obligarte a hacer algo que no están interesados en hacerlo. Incluso si se inicia el estudio y decidir que ya no están interesados en continuar, dejar que cualquiera de nosotros y a suspender el estudio. Tus calificaciones en la Escuela Secundaria Luis Carranza no se verá afectada si usted decide no participar en el estudio.

Voy a decirle a usted acerca de lo que se le pedirá que hacer si usted decide participar en este estudio. La primera parte de este estudio será de más de dos semanas. La semana que viene voy a volver a su salón de clases cada día durante cuatro días. Le pediremos a usted a llenar formularios y escribir sobre diferentes temas durante 20 minutos. El primer día deben tener alrededor de 1 hora de su tiempo para que usted participe. Cada día después de que tome unos 30 minutos de su tiempo para que usted participe. Daremos tus blocs de notas para escribir con un número especial en el frente y en cada página. Es muy importante que usted no pierda estos cuadernos como le pediremos que cada día para escribir el número de su bloc de notas en otras formas que le dan. Una semana después de que termine de escribir, va a volver y tener que responder a algunas preguntas sobre las formas más. Aquellos de ustedes que participan más de las dos semanas recibirá un lápiz especial. Para la segunda parte del estudio, le pediremos que nos escriba algo y enviárnosla por correo una vez al mes durante cuatro meses. Le daremos antes de sobres sellados y dirigida de modo que puede enviar lo que escriben de forma gratuita. Si envía algo cada mes, va a traer una camiseta de la Universidad y la revista para escribir en el futuro, cuando vuelvo en noviembre. Tenga en cuenta que todos los de la escritura que nos envíe no serán clasificados ni regresó a usted. Este ejercicio es sólo para fines de investigación y no tiene ninguna incidencia en su grado en la escuela.

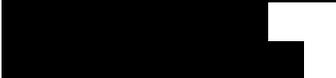
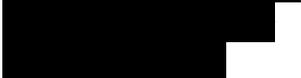
Si te aburres o cansancio durante nuestra reunión, dejar uno de nosotros sabemos, y podemos tomar un descanso. Si usted está molesto por algunas de las cosas que hablo, que

uno de nosotros saber para que puedo hablar de lo que está molestando. La mayoría de las veces lo que usted dice a nosotros no se repetirá a menos que sus padres desean para nosotros hacerlo. La única excepción sería si uno de nosotros está convencido de sus padres podría ser útil para usted si sabían lo que estaba pasando. Si esa información aparece, va a hablar de ello antes de cualquiera de nosotros hablar con tus padres.

Su participación en este estudio no puede proporcionar información que será útil para usted, pero lo que se espera es que lo que encuentra a partir de que pueden ser de ayuda en el futuro a otras personas que están en una experiencia similar.

Si el estudio se publica en cualquier lugar o si le da una presentación sobre el estudio en una conferencia que no mencionar los nombres de todas las personas que participaron en el estudio.

Si usted tiene alguna pregunta, puede ponerse en contacto con nosotros en cualquiera de las siguientes maneras:

Name:	Shannon Curry, M.A.	Dr. Shelly Harrell, Ph.D,
Phone:		
e-mail:		
Postal Mail:		

Usted puede guardar una copia de esta forma si así lo desea.

Firma de la Juventud

Fecha

Firma del Investigador

Fecha Obtuvo Dictamen

APPENDIX E

Adult Student Informed Consent for Participation in Research Activities
(English Version)

Participant: _____

Principal Researcher: Shannon Curry, M.A.

Title of Project: The Journal Project

I _____, agree to my participation in the research study being conducted by Shannon Curry, M.A., under the direction of Dr. Shelly Harrell, Ph.D. Ms. Curry is from Pepperdine University Graduate School of Education and Psychology in Los Angeles, California, USA.

The overall purpose of this research is to help psychologists understand how writing may be helpful for people. I understand that I have been asked to participate because I am close in age to people who have participated in studies like this before. I understand that it is unknown whether I will benefit from this research. I understand that this research may benefit society because it helps psychologists learn about ways to help people.

I understand that my participation will take place over the course of the next eight months. There are two parts of this project. The first part takes place over the next two weeks in my classroom with the teacher present. Starting next Monday, the researchers will ask me to write answers to questions asking how I have been feeling within the past week and month. The researchers will also ask me to write for 20 minutes each day starting Monday and lasting for four days. As a gift for my participation in the first portion of the study, I will receive a special pen.

For the second part of the study, the researchers will ask me to write by myself, outside of the classroom, once a month for four months, and to mail them what I write each month. The researchers will give me 4 pre-stamped/addressed envelopes in which to mail my writing. When the researchers return to my classroom in November, the researchers will once again ask me to write down answers to questions about how I am feeling. As a gift for my participation in the second part of the study, I will receive a t-shirt or journal from Pepperdine University.

I understand that there are some risks that I might feel emotional discomfort during the study. I may feel bored or tired while answering questions. I may also feel upset when answering questions about uncomfortable feelings. Some of the students participating in this study may be asked to write about experiences in their lives that are upsetting to them. If I am asked to write about an upsetting experience, I understand that I may feel

uncomfortable emotions while writing about the experience, and that I may continue to feel these emotions after writing. I understand that the researchers will provide breaks for me if I ask for one. I also understand that I am free to stop participating in the study at any time if I feel it is too upsetting or uncomfortable for me to continue. I understand that the researchers are available to me if I feel upset and want to talk about it. Usually upsetting emotions go away 1 to 2 weeks after writing about an upsetting experience. However, if at any time I feel I would like professional help to assist me in dealing with upsetting feelings, or if it doesn't seem like the feelings are going away, the La Comisión de Salud Mental de Ayacucho knows about the study and the staff working there are available to help me free of charge.

I understand that I may choose not to participate in this research. I understand that my participation is voluntary and that I may refuse to participate, or discontinue participation in the project or activity at any time, without any negative consequences from my school. I understand that I will still be able to receive services from the Peruvian American Medical Society (PAMS) and La Comisión de Salud Mental de Ayacucho if I do not participate in this study.

I understand that the Researchers will do everything they can to protect the confidentiality of my information. My name and identity will not be shared with anyone other than the researchers at any time before, during, or after the project. The confidentiality of my records will be held under state and federal laws. Under California law, there are exceptions to confidentiality, including suspicion that a child, elder, or dependent adult is being abused, or if an individual discloses an intent to harm him/herself or others.

I understand that the Researcher is willing to answer any questions I have about the research. I understand that I may contact the researchers by the methods below, or by speaking with them after school in the Luis Carranza courtyard, where they will be for one hour each day from Monday, April 6th through Thursday, April 9th to discuss questions or concerns about this research.

Nombre:	Shannon Curry, M.A.	Dr. Shelly Harrell, Ph.D,
Teléfono:		
e-mail:		
Correo Postal:		

If I have questions about my rights as a research participant, I understand that I can contact Dr. Doug Leigh, Chairperson of the Graduate School of Education and Psychology IRB, Pepperdine University, by mail: 6100 Center Drive, Los Angeles, CA 90045, U.S.A.; by e-mail: Doug.leigh@pepperdine.edu; or by phone: (310) 568-2389.

I understand all the information regarding participation in this research project. All my questions have been answered to my satisfaction. I have received a copy of this informed consent form, which I have read and understand. I hereby consent to participate in the research described above.

Adult participant

Date

I have explained and defined in detail the research procedure in which the subject has consented to participate. Having explained this and answered any questions, I am cosigning this form and accepting this person's consent.

Principal Researcher

Date

APPENDIX F

Adult Student Informed Consent for Participation in Research Activities
(Spanish Translation)

ESTUDIANTES ADULTOS
CONSENTIMIENTO INFORMADO DE PARTICIPACIÓN EN ACTIVIDADES
DE INVESTIGACIÓN

Participante: _____

Investigador principal: Shannon Curry, M.A.

Título del Proyecto: El Diario del proyecto

Yo _____, de acuerdo con mi participación en el estudio de investigación llevado a cabo por Shannon Curry, MA, bajo la dirección del Dr. Shelly Harrell, Ph.D. La Sra. Curry es de Pepperdine University Graduate School of Educación y Psicología en Los Angeles, California, EE.UU..

El objetivo general de esta investigación es ayudar a los psicólogos entender cómo la escritura puede ser útil para las personas. Entiendo que se me ha solicitado participar porque estoy cerca de la edad a las personas que han participado en estudios como este antes. Yo entiendo que no se sabe si voy a beneficiarse de esta investigación. Yo entiendo que esta investigación puede beneficiar a la sociedad porque ayuda a aprender acerca de las maneras psicólogos para ayudar a la gente.

Yo entiendo que mi participación se llevará a cabo en el transcurso de los próximos ocho meses. Hay dos partes de este proyecto. La primera parte tiene lugar durante las próximas dos semanas en mi salón de clases con el maestro actual. A partir del próximo lunes, los investigadores le pedirá que escriba las respuestas a las preguntas cómo se ha estado sintiendo en las últimas semanas y meses. Los investigadores también se pide que escriban durante 20 minutos cada día a partir del lunes y durante cuatro días. Como un regalo para mi participación en la primera parte del estudio, voy a recibir un lápiz especial.

Para la segunda parte del estudio, los investigadores se me pregunta a escribir por mí mismo, fuera del salón de clases, una vez al mes durante cuatro meses, y para enviarlos por correo lo que escribo cada mes. Los investigadores me dará 4 pre-stamped/addressed sobres en los que a mi correo escrito. Cuando los investigadores volver a mi salón de clases en noviembre, los investigadores, una vez más, pide que escriba las respuestas a las preguntas acerca de cómo me siento. Como un regalo para mi participación en la segunda parte del estudio, voy a recibir una camiseta o la revista de la Universidad de Pepperdine.

Tengo entendido que existen algunos riesgos que podrían sentir malestar emocional durante el estudio. Me puede sentirse cansado o aburrido, mientras que responder las preguntas. Me pueden también sentirse molestos al responder a preguntas sobre los sentimientos incómodos. Algunos de los estudiantes que participan en este estudio podrán ser invitados a escribir sobre experiencias en su vida que están perturbando a ellos. Si se me pide escribir sobre una experiencia inquietante, Yo entiendo que las emociones se pueden sentir incómodo al escribir sobre la experiencia, y que puede continuar a sentir estas emociones después de escribir. Entiendo que los investigadores brindará descansos para mí si se me pida uno. También entiendo que soy libre para dejar de participar en el estudio en cualquier momento, si creo que es demasiado incómodo o perturbador para mí continuar. Entiendo que los investigadores están a mi disposición si me siento molesto y quiere hablar de ello. Por lo general, alterar las emociones se van de 1 a 2 semanas después de escribir sobre una experiencia inquietante. Sin embargo, si en algún momento me siento quisiera ayuda profesional para que me ayude a hacer frente a perturbar los sentimientos, o si no parece como los sentimientos se van lejos, la La Comisión de Salud Mental de Ayacucho sabe sobre el estudio y la de trabajo de los servicios están disponibles para que me ayude de forma gratuita.

Yo entiendo que puedo optar por no participar en esta investigación. Entiendo que mi participación es voluntaria y que puede negarse a participar, o suspender la participación en el proyecto o actividad en cualquier momento, sin ningún tipo de consecuencias negativas de mi escuela. Yo entiendo que aún podrá recibir los servicios de la Sociedad Médica Peruano Americana (SMOP) y La Comisión de Salud Mental de Ayacucho, si no participo en este estudio.

Entiendo que los investigadores harán todo lo posible para proteger la confidencialidad de mi información. Mi nombre e identidad no será compartida con nadie más que a los investigadores en cualquier momento antes, durante o después del proyecto. La confidencialidad de mis discos se celebrará de conformidad con las leyes estatales y federales. Bajo la ley de California, hay excepciones a la confidencialidad, entre ellos la sospecha de que un niño, anciano, o adulto dependiente es víctima de abuso, o si una persona revela una intención de dañar a sí mismo oa otros.

Tengo entendido que el investigador está dispuesto a contestar cualquier pregunta que tengo acerca de la investigación. Yo entiendo que pueden ponerse en contacto con la investigadora por los métodos a continuación, o hablando con ella después de la escuela Luis Carranza en el patio, donde serán de una hora cada día de lunes, 6 de abril a jueves, 9 de abril para discutir preguntas o preocupaciones acerca de esta investigación.

Nombre:	Shannon Curry, M.A.	Dr. Shelly Harrell, Ph.D,
Teléfono:	[REDACTED]	[REDACTED]
e-mail:	[REDACTED]	[REDACTED]
Correo:	[REDACTED]	[REDACTED]



Si tengo preguntas sobre mis derechos del niño como un participante de investigación, entiendo que puedo contactar al Dr. Masa Leigh, Presidente de la Escuela de Graduados de Educación y Psicología IRB, la Universidad de Pepperdine, por correo: 6100 Center Drive, Los Angeles, CA 90045, EE.UU.; por e-mail: @ Stephanie.Leigh pepperdine.edu, o por teléfono: (310) 568-2389.

Entiendo que toda la información relativa a la participación en este proyecto de investigación. Todas mis preguntas han sido contestadas a mi satisfacción. He recibido una copia de este formulario de consentimiento informado, que he leído y entendido. Por la presente, el consentimiento para permitir que mi niño participe en la investigación que se describe más arriba.

Firma del participante adulto

Fecha

He explicado y definido en detalle el procedimiento de investigación en que el sujeto ha dado su consentimiento a participar. Habiendo explicado esto y responde a cualquier pregunta, estoy cosigning aceptar este formulario y el consentimiento de esta persona.

Firma del investigador

Fecha

APPENDIX G

Demographics Questionnaire (English Version)

Directions: This scale contains a number of questions asking you about yourself. Please read each question and then circle the appropriate answer below the question.

1. What is your age? _____

2. What is your sex?
 - a. Female
 - b. Male

3. Where were you born?
 - a. Ayacucho
 - b. Other (please tell us where) _____

4. How many years have you lived in Ayacucho?
 - a. More than 15 years
 - b. 10-15 years
 - c. 5-9 years
 - d. Less than 5 years

APPENDIX H

Demographics Questionnaire (Spanish Version)

Cuestionario Demografía

Instrucciones: Esta escala contiene una serie de preguntas sobre usted mismo. Por favor, lea cada pregunta y, a continuación, marque con un círculo la respuesta apropiada debajo de la pregunta.

5. ¿Cuál es su edad? _____

6. ¿Cuál es su sexo?
 - a. Hembra
 - b. Masculino

7. ¿Dónde estaba usted nacido?
 - a. Ayacucho
 - b. Otros (por favor díganos dónde) _____

8. ¿Cuántos años ha vivido en Ayacucho?
 - a. Mas de 15 años
 - b. 10-15 años
 - c. 5-9 años
 - d. Menos de 5 años

APPENDIX I

PANAS (English Version)

DIRECTIONS: This scale consists of a number of words that describe different feelings and emotions. Read each item and then circle the appropriate answer next to that word. Indicate to what extent you have felt this way during the past week. Use the following scale to record your answers.

(1) = VERY SLIGHTLY OR NOT AT ALL (2) = A LITTLE (3) = MODERATELY (4) = QUITE A BIT (5) = EXTREMELY

	VERY SLIGHTLY OR NOT AT ALL	A LITTLE	MODERATELY	QUITE A BIT	EXTREMELY
1. INTERESTED	1	2	3	4	5
2. DISTRESSED	1	2	3	4	5
3. EXCITED	1	2	3	4	5
4. UPSET	1	2	3	4	5
5. STRONG	1	2	3	4	5
6. GUILTY	1	2	3	4	5
7. SCARED	1	2	3	4	5
8. HOSTILE	1	2	3	4	5
9. ENTHUSIASTIC	1	2	3	4	5
10. PROUD	1	2	3	4	5
11. IRRITABLE	1	2	3	4	5
12. ALERT	1	2	3	4	5
13. ASHAMED	1	2	3	4	5
14. INSPIRED	1	2	3	4	5
15. NERVOUS	1	2	3	4	5
16. DETERMINED	1	2	3	4	5
17. ATTENTIVE	1	2	3	4	5
18. JITTERY	1	2	3	4	5
19. ACTIVE	1	2	3	4	5
20. AFRAID	1	2	3	4	5

APPENDIX J

Permission from Publisher to use Spanish Version of PANAS (SPANAS)

Powered by **RIGHTSLINK**
COPYRIGHT CLEARANCE CENTER, INC.

[Home](#)
[Create Account](#)
[Help](#)



Title: Development and Factor Analytic Validation of the SPANAS Among Women in Spain: (More) Cross-Cultural Convergence in the Structure of Mood

Author: Thomas E. Joiner, Bonifacio Sandin, Paloma Chorot et al.

Publication: Journal of Personality Assessment

Publisher: Taylor & Francis

Date: Jan 6, 1997

Copyright © 1997 Routledge

User ID

Password

Enable Auto Login

[LOGIN](#)

[Forgot Password/User ID?](#)

Thesis/Dissertation Reuse Request

Taylor & Francis is pleased to offer reuses of its content for a thesis or dissertation free of charge contingent on resubmission of permission request if work is published.

[BACK](#)
[CLOSE WINDOW](#)

Copyright © 2009 Copyright Clearance Center, Inc. All Rights Reserved. [Privacy statement](#). Comments? We would like to hear from you. E-mail us at customer@copyright.com



TESTED DAILY 03-FEB

APPENDIX K

SPANAS

INSTRUCCIONES: Esta escala se compone de un número de palabras que describen diferentes sentimientos y emociones. Lee cada punto y, a continuación, marque con un círculo la respuesta apropiada al lado de esa palabra. Indicar en qué medida se han sentido de esta manera durante la semana pasada. Utilice la siguiente escala para registrar sus respuestas.

(1) = MUY LIGERAMENTE O DE NINGÚN MODO (2) = UN POCO (3) = MODERAMENTE (4) = BASTANTE (5) = EXTREMADAMENTE

	MUY LIGERAMENTE O DE NINGÚN MODO	UN POCO	MODERAMENTE	BASTANTE	EXTREMADAMENTE
1. INTERESADO/A	1	2	3	4	5
2. TENSO/A, MOLESTAR	1	2	3	4	5
3. ESTIMULADO/A	1	2	3	4	5
4. DISGUSTADO/A	1	2	3	4	5
5. FUERTE, EN ARGICO	1	2	3	4	5
6. CULPABLE	1	2	3	4	5
7. ASUSTADO/A	1	2	3	4	5
8. HOSTIL	1	2	3	4	5
9. ENTUSIASMADO/A	1	2	3	4	5
10. ORGULLOSO	1	2	3	4	5
11. IRRITABLE	1	2	3	4	5
12. ALERTA, DESPIERTO	1	2	3	4	5
13. AVERGONZADO/A	1	2	3	4	5
14. INSPIRADO/A	1	2	3	4	5
15. NERVIOSO/A	1	2	3	4	5
16. DECIDIDO/A	1	2	3	4	5
17. ATENTO/A	1	2	3	4	5
18. MIEDOSO/A	1	2	3	4	5
19. ACTIVO/A	1	2	3	4	5
20. TERMEROSO/A, ATEMORIZADO/A	1	2	3	4	5

APPENDIX L

Center for Epidemiologic Studies Depression Scale (CES-D) (English Version)

Center for Epidemiologic Studies Depression Scale (CES-D), NIMH

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

Week	During the Past			
	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
1. I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I did not feel like eating; my appetite was poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt that I could not shake off the blues even with help from my family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt I was just as good as other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I thought my life had been a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I talked less than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. People were unfriendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I had crying spells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I felt that people dislike me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I could not get "going."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORING: zero for answers in the first column, 1 for answers in the second column, 2 for answers in the third column, 3 for answers in the fourth column. The scoring of positive items is reversed. Possible range of scores is zero to 60, with the higher scores indicating the presence of more symptomatology.

APPENDIX M

Center for Epidemiologic Studies Depression Scale (CES-D) (Spanish Version)

**Spanish Center for Epidemiologic Studies Depression Scale (CES-D)**

Lea las frases que describen cómo pudo haberse sentido o comportado. Por favor marque el número que representa con qué frecuencia se ha sentido de esta manera.

	Raramente o ninguna vez (Menos de un día)	Alguna o pocas veces de tiempo moderado (1-2 días)	Ocasionalmente o una cantidad (3-4 días)	La mayor parte del tiempo (5-7 días)
1. Me molestaron cosas que usualmente no me molestan.....0		1	2	3
2. No me sentía con ganas de comer; no tenía apetito0		1	2	3
3. Me sentía que no podía quitarme de encima la tristeza aún con la ayuda de mi familia0		1	2	3
4. Sentía que yo era tan bueno como cualquier otra persona0		1	2	3
5. Tenía dificultad en mantener mi mente en lo que hacía.....0		1	2	3
6. Me sentía deprimido0		1	2	3
7. Sentía que todo lo que hacía era un esfuerzo0		1	2	3
8. Me sentía con esperanza sobre el futuro0		1	2	3
9. Pensé que mi vida había sido un fracaso.....0		1	2	3
10. Me sentía con miedo.....0		1	2	3
11. Mi sueño era inquieto.....0		1	2	3
12. Estaba contento0		1	2	3
13. Hablé menos de lo usual0		1	2	3
14. Me sentí solo.....0		1	2	3
15. La gente no era amistosa0		1	2	3
16. Disfruté de la vida0		1	2	3
17. Pasé ratos llorando0		1	2	3
18. Me sentí triste0		1	2	3
19. Sentía que yo no le caía bien (gustaba) a la gente0		1	2	3
20. No tenía ganas de hacer nada.....0		1	2	3

APPENDIX N

Adapted* Bradford Somatic Inventory-21 (English Version)

Directions:

Circle the number that best describes how often you have experienced the following physical symptoms in the past week:

1 = NEVER	2 = SOMETIMES	3 = FREQUENTLY
-----------	---------------	----------------

	NEVER	SOMETIMES	FREQUENTLY
SEVERE HEADACHES	1	2	3
STOMACH FLUTTERING	1	2	3
NECK PAIN OR TENSION	1	2	3
HEAD CONSTRICTION	1	2	3
CHEST PAIN	1	2	3
DRY MOUTH	1	2	3
WEAKNESS OR ANERGY	1	2	3
SWEATING A LOT	1	2	3
CHEST PRESSURE	1	2	3
CHOKING SENSATION	1	2	3
TOTAL BODY ACHES AND PAINS	1	2	3
PALPITATIONS	1	2	3
TREMBLING OR SHAKING	1	2	3
URINE FREQUENCY	1	2	3
HEAD HEAVY	1	2	3
TIRED ALL THE TIME	1	2	3
HEAD ABOUT TO BURST	1	2	3
CONSTIPATION	1	2	3
HEART WEAK OR SINKING	1	2	3
EXCESSIVE GAS	1	2	3
HANDS OR FEET COLD	1	2	3

**Inventory has been adapted to evaluate for duration of one week instead of one month to account for limited amount of time between experimental phase and follow-up. Rating criteria was altered to be less time-specific to account for duration before follow-up and for cultural relevance (i.e., criteria of "absent," "less than 15 days," and "more than 15 days" was changed to "never," "sometimes," "frequently").*

APPENDIX O

Permission from David Mumford, PhD, to use Bradford Somatic Inventory


Shannon Curry [REDACTED]

Permission to Use Bradford Somatic Inventory

2 messages

Shannon Curry [REDACTED]

To: David.Mumford [REDACTED]

Dear Dr. Mumford,

I am a doctoral candidate in clinical psychology at Pepperdine University's Graduate School of Education and Psychology in the U.S. I am writing to request permission to use your Bradford Somatic Inventory. I would like to use the BSI to measure somatic symptoms in a population of high school students in Ayacucho, Peru as part of the research for my dissertation entitled, *The Journal Project: Written Expression of Trauma as Intervention for High School Students in Ayacucho, Peru*. Please let me know if you need any additional information, and thank you for your consideration.

Sincerely,

Shannon Curry Westgaard

—

[REDACTED]

Mon, Feb 2, 2009 at 10:20 AM

DB Mumford, Medical Education [REDACTED]

To: Shannon Curry [REDACTED]

[REDACTED]

Dear Shannon

I am very happy to give you permission to use the BSI for this purpose. I do not know of any previous usage in Latin America, so you may want to do a preliminary validation exercise, to ensure that the symptom coverage is adequate.

Best wishes

David Mumford

[Quoted text hidden]

Professor David B Mumford
 Director of Medical Education, University of Bristol
 [REDACTED]

Tue, Feb 3, 2009 at 9:28 AM

APPENDIX P

Adapted Bradford Somatic Inventory- 21 (Spanish Version)

Indicaciones:

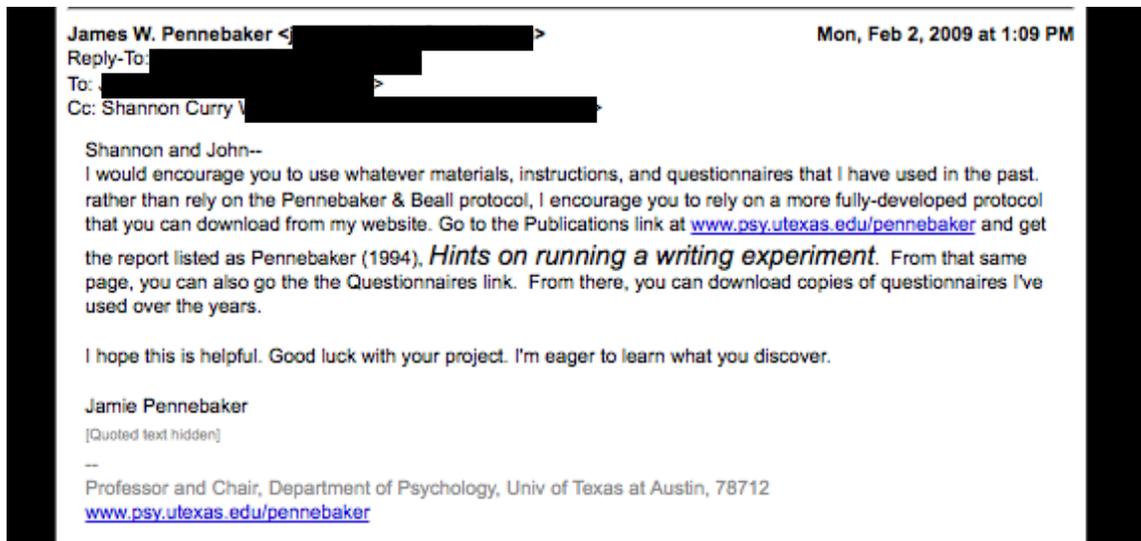
Círculo el número que mejor describe la frecuencia con la que han experimentado los siguientes síntomas físicos durante la semana pasada:

1 = NUNCA	2 = VECES	3 = MÁS FRECUENTES
-----------	-----------	--------------------

	NUNCA	VECES	MÁS FRECUENTES
LAS MANOS O LOS PIES FRÍOS	1	2	3
DOLORES DE CABEZA SEVEROS	1	2	3
ESTÓMAGO ALETEO	1	2	3
DOLOR DE CUELLO O LA TENSIÓN	1	2	3
JEFE CONSTRICCIÓN	1	2	3
DOLOR EN EL PECHO	1	2	3
BOCA SECA	1	2	3
DEBILIDAD O ANERGIA	1	2	3
MUCHO SUDOR	1	2	3
PECHO PRESIÓN	1	2	3
SENSACIÓN DE AHOGO	1	2	3
TOTAL DE DOLORES EN EL CUERPO Y DOLORES	1	2	3
PALPITACIONES	1	2	3
TEMBLORES O SACUDIDAS	1	2	3
FRECUENCIA DE LA ORINA	1	2	3
CABEZA PESADA	1	2	3
CANSADO TODO EL TIEMPO	1	2	3
CABEZA A PUNTO DE REVENTAR	1	2	3
ESTREÑIMIENTO	1	2	3
CORAZÓN DÉBIL O HUNDIMIENTO	1	2	3
EXCESIVO DE GAS	1	2	3

APPENDIX Q

Permission from James Pennebaker for use of his instructions and questionnaires
(i.e. outcome questionnaire).



APPENDIX R

Modified Version of Pennebaker's Outcome Questionnaire (English Version)

ID # _____ Date _____

In answering the following questions, consider all four days of your writing. Circle the answer that you feel best describes your experience.

1. Overall, how personal were the essays that you wrote:
 - (1) Not at all personal
 - (2) Somewhat personal
 - (3) Extremely personal

2. Prior to the experiment, how much had you told other people about what you wrote:
 - (a) I did not tell anyone about what I wrote
 - (b) I told a few people about what I wrote
 - (c) I told many people I know about what I wrote

3. Overall, how much did you reveal your emotions in what you wrote:
 - (a) I did not reveal my emotions at all
 - (b) I revealed my emotions somewhat
 - (c) I revealed my emotions a great deal

4. Prior to the experiment, how much had you wanted to talk with someone about what you wrote:
 - (a) I did not want to talk about it with someone at all
 - (b) I wanted to talk about it with someone a little
 - (c) I wanted to talk about it with someone a great deal

5. Over the last 4 days, how difficult has it been for you to write during the experiment:
 - (a) It was not difficult for me to write during the experiment
 - (b) It was a little difficult for me to write during the experiment
 - (c) It was very difficult for me to write during the experiment

6. In general, how sad or depressed have you felt over the last 4 days:
 - (a) I did not feel sad or depressed at all.
 - (b) I felt a little sad or depressed.
 - (c) I felt very sad or depressed.

7. In general, how happy have you felt over the last 4 days:
 - (a) I did not feel happy at all.
 - (b) I felt a little happy.
 - (c) I felt very happy.

8. During your normal day, how much have you thought about this experiment since it began:
 - (a) I did not think about it at all.
 - (b) I thought about it some.
 - (c) I thought about it a great deal.

9. Since the beginning of the study, during the hours that you were not involved in the experiment, to what degree have you thought about the topics that you wrote about:
 - (a) I did not think about the topics I wrote about at all.
 - (b) I thought about them some.
 - (c) I thought about them a great deal.

10. Before the experiment ever began, to what degree did you think about the topics you wrote about:
 - (a) I did not think about the topics I wrote about at all.
 - (b) I thought about them some.
 - (c) I thought about them a great deal.

11. How important has it been to you that your essays were anonymous:
 - (a) Not at all important
 - (b) Somewhat important
 - (c) Extremely important

12. Has this experiment been valuable or meaningful for you:

- (a) It has not been valuable or meaningful for me.
- (b) It has been a little valuable or meaningful for me.
- (c) It has been extremely valuable or meaningful for me.

13. Any comments that you have about the experiment would be greatly appreciated (use back if necessary):

APPENDIX S

Modified Version of Pennebaker's Outcome Questionnaire (Spanish Version)

ID # _____ Fecha _____

Al responder las siguientes preguntas, considere los cuatro días de su escrito. Círculo la respuesta que te sientas mejor describe su experiencia.

1. En general, ¿cómo fueron los ensayos personales que usted escribió:
 - (a) No a todos los personales
 - (b) Algo personal
 - (c) Muy personal

2. Antes de la prueba, ¿cuánto le había dicho a la gente sobre lo que usted escribió:
 - (a) no le digas a nadie acerca de lo que escribí
 - (b) Le dije a unas pocas personas sobre lo que escribí
 - (c) Le dije a muchas personas que conozco sobre lo que escribí

3. En general, ¿cuánto revelar sus emociones en lo que usted escribió:
 - (a) no pusieron de manifiesto mis emociones en todas las
 - (b) He puesto de manifiesto mis emociones un poco
 - (c) He puesto de manifiesto mis emociones mucho

4. Antes de la prueba, ¿cuánto le había querido hablar con alguien sobre lo que usted escribió:
 - (a) Yo no quería hablar de ello con alguien en todos los
 - (b) que quería hablar con alguien un poco
 - (c), que quería hablar de ello con alguien mucho

5. En los últimos 4 días, lo difícil ha sido para usted a escribir durante el experimento:
 - (a) No fue difícil para mí escribir durante el experimento
 - (b) Es un poco difícil para mí escribir durante el experimento
 - (c) Es muy difícil para mí escribir durante el experimento

6. En general, ¿triste o deprimido se ha sentido durante los últimos 4 días:
- (a) no me siento triste o deprimido a todos.
 - (b) Me sentí un poco triste o deprimido.
 - (c), me sentía muy triste o deprimido.
7. En general, ¿cómo se sintió feliz durante los últimos 4 días:
- (a) no me siento feliz en absoluto.
 - (b) Me sentí un poco feliz.
 - (c), me sentí muy feliz.
8. Durante su día normal, ¿cuánto has pensado en esta experiencia desde que se inició:
- (a) Yo no pienso en absoluto.
 - (b) He pensado en ello alguna.
 - (c), lo pensé mucho.
9. Desde el comienzo del estudio, durante las horas en que no participaron en el experimento, ¿en qué grado ha pensado en los temas que usted escribió sobre:
- (a) no pensar en los temas que escribí acerca de en absoluto.
 - (b) He pensado en alguna.
 - (c) He pensado en ellos una gran cantidad.
10. Antes de que el experimento nunca se inició, en qué grado lo que opinas sobre los temas sobre el que escribió:
- (a) no pensar en los temas que escribí acerca de en absoluto.
 - (b) He pensado en alguna.
 - (c) He pensado en ellos una gran cantidad.
11. ¿Qué tan importante ha sido la de que su ensayo eran anónimos:
- (a) Nada importante
 - (b) Algo importante
 - (c) Extremadamente importante

12. Esta experiencia ha sido valiosa y significativa para usted:

- (a) No ha sido valioso o significativo para mí.
- (b) Ha sido un poco valioso o significativo para mí.
- (c) ha sido sumamente valioso y significativo para mí.

13. Cualquier comentario que usted tenga sobre el experimento serán bienvenidos (use el reverso si es necesario):

APPENDIX T

Headmaster Permission Form (English Version)

Headmaster & School: _____

Principal Researcher: John Billimek, Ph.D. and Shannon Curry, M.A.

Title of Project: The Journal Project

I _____, agree to my classroom's participation in the research study being conducted by Dr. John Billimek, Ph.D., and Shannon Curry, M.A., under the direction of Dr. Shelly Harrell, Ph.D.

The term "students" will be used throughout this document in reference to students who choose to participate in this study and whose parents have given written informed consent that they may participate.

The overall purpose of this research is to increase psychologists understanding about how writing may be helpful for people. I understand that my classroom has been asked to participate because the students are close in age to people who have participated in studies like this before, and because they may benefit from this study.

I understand that it is unknown whether my students will benefit from this research. I understand that this research may benefit society in that it increases psychologists' knowledge about ways to help people.

I understand that my students' participation will take place over the course of the next eight months. There are two portions to this project. The first portion takes place over the next two Ieks and will be conducted in my classroom while I am present. Starting next Monday, the researchers will be asking my students to fill out several questionnaires asking how they have been feeling emotionally and physically within the past Iek and month. The researchers will also ask my students to write about various topics for 20 minutes each day starting Monday and lasting for four days. On the following Iek, the researchers will ask my students to fill out more questionnaires asking how they have been feeling emotionally and physically in the past Iek. As a gift for my students' participation in the first portion of the study, my students will receive a special pen. One month later, a researcher will return to the classroom and the students will be given an additional set of questionnaires to fill out in class and return to the researcher.

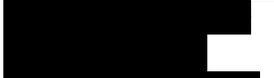
For the second portion of the study, the researchers will be asking my students to write about a topic on their own, once a month for four months, and to mail them what they write each month. The researchers will give my students 4 pre-stamped/addressed envelopes in which to mail their writing. When the researchers return to my classroom in 4 months, they will once again ask my students to fill out a set of questionnaires asking how they are feeling emotionally and physically in the past Iek and month. As a gift for my students' participation in the second portion of the study, my students will receive a University journal and t-shirt.

I understand that there are certain risks and discomforts that might be associated with this research. These risks include my students feeling bored or fatigued while completing questionnaire forms, as well as discomfort when answering questions on the forms that ask about uncomfortable feelings. My students may also feel distress when writing if asked to write about a topic they find upsetting. I understand that the researchers will provide breaks for my students if requested. I also understand that my students are free to discontinue their participation at any time if they feel it is too upsetting or uncomfortable for them. I understand that the researchers will make themselves available to my students if they feel upset and want to talk about it. Additionally, I understand that if my students feel they would like professional help to assist them in dealing with upsetting feelings, the researchers will help us to find these services.

I understand that I may choose not to have my classroom participate in this research. I understand that my students' participation is voluntary and that my students may refuse to participate and/or withdraw their consent and discontinue participation in the project or activity at any time without penalty or loss of benefits to which they are otherwise entitled. I understand that my students will still be eligible for services from the Peruvian American Medical Society (PAMS) if they do not participate in this study, and that their grades and or coursework will not be affected whether or not they choose to participate in this study.

I understand that the researchers will take all reasonable measures to protect the confidentiality of my students' records and my students' identities will not be revealed to anyone other than the researchers, nor in any publication that may result from this project. The confidentiality of my students' records will be maintained in accordance with applicable state and federal laws. Under California law, there are exceptions to confidentiality, including suspicion that a child, elder, or dependent adult is being abused, or if an individual discloses an intent to harm him/herself or others. If my students participate in a sponsored research project, a representative of the sponsor may inspect their research records.

I understand that the researcher is willing to answer any inquiries I may have concerning the research herein described. I understand that I may contact the researchers by the following methods if I have other questions or concerns about this research.

Name:	Shannon Curry, M.A.	Dr. Shelly Harrell, Ph.D,
Phone:		
e-mail:		
Postal Mail:		

If I have questions about my rights as a research participant, I understand that I can contact Dr. Doug Leigh, Chairperson of the Graduate School of Education and Psychology IRB, Pepperdine University, by mail: 6100 Center Drive, Los Angeles, CA 90045, U.S.A.; by e-mail: Doug.leigh@pepperdine.edu; or by phone: (310) 568-2389.

I will be informed of any significant new findings developed during the course of my classroom's participation in this research which may have a bearing on my willingness to allow my classroom to continue in the study.

I understand to my satisfaction the information regarding participation in the research project. All my questions have been answered to my satisfaction. I have received a copy of this informed consent form which I have read and understand. I hereby consent to my classroom's participation in the research described above.

Headmasters's Signature

Date

Witness

Date

I have explained and defined in detail the research procedure in which the teacher has consented to allow his or her classroom to participate. Having explained this and answered any questions, I am cosigning this form and accepting this person's consent.

Principal Researcher

Date

APPENDIX U

Signed Headmaster Permission Form (Spanish Translation)

Apéndice L

Formulario de Permiso para Maestros

Maestro/a y Número de Aula: VICTOR NILCÉFORO HUAYTALLA DE LA CRUZ

Investigadores Principales: John Billimeck, Ph.D. y Shannon Curry, M.A.

Título del Proyecto: El Proyecto de Diarios (The Journal Project)

Yo VICTOR NILCÉFORO HUAYTALLA DE LA CRUZ consiento en la participación de mi clase en el estudio de investigación realizado por Dr. John Billimeck, Ph.D., y Shannon Curry, M.A., bajo la dirección de Dr. Shelly Harrell, Ph.D.

El término "alumnos" se empleará a lo largo de este documento en cuanto a los estudiantes *que optan por participar en este estudio y cuyos padres han dado consentimiento informado escrito permitiéndolos participar.*

El propósito total de esta investigación es aumentar el entendimiento de psicólogos sobre como la escritura pueda ayudar a la gente. Entiendo que se ha solicitado la participación de mi clase porque los alumnos y los participantes anteriores de estudios como éste son de casi la misma edad, y porque se benefician de este estudio.

Entiendo que no se sabe si mis alumnos se beneficiarán de esta investigación. Entiendo que esta investigación beneficie a la sociedad por aumentar el conocimiento de psicólogos sobre modos de ayudar a la gente.

Entiendo que la participación de mis alumnos ocurrirá a lo largo de los próximos seis meses. Existen dos partes del proyecto. La primera ocurre durante las próximas dos semanas y se realizará en el aula mientras estoy presente. Comenzando con el lunes que viene, los investigadores les pedirán a mis alumnos rellenar varios cuestionarios preguntando como se han sentido emocionalmente y físicamente dentro de la semana pasada y del mes pasado. Además, los investigadores les pedirán escribir sobre varios temas por 20 minutos cada día, empezando el lunes y durando cuatro días. En la semana siguiente, los investigadores les pedirán rellenar más cuestionarios preguntando como se han sentido emocionalmente y físicamente durante la semana pasada. Como un regalo para la participación de mis alumnos en la primera parte del estudio, mis alumnos recibirán un bolígrafo especial. Se les dará un conjunto adicional de cuestionarios para rellenar solos y enviarles por correo a los investigadores un mes después. Los investigadores proveerán un sobre con franqueo pagado por este propósito y les enviarán a mis alumnos dos entradas al cine local a cambio de sus cuestionarios completos.

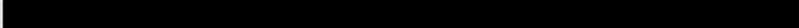
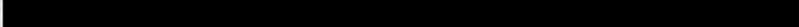
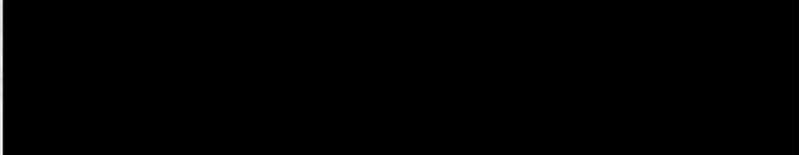
Para la segunda parte del estudio, los investigadores les pedirán a mis alumnos escribir sobre un tema solos, una vez al mes durante seis meses y enviarles lo que escriben cada mes. Los investigadores les darán seis sobres con franqueo pagado para enviar sus trabajos escritos. Cuando los investigadores regresen al aula en seis meses, volverán a pedirles rellenar un conjunto de cuestionarios preguntando como se sienten emocionalmente y físicamente en la semana pasada y en el mes pasado. Como un regalo para la participación de mis alumnos en la segunda parte del estudio, mis alumnos recibirán un diario de la Universidad y una camiseta.

Entiendo que existen ciertos riesgos y molestias que se asocian con esta investigación. Estos riesgos incluyen mis alumnos sintiéndose aburridos o fatigados mientras rellenan formularios de cuestionarios tanto como incomodidad cuando contestando preguntas en los formularios que preguntas sobre sentimientos incómodos. Mis alumnos se sientan angustia mientras escribiendo si se les pide escribir sobre un tema que los afecte. Entiendo que los investigadores proporcionarán descansos para mis alumnos si éstos se los solicitarán a los investigadores. Además, entiendo que mis alumnos están libres a dejar de participar cuando sea si se sienten demasiados angustiados o incómodos. Entiendo que los investigadores estarán disponibles a mis alumnos si se sienten angustiados y quieren hablar de ello. Asimismo, entiendo que si mis alumnos quisieran ayuda profesional para ayudarles en sobrellevar los sentimientos angustiosos, los investigadores nos ayudarán a encontrar estos servicios.

Entiendo que puedo elegir no permitir que mi clase participe en esta investigación. Entiendo que la participación de mis alumnos es opcional y se permite que mis alumnos se nieguen a participar y/o retirar su consentimiento y dejar de participar en el proyecto o la actividad cuando sea sin pena ni pérdida de beneficios a los cuales por lo demás tienen derecho. Entiendo que los servicios de la Sociedad Médica Peruana Americana (PAMS) aún estarán disponibles para mis alumnos si no participan en este estudio, y que el consentimiento o rechazo de cada uno no se afectará ni sus notas ni su trabajo escolar.

Entiendo que los investigadores harán todo lo que sea posible para proteger la confidencialidad de los historiales estudiantiles y no se revelarán las identidades de mis alumnos a nadie ajeno a los investigadores, ni en ninguna publicación que resulte de este proyecto. La confidencialidad de los historiales estudiantiles se mantendrá de acuerdo con las leyes estatales y federales pertinentes. Bajo la ley de California, existen excepciones a la confidencialidad, incluso la sospecha de que se está maltratando a un niño, anciano, o adulto dependiente, o si un individuo revela un intento de lastimarse o hacer daño a otros. Si mis alumnos participan en un proyecto de investigación patrocinado, un representante del patrocinador puede inspeccionar sus archivos de investigación.

Entiendo que los investigadores están dispuestos a contestar cualquier pregunta que yo tenga en cuanto a la investigación aquí descrita. Entiendo que puedo ponerme en contacto con los investigadores por las siguientes maneras si tengo otras preguntas o preocupaciones sobre esta investigación.

Nombre: Dr. John Hillman, Ph.D. Shannon Gunn, M.A. Dr. Sheila Hurrell, Ph.D.
 Teléfono: 
 E-mail: 
 Correo: 

Si tengo preguntas sobre mis derechos como un participante de investigación, entiendo que puedo ponerme en contacto con Dr. Stephanie Woo, Presidenta de Junta Examinadora Institucional (IRB) de la Escuela de Postgrado de Educación y Psicología, Universidad de Pepperdine, por correo: 6100

Center Drive, Los Angeles, CA 90045, U.S.A.; por e-mail: Stephanie.Woo@pepperdine.edu; o por teléfono: (310) 258-2845.

Se me informará de cualquier hallazgo nuevo significativo desarrollado a lo largo de la participación de mi clase en esta investigación, el cual puede determinarme la disposición de permitir que mis alumnos sigan con el estudio.

Entiendo satisfactoriamente la información con respecto a la participación en el proyecto de investigación. Todas mis preguntas han sido contestadas satisfactoriamente. He recibido una copia de este formulario de consentimiento informado que he leído y comprendo. Por la presente consiento en la participación de mi clase en la investigación descrita más arriba.

[Signature]
Firma de Maestro/a

17 JUN, 2008
Fecha

Firma de Testigo

Alexandra Alejos
Testigo

17 June 2008
Fecha

He explicado y definido en detalle el procedimiento de investigación en el cual el maestro ha consentido permitir que participe su clase. Habiendo explicado esto y contestado las preguntas que hayan surgido, estoy co-firmando este formulario y aceptando el consentimiento de esta persona.

Principal Investigator

Date



[Signature]
LIC. VICTOR HUAYTALLA DE LA CRUZ
DIRECTOR

APPENDIX V

Pepperdine University IRB Approval

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

March 3rd, 2009

Shannon Curry Westgaard

655 Center Drive
Eugene, Oregon, 97403

Protocol #: P0308D16

Project Title: *The Journal Project: Written Expression of Trauma as Intervention for High School Students in Ayacucho, Peru*

Dear Ms. Westgaard:

Thank you for submitting the requested revisions to your IRB application, *The Journal Project: Written Expression of Trauma as Intervention for High School Students in Ayacucho, Peru*, to the Pepperdine Graduate and Professional Schools Institutional Review Board (GPS IRB). I am pleased to inform you that your study has been granted **Full Approval**. The GPS IRB approval begins today, **March 3, 2009**, and terminates on **March 3, 2010**.

The final versions of your consent/assent forms will need to be stamped by the GPS IRB to indicate the expiration date of study approval. Please send electronic copies of the consent/assent forms to Ms. Jean Lee at gpsirb@pepperdine.edu. Copies of the expiration date stamped consent/assent forms will be mailed and emailed back to you and copies will be retained for our records. Also, once obtained, a copy of the IRB approval from University of California, Irvine must be submitted to the GPS IRB for our record prior to your study commencement.

Please note that your research must be conducted according to the proposal that was submitted to the GPS IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For **any** proposed changes in your research protocol, please submit a **Request for Modification Form** to the GPS IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and require submission of a new IRB application or other materials to the GPS IRB. If contact with subjects will extend beyond **March 3, 2010**, a **Continuation or Completion of Review Form** must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the GPS IRB as soon as possible. We will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the GPS IRB and the appropriate form to be used to report this information can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* (see link to "policy material" at <http://www.pepperdine.edu/irb/graduate/>).

Please refer to the protocol number denoted above in all further communication or correspondence related to this approval. Should you have additional questions, please contact me. Thank you for submitting such complete and thorough application. On behalf of the GPS IRB, I wish you success in this scholarly pursuit.

Sincerely,



Doug Leigh, Ph.D.
Associate Professor of Education
Pepperdine University
Graduate School of Education and Psychology
6100 Center Dr. 5th Floor
Los Angeles, CA 90045
dleigh@pepperdine.edu
(310) 568-2389

cc: Dr. Lee Kats, Associate Provost for Research & Assistant Dean of Research, Seaver College
Ms. Ann Kratz, Human Protections Administrator
Dr. Doug Leigh, Chair, Graduate and Professional Schools IRB
Ms. Jean Lee, Manager, Graduate and Professional Schools IRB
Dr. Shelly Harrell
Ms. Sheryl Saunders

APPENDIX W

Teacher Information Form

Dear Teachers,

My name is Shannon Curry. I am a psychology doctoral student at Pepperdine University in the United States. I would like to tell you about a study I am conducting on how writing might be able to help people. I would like to invite your students to participate in this study. It is important that the choice for your students to participate is completely up to the students and their parents (for all students under the age of 18, parental consent is mandatory). Students over the age of 18 must sign a consent form to participate in the study. Students under the age of 18 must sign an assent form in addition to having their parents sign a consent form. Teachers may not give consent for any student to participate, unless they are the legal guardian or parent of an underage student. If a student starts the study and then decides he or she is no longer interested in continuing, he or she simply has to let either of us know and I will discontinue the study for that student. Your student's participation will not affect their eligibility to receive services from The Peruvian American Medical Society (PAMS) or Salud Mental de Ayacucho (COSMA) now or in the future, nor should it affect their grades or academic coursework. The choice to participate is completely up to your students and their parents.

Let us tell you about what your students will be asked to do if they and their parents consent for them to participate in this study. The first portion of this study will be over in two Ieks. Next Iek I will come to your classroom each day for four days. I will ask students who have turned in signed consent to fill out forms and to write about different topics for 20 minutes. It should take about 30-60 minutes of your students' time, total, each day I come in for you to participate. I will give your students notebooks to write in with a special number on the front and on each page. It is very important that the students do not lose these notebooks as they will be asked to write the number of their notebook on new forms they are given on the last day of writing. If your students participate in this first 4-day part of the study, they will receive a special pen. For the second part of the study, I will ask participating students to write us something and mail it to us once a month for four months. I will give the students pre-stamped and addressed envelopes so they can send us what they writes at no cost to them. If your students send us their writing each month, I will bring them each a University t-shirt and journal as a gift for their participation when I return in November.

I am not certain whether or not your students will benefit from participating in this study, and there are some risks that your students will experience emotional distress if they are asked to write about difficult events in their lives as part of the study. It is important that if you see signs of lasting or significant distress in any of your students, that you refer them for mental healthcare right away. Please read the next form carefully. It outlines the warning signs of mental health problems in adolescents, and contains information on where they can receive help in Ayacucho.

It is hoped is that what I find out from your students' participation may be of help in the future to others. When the results of this study are published or presented to professional audiences, the names of the people who participated in the study will not be revealed.

If you have any questions, you may contact either of us in the following ways:

Name:	Shannon Curry, M.A.	Dr. Shelly Harrell, Ph.D,
Phone:	[REDACTED]	[REDACTED]
e-mail:	[REDACTED]	[REDACTED]
Postal Mail:	[REDACTED]	[REDACTED]

If your students wish to participate in the study, those students under the age of 18 will need to read and sign the assent form, have their parents read and sign the consent form, and bring both forms to school before the study begins next Monday. I will also be in your classroom to collect signed consent and assent forms each morning through the rest of the week, and in the courtyard of the highschool each day after school for one hour throughout next week, to answer questions you may have. Thank you very much for your time. I hope a lot of students will participate in this research. Again, thank you very much.

Sincerely,

Shannon Curry, M.A.

SIGNS OF MENTAL HEALTH DISORDERS CAN SIGNAL A NEED FOR HELP*

The present study involves some risks of emotional discomfort for your students. Students may feel bored or tired while answering questions. They may also feel upset when completing questionnaires that ask about uncomfortable feelings. Some of the students participating in this study may be asked to write about experiences in their lives that are upsetting to them, and they may continue to feel these emotions after writing. The researchers will provide breaks for my students if they ask for one, and every student is free to stop participating in the study at any time if they feel it is too upsetting or uncomfortable for them to continue. The researchers are available to my students if they feel upset and want to talk about it. Usually, upsetting emotions go away 1-2 weeks after writing about a troubling experience. However, if at any time I feel my students would benefit from professional help to assist them in dealing with upsetting feelings, or if it doesn't seem like the feelings are going away, the La Comisión de Salud Mental de Ayacucho knows about the present study, and the staff working there are available to help my students free of charge. Pay attention if a student you know has any of the warning signs listed below. If a student appears to be experiencing any of these problems, it is important that they get help as soon as possible. Please refer students and their families to La Comisión de Salud Mental de Ayacucho where they will receive no-cost mental health services.

Refer your student for help right away if he or she is:

- Sad and hopeless for no reason, and these feelings do not go away.
- Very angry most of the time and crying a lot or overreacting to things.
- Worthless or guilty often.
- Anxious or worried often.
- Unable to get over a loss or death of someone important.
- Extremely fearful or having unexplained fears.
- Constantly concerned about physical problems or physical appearance.
- Frightened that his or her mind either is controlled or is out of control.
- Showing declining performance in school.
- Losing interest in things once enjoyed.
- Experiencing unexplained changes in sleeping or eating patterns.
- Avoiding friends or family and wanting to be alone all the time.
- Daydreaming too much and not completing tasks.
- Feeling life is too hard to handle.
- Hearing voices that cannot be explained.
- Experiencing suicidal thoughts.
- Poor concentration and is unable to think straight or make up his or her mind.
- An inability to sit still or focus attention.
- Worry about being harmed, hurting others, or doing something "bad".
- A need to wash, clean things, or perform certain routines hundreds of times a day, in order to avoid an unsubstantiated danger.
- Racing thoughts that are almost too fast to follow.
- Persistent nightmares.
- Using alcohol or other drugs.
- Eating large amounts of food and then purging, or abusing laxatives, to avoid weight gain.
- Dieting and/or exercising obsessively.

- Violating the rights of others or constantly breaking the law without regard for other people.
- Setting fires.
- Doing things that can be life threatening.
- Killing animals.

*From the United States Department of Health and Human Services Health Information Network:
www.samhsa.gov/shin/moreaboutshin.aspx

APPENDIX X

Teacher Information Form (Spanish Version)

Estimados profesores,

Nuestros nombres son Shannon y el Dr. John Curry Billimek. Shannon es un estudiante de doctorado en psicología de la Universidad de Pepperdine en Estados Unidos, y John es un psicólogo de la Universidad de California, Irvine, también en los Estados Unidos. Esta aquí este mes con la Sociedad Médica Peruano Americana (SMOP), y quisiera decirle a usted acerca de un estudio que están llevando a cabo sobre cómo la escritura puede ser capaz de ayudar a las personas. Nos gustaría invitar a sus estudiantes a participar en este estudio. Es importante que la elección para sus estudiantes a participar es totalmente a los estudiantes y sus padres (para todos los estudiantes menores de 18 años, el consentimiento de los padres es obligatorio). Los estudiantes mayores de 18 años deben firmar un formulario de consentimiento para participar en el estudio. Los estudiantes menores de 18 años deben firmar un formulario de consentimiento, además de que sus padres firmen un formulario de consentimiento. Los profesores no pueden dar su consentimiento para cualquier estudiante a participar, a menos que sean los padres o tutores legales de menores de un estudiante. Si un estudiante se inicia el estudio y luego decide que él o ella ya no está interesada en continuar, él o ella simplemente tiene que dejar que cualquiera de nosotros conozcamos y nos pondremos en suspender el estudio para ese estudiante. Su participación del estudiante no afectará su elegibilidad para recibir servicios de la Sociedad Médica Peruano Americana (SMOP) o Salud Mental de Ayacucho (Cosma) ahora o en el futuro, ni tampoco debería afectar a sus grados o cursos académicos. La elección de participar es totalmente a sus estudiantes y sus padres.

Va a decirle a usted acerca de lo que sus estudiantes se les pedirá que hacer si ellos y sus padres el consentimiento para participar en este estudio. La primera parte de este estudio será de más de dos semanas. La próxima semana va a ir a su salón de clases cada día durante cuatro días. Pediro a los estudiantes que se han convertido en el consentimiento firmado para llenar formularios y escribir sobre diferentes temas durante 20 minutos. Debería tener unos 30-60 minutos de sus estudiantes tiempo, total, cada día encontropor usted a participar. Va a dar a sus alumnos a escribir en blocs de notas con un número especial en el frente y en cada página. Es muy importante que los alumnos no pierdan estos cuadernos que se les pedirá que escriba el número de su bloc de notas sobre las nuevas formas que se dan en el último día de la escritura. Si sus estudiantes participan en esta primera parte de 4 días de estudio, recibirán un lápiz especial. Para la segunda parte del estudio, le pediremos a los estudiantes participantes escribir algo y enviárnosla por correo una vez al mes durante cuatro meses. Va a dar a los estudiantes antes de abordar y sobres sellados para que puedan enviarnos lo que escribe, sin costo alguno para ellos. Si sus estudiantes envíenos su escrito cada mes, cada uno de ellos traerá una camiseta de la Universidad y la revista como un regalo por su participación cuando regresemos en noviembre.

Nosotros no estamos seguros de si o no a sus alumnos se beneficiarán de la participación en este estudio, y existen algunos riesgos de que sus estudiantes la experiencia emocional, si se les pide escribir sobre los acontecimientos difíciles en sus vidas como parte del estudio. Es importante que si usted ve los signos de la angustia duradera o significativa en ninguno de sus alumnos, que ellos se refieren a salud mental de inmediato. Por favor, lea cuidadosamente el siguiente formulario. Esboza

las señales de advertencia de los problemas de salud mental en los adolescentes, y contiene información sobre dónde pueden recibir ayuda en Ayacucho.

Es de esperar es que lo que encontramos a partir de su participación de los estudiantes puede ser de ayuda en el futuro a otras personas. Cuando los resultados de este estudio son publicados o presentados a los profesionales, los nombres de las personas que participaron en el estudio no será revelado.

Si usted tiene alguna pregunta, puede ponerse en contacto con nosotros en cualquiera de las siguientes maneras:

Nombre:	Shannon Curry, M.A.	Dr. Shelly Harrell, Ph.D,
Teléfono:	[REDACTED]	[REDACTED]
e-mail:	[REDACTED]	[REDACTED]
Correo Postal:	[REDACTED]	[REDACTED]

Si ustedes alumnos desean participar en el estudio, los estudiantes menores de 18 años tendrán que leer y firmar el formulario de consentimiento, los padres han de leer y firmar el formulario de consentimiento, y que ambas formas a la escuela antes de que el estudio se inicia el próximo lunes. También va a estar en su salón de clase para recoger el consentimiento firmado de dictamen y las formas cada mañana por el resto de la semana, y en el patio de la secundaria después de la escuela cada día durante una hora en toda la próxima semana, para responder a las preguntas que usted pueda tener. Muchas gracias por su tiempo. Espera mucho de los estudiantes participarán en esta investigación. Una vez más, muchas gracias.

Atentamente,

Shannon Curry, M.A.

SIGNOS DE LOS TRASTORNOS MENTALES PUEDE UNA SEÑAL NECESIDAD DE AYUDA*

El presente estudio implica algunos riesgos para el bienestar emocional de sus estudiantes. Los estudiantes pueden sentirse cansado o aburrido, mientras que responder las preguntas. También pueden sentirse perturbado cuando rellenen los cuestionarios que preguntar acerca de los sentimientos incómodos. Algunos de los estudiantes que participan en este estudio podrán ser invitados a escribir sobre experiencias en su vida que están perturbando a ellos, y ellos pueden seguir a sentir estas emociones después de escribir. Los investigadores proporcionan descansos para mis alumnos si la piden, y cada estudiante es libre de dejar de participar en el estudio en cualquier momento si consideran que es demasiado perturbador ni incómodo para continuar. Los investigadores están a disposición de mis alumnos si se sienten molestos y quieren hablar de ello. Por lo general, se van alterando las emociones 1-2 semanas después de escribir sobre una experiencia inquietante. Sin embargo, si en algún momento me siento a mis estudiantes se beneficiarían de una ayuda profesional para ayudarles a hacer frente a perturbar los sentimientos, o si no parece como los sentimientos se van lejos, la La Comisión de Salud Mental de Ayacucho sabe sobre el presente estudio, y el personal que trabajan allí están disponibles para ayudar a mis estudiantes de forma gratuita. Preste atención si un estudiante tiene que saber alguna de las señales de advertencia que figuran a continuación. Si un estudiante parece estar experimentando cualquiera de estos problemas, es importante que busque ayuda lo antes posible. Por favor, consulte los estudiantes y sus familias a La Comisión de Salud Mental de Ayaacho donde recibirán sin costo los servicios de salud mental.

Consulte a su estudiante para obtener ayuda de inmediato si él o ella es el siguiente:

- triste y desesperado sin razón, y estos sentimientos no desaparecen.
- Muy enojado la mayor parte del tiempo y llorando mucho o exagerando las cosas.
- Inútil o culpable a menudo.
- ansioso o preocupado a menudo.
- No se puede obtener a través de una pérdida o muerte de alguien importante.
- Extremadamente miedo inexplicable o tener temores.
- Constantemente preocupado por problemas físicos o apariencia física.
- Asustado de que su mente está bien controlada o está fuera de control.
- Fijación de la disminución de rendimiento en la escuela.
- Pérdida de interés en las cosas que antes disfrutaba.
- Experimentar inexplicables cambios en los patrones de dormir o comer.
- Evitar los amigos o la familia y querer estar solo todo el tiempo.
- ilusión demasiado y no completar las tareas.
- Sensación de vida es demasiado difícil de manejar.
- Oír voces que no se puede explicar.
- Experimentar pensamientos suicidas.
- Pobre concentración y es incapaz de pensar o hacer de su mente.
- Una incapacidad para quedarse quieto o centrar la atención.
- La preocupación acerca de posibles daños, lastimar a otros, o haciendo algo "malo".
- Necesidad de lavar, limpiar cosas o realizar determinadas rutinas cientos de veces al día, a fin de evitar un peligro sin fundamento.
- Racing pensamientos que son casi demasiado rápido a seguir.
- pesadillas persistentes.
- Uso de alcohol u otras drogas.

- Comer grandes cantidades de alimentos y, a continuación, depuración, o abusando de laxantes, para evitar el aumento de peso.
- Dieta y / o ejercer obsesivamente.
- Violar los derechos de otros o violar la ley constantemente, sin tener en cuenta para otras personas.
- Ajuste de los incendios.
- Hacer las cosas que pueden ser mortales.
- Matanza de animales.

* Desde los Estados Unidos Departamento de Salud y Servicios Humanos de Salud Red de Información: www.samhsa.gov/shin/moreaboutshin.aspx

APPENDIX Y

Control Group Instructions (English Version)

This study is an extremely important project looking at writing. Over the next four days, you will be asked to write about one of several different topics for 20 minutes each day. You will first come back to this office where I will talk with you and give you your instructions for the day. You will then be escorted to a small office where you will be alone to write. We will let you know that the 20 minutes are up. You will then be given a brief questionnaire to complete, after which you will place it in the box at the front of the class.

The only rule we have about your writing is that you write continuously for the entire time. If you run out of things to say, just repeat what you have already written. In your writing, don't worry about grammar, spelling, or sentence structure. Just write. Different people will be asked to write about different topics. Because of this, I ask that you not talk with anyone about the experiment. Because we are trying to make this a tight experiment, I can't tell you what other people are writing about or anything about the nature or predictions of the study. Once the study is complete, however, we will tell you everything. Right now, we expect the study to be complete in about 8 months. Another thing is that sometimes people feel a little sad or depressed after writing. If that happens, it is completely normal. Most people say that these feelings go away in an hour or so. If at any time over the course of the experiment you feel upset or distressed, please contact me or any of the other experimenters immediately. (Note all participants receive a sheet with phone numbers).

Another thing. Your writing is completely anonymous and confidential. We ask you to copy the number on your journal onto each page of your writing samples before you turn them in. Some people in the past have felt that they didn't want anyone to read them. That's OK, too. If you don't feel comfortable turning in your writing samples, you may keep them. We would prefer if you turned them in, however, because we are interested in what people write. I promise that none of the experimenters, including me, will link your writing to you. Above all, we respect your privacy. Do you have any questions to this point? Do you still wish to participate?

What I would like you to write about over the next four days is how you use your time. Each day, I will give you different writing assignments on the way you spend your time. In your writing, I want you to be as objective as possible. I am not interested in your emotions or opinions. Rather I want you to try to be completely objective. Feel free to be as detailed as possible. In today's writing, I want you to describe what you did yesterday from the time you got up until the time you went to bed. For example, you might start when your alarm went off and you got out of bed. You could include the things you ate, where you went, which buildings or objects you passed by as you walked from place to place. The most important thing in your writing, however, is for you to describe your days as accurately and as objectively as possible.

(On the second day of writing): How did your writing go yesterday? Today, I would like you to describe what you have done today since you woke up. Again, I want you to be as objective as possible to describe exactly what you have done up until coming to this experiment...

(On the third day of writing): Today, I want you to describe in detail what you will do as soon as the experiment is over until you go to bed tonight. For example, you might start by noting that you will walk out of the door, go down the steps, walk across the campus, and so forth.

(On the final day of writing): This is the last day of the experiment. In your writing today, I would like you to describe what you will be doing over the next week...

APPENDIX Z

Control Group Instructions (Spanish Translated)

Este estudio es un proyecto muy importante mirar en la escritura. Durante los próximos cuatro días, se le pedirá que escriba sobre uno de varios temas durante 20 minutos cada día. En primer lugar volver a esta oficina, donde hablará con usted y le dará las instrucciones para el día. A continuación se le acompañará a una pequeña oficina donde se esté solo a escribir. Le haremos saber que los 20 minutos. Se le da un breve cuestionario para completar, después de lo cual se colocará en el cuadro en la parte delantera de la clase.

La única regla que tenemos acerca de su escrito es que se escribe continuamente durante todo el tiempo. Si te quedas sin cosas que decir, solo repetir lo que ya ha escrito. En su escrito, no te preocupes por la gramática, ortografía, o estructura de la oración. Sólo escribir. Diferentes personas se les pedirá que escriban sobre diferentes temas. Debido a esto, les pido que no hable con alguien sobre el experimento. Porque esta tratando de hacer de esta una experiencia apretado, no puedo decirle lo que otra gente está escribiendo sobre algo o sobre la naturaleza o las predicciones del estudio. Una vez que el estudio está completo, sin embargo, le informaremos de todo. Ahora, espera que el estudio que se completa en aproximadamente 8 meses. Otra cosa es que a veces la gente se siente un poco triste o deprimido después de escribir. Si eso ocurre, es completamente normal. La mayoría de las personas dicen que estos sentimientos desaparecen en una hora o así. Si en cualquier momento durante el transcurso del experimento se siente angustiado o molesto, póngase en contacto conmigo o con cualquiera de los otros experimentadores de inmediato. (Nota a todos los participantes reciben una hoja con los números de teléfono).

Otra cosa. Su escrito es totalmente anónima y confidencial. Le pedimos que copia el número de su revista en cada página de su escrito de muestras antes de convertirlos pulg Algunas personas en el pasado han considerado que no querían que nadie los lee. Eso está bien, también. Si no sienta cómodo en su giro muestras de escritura, puede mantenerlos. Preferiría si convertido en, sin embargo, porque esta interesados en lo que la gente escriba. Te prometo que ninguno de los experimentadores, incluyéndome a mí, vinculará su escrito a usted. Por encima de todo, respeta su privacidad. ¿Tiene alguna pregunta a este punto? ¿Todavía desea participar?

Lo que me gustaría escribir sobre usted durante los próximos cuatro días es cómo usted utiliza su tiempo. Cada día, yo te daré las diferentes tareas de escritura en la forma en que gastan su tiempo. En su escrito, quiero que sea lo más objetivo posible. No estoy interesado en sus emociones y opiniones. Y no quiero que trate de ser completamente objetivo. Siéntase libre de ser lo más detallada posible. En el escrito, quiero que describir lo que hizo ayer desde el momento en que se levantó hasta el momento en que usted fue a la cama. Por ejemplo, usted puede comenzar cuando la alarma se disparó y le salió de la cama. Usted puede incluir las cosas que comían, en la que iba, que los edificios o los objetos que pasaron por lo que caminó de un lugar a otro. Lo más importante en su escrito, sin embargo, es para que usted describe su día con la mayor precisión y lo más objetivamente posible.

(En el segundo día de la escritura): ¿Cómo va su escrito de ayer? Hoy en día, me gustaría que describir lo que han hecho hoy desde que desperté. Una vez más, quiero que ser lo más objetivo posible para describir exactamente lo que han hecho hasta llegar a esta experiencia ...

(En el tercer día de la escritura): Hoy, quiero que se describen en detalle lo que hará tan pronto como ha terminado el experimento hasta que se vaya a dormir esta noche. Por ejemplo, usted podría empezar por señalar que se salga de la puerta, bajar las escaleras, caminar por el campus, y así sucesivamente.

(El último día de la escritura): Este es el último día del experimento. En su escrito de hoy, me gustaría que describir lo que se hace durante la próxima semana ...

APPENDIX Z-1

Experimental Group Instruction (English Version)

This study is an extremely important project looking at writing. Over the next four days, you will be asked to write about one of several different topics for 20 minutes each day. You will first come back to this office where I will talk with you and give you your instructions for the day. You will then be escorted to a small office where you will be alone to write. We will let you know that the 20 minutes are up. You will then be given a brief questionnaire to complete, after which you will place it in the box at the front of the class.

The only rule we have about your writing is that you write continuously for the entire time. If you run out of things to say, just repeat what you have already written. In your writing, don't worry about grammar, spelling, or sentence structure. Just write. Different people will be asked to write about different topics. Because of this, I ask that you not talk with anyone about the experiment. Because we are trying to make this a tight experiment, I can't tell you what other people are writing about or anything about the nature or predictions of the study. Once the study is complete, however, we will tell you everything. Right now, we expect the study to be complete in about 8 months. Another thing is that sometimes people feel a little sad or depressed after writing. If that happens, it is completely normal. Most people say that these feelings go away in an hour or so. If at any time over the course of the experiment you feel upset or distressed, please contact me or any of the other experimenters immediately. (Note all participants receive a sheet with phone numbers).

Another thing. Your writing is completely anonymous and confidential. We ask you to copy the number on your journal onto each page of your writing samples before you turn them in. Some people in the past have felt that they didn't want anyone to read them. That's OK, too. If you don't feel comfortable turning in your writing samples, you may keep them. We would prefer if you turned them in, however, because we are interested in what people write. I promise that none of the experimenters, including me, will link your writing to you. Above all, we respect your privacy. Do you have any questions to this point? Do you still wish to participate?

What I would like to have you write about for the next four days is the most traumatic, upsetting experience of your entire life. In your writing, I want you to really let go and explore your very deepest emotions and thoughts. You can write about the same experience on all four days or about different experiences each day. In addition to a traumatic experience, you can also write about major conflicts or problems that you have experienced or are experiencing now. Whatever you choose to write, however, it is critical that you really delve into your deepest emotions and thoughts. Ideally, we would also like you to write about significant experiences or conflicts that you have not discussed in great detail with others. Remember that you have four days to write. You might tie your personal experiences to other parts of your life. How is it related to your childhood, your parents, people you love, who you are, or who you want to be. Again, in your writing, examine your deepest emotions and thoughts.

(On the second day of writing): How did yesterday's writing go? Today, I want you to continue writing about the most traumatic experience of your life. It could be the same topic that you wrote about yesterday or it could be something different. But today, I really want you to explore your very deepest emotions and thoughts...

(On the third day of writing): You have written now for two days. You only have today and tomorrow to finish your writing. As with the first two days, I want you to really explore your deepest thoughts and feelings... (Note that I am trying to get the subjects to continually be aware that this is a finite experiment and that they see the last day coming).

(On the last day of writing): You have survived the first three days, and today is the last one. In your writing today, I again want you to explore your deepest thoughts and feelings about the most traumatic experience of your life. Remember that this is the last day and so you might want to wrap everything up. For example, how is this experience related to your current life and your future? But feel free to go in any direction you feel most comfortable with and delve into your deepest emotions and thoughts...

APPENDIX Z-2

Experimental Group Instruction (Spanish Translated)

Este estudio es un proyecto muy importante mirar en la escritura. Durante los próximos cuatro días, se le pedirá que escriba sobre uno de varios temas durante 20 minutos cada día. En primer lugar volver a esta oficina, donde hablará con usted y le dará las instrucciones para el día. A continuación se le acompañará a una pequeña oficina donde se esté solo a escribir. Le haremos saber que los 20 minutos. Se le da un breve cuestionario para completar, después de lo cual se colocará en el cuadro en la parte delantera de la clase.

La única regla que tenemos acerca de su escrito es que se escribe continuamente durante todo el tiempo. Si te quedas sin cosas que decir, solo repetir lo que ya ha escrito. En su escrito, no te preocupes por la gramática, ortografía, o estructura de la oración. Sólo escribir. Diferentes personas se les pedirá que escribir sobre diferentes temas. Debido a esto, les pido que no hable con alguien sobre el experimento. Porque esta tratando de hacer de esta una experiencia apretado, no puedo decirle lo que otra gente está escribiendo sobre algo o sobre la naturaleza o las predicciones del estudio. Una vez que el estudio está completo, sin embargo, le informaremos de todo. Ahora, espera que el estudio que se completa en aproximadamente 8 meses. Otra cosa es que a veces la gente se siente un poco triste o deprimido después de escribir. Si eso ocurre, es completamente normal. La mayoría de las personas dicen que estos sentimientos desaparecen en una hora o así. Si en cualquier momento durante el transcurso del experimento se siente angustiado o molesto, póngase en contacto conmigo o con cualquiera de los otros experimentadores de inmediato. (Nota a todos los participantes reciben una hoja con los números de teléfono).

Otra cosa. Su escrito es totalmente anónima y confidencial. Le pedimos que copia el número de su revista en cada página de su escrito de muestras antes de convertirlos pulg Algunas personas en el pasado han considerado que no querían que nadie los lee. Eso está bien, también. Si no se siente cómodo de inflexión en su escrito de muestras, puede mantenerlos. Preferiría si convertido en, sin embargo, porque esta interesados en lo que la gente escriba. Te prometo que ninguno de los experimentadores, incluyéndome a mí, vinculará su escrito a usted. Por encima de todo, respeta su privacidad. ¿Tiene alguna pregunta a este punto? ¿Todavía deseas participar?

Lo que me gustaría tener que escribir acerca de los próximos cuatro días es la más traumática, alterando la experiencia de toda su vida. En su escrito, quiero que realmente soltar y explorar tus emociones y pensamientos más profundos. Usted puede escribir sobre la misma experiencia en los cuatro días o sobre las diferentes experiencias de cada día. Además de una experiencia traumática, también puede escribir sobre los principales conflictos o problemas que han experimentado o están experimentando ahora. Independientemente de que usted elija para escribir, sin embargo, es fundamental que usted realmente ahondar en sus más profundas emociones y pensamientos. Idealmente, nos gustaría que usted escribir sobre experiencias significativas o conflictos que no ha discutido con gran detalle con los demás. Recuerde que usted tiene cuatro días para escribir. Usted puede atar su experiencia personal a otras partes de su vida. ¿Cómo es su relación con su infancia, sus padres, las personas que usted ama, quién es usted, o que quieres ser. Una vez más, en su escrito, examinar sus más profundas emociones y pensamientos.

(En el segundo día de la escritura): ¿Cómo va la escritura de ayer? Hoy, quiero que sigan escribiendo sobre las experiencias más traumáticas de su vida. Podría ser que el mismo tema sobre el que escribió ayer o puede ser algo diferente. Pero hoy, realmente quiero a explorar tus emociones y pensamientos más profundos ...

(En el tercer día de la escritura): Usted ha escrito ahora para dos días. Sólo tiene hoy y mañana para terminar su escrito. Al igual que con los dos primeros días, quiero que realmente explore sus más profundos pensamientos y sentimientos ... (Tenga en cuenta que estoy tratando de que los temas a seguir siendo conscientes de que este es un experimento limitado y que se vea el último día próximo).

(En el último día de la escritura): Usted ha sobrevivido a los tres primeros días, y hoy es la última. En su escrito de hoy, una vez más quiero que explore sus más profundos pensamientos y sentimientos acerca de las experiencias más traumáticas de su vida. Recuerde que este es el último día y así es posible que desee para envolver todo. Por ejemplo, ¿cómo es esta experiencia relacionada con su vida actual y su futuro? Sin embargo, siéntase libre para ir en cualquier dirección que se sienta más cómodo y ahondar en sus más profundas emociones y los pensamientos.

APPENDIX Z-3

Frequently Asked Questions: Possible Questions to be Asked in Question-Answer Session

Q: Who is conducting the research?

A: Shannon Curry, a doctoral student at Pepperdine University's Graduate School of Education and Psychology.

Q: Is this supervised?

A: This research is being supervised by Dr. Shelly Harrell, Professor of Psychology.

Q: What is the purpose of this research?

A: The overall purpose of this research is to look at how writing helps people. The data will be used only for this study and will be analyzed statistically, so your privacy is protected and your responses will remain confidential.

Q: What am I expected to do?

A: Your participation involves the following:

- Give your parents the informed consent forms to read. If they decide to allow you to participate, they will sign the consent forms.
- If your parents sign the consent forms, read and sign the assent forms.
- You will be given a set of questionnaires on the first day of the study that I will ask you to read and answer all of the questions.
- You will then be asked to write about a topic for twenty minutes and turn your writing into us when you are done. I will ask you to repeat this writing exercise each day for four days total. After you complete the last writing session, you will receive a special pen as a thank you for participating in the first portion of our study.
- One of us will return in one month to have you fill out some more questionnaires for approximately 30-45 minutes.
- In July I will return again and ask you to continue to write on the topic I have given you once a month for 20 minutes. I will give you four pre-stamped, pre-addressed envelopes to send us what you write each month for four months.
- I will return to your classroom in November and will ask you to read and answer all the questions of another set of questionnaires. Those of you who participate by mailing at least one journal entry will receive an University journal and t-shirt when I return.

Q: How long will it take to complete the set of questionnaires?

A: This will take approximately 30-45 minutes to complete.

Q: How long will the writing session be?

A: Each writing session will be 20 minutes long.

Q: Where can I complete them?

A: During the first portion of the study, you will complete the questionnaires and writing sessions in class. During the second portion of the study you can complete the writing

session anywhere you choose, although it is important that you don't have any help with what you write.

Q: What is the possible benefit to me or society from this research?

A: I am not sure whether this research will be of direct benefit to you. However, the results of this study may be published in the future and this may encourage psychologists to explore new ways of helping people.

Q: Do I have to participate?

A: No. You can choose not to participate in this research. Your participation is voluntary and you may refuse to participate and/or withdraw your assent and discontinue participation in the study without any negative consequences.

Q: If I don't participate, can I still receive the gift at the end?

A: No. Only students who participate will receive the gift at the end of the study. If you participate in at least one activity, but then withdraw from the study you will receive the gift at the end of the part of the study in which you participated.

Q: Can't you identify me if I have to mail you the completed set of questionnaires along with my return mailing address one month after you leave?

A: Your questionnaires will be separated from your mailing address immediately after they are received by the researcher. These documents will be filed separately from each other in order to maintain confidentiality. There will be no way to link the set of questionnaires with your mailing address once they are separated.

Q: How about confidentiality?

A: The researchers will take all reasonable measures to protect the confidentiality of your questionnaire responses and writing samples and your identity will not be revealed in any publication that may result from this study. The data and consent form will be stored in a secure location for at least 5 years and then will be destroyed.

Q: If I have questions, what should I do?

A: The researchers are willing to answer any questions you may have about the research. You may contact them, or the supervisor of this project, Dr. Shelly Harrell, in the following ways:

Name:	Shannon Curry, M.A.	Dr. Shelly Harrell, Ph.D,
Phone:	[REDACTED]	[REDACTED]
E-mail:	[REDACTED]	[REDACTED]
Address:	[REDACTED]	[REDACTED]
f	[REDACTED]	[REDACTED]
y	[REDACTED]	[REDACTED]
o	[REDACTED]	[REDACTED]
u	[REDACTED]	[REDACTED]
h	[REDACTED]	[REDACTED]
a	[REDACTED]	[REDACTED]

Additionally, if you have questions or concerns about your rights as a research participant, you can contact Dr. Doug Leigh, Chairperson of the Graduate School of Education and Psychology IRB, Pepperdine University, by mail: 6100 Center Drive, Los Angeles, CA 90045, U.S.A.; by e-mail: Doug.leigh@pepperdine.edu; or by phone: (310) 568-2389.

Q: Can I get the results?

A: Your individual results will not be available because the data will be statistically analyzed as a group and individual confidentiality will be protected. However, you may obtain the results of the research if you are interested by contacting one of the researchers by any of the methods noted above.