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THE EFFECTS OF DIARY WRITING SUPPORT GROUPS
ON WOMEN'S DEPRESSION, SELF-ACCEPTANCE AND WELL-BEING

by

Linda Elaine Barnes

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

Psychology

Approved:

UTAH STATE UNIVERSITY
Logan, Utah

1989

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This project could not have been possible without the cooperation and creative spirit of the women diarists involved. For the courage, humor and desire for adventure they exhibited in sharing their journals and their lives, I gratefully acknowledge them. I hope each one realizes how special she became to be during our time together.

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Connie S.	Laurie T.	Susie A.
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Dottie T.	Leona W.	Trish H.
Eileen M.	Linda M.	
Elizabeth E.	Marianne D.	

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ABSTRACT

The Effects of Diary Writing Support Groups
On Women's Depression, Self-Acceptance and Well-Being

by

Linda Elaine Barnes, Master of Science
Utah State University, 1989

Major Professor: Dr. William Dobson
Department: Psychology

This study was conducted to determine whether learning specific writing techniques and discussing them in a small group is more beneficial to women than writing a journal using self-taught techniques, or not writing at all.

Instruments used included the Beck Depression Inventory and the California Personality Inventory (Self-Acceptance and Well-Being scales).

The literature review covers four general areas: a brief discussion of the impact of contemporary feminism on traditional therapy; an examination of feminist therapy, specifically its advocacy of consciousness-raising groups as a therapy alternative; women's self-reports on diary or journal writing; and information on modern non-literary journal uses including an-

investigation into the status of therapeutic uses of journal writing.

A group model was developed and examined for this study using a modified consciousness-raising format to teach journal writing techniques and provide for group discussion of the writing practices.

Pre- and posttest scores were compared among three groups of women ($N = 52$). An additional follow-up sub-sample was contacted ($n = 25$) to test statistical differences in writing frequency, number of writing techniques used and level of subjective satisfaction with personal writing.

No empirical evidence was found to justify the supposition that structured journal writing groups are more beneficial than either self-taught, solitary diary writing or not writing at all.

Includes bibliography for journal writers, outline for 8-week structured writing group, references, and recommendations for possible further investigation.

(158 pages)

CHAPTER I
PROBLEM STATEMENT

In 1963 the publication of Betty Friedan's The Feminine Mystique began a "second wave" of American feminism. While the women's movement of the nineteenth century sought only suffrage for women, this second surge of activism represents a quest for political, social and cultural equality between the genders. These far-reaching goals have made feminism a major force in the changes contemporary women and men experience both socially and personally.

According to Sturdivant,

feminism has emphasized careful analysis of sex roles and power relationships, and through the development of consciousness-raising groups, has increased women's awareness of how they have internalized oppressive attitudes and beliefs. (1980, p. 5)

Feminist theorists have criticized political structures, religious, educational and social institutions, the professions and interpersonal relationships for their part in the perpetuation of damaging stereotypes that oppress women and contribute to their dis-ease. In addition to political inequality and economic hardship, feminists consider mental and emotional distress to be major results of sexist attitudes and practices.

Several researchers and theorists (Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970;

Chesler, 1972; Foxley, 1979; Mander & Rush, 1974; Orbach, 1978; Sturdivant, 1980) have implicated deeply ingrained societal values and attitudes as primary contributors to the mental health problems associated with women.

Foxley (undated) lists the following as common problems with which women may enter therapy: depression, dependency, fear of achievement, difficulty expressing anger, sexual problems, passivity, weight and body image disturbances, role conflicts and problems associated with aging.

Others (Chesler, 1972; Gilbert, 1980; Gilligan, 1982; Greenspan, 1983; Kaschak, 1981; Mander & Rush, 1974; Sturdivant, 1980) argue that traditional psychotherapy, with its emphasis on an "adjustment" view of mental health, may exacerbate women's problems through its failure to recognize the role of socialization in the symptoms women present.

In addition, the power imbalance built into nearly all current models of therapy is an issue among feminists. Rush (Mander & Rush, 1974) points out that since "therapy (itself) can be synonymous with socialization" (p. 37), its goal may be to encourage women to adapt to the very cultural ideals that caused their initial conflict. Among the pervasive attitudes deemed

harmful are the belief in male "experts" and seeing pathology as an individual rather than a social problem.

An awareness of women's issues is considered to be of increasing importance in contemporary counselor training programs (A.P.A., 1975, 1978, 1985; Brodsky, Nevill, & Kimmel, 1976; Brody, 1984; Gardner, 1971; Gilbert, 1980; Greenspan, 1983; Kahn & Theurer, 1985; Porter, 1985; Porter & Faunce, 1985; Rice & Rice, 1973; Sturdivant, 1980). Nevertheless, many women who might be expected to benefit from therapy avoid it because of knowledge of studies done by researchers such as Broverman, et al. (1970) and Chesler (1972), as well as the work of numerous feminist writers who have been very direct in their criticisms of traditional therapy's treatment of female clients (Bart, 1975, 1978; Brodsky & Hare-Mustin, 1980; Butler, 1985; Cox, 1981b; Gilligan, 1981; Greenspan, 1983; Rice & Rice, 1973; Sturdivant, 1980).

Whether or not therapists contribute to women's unhappiness, between many prospective consumers and mental health professionals there does exist a "credibility gap." Naturally, spurning therapy cannot in itself cure women's discomfort. As long as the society as a whole differentially fosters and rewards gender role behavior, women will be in special need of interventions to help

them understand and counteract the consequences (Brodsky & Hare-Mustin, 1980; Chesler, 1972; Foxley, 1979; Franks & Rothblum, 1983; Lerman, 1976; Mander & Rush, 1974; Orbach, 1978).

One alternative to traditional therapy that arose from the contemporary feminist movement is the consciousness-raising or CR group. Small groups of this type have provided a non-confrontive atmosphere in which women could explore the impact of changing social role expectations upon their individual lives. While not therapy groups per se, these peer-facilitated group experiences have often been reported as "therapeutic" by the member participants (Brodsky, 1977; Kaschak, 1981; Kirsh, 1987; NOW, 1982/83; Sturdivant, 1980).

Another possible alternative to professional therapy for increasing mental and emotional well-being has been suggested by women themselves. This tool is the personal journal or diary. Several women (Baldwin, 1977; Capacchione, 1979; Godwin, Murray, Ullman, & Wein in Lifshin, 1982; S. Mitchel, 1973; deJesus, Martin, & Scott-Maxwell in Moffat & Painter, 1974; Nin, 1975;) have credited personal writing with returning them to a sense of health or balance after life crises, or have spontaneously turned to the diary medium as a tool to focus and deepen more formal therapeutic work.

Contemporary social expectations regarding women's roles still contribute to women's emotional distress. Given that fact, and the increasing dissatisfaction among women with traditional therapeutic approaches, it is important to investigate alternative therapy models. Women report that both consciousness-raising groups and personal writing have increased their sense of well-being. This study was designed to determine whether or not the personal writing support group might prove beneficial to women.

A group model was developed using a modified consciousness-raising format to teach journal writing techniques. Comparisons were made between groups consisting of non-writers, self-taught journal/diary writers, and a treatment group that combined specific writing instruction using the group model. A total of 52 women participated in the study.

Depression, Self-Acceptance and Well-Being were measured. Pre- and posttest scores were compared between groups, and changes measured over 8-weeks' time were analyzed.

An additional follow-up sub-sample ($n = 25$) was contacted to test differences in writing frequency, number of total writing techniques used and level of subjective satisfaction reported by the diarists.

CHAPTER II

REVIEW OF THE LITERATURE AND RESEARCH OBJECTIVES

This review of the literature focuses on four areas: first, a brief discussion of the impact of feminism on traditional therapy; second, an examination of feminist therapy, specifically its advocacy of consciousness-raising groups as a therapy alternative; third, women's self-reports on diary or journal writing; and fourth, information on modern non-literary journals including an investigation into the status of therapeutic uses of journal writing.

Impact of Feminism on
Traditional Therapy

In 1970 a now-famous study by Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel implicated traditional therapy as detrimental to the mental health of women. Using a sex-role Stereotype Questionnaire, these researchers elicited from 79 professional mental health practitioners their judgments of health for an "adult male," "adult female" and "adult person" (sex unspecified).

The Broverman team hypothesized that clinicians would reveal gender-specific judgments of the characteristics of mental health and that these characteristics would parallel existing stereotypical sex-role

behaviors. Furthermore, they hypothesized that the ideal standard of mental health for an "adult person" would more closely resemble behaviors judged healthy for males than for females. These hypotheses were confirmed by their research.

Psychologists, psychiatrists and social workers, both male and female, responded that "healthy females" differ from both "healthy males" and "healthy adults" in that females are

more submissive, less independent, less adventurous, more easily influenced, less aggressive, less competitive, more excitable in minor crises, having their feelings more easily hurt, being more emotional, more conceited about their appearance, less objective, and disliking math and science.
(pp. 4-5)

This study became known as the "grandmother" of successive studies on sex-role stereotyping (Sherman, 1980) because of its important implications for the differential treatment of women within the mental health professions.

The researchers concluded,

According to these findings, no woman can be both a healthy female and a healthy adult person. She is always in danger of being deemed either unfeminine, in other words a deviant woman, or a typical female, by definition having to "accept second class adult status." (p. 6)

That individual families and the larger public in which females are raised, live and work should hold

these attitudes is naturally cause for concern. Even the rare woman who has not internalized this double message still encounters its effects daily. Yet it is the appearance of these values among such a broad spectrum of mental health practitioners--to whom women so often turn for help in overcoming their conflicts and pain--that causes the gravest concern among feminists.

No attempt was made by Broverman, Broverman, Clarkson, Rosenkrantz and Vogel to control for theoretical orientation of the clinicians surveyed, because they did not consider this variable critical. Gardner (1971) concurred, stating,

[This study] supplies empirical support for what feminists have long suspected: that therapy is bad for women. Right now, in our excessively sexist society, it is unlikely that anyone without special training in feminism can create conditions which would encourage females "to exercise their right to select goals if these goals are at variance with the goals of the counselor." [A basic Rogerian principle endorsed by Gardner.] (p. 713)

Like the Broverman research team, Gardner faults an "adjustment" view of therapy for entrapping women in a double standard of mental health. According to this view,

health consists of a good adjustment to one's environment....For a woman to be healthy, from an adjustment viewpoint, she must adjust to and accept the behavioral norms for her sex, even though these behaviors are generally less socially desirable and

considered to be less healthy for the generalized competent, mature adult.
(Broverman, et al., 1970, p. 6)

Mander and Rush (1974) and Chesler (1972) state that treatment of women by male counselors typically posits a sexist situation from which female clients cannot gain. Chesler in particular turns a jaundiced eye toward the power model she believes is embodied in the typical therapeutic relationship, a model she feels reflects basic attitudes toward power in white male culture and which can lead to sexual abuses of female clients.

More recently, Brodsky and Hare-Mustin (1980) reported that "sufficient data on the degree or extent of deleterious consequences of such practices do not exist" (p. 389).

Male clinicians are often older, more authoritarian in approach and seen as "experts" both by their female clients and themselves. Belote (1974), in her study of 25 women who had experienced sexual encounters with their male therapists, found the women to be an average of 16-1/2 years younger than their therapists.

The socialization process has shaped male therapists and female clients in ways that, according to Chesler (1972), will continue to work to the disadvantage of women clients, at least for the immediate

future. The irony, of course, is that female therapists are no less a product of cultural stereotyping than their male colleagues or their clients. This means that as things stand at present, the existence of female therapists in itself provides no guarantee that "feminist" or even "nonsexist" counseling will occur. Gardner (1971), among others (A.P.A., 1985; Faunce, 1985; Porter, 1985), therefore advocates strategies such as integrating feminist counseling courses into academic training programs for clinicians, supervision of counseling trainees by feminist therapists and participation in consciousness-raising groups by trainees themselves.

Unger (1984) sees an even broader aim, contending that a "sex-blind" society is not a sufficient goal.

If, as recent research seems to suggest, instrumental traits are more socially acceptable in females than affective traits are in males, then the logical termination of a sex-blind system is a "masculinized" society. If one assumes, moreover, that some kind of differentiation into categories is natural to society...then some categories of individuals will always be valued more than others. It is likely that individuals with stereotypic masculine characteristics, whatever their biological sex, will be the preferred group. This is not the kind of society in which I would like to live. (p. 129)

Thus a model of psychological and behavioral androgyny (i.e., a full range of choices for both

genders), rather than a society in which women are "free" to behave as men, is the ultimate feminist ideal.

In a replication of their first study, Broverman, Vogel, Broverman, Clarkson and Rosenkrantz (1972) summarized the current status of sex-role stereotypes and therapist attitudes as follows:

Our research demonstrates the contemporary existence of clearly defined sex-role stereotypes for men and women contrary to the phenomenon of "unisex" currently touted in the media. Women are perceived as relatively less competent, less independent, less objective, and less logical than men. Men are perceived as lacking interpersonal sensitivity, warmth, and expressiveness in comparison to women. Moreover, stereotypically masculine traits are more often perceived as desirable than are the stereotypically feminine characteristics. (p. 75)

Fabrikant (1974) reported similar conclusions in two studies of therapist/client attitudes. In the first (Fabrikant, Landau, & Rollenhagen, 1973), both male and female therapists were asked to complete a sex role characteristic checklist to describe males and females, as well as to rate the descriptors as positive or negative. Both male and female therapists agreed at a statistically significant level in describing males as "aggressive, assertive, bold, breadwinner, chivalrous, crude, independent, virile" (Fabrikant, 1974, p. 91). In addition, male therapists added the traits "achiever, animalistic, attacker, competent,

intellectual, omnipotent, powerful, rational" (p. 91). Female therapists instead added the terms "exploiter, ruthless, strong, unemotional, victor" (p. 91).

Male and female therapists agreed in their descriptions of females as

Chatterer, decorative, dependent, dizzy, domestic, fearful, flighty, fragile, generous, irrational, nurturing, over-emotional, passive, subordinate, temperamental, virtuous. (p. 91)

Male therapists added the descriptors "manipulative" and "perplexing," while female therapists instead chose "devoted, empathic, gentle, kind, sentimental, slave, yielding" (p. 91).

The descriptors were further grouped according to the positive and negative social values they reflect, with the finding that

The male therapists rated 70% of the female words as negative as contrasted to rating 71% of the male words as positive. Female therapists were very close, rating 68% of the female words as negative, and 67% of the male words as positive. (p. 92)

In the second study (Fabrikant, 1974), 50 therapists, 25 of each gender, were asked to complete the checklist. Each therapist was also asked to have one male and one female client complete the checklist, answering both his or her personal choices as well as how he or she believed the therapist felt. Results were to

be returned to the investigator without discussion between therapist and client.

One interesting outcome was that more male therapists than female therapists responded, while twice as many female clients as male clients responded. (Response rates for male and female therapists were 76% and 48% respectively: for female and male clients, response rates were 66% and 34% respectively).

Both male and female therapists described several characteristics as equally applicable to males and females in society. Clients also reported that therapists view both genders as "animalistic, dependent, devoted, hesitant, intellectual, manipulative, temperamental, virtuous, wise" (Fabrikant, 1974, p. 103). Fabrikant remarked on the shift of some characteristics when compared to the earlier studies by Broverman, et al., concluding that more liberal attitudes are now found.

Yet males are still described as "bold, faithful, independent, kind, loving, omnipotent, victor, virile" (all positive traits) and females as "castrating, chatterer, decorative, dizzy, fragile, generous" (only one positive trait). Interestingly, male therapists and male clients chose "attacker" as female, while both female therapists and female clients rated "attacker" as male. In earlier studies, "attacker" was rated as a male

characteristic by therapists of both genders and by the public.

Fabrikant concluded that

the results indicate that everyone, therapist and patient alike, still has many stereotypes. Male characteristics are seen as positive, female as strongly negative. (p. 105)

The results of this study must of course be considered carefully. Sample size was small, and the majority of the therapists described their orientation as psychoanalytic. Fabrikant expressed some surprise at this orientation since the therapist subjects were approximately 10 years younger than those in previous studies and were drawn from a wide range of settings, including "clinics, private practice, community agencies, feminist groups, and traditional university training and clinic settings" (p. 92). It was not reported, however, whether therapists from all of these settings responded at equal rates and some bias in the results may be due to differential return rates.

The most startling finding is the time clients reported spending in therapy. Male clients spend only half as much time in therapy as females (2.3 years compared to 5.7). Furthermore, 80% of the men and 67% of the women had male therapists. Fabrikant concluded that

the overall results most strongly support the feminist viewpoint that females in therapy are victimized by a social structure and

therapeutic philosophy which keeps them dependent for as long as possible. There is no rationale for a continuation of this practice, and psychotherapists of all persuasions must reexamine their philosophy, practices, and goals in the light of these findings. (p. 96)

In summary, a major criticism of traditional therapy has been the sexism inherent in therapists' attitudes of what is deemed mentally healthy, appropriate behavior for women. Researchers have reported disturbing evidence of gender bias in both female and male clinicians, and feminists interpret these findings as potentially crippling for female clients.

Feminist goals regarding the training and practice of professional therapists have included the following (Brodsky, et al., 1976):

- Radical changes in formal therapist training, to include exposure to women's issues and supervision by feminist therapists.
- Development of resocialization therapy theory and techniques incorporating a model of psychological and behavioral androgyny.
- Professional activism to implement profound changes in many social institutions as well as in the delivery of mental health services.

Feminist Therapy and Consciousness-
Raising as a Therapy Alternative

Because of its recent appearance, a comprehensive history of the development of feminist therapy remains to be written. Several excellent brief retrospective accounts of the first decade of feminist therapy are available, however, which have begun to place both feminist theory and feminist therapy in perspective (Brodsky, 1980; Kaschak, 1981; Rosewater & Walker, 1985; Sturdivant, 1980).

While it is obviously outside the scope of this paper to critique the status of feminist therapy, a summary of its growth and a few definitions will serve to fit the present project into proper context.

Study of the psychology of women as a separate discipline within the profession was legitimized in 1973 when the American Psychological Association established Division 35 (The Psychology of Women). This did not achieve, of course, a simultaneous legitimacy for feminist psychology (Unger, 1984). While the feminist criticism of traditional psychology was directly responsible for bringing the study of women into the professional mainstream, feminist psychology itself, and various forms of feminist therapy, developed alongside of but outside the circle of sanctioned scholarship.

Nevertheless, the existence of feminist scholarship and research has had an important, if subtle, influence upon psychology, since "information has a way of 'leaking' from the psychology of women to the mainstream" (Unger, 1984, p. 131).

Kaschak (1981) traces the development of feminist therapy theory from its beginnings, in the 1970's, as a predominantly anti-Freudian force, to its current status. Initially, feminist therapy began in response to an outcry from former clients, concerned practitioners, and other feminists against traditional (i.e., psychoanalytic) psychological theory regarding women. This argument stated that psychoanalytic theory was not only seriously flawed, but that the practice of psychoanalysis is dangerous to women's self-esteem and mental well-being. (See Lerman, 1986 and Masson, 1984 for more recent and comprehensive anti-Freudian arguments.)

Although Chesler's earlier book, Women and Madness (1972), was later criticized for some of its conclusions (Sherman, 1980), its report of the incidence of hospitalization of women for labeled gender-specific pathologies, as well as numerous descriptions of sexual abuse of women clients by their male therapists, could not be ignored. Chesler estimated that during the 1960's the overwhelming majority of clients were female, while

approximately 88% of all practitioners were male. Feminists began to conclude "that traditional psychotherapy had served as an agent of social control, reflecting traditional values and enforcing sex roles" (Kaschak, 1981, p. 387).

As a result, feminist therapy's roots were grounded in a desire to refute and correct what was perceived as oppressive, psychologically destructive treatment of women.

Polk (1972, as cited in Sturdivant, 1980) delineates three major branches of feminism: (1) groups dedicated to seeking expanded rights for women, (2) groups seeking women's liberation, and (3) groups advocating a socialist society, including equality for women. Cox (1981a) summarizes these major branches labeling them (1) Conservative, (2) Cultural, and (3) Socialist feminism.

These three movements within feminism are further described by Sturdivant (1980) and Thomas (1975). Much confusion about feminism can be eliminated through understanding it as a broad-based social force with several aims, some apparently contradictory.

For example, Cultural Feminists may seek social change through political lobbying in an effort to alter laws and promote pay equity or equal access to

education. In contrast, Socialist Feminists may argue such an approach is primarily viable for middle- and upper-class white women since many minority and working-class women lack the economic or political power to effect change from within. Furthermore, such groups suspect they will be the last to benefit from legal changes, if and when they are agreed upon and enacted. Thus within the larger movement of feminism per se, the three forces can be viewed as having some goals in common while differing in the means for achieving them.

Feminist therapy can also be viewed as a spectrum rather than as a unitary focus. Kaschak (1981) describes three branches of feminist therapy: (1) Liberal Professional, (2) Radical Professional, and (3) Radical Grassroots. All three stand in varying degrees of contrast to Traditional Psychoanalytic and the more recent Non-Sexist therapies. Characteristics of these feminist theories and the feminist therapies related to them have been summarized in Table 1.

Common to the three branches of contemporary feminist therapy is the requirement that the therapist have a feminist awareness or value system, since feminist theory defines therapy as value-based and expects that a feminist political awareness be made explicit in effective therapy (Bart, 1971b; Butler,

Table 1

Relationship Between Feminist
Theory and Therapy

FEMINIST THEORY SPECTRUM			
	Liberal Feminism	Cultural Feminism	Socialist Feminism (Marxism)
Example	NOW	Redstockings groups	Socialist Workers' Party
Organizational structure	Hierarchal	CR groups, grassroots feminist groups	Small, local, independent groups
Vehicle for change	Seek change through economic and legal channels	Seek sexual, economic, and cultural equality	Seek far-reaching economic and class attitude changes
Focus of change	External laws	Internal (personal) attitudes	Radical revisions of social, economic, political and psychological policies
FEMINIST THERAPY SPECTRUM			
	Liberal Professional Feminist Therapy	Radical Professional Feminist Therapy	Radical Grassroots Feminist Therapy
Therapist experience	Therapist's own analysis and CR group membership common, but not required	Prior and current CR group membership, consultation, and/or own feminist therapy experience required	Prior or current CR group membership required; therapist commonly active in feminist therapy cooperative, training program, etc.
Feminist values	Expected	Expected	Expected
Source of psychopathology	Personal/individual and social oppression	Environmentally determined	Environmentally determined
Position on gender and anatomy influence	Some gender differences anatomically determined	Rejects anatomical determination of gender differences	Rejects anatomical determination of gender differences

Information in this table was drawn from Cox, 1976; Kaschak, 1981; Polk, 1972, as cited in Sturdivant, 1980; and Thomas, 1975.

1985; Faunce, 1985; Kaschak, 1981; Lerman, 1976; Leidig, as cited in Sturdivant, 1980).

In addition, the therapist-client relationship must be compatible with that value system, and the therapeutic process should emphasize consciousness-raising, that is, an understanding that all women share common experiences determined by the power structures of contemporary societies (Faunce, 1985; Kaschak, 1981; Lerman, 1976; Rawlings & Carter, 1977; Rosewater & Walker, 1985; Sturdivant, 1980; Thomas, 1975).

Concurrent with the feminist attack on traditional therapy, countless grassroots women's groups sprang up nationwide. The New York radical feminist group, Redstockings, is credited with beginning small group discussions in 1965 that were later duplicated at numerous college campuses. Within a few years, this "consciousness-raising" movement had swept the country. (Eastman, 1973; Kirsh, 1987; Nassi & Abramowitz, 1978.) The nature of the consciousness-raising (CR) group experience has been defined as

the process of transforming the hidden, individual fears of women into a shared awareness of the meaning of them as social problems, the release of anger, anxiety, the struggle of proclaiming the painful and transforming it into the political. (J. Mitchell, 1973, p. 61)

"The personal is the political" became the rallying slogan of the contemporary feminist movement. "Consciousness-raising," perhaps apocryphally, is said to be a translation of the Chinese phrase "speaking bitterness." During the 1940's, in Northern China, village peasant women gathered together publicly to share details of the oppression they had suffered under previous political domination. Many had been sold into prostitution or otherwise abused by their own families. Their meetings were characterized by recitations of private woes that gradually came to be viewed as systematic, politically motivated crimes against women as a group. Through this speaking out, women gained insight into the social/political forces that had caused their exploitation, and found the necessary support and motivation to combat it (Dreifus, 1973; Lerman, 1987; Martin, 1976; J. Mitchell, 1973; Nassi & Abramowitz, 1978; Sturdivant, 1980).

The contemporary CR group model is characterized by three emphases: (1) heightened personal awareness of oppression; (2) development of a group consciousness, or sisterhood; and (3) ultimately a decision to take political action to combat oppressive attitudes and practices (Eastman, 1973).

Perhaps one of the greatest ironies in the development of feminist therapy is the evolution of CR groups, which originated as emphatically anti-therapy groups (Hanisch, 1971; San Francisco Redstockings, 1969; Zweig, 1971).

The very word "therapy" is obviously a misnomer if carried to its logical conclusion. Therapy assumes that someone is sick and that there is a cure, e.g., a personal solution. I am greatly offended that I or any other woman is thought to need therapy in the first place. Women are messed over, not messed up! We need to change the objective conditions, not adjust to them. Therapy is adjusting to your bad personal alternative.... There are no personal solutions at this time. There is only collective action for a collective solution....All alternatives are bad under present conditions....There is no "more liberated" way; there are only bad alternatives....It is no worse to be in the home than in the rat race of the job world. They are both bad. (Hanisch, 1971, pp. 152-155)

Despite their anti-therapy stance, CR groups were often described by their participants as "healing" or "therapeutic." Professional therapists, in an attempt to harmonize their own awakened feminist values with the needs of their women clients, began to adopt the CR group model as an alternative to traditional, individual therapy. CR groups came to be viewed by many as therapeutic in themselves, as did feminist insight obtained within or outside of therapy (Bart, 1971b;

Butler, 1985; Kirsh, 1987; Mander & Rush, 1974; Rice & Rice, 1973).

At present, although a consciousness-raising group experience is common in the personal background of individual feminist therapy practitioners, and a consciousness-raising attitude and process are established components of all types of feminist therapy, whether individual or group, CR groups themselves are not viewed as "therapy groups" unless purposefully combined with specific therapy techniques and conducted by a professional therapist. In effect, the anti-therapy CR group approach has been appropriated by some professional therapists and integrated with other techniques to form what has become a mainstream psychotherapeutic approach (Kaschak, 1981; Kirsch, 1974, 1987; Lerman, 1987; Nassi & Abramowitz, 1978).

The CR group is the basic unit of individual and social change developed by the grassroots feminist movement. In this small group setting, thousands of women (and men) have explored the impact of gender upon their lives along the external dimension of politics or economics, and the internal dimension of attitudes toward themselves and other women. Feminists claim that alterations in basic awareness that occur in the CR setting

result in the conviction that "the personal is political," and that despite superficial differences, women are united in numerous ways by virtue of a class system that defines them primarily as females and only secondarily as persons.

It is a basic mistrust of the efficacy of male counseling of women as well as the perceived changes in attitudes gained through CR group meetings that led to feminist faith in such a group approach. In its most radical form, feminism seeks far-ranging social and political changes, in Gardner's words:

The goal of the women's liberation movement is nothing less than to eliminate sex-role stereotypes so thoroughly that one cannot tell from a factual description of a person's behavior whether the person is a female or male. (Gardner, 1971, p. 706)

Central to this feminist goal, then, is the belief that women ought not to enter therapy with male counselors, and that wherever possible they instead attempt to increase their awareness of their social/political position through CR group participation. Furthermore, female therapists are enjoined to raise their own awareness of sexist oppression within society and their own profession, and to model their activism for their clients.

Self-Reported Effects
of Diary Writing

The function of the CR group, with its emphasis on the personal, private, previously undisclosed or undervalued details of the individual woman's life, is similar in nature to the spirit of diary writing. Diary writing has been considered a "feminine" literary form for centuries, even though many published diaries have been written by men (Baldwin, 1977; Rainer, 1978).

When Anaïs Nin began to publish her diary (1966-1980), an avalanche of letters from women in small towns across the United States proclaimed that, akin to a consciousness-raising experience, reading Nin's diary shattered the sense of isolation and confusion they felt in their own lives.

Commenting on this phenomenon, Nin stated,

The personal life, deeply lived, takes you beyond the personal. This was the discovery I made when I relinquished the diary, which was my secret. I discovered that it belonged to everybody, and not only to me....Instead of being discovered when the Diary appeared, it was I who made a discovery, of thousands and thousands of women I didn't know, of a whole segment of American life I didn't know. (Hinz, 1975, p. 162)

The contrast between the letter-writers' feelings and the attitudes of two male therapists with whom Nin had previously been in therapy well illustrates the

feminist argument. Throughout her life, Nin praised the diary writing process for helping her overcome childhood shyness, survive the difficult cultural transition of moving from France to New York City, cope with her father's abandonment of the family, and retain her integrity as a female writer despite harsh criticism from the male-dominated literary world.

Her dedication to the diary was remarkable considering the pressure often put upon her to abandon this "narcissistic" habit.

As she later stated

When I was writing the diary, however, I felt I was doing a selfish, egocentric, narcissistic work--because I was being told that all the time [by my male therapists]. I never even knew at the time that there was a tradition of diary writing which came from the year 900 in Japan when women had no other way to express what they felt than by writing diaries. They put their diaries inside their pillows, which is why they were called "pillow books." So diary writing has always played a very important role in women's development. (p. 150)

Many women have turned to journal writing, as did Nin, out of an inner need to explore personal feelings or put traumatic life events into perspective.

Martha Martin, for example, separated from her husband in the Alaskan wilderness after being trapped and

injured in an avalanche, returned pregnant and alone to her cabin and began her journal like this:

I can hardly write, but I must. For two reasons. First I am afraid I may never live to tell my story, and second, I must do something to keep my sanity. (Moffat & Painter, 1974, p. 301)

Others have discovered that through the expression of anger, grief, fear or other "negative" emotions, they are liberated from them and able to return to their lives more easily. The basic creative act of expressing oneself in writing can have a profound effect. As Virginia Woolf expressed it:

Why is life so tragic, so like a little strip of pavement over an abyss. I look down; I feel giddy; I wonder how I am ever to walk to the end. But why do I feel this: Now that I say it I don't feel it....Melancholy diminishes as I write. (Moffat & Painter, 1974, pp. 228-229)

Women who keep journals discover and know intimately this power of written language. While Ponsonby (1927, 1971) and Progoff (1975) have both commented on the possible use of writing to deceive or evade oneself, diarists often make the opposite observation: that writing confronts one with oneself.

"Do I have the courage to write?" Gail Godwin asks herself in her journal. "I do everything to put it off. I am afraid to get close to it--afraid of what I might say" (Lifshin, 1982, p. 75).

Several journal keepers have gone on to teach writing, develop books on the subject of writing, publish their own diaries, or compile anthologies of women's work (Baldwin, 1977; Capacchione, 1979; Lifshin, 1982; Moffat & Painter, 1974; Nin, 1966-1980; Rainer, 1978).

This interest in personal writing exemplifies the value of the individual life so characteristic of American culture, while the interest in women's lives in particular reflects the impact of the feminist movement upon modern thought. That journal writing has not been more closely studied for its therapeutic potential continues to be one of the puzzles of modern psychological practice.

History and Status of Journal Writing in Therapy

The history of diary writing has been studied by Rainer (1978) and its use as a therapeutic tool advocated by Baldwin (1977), Brand (1979), Capacchione (1979) and Progoff (1975). Few systematic, scientific studies of the efficacy of diary writing have been conducted, however.

As early as 1947, Allport extolled the virtues of using personal documents in psychology, sociology and anthropology. Ideographic studies based on personal documents (letters, memoirs, diaries) have had a

respected place in these disciplines for decades, but only very sporadically and much more recently have scientific researchers examined the uses of journal writing in professional therapy.

In a recent review of this literature, Bennion (1986) examined all available published material on the use of personal writing in individual therapy. She considered all types of writing: dream transcriptions, therapist-assigned written homework, stories, letters and poetry, as well as diaries. Bennion concluded that

writing appears to be beneficial in therapy, but the specific factors surrounding client writing are addressed less satisfactorily.... Writing has been used as a therapeutic tool for years with out being recognized by investigators looking for a subject. Its benefits are plain. We now need to define, via research, the ways those benefits may be maximized in the service of our clients. (pp. 43 & 50)

Definitions. The first problem occurs in defining diary writing. Allport (1947) generously defined personal documents to include "any self-revealing record that intentionally or unintentionally yields information regarding the author's mental life" (p. xii).

He termed the diary "the personal document par excellence" (p. 95) but qualified this by adding that "few diaries turn out to be ideal" (p. 96).

Within this broad classification, the genre of diary writing has been more narrowly defined. According to Webster's New Collegiate Dictionary (Guralnik, 1984), the terms diary and journal both developed from the Latin dies, meaning "day." Diary is defined as "a daily record, especially of the writer's own experiences, thoughts, etc.," and journal as "a daily record of happenings, as a diary."

Mallon (1984) calls the terms "hopelessly muddled," but adds, "They're both rooted in the idea of dailiness, but perhaps because of journal's links to the newspaper trade and diary's to dear, the latter seems more intimate than the former" (p. 11).

Rainer (1978) agrees that

though some individuals ardently prefer one term to the other, both have exactly the same dictionary meaning, "a book of days," and both have referred throughout history to the same written form. (p. 19)

Following this trend, for the purpose of this study the terms diary and journal are used interchangeably to signify a type of personal writing kept regularly but not necessarily on a daily basis. The hallmarks of this personal writing are privacy of content and extemporaneous execution. Although some entries may be shared with others at the discretion of their writer, or even eventually published, they are not initially written

with that intent, nor are the entries, even when planned in advance as to specific subject, later revised, amended or otherwise polished.

History. Historically the diary has been examined as a literary form rather than a psychological tool. Literary researchers also tend to attribute the "invention" of diary writing to Samuel Pepys, who began his famous diary in London on January 1, 1660 (Mallon, 1984).

Nin (1975) and Rainer (1978), however, consider the diary form to be of greater age. They attribute its beginning to anonymous women of the 10th Century Japanese court who kept private notebooks inside their pillows. These little "pillow books" contained personal poetry and information on assignations with lovers as well as word portraits of court personalities and entries on the writers' personal feelings. Two surviving examples are The Pillow Book of Sei Shōnagon (Shōnagon, 1967) and As I Crossed a Bridge of Dreams: Recollections of a Woman in Eleventh-Century Japan (Sarashina, 1971). Other than exceptions such as these, the oldest surviving examples of personal journals are much more recent, dating from the late 16th Century (Nichols, 1973).

Rainer observes that

Whereas in Japan the earliest diaries shine brightly as part of a literary Golden Age, a period of peace, prosperity, and cultural sophistication, in medieval Europe and England the roots of the diary are buried in mystery and magic. Diaries were kept by "witches" attempting to preserve pagan wisdom, which probably accounts for the taboo of silence and secrecy associated with them in Western tradition. If a witch's diary were discovered, not only would the book be burned, its writer might be burned as well. (p. 20)

This may explain the absence of early examples in Western tradition, as well as the cultural link between diary writing and women. According to Ponsonby (1971), diary writing did not become commonplace until the 17th Century, when it was especially encouraged within the Quaker and Calvinist religious traditions.

Non-literary uses of journal writing. After tracing the history of personal writing over centuries, Rainer observes that "journal writing has reflected the prevailing values, attitudes and needs of each country, culture, and age in which it has been practiced" (p. 19).

This, of course, is still true today. Women and men are now using the diary to explore and reevaluate their experiences just as pioneers who came west at the turn of the century used journals to record their experiences. Rainer believes, however, that due to the

influence of modern psychology, the use and perhaps even the form of the diary have undergone a subtle transformation. She calls the current journal product the "new diary," "a widespread cultural phenomenon rather than a system or program of writing" (p. 21).

Rainer explains her concept thus:

This widespread use of the diary as a tool for personal growth and for realizing creative potential is a phenomenon of the twentieth century. It would not have been possible without modern psychology's recognition of the subconscious, the free experimentation of contemporary art and writing, and the recent popularization of certain psychological insights and concepts of personal responsibility....It has little to do with outdated notions and misconceptions of diary keeping as a self-discipline, a dutiful record of events, a narcissistic self-absorption, an escape from reality, or a nostalgic adherence to the past. (pp. 17-18)

In particular, Rainer credits psychologists Carl Jung, Marion Milner and Ira Progoff, and writer-feminist Anaïs Nin, with influencing the usefulness of today's personal writing. Their combined contributions have resulted in the journal's use as a place to record dreams, pursue intuitive writing and sketching, explore and validate personal emotions, investigate and challenge family or social role expectations, connect with sources of inner wisdom and experiment with creative endeavors.

Rainer has compiled an impressive array of writing exercises that might be prescribed or readily adapted

for specific psychological difficulties. Her work has resulted in an organized, catalogued system of writing techniques; however, it must be emphasized that her approach was to read hundreds of actual diaries, published and unpublished, then to describe and organize what she found. Her work thus establishes a taxonomy of writing techniques that have already been invented and perfected by journal writers themselves, although they originated in literary tradition or were adapted from psychological techniques.

The most publicly visible approach to psychological journal writing to date was developed by Progoff (1975). His method, the Intensive Journal, stands in stark contrast to Rainer's and in some important aspects is decidedly anti-feminist. Progoff's techniques are primarily of his own devising, based on his interest in self-actualization theory. As he explains it,

The origin of the Intensive Journal process lay in my discerning the main aspects of growth in the lives of creative persons, and embodying these in the form of journal sections. That was the first steppingstone in the development of the Journal. The next step was to devise working exercises that would make it possible to explore the contents of our lives by using the various sections of the Journal....The effect of using it consistently was to generate additional energy and movement in a person's life. (p. 33)

Progoff's Intensive Journal approach has been a visible force in the diary-writing scene since 1966 when he developed his current techniques. Prior to the Intensive Journal workbook format, Progoff first used a "psychological notebook" and later what he called a "Structured Journal." Each method arose from his interest in depth psychology studies on the lives of creative people conducted at the Graduate School of Drew University.

Progoff's basic Intensive Journal writings (1975) are hampered by his failure to document the basic research done on his method, the jargon he invented to describe it, and his ponderous, opaque writing style.

For example, Progoff remarks that

the structure of the Journal was specifically modeled after the process of inner continuity and growth which I had identified in the comparative study of lives, especially in the lives of creative persons. (p. 31)

Nowhere, however, is this "process of inner continuity and growth" operationally defined or fully illustrated by example. Progoff alludes to his research throughout his description of the Intensive Journal format, but actual data are unavailable. A written request by this researcher to Progoff's Dialogue House for information or research data on his method received

no reply, other than being placed on the mailing list for workshop invitations.

The Intensive Journal method is taught at numerous weekend workshops each year (the most recent announcement of these lists opportunities to learn the method for \$160). Each workshop participant is furnished with an official Journal, numbered and registered at Dialogue House in New York. Specific information about the participants or training of the instructors is not available, however. This is especially puzzling since Progoff refers to this body of information as if it certainly exists. Commenting on the numerous workshops offered between 1966 and 1975, for example, he states

As an outcome of this varied and continued usage, a core of principles and methodology has crystallized, with ample opportunity over the years for being tested, revised, and validated by repeated experiencing. (p. 8)

Progoff defines the Intensive Journal as

a method that is beyond psychology because it takes a transpsychological approach to what had been thought of as psychological problems. Here the word transpsychological means that it brings about therapeutic effects not by striving toward therapy but by providing active techniques that enable an individual to draw upon his [her] inherent resources for becoming a whole person. (p. 9) [italics in original]

The coining of the word "transpsychological" is merely the beginning of Progoff's inventions, that go on to include such jargon as "active privacy," "Journal

Interplay," "Process Meditation," "dimensions of experience," "mini-processes," and "Journal Feedback," of which there are three types: "operational feedback," "continuity feedback," and "experiential feedback."

In reviewing the historical uses of journals, Progoff identified several major functions of journal keeping including a chronological record of events, a creative workbook for artists or writers, a record of self-examination used within the context of a religious discipline or "wherever a person has a fixed goal toward which he [she] is trying to direct himself" (pp. 23-24).

Progoff warns, however, that when journal writing has been used to analyze life events or to help individuals attain predetermined goals, or "when it is done without the guidance of dynamic principles and without a protective discipline" (p. 24), it has negative effects. Among these he mentions narrowing of focus, self-justification and limiting possibilities for growth rather than expanding them. He also implies that these uses of the journal lead to its eventual demise, presumably through boredom with the structure or guilt associated with the content.

There is a basic paradox inherent within Progoff's work that he fails to address. While he espouses self-reliance and rejection of external authorities,

emphasizes that this method represents no specific psychological theory and insists that he developed a method that "would be self-contained and autonomous, and would therefore sustain the integrity of the individual" (p. 28), he inevitably concludes that his method is superior to others. His work actually evolved into a marketable product,

a black notebook empty except for twenty printed dividers that separate the sections in which we shall do our work. The dividers are in several colors to distinguish the various dimensions of our life experience and to facilitate the active movement of interplay among them. (p. 63)

This focus on the journal as a product is in direct contrast to Rainer's more permissive approach. In her view, "There is no formula that can be given for working through personal problems in a diary. Each person and each situation is unique. You must simply follow your intuition" (p. 149).

Rainer gives a general formula that includes fully expressing the problem or feeling through cathartic writing or sketching, followed by more objective, reflective writing techniques (she lists several possibilities). Characteristic of her theory is an openness to experimentation, and trust that individual writers will adapt any combination of writing techniques to suit their own immediate needs. Of particular help in

this aim is the differentiation Rainer makes between the diary as a product and the writing process itself. Rainer found this distinction especially beneficial when writers use their journals to seek emotional release.

The use of the diary for catharsis, or emotional release, may be so obvious that it seems not to warrant mention. Yet it is surprising how many people fail to take advantage of the opportunity for emotional purgation because they think of the diary as a product rather than a process....The importance of the diary [especially when used for emotional catharsis] is not as a product--a point I can't repeat too often--but in the life that is freed from excessive anger, confusion, and grief. Putting the pain in the diary keeps it from destroying a life. The life liberated from such destructive emotions is the true "product" of this purgative process. (pp. 53-54)

Progoff's emphasis is quite different. He states that

The particular dynamic effect that is achieved by using the Intensive Journal method is not brought about by the mere fact of writing in a journal. It is the result, rather, of the structure of the Intensive Journal process. (p. 16) [italics added]

This, of course, includes a book with "the correct sectional divisions" (p. 29).

This format is justified by Progoff's declaration that

the indispensable function of the Intensive Journal workbook is that its structure provides a tangible equivalent of the inner space in which the mini-processes of our

life can move about until they find their appropriate level and form of self-integration. (p. 298)

The need for workshops in which the techniques are taught and practiced is also carefully justified.

Use of the Intensive Journal is not a task that can be carried through successfully when an individual works on it altogether alone. He [she] requires the assistance of others, and especially he requires the presence of others. He requires a situation and a method that will enable him to work side by side with others while doing the solitary work that reaches deeply into the private person within himself. (p. 52)

According to Progoff, the weekend workshops provide the best vehicle for learning the specific writing techniques, while also providing a situation and atmosphere for "drawing upon the psychic assistance that comes from doing an intensive and dedicated work in the company of others similarly engaged" (p. 53).

The most startling pronouncement of all, perhaps, is Progoff's injunction against personal interaction. He admonishes that "it is necessary for the participants to overcome their desire to respond to one another emotionally or interpersonally at the workshops" (p. 51).

However well-intentioned or grounded in argument against superficial expressions of sympathy, for example, this rule seems essentially to reinforce a feeling of personal isolation. While it may be that forbidding participants from interacting does control

against emotions run amok, it also prohibits establishing any relationship, even for one weekend. In its extreme, this rule means that even though individuals may choose to read aloud from their Journals as part of the "Journal Feedback" process, "when they read...they do not expect that anyone in the group will necessarily be listening to them" (p. 50).

Therapeutic uses of journal writing. Only a handful of quantitative studies are available on the possible therapeutic uses of diary writing. One approaches writing as an adjunct to therapy, i.e., as homework to be done between sessions (Jauncey, 1976). Individual writing therapy as an alternative to face-to-face sessions has been studied a little more (Adams, 1981; Bastien & Jacobs, 1974; Phillips, Gershenson & Lyons, 1977).

Nichols (1973) conducted the only research survey to date on journal writing, questioning 74 writers (55 female and 19 male) about the impetus behind their writing, how their journals had evolved over time, and what each believed to be the gains and drawbacks of the method.

Each of these studies attributes benefits to the diary writing process. As Nichols concludes,

Journal keeping is a highly individualized, deeply personal process whose very richness

lies in its capacity to draw forth, mirror, clarify and reveal the uniqueness of its keeper. Such a process seems to lend itself more to a descriptive study rather than an analytic or statistical one. (pp. 25-26)

Baldwin (1977) has used writing in conjunction with therapy but has kept no data (personal communication, August 11, 1986).

There have been no data at all published on the use of journal writing in groups. Writing as an adjunct to therapy has been used with bulimics in an eating disorders group by Surdam, who reported, "It appears to me that those who do it faithfully make much more progress and progress more quickly through their issues than the others" (personal communication, April 20, 1987). She has kept no quantitative data on the method, however.

Only one published article was found advocating writing with women's groups as an outgrowth of the consciousness-raising process (Kirk, 1985). Kirk and others at the Radical Feminist Counseling Component of The Center for Women's Studies and Services at San Diego, California, have conducted women's groups that feature writing as a central focus. These intrinsic, structural, and subjective (ISS) groups "incorporate the political values of radical feminism in a therapeutic group setting" (p. 179).

Women first take part in a structured CR group experience called a Creative Solutions Rap Group. Following this CR group experience, women may choose to enter the ISS group, which functions as an in-depth therapy group for up to one year. In the ISS group, women rank their levels of satisfaction in the life areas of the Social Dimension, Economic Dimension, Family and Self and explore their feelings through writing and group discussion. No quantitative outcome results are given, although Kirk states that as a result of this experience

it is not unusual for group members to work with each other, or with other organization, towards changes in the sociopolitical structures which are, in varying degrees, at the root of many so-called personal problems. These groups offer a process whereby individual women develop a sense of sisterhood with other women, and a real basis in direct experience for feminist consciousness. The process reveals the unity of personal and political motives in an active involvement in efforts to change at least those social, political, and economic structures which are oppressive to women as individuals as well as a group. (pp. 186-187)

One anecdotal account of journal writing also was found (S. Mitchell, 1973). It consists of a published journal kept in conjunction with therapy. Mitchell began this journal after only a few sessions with her first therapist, "Dr. A." The journal, My Own Woman: The Diary of an Analysis, was not originally written for

publication, but reveals an interesting feature regarding the diary she kept and her therapists' reactions to it.

October 9, 1965. Took my diary and read last Sunday to him....He said he didn't know I kept a diary. I told him I had for sixteen years, and he could read them. Then I added, "You wouldn't know much because I don't put my thoughts down--just the facts." (p. 28)

Mitchell did originally keep a "facts only" journal, but began adding her thoughts and feelings after she began analysis in 1964, a process that made her more aware of their importance. This is the only recorded incident of her mentioning her diary to "Dr. A." There is no indication that he ever did read it, or that he encouraged her to develop her writing abilities to possibly improve gains in therapy.

Later, Mitchell mentioned the fact of her writing to her second analyst, "Dr. Q.," and wrote, "September 9, 1969. I told him about my writing up each session since August 1965. He didn't say much" (p. 191).

One can only speculate on how common writing in addition to therapy may be, unreported to or dismissed by the therapists involved. Without training or personal experience in the practice, most therapists understandably take no notice of it. Unfortunately, that may also mean that whatever potential gains may be realized from writing are never fully experienced by clients.

Nin (1966) wrote in her diary that during her therapy with Otto Rank

he seized upon the diary as a shell, and as a defense. Then he asked me not to write it anymore, and this was as difficult as asking a drug addict to do without his drugs. Not content with that, he asked me to live alone for a while, to disentangle my real self from all my "roles," to free myself of the constellation of relationships and identifications....I started from a complete acceptance of Dr. Rank's definition of the neurotic. (p. 280)

Rank's attitude toward Nin's diary seemed to be that the diary writing behavior itself was a symptom of her "neurosis," and he ordered her to refrain from writing in it.

"The diary is your last defense against analysis. It is like a traffic island you want to stand on. If I am going to help you, I do not want you to have a traffic island from which you will survey the analysis, keep control of it. I do not want you to analyze the analysis. Do you understand?" (p. 284)

She attempted to comply, but soon began to write again in secret--about her therapist.

In no other book can I situate the portrait of Dr. Rank, and this portrait haunts me, disturbs me while I am working on the novel. This portrait of Rank must be written. (pp. 286-287)

Journal writing seems to be practiced rather widely for a variety of personal reasons. Yet data on the frequency of the practice, motives for its use, and any attributed benefits within or outside of therapy are still very sparse.

As Nichols comments,

The journal is experienced by many as a place to practice being themselves, or to discover who they really are in an environment free from the coercive or seductive expectations of other people....It does not appear that the journal becomes, at least for most, a substitute for life....It is rather a place to practice, to strengthen, to stumble at first in developing attitudes, capacities and strengths which then become part of the person's everyday life. In this way the journal is not unlike the more successful therapeutic relationship which also provides a somewhat sheltered place in which to first begin being oneself. (pp. 67-68)

In summary, the Intensive Journal method developed by Progoff is the most systematized approach to journal writing available to date. Lack of specific research data using the method prohibits any real comparison between Intensive Journal writing and other types, however. Available studies on journal writing as a "therapeutic method" are sparse, but some anecdotal and self-report evidence exists to suggest it may have psychological benefits.

The present study investigates one method of journal writing based on the writing techniques summarized by Rainer and taught in a small group setting based on a consciousness-raising model. Table 2 summarizes the essential elements of the "Diary Magic" model employed here in comparison to traditional CR groups and what is known about the Intensive Journal groups.

Table 2
Comparison of Treatment Model
to CR group Model
and Intensive Journal Workshop

	"DIARY MAGIC" GROUP	CR GROUP	INTENSIVE JOURNAL GROUP
Leader	Led by female with both feminist and psychology background, diary writer 20+ years, additional English degree	No leader, or led by temporary leader (female) with prior CR group experience	Leader (male or female) previously trained in IJ techniques; background in psychology or feminism irrelevant
Leader's background	Background in writing, feminism and psychology	Feminist orientation required; writing or psychology background irrelevant	Background in IJ training required; feminism and psychology background irrelevant
Leader's role in group	Leader participates in group as role model	Leader is temporary; participates as group member	Leader is a teacher/facilitator, not group participant
Self-disclosure	Self-disclosure expected of leader and members	Self-disclosure expected of leader and members	Self-disclosure discouraged
Group issues and aims	Individual growth and self-expression, group bonding (sisterhood) encouraged	Analysis of power in social structure; personal growth and social/political change; group bonding (sisterhood) encouraged	Learning and practice of IJ writing techniques for continued individual use; discourages interaction between group participants
Meeting format	Meets weekly, 1-1/2 hrs. per session, for 8 wks.	Meets weekly, 1-4 hrs. per session, up to 2 yrs.	Meets for one weekend
Materials used	<u>The New Diary</u> by T. Rainer required	CR handbook (NOW) suggested but not required	<u>At a Journal Workshop</u> by I. Progoff required; registered IJ workbook required and provided

History of the treatment model. The journal/diary writing group for women that was tested in this study was originally developed by the researcher. It was first offered as a 6-week group at the Southern Oregon State College Academic Advising and Counseling Center in Ashland, Oregon, 1980. Since that time, the "Diary Magic" group has been offered as a 6-week, 8-week, and on-going journal writing support group for women, utilizing the instruction of writing techniques with group interaction. Many of the writing techniques are described in full in Tristine Rainer's The New Diary: How to Use a Journal for Self-Guidance and Expanded Creativity (1978).

The "Diary Magic" group has been offered through college and university counseling centers, a university women's center, as a continuing education course and as a brief segment of a long-term community women's support group. Previous groups consisted of as many as 18 and as few as 4 participants, with most effective groups averaging 8-10 members meeting weekly for a two-month period. The present format--8 weekly groups of 8 or fewer members meeting 1-1/2 hours each week--was felt to be the most practical structure likely to yield measurable results.

Women in previous groups ranged in age from 20 to nearly 80 years, and the majority had had at least some college education. Approximately half became members of the group with no previous journal/diary writing experience or had written at some point in the past but discontinued the practice. Many reported that they hoped their being in the group would boost their motivation to write.

Research Objectives

One of the major concerns of professional psychologists is the high incidence of depression, which is rated as today's leading mental health problem. It is estimated that women have a 20-26% lifetime risk of experiencing major depression as compared to an 8-12% lifetime risk for men (Wetzel, 1984). Franks and Rothblum (1983) state that two-thirds of depressed individuals are women.

Radloff (1978) maintains that the socialization women experience predisposes them to depression through its message of "learned helplessness." Real helplessness or powerlessness (e.g., low wages, vulnerability to rape and battering, overwhelming responsibility to nurture others before self, etc.) also contributes (Bart, 1971a; Butler, 1985; Cox, 1976, 1981b; Franks & Rothblum, 1983; Marecek, Kravetz, & Finn, 1979; Radloff, 1978).

Research on learned helplessness...suggests that women characteristically feel that they have less control over life events than do men, and that this feeling is often based on realistic perceptions. (Brodsky & Hare-Mustin, 1980, p. 402)

Depression is the most common complaint with which women enter therapy and it is also the most frequent diagnostic category among hospitalized women (Chesler, 1972). Even the changes in women's role options have had a worrisome impact upon women's mental health. According to Franks and Rothblum (1983), "fully half of female physicians and one-third of female PhDs are clinically depressed" (p. 264).

The socialization of "femininity" is seen as a mental health hazard for women by Rice and Rice (1973), who state that American culture forces a "schism" upon each woman. "She is overtly told to love herself and her role, yet covertly taught to hate herself and her sex" (p. 193).

Bart (1971b) summarizes this view and its potential impact by remarking

If one were to design a depressenogenic role, a role with a strong potential for causing depression, one could not do better than the traditional female role. Women are, in fact, set up for depression. (p. 15)

In Sturdivant's analysis,

Clearly, then, there are correlations among women's unequal status in our society; the resulting powerlessness that women

experience; and depression, the primary psychiatric symptom exhibited by women. Hopelessness, helplessness, and low self-esteem are thus no longer viewed merely as symptoms that diminish as the underlying source of the depression is resolved; they are considered to be the source of the depression itself. These feelings are presumed to be natural consequences of women's socialization to helplessness....Therefore if it is correct that powerlessness has negative psychological consequences, then being a woman should raise one's risk of psychological disorder in general, and of depression in general. (p. 124)

According to this theory, some form of chronic depression is an expected consequence of female role socialization. Furthermore, even when it may not result in any apparent loss of functioning, it is hypothesized to be at the root of much internal pain, and is suspected to interfere with a woman's internal sense of well-being or self-regard.

This explanation may account for the observation made in early "Diary Magic" groups that the women who participated frequently appeared to be among the most "successful" and well-adjusted individuals, yet often reported suffering from chronic mild depression due to role conflicts and life stresses. As trust and intimacy developed in the writing group, the women spontaneously "confessed" that they were not as well-adjusted as they appeared, or felt they "should" be. These themes also were often reflected in the written content of the

journal entries shared in the groups. Among the problems reported by women in previous "Diary Magic" groups were feelings of depression and self-hatred, guilt, anger at carrying the major burden of parenting their children, disgust at their bodies or general appearance, dissatisfaction with relating emotionally to a husband or other significant male, anger at perceived sexual discrimination academically or in their employment, and a sense of loss when recalling former "simpler" days (i.e., childhood, being single, life prior to motherhood, before awareness of feminism, etc.).

"Diary Magic" participants also frequently reported positive aspects of their lives, including excitement at discovering or expressing what it means to be a contemporary woman, academic or employment successes and sense of competence, pride in assertive behavior, the joys of parenting, satisfaction in friendships with other women, dedication to spiritual exploration and growth, and validation of the inner strength they have found to endure life's difficulties.

Research Questions and Hypotheses

The purpose of this study is to determine whether learning specific writing techniques and discussing them in a small group is more beneficial to women than writing a journal using self-taught techniques, or not

writing at all. The specific dimensions examined include a self-report of depression, and measures of self-acceptance and well-being. Instruments used were the Beck Depression Inventory and the California Psychological Inventory (Self-Acceptance and Well-Being scales).

Pre- and posttest scores obtained for the three measures were compared for all groups. Fifty-two women were tested in a total of three groups:

--A Treatment Group ($n = 18$) which received both writing instruction and support group intervention.

--A Control Group I ($n = 19$) consisting of independent (i.e., self-instructed) writers who kept journals but did not participate in any support group experience.

--A Control Group II ($n = 15$) consisting of non-writers who neither kept journals nor participated in any support group experience.

Hypotheses tested were:

1. There is no statistically significant difference between the pre- and posttest scores obtained on the Beck Depression Inventory for the Treatment and Control Groups when measured over an 8-week period.

2. There is no statistically significant difference between the pre- and posttest scores obtained on the California Psychological Inventory Self-Acceptance scale

for the Treatment and Control Groups when measured over an 8-week period.

3. There is no statistically significant difference between the pre- and posttest scores obtained on the California Psychological Inventory Well-Being scale for the Treatment and Control Groups when measured over an 8-week period.

Additional data were gathered to examine questions concerning (a) reasons for beginning a journal, (b) duration of journal use, (c) variety of writing techniques employed, (d) frequency of using various techniques, (e) writing frequency, (f) number of pages written in the last two-month period, (g) subjective satisfaction with writing frequency, (h) subjective satisfaction with writing techniques used, and degree to which being in the "Diary Magic" group may have increased satisfaction with journal writing.

The following hypotheses were also tested:

4. There is no statistically significant difference between the number of women who continue writing after completing the "Diary Magic" group experience (Treatment Group) and those who continue to write independently during the follow-up period (Control Group I).

5. There is no statistically significant difference in the number/variety of writing techniques used between members of the Treatment Group and Control Group I.

6. There is no statistically significant difference in the frequency of writing between the Treatment Group and Control Group I.

7. There is no statistically significant difference in level of subjective satisfaction with their journal writing between women in the Treatment Group and Control Group I.

Both the statistical findings and the subjective narrative reports were used in evaluating the treatment model, and recommendations are made regarding its appropriate use and further investigation.

CHAPTER III
METHODS AND PROCEDURES

Sample

During the time of this research, six "Diary Magic" writing instruction and support groups were offered from which volunteer subjects were obtained for the Treatment Group. A total of 52 women participated in the study: 18 in the Treatment Group, 19 in Control Group I (Independent Writers), and 15 in Control Group II (Non-Writers). Independent Writers (Control Group I) were defined as self-instructed journal/diary keepers who wrote an average of at least once a month. They did not take part in the "Diary Magic" instruction and support group, but continued to write independently during the study. Control Group II consisted of non-writers who did not take part in the support group experience.

The women in the study ranged in age from 18 to 68 years old, with a mean age of 32. Twenty-four were married, 15 were single, and 13 were separated or divorced. There were 24 childless women, while the remaining 28 had families of between one and eight children.

All participants were white. Their median income was \$20,000, however eight women omitted giving their income level, which may have distorted this information.

Twenty-eight possessed at least a high school education; 1 had an associate's degree, 11 had a bachelor's degree, 9 had a master's degree, and 3 had PhDs. Their mean educational level was 16 years (equivalent to a bachelor's degree). During the time of the study, 11 were part-time and 15 full-time university students. The remaining 26 women were non-students.

About one-third, or 14, of the women were unemployed, while 19 reported they worked part-time and 19 worked full-time. "Employment" was defined as paid work outside one's home.

The women in this sample appeared to share several qualities identified as characteristic of volunteer populations in general. Rosenthal and Rosnow (1975) reported tendencies for volunteers in research projects to be better educated, more sociable, less authoritarian and less conforming, more self-disclosing, more anxious, more extroverted, higher in need for social approval and higher in need for achievement compared to non-volunteers (Rosenthal & Rosnow, 1975, as cited in Borg & Gall, 1983).

Characteristics such as education, sociability, extroversion, and interest in self-disclosure are obvious advantages for those who join any support or

self-exploration group, and may operate to influence group participation.

Data obtained on the Beck Depression Inventory and the California Psychological Inventory for the entire sample of 52 women were examined by Multiple Regression Analysis. Variables examined included age, marital status, number of children in the home, age of youngest child, employment status, health status, income level, highest level of education attained, student status, religious affiliation (specifically whether or not participants were members of the Church of Jesus Christ of Latter-day Saints, or LDS Church), and therapy status.

No single demographic variable emerged as a uniform predictor, however several of these variables did predict scores in different ways. Variables were examined for their effect upon pretest scores, posttest scores, and differences between pre- and posttest scores for all three test instruments.

Concurrent therapy status was most predictive of BDI pretest scores, with those women who were in therapy concurrently with the research project reporting higher scores, or greater levels of depression, at the time of pretesting.

Education Level was also predictive of BDI pretest scores, with lowest scores (least depression) among those having the most education. Both of these findings are shown in Table 3.

Table 3

BDI Pretest Scores
and Therapy Status and Education

Variable	B	SE B	Beta	t	Sig. t
Current Therapy	6.16	1.56	.64	3.95	.00
Previous Therapy	-.63	1.30	-.08	-.48	.63
Education	-.83	.41	-.27	-2.04	.00
(Constant)	23.98	6.74	3.56		.00

Table 4 shows the results of BDI score differences considering Therapy Status. This variable is the one most likely to have confounded the current study, since no provision was made for comparing test scores of women in therapy with those who were not. Some participants in the research study had previously been in therapy, while others were in therapy concurrently with their

membership in the journal Treatment Group. The regression analysis indicated that those in therapy concurrent with membership in the "Diary Magic" group made the most gains as measured by differences in the pre- and posttest scores for the Beck Depression Inventory.

Table 4

BDI Score Differences (Pre - Post)
and Therapy Status

Variable	B	SE B	Beta	<u>t</u>	Sig. <u>t</u>
Current Therapy	3.37	1.32	.45	2.56	.01
Previous Therapy	-.98	1.08	-.16	-.91	.37
(Constant)	3.30	.81		4.06	.00

Pretest scores for the CPI Self-Acceptance scale were best predicted by Employment Status, Total Children, and Education. Full-time paid employment outside the home and total number of children were most predictive of lower Self-Acceptance scores, while the more education a woman had, the higher the

Self-Acceptance pretest score she reflected. These results are depicted in Table 5, which follows.

Table 5

CPI Self-Acceptance Pretest Scores
and Employment, Total Children, and Education

Variable	B	SE B	Beta	<u>t</u>	Sig. <u>t</u>
Full-time Employment	-1.87	.67	-.42	-2.78	.01
Part-time Employment	.65	.69	.14	.95	.03
Total Children	-.54	.24	-.32	-2.28	.03
Education	.49	.22	.32	2.26	.03
(Constant)	14.63	3.61		4.05	.00

CPI Self-Acceptance scores at time of posttesting were best predicted by the total number of children in the home, although the age of the youngest child was not a significant predictor. These results are shown in Table 6.

Table 6
CPI Self-Acceptance Posttest Scores
and Total Children

Variable	B	SE B	Beta	t	Sig. t
Total Children	-.48	.23	-.30	-2.02	.05
(Constant)	22.43	.64		34.91	.00

Pretest scores for the CPI Well-Being scale were best predicted by Marital Status. Table 7 shows these results, revealing married respondents most likely to have higher Well-Being scores.

Table 7
CPI Well-Being Pretest Scores
and Marital Status

Variable	B	SE B	Beta	t	Sig. t
Married	2.24	1.02	.34	2.20	.03
Divorced	.67	1.13	.09	.59	.56
(Constant)	34.71	.80		43.60	.00

Posttest CPI Well-Being scores, as revealed in Table 8, were best predicted by Income Level. Lowest Well-Being scores at the time of posttesting were found among those whose income was between \$10,000-20,000.

Table 8

CPI Well-Being Posttest Scores
and Income Level

Variable	B	SE B	Beta	t	Sig. t
\$10-20,000	-3.77	1.39	-.45	-2.71	.01
&20-30,000	.77	1.19	.10	.65	.52
\$30-40,000	.97	1.44	.11	.68	.50
(Constant)	35.47	.80		44.29	.00

Differences in pre- and posttest scores on the CPI Well-Being scale were best predicted by Employment Status. Results were mixed, however. Over time, CPI Well-Being scores became higher for those who were employed full-time. Among women who were employed part-time, the effect was negative. Well-Being scores declined with part-time employment. These results are shown in Table 9.

Table 9

CPI Well-Being Score Differences (Pre - Post)
and Employment

Variable	B	SE B	Beta	t	Sig. t
Part-time Employment	-1.74	.56	-.48	-3.12	.00
Full-time Employment	1.37	.54	.39	2.54	.01
(Constant)	-.20	.40		-.50	.62

Procedures

Participants for this study were recruited by advertising the "Diary Magic" groups in the university student newspaper, through announcements at the Utah State University Women's Center, and by word-of-mouth. During the time the groups were offered, the researcher worked on graduate assistantship as the program coordinator at the USU Women's Center, and as a counselor on graduate assistantship at the USU Counseling Center. Both the Women's Center and the Counseling Center sponsored "Diary Magic" groups.

Treatment Group and Control Group I members were recruited from a waiting list of women who had previously expressed interest in the "Diary Magic" group. Earlier groups had been held in the area and women had heard about them through their acquaintance with previous members or the researcher. In some cases, referrals were also made by local therapists or university professors who knew women they believed might benefit from being in the group.

Some members of Control Group II were also found by contacting university English classes and a local women's support group. Thus they were potentially of the same sub-population as the journal writers (i.e., women interested in literature or writing, and/or women with feminist interests), but they identified themselves as not currently engaged in journal writing.

"Diary Magic" groups were offered during the day and in the evening in order to reach the largest possible number of women on campus and in the surrounding community. It was not required of group participants that they cooperate in the research project, but of 28 total participants in the groups, only 3 chose not to be research subjects. Of the 25 who began the study, 18 completed both pre- and posttests.

The seven research dropouts gave as their reasons lack of time or lack of interest in the research project. They were not questioned further about their non-participation.

Composition of Treatment and Control groups was not determined by random assignment. Control Group I members were volunteers for the "Diary Magic" groups who, because of scheduling conflicts, were placed on a waiting list for a future group, given an opportunity to participate as research subjects, then offered the group experience upon completion of the formal study.

The only apparent difference between the Treatment Group and Control Group I consisted in the fact that two members of the Treatment Group had never written a journal before, and five who had kept a journal in the past were not currently writing when the group commenced, whereas the women in Control Group I were all actively writing when they began their participation in the study. Otherwise, members of the two groups came from the same volunteer pool.

Some women had received prior instruction in some kind of journal writing methods (chiefly through their affiliation with the LDS Church), but previous instruction was not aimed at teaching writing as a therapeutic tool. Twenty-eight participants were members of the

LDS Church and were therefore assumed to have had some encouragement to write their life histories, consistent with traditional LDS teachings.

During the eight weeks of this study, members of Control Group I were asked not to try to "improve" their writing habits (i.e., by using new techniques, writing more frequently, or attempting to gain information from friends about the experimental group).

Measures

The instruments used in this study included the Beck Depression Inventory (Beck, 1970), the California Psychological Inventory (Gough, 1956), and a Follow-Up Questionnaire (Appendix C) created by the researcher.

Commonly used in therapeutic settings, the Beck Depression Inventory (BDI) is an easily administered checklist for determining the magnitude of depression, with reliability ratings of .86 (odd/even) and .74 (test/retest after a 3-month interval). The BDI correlates with the MMPI "D" (Depression) scale at .58.

One difficulty in using the BDI is that there is no score that is universally agreed to designate depression. Rothblum (1983) reports that scores as low as seven have been used to diagnose depression in college populations. Wetzel (1984) reports that a score of four

or lower is considered to signify absence of depression or depression of minimal degree. Beck (1970) designates a non-depressed or psychiatrically well subject as one whose mean BDI score is 10.9, and mild, moderate and severe depression score means as 18.7, 25.4 and 30, respectively. Because the BDI was used in this study only to measure change in score over time and not as a diagnostic measure, such discrepancies in score interpretations were not considered a problem.

To protect potentially endangered participants from the effects of severe depression, any BDI score of 20 or above, or any report of suicidal ideation (item I), was immediately reported to the researcher, who contacted the participant and offered referral for appropriate treatment.

To maintain test integrity, the entire California Psychological Inventory (CPI) was administered. The Self-Acceptance (Sa) and Well-Being (Wb) scales were chosen for statistical analysis because of their apparent correspondence to self-esteem issues for women. Gough (1975) describes the purpose of the Sa scale as "To assess factors such as sense of personal worth, self-acceptance, and capacity for independent thinking and action" (p. 10).

High scorers are described as

intelligent, outspoken, sharp-witted, demanding, aggressive, and self-centered; as being persuasive and verbally fluent; and as possessing self-confidence and self-assurance. (p. 10)

Low scorers, conversely, are described as tending to be seen by others as

methodical, conservative, dependable, conventional, easygoing, and quiet; as self-abasing and given to feelings of guilt and self-blame; and as being passive in action and narrow in interests. (p. 10.)

Regarding the development of the Wb scale, Gough reports that the main function of the scale was specified as

identifying persons who underestimate their well-being and exaggerate their worries and misfortunes, as distinguished from those who present a relatively accurate and objective picture of their concerns and problems... Psychiatric samples scored somewhat below average on Wb, as they should, but lowest scores are found among persons asked to "fake bad," that is, among persons who are attempting to fabricate a self-picture of worry, doubt, and poor morale. (p. 19)

The purpose of the Wb scale is "to identify persons who minimize their worries and complaints, and who are relatively free from self-doubt and disillusionment" (p. 19).

The test/retest reliability for the CPI is reported as .71 (Sa scale) and .72 (Wb scale) when given to female high school students at a one-year interval. Male

prison inmates tested at 7-21-day intervals yielded test/retest reliability of .71 (Sa) and .75 (Wb). Information on reliability of the CPI with a group of adult women comparable to those in the current study was not available.

Although several scales on the CPI are highly intercorrelated, the Sa and Wb scales intercorrelate at only .12 for the female normed sample (college-age females), indicating that the two scales do seem to measure different characteristics.

Another reason for using the CPI is its health orientation and utility in assessing the subject's growth potential. While many CPI test items duplicate the MMPI, from which it was originally developed, it avoids the more clinical emphasis of that instrument. Rather than being used for diagnosis and assessment of pathology, the CPI is often used in college counseling centers and similar settings as a measure of developmental maturity, self-assurance, intellectual efficiency in an educational setting, and presence of social skills. This orientation is more compatible with the aims of the journal writing support group model used, and it is hoped that information regarding their CPI test results was helpful to the subjects of this study.

Methodology

The nature of the research project was discussed and introduced at the first (orientation) meeting of the "Diary Magic" group. Participants were told it was research into the use of diaries and their effects on women's mental health. The specific nature of the research was not elaborated at that time. Those who volunteered to participate completed a Participant Questionnaire and signed a Research Consent Form. (See Appendix A for copies of these forms.)

The Beck Depression Inventory and California Psychological Inventory were given to each woman to be completed and returned within one week. Participants were instructed to complete the tests alone and at one sitting. All participants received individual code numbers and no names appeared on their test data, thus assuring confidentiality of results. In order to reduce the possibility of experimenter bias, because groups were led by the researcher, the researcher did not have access to the data until all treatment groups were completed and control data gathered.

Two research assistants (undergraduate psychology students) helped gather and secure the data. They also scored the test protocols, notifying the researcher if BDI scores above 20 or indications of suicidal ideation

(item I on the BDI) were found. Five BDI scores exceeding 20 were reported, four of women in the Treatment Group and the fifth an Independent Writer. The individual women were quickly contacted to assist them in finding appropriate intervention. Three reported they were currently in therapy, while two stated they had sought therapy previously, but opted not to return. At the time of posttesting, two scores were above 20--one a previous high-scorer from the Treatment Group and the second a non-writer. These findings are shown in Table 10.

Table 10

BDI Scores Exceeding 20

	Pretest	Posttest	Total
Treatment Group	4	1	5
Control Group I	1	0	1
Control Group II	0	1	1
Total	5	2	

Table 11 shows therapy status by group, that is how many women in each of the three groups reported never having been in therapy, having had previous therapy, or being in therapy concurrent with their participation in the research.

Table 11
Therapy Status by Group

Therapy Status	None	Previous	Current
Treatment Group	3	9	11
Control Gr. I	11	6	2
Control Gr. II	10	4	1
Total	24	19	14

An additional Follow-Up Questionnaire (Appendix C) was used to obtain information from members of the Treatment Group and Control Group I regarding the frequency and volume of their writing, number of techniques used, and subjective satisfaction with their writing.

At the conclusion of the study, all participants were contacted and given an opportunity to meet with the researcher to learn the results of their individual tests, as well as detailed information about the purpose and findings of the study.

The Treatment Group was an 8-week, 1-1/2 hour-per-week writing instruction and support group based on a modified consciousness-raising model. A suggested text, The New Diary: How to Use a Journal for Self-Expression and Expanded Creativity by Tristine Rainer (1978), was used as a guidebook for introducing various journal writing techniques and was available for participants to purchase or borrow to use between group meetings. (See Appendix D for an outline of the 8-week group agenda, and Appendix E for a bibliography hand-out.)

Each group member was instructed to purchase and bring to the weekly meetings a blank book in which she kept her personal writing.

Guidelines for the group were three:

1. Confidentiality. During the first meeting, all group members agreed not to disclose details of others' journals or life stories. While total confidentiality could not be guaranteed, the concept was discussed thoroughly. Members were instructed to take responsibility

for risking disclosure, and also for supporting one another in their decisions to share.

2. Distinction between Process and Product. Since most women have a history of experiencing that the product or content of their writing (and their lives) is constantly judged by others, the group emphasis was placed on evaluating the writing process itself. Focus was shifted from concentrating on the end result, and group discussion centered on how the process was experienced by each writer. In addition, because women's writing and behavior has traditionally been evaluated as "trivial" or "narcissistic," the group was instructed to reevaluate and endorse the content when it was discussed, specifically the daily reality of their lives as women.

3. Responsibility for Self-Disclosure. Each member agreed to assume responsibility for revealing her own diary content. Decisions of whether or not to share, with whom, and how much, were personal ones and no one was required to read from her journal. However, each member was actively encouraged to discuss how she responded to the writing exercises and to share her views regarding the personal journal as a self-awareness tool.

Group process each week thus consisted of discussions of the writing techniques practiced and how participants felt about their use, in addition to discussion of actual journal entry content. General topics included: Was the technique easily understood? Did any problems (e.g., "writing blocks," frustration with technique or unclear understanding of its use, etc.) occur during its use? How did the writer feel about the technique before using it, and if her feelings about it changed after use, how did they change? Could she suggest how her use of the technique might be expanded, improved or modified?

If any problems were reported, group members shared their own experiences, discussed possible solutions, and gave the diarist encouragement to try the technique again.

The group leader frequently provided examples of material written by previous group members (i.e., groups held prior to the current study) and material from published sources. Generally examples were not given before group participants had tried the techniques themselves, in order to avoid shaping their experiences too narrowly. In several meetings a writing technique was discussed in the group and an opportunity was provided for writing during group time.

Occasionally a woman would report difficulty with the feelings discovered through her writing experience or expressed in an entry, not with a technique itself. As in CR groups, other members gave support and shared similar experiences but refrained from giving advice or trying to "solve" the woman's problem for her. Emphasis was on the universality of the difficulty (e.g., the daily tedium of raising young children or the frustration of trying to develop a career while also meeting the needs of family members).

Weekly discussions within the groups were lively and often humorous. All participants were encouraged to share the content of their entries as well as their reactions to the writing process. Members quickly became eager to read their journal entries and were excited about hearing others' ideas and feelings. Even many who felt shy or inhibited at first rapidly relaxed and read enthusiastically.

The one "rule" characteristic of the group was "There is no one right way to do this." Consequently, an attitude of experimentation prevailed. Group members appeared to appreciate this openness and several who had kept journals for some time prior to joining the "Diary Magic" group expressed surprise and delight that writing

could be so much more enjoyable than they had previously experienced it as being.

In-group writing assignments were selected for several reasons:

1. To help women increase their writing fluency.
2. To provide enjoyable, low-risk material to be shared in the group (e.g., one early exercise, "List of Things I Love," was given with specific instructions to "Write a List of Things You Love, including as many things as you can think of, that could be shared and discussed among the group").
3. To deflect focus from "therapy issues" that may have surfaced in entries written between sessions and shared at the beginning of the group, and/or to reduce the discomfort these may have caused.

This shift of focus from "therapy issues" to more general topics functioned to introduce to each woman the concept that she is best qualified to find her own solutions, or that when solutions are not immediately apparent or possible, to reflect confidence in her ability to survive conflict and ambivalence. In addition, the opportunity to write about successes as well as challenges served to balance her sense of continuing struggle with an awareness of satisfying areas of her life.

This process differs markedly from that of CR groups, which generally move from individual issues to social issues, and from there to a focus on political/social activism. Not all CR groups aim at social change through activism, but the radical feminist position does emphasize this aim. Historically, CR groups focused on supporting women through personal transitions with the goal of empowering them for activist. As Kirsh (1987) found, however, women's groups of the 80's are less politically active and more personal in their aims. The "Diary Magic" groups reflect this evolution.

Other points of difference include the obvious emphasis in the "Diary Magic" groups on writing in addition to verbal expression, and a focus on developing a relationship to self through the journal writing process that has a high probability of continuing once the formal group disbands. Since CR groups often meet for a period of one to two years or more, while the "Diary Magic" group meets for only eight weeks, building this relationship to self is believed to be an important component of the short-term group experience. During this brief time, both friendships with other women and a relationship to writing for self-expression are nurtured.

New friendships may not have survived the group's termination, but follow-up questionnaires revealed that the writing habit did continue. Of the 28 women who participated in the "Diary Magic" groups, 13 were questioned at follow-up regarding their journal writing history. Five reported they had written a journal at some time in the past but had discontinued the practice. Six were writing concurrent with the beginning of the group, while two were non-writers. At the group's end, all were writing, of course. At the time of follow-up, 62% (8 of 13) were still writing once a month or more.

In summary, the group functioned to support each individual member by validating her feelings and experiences, introducing written accounts of similar experiences (especially those written by another group member in her own diary), and continually affirming the value of expressing, exploring, and saving a record of one's thoughts and feelings in the journal.

At the end of eight weeks, group time was given to explore feelings of sadness and loss due to termination of the group, as well as feelings of satisfaction and appreciation for having been part of it. Each woman again received copies of the BDI and the CPI to complete and return within one week. As stated earlier, of the 25

women who volunteered for the study, 18 completed these posttests.

The follow-up portion of this study was conducted at an average elapsed time of just over 16 months. A sub-sample of twenty-five was contacted--thirteen who had previously been members of the Treatment Group and twelve Independent Writers from Control Group I. The researcher attempted to contact all of the original 37 participants in these two groups but could not reach them all. This represents a follow-up response rate of 72% for the Treatment Group and 63% for Control Group I.

All 25 women were contacted by phone during a three-week period and interviewed by the researcher. Each was asked the same questions, using the same wording, with additional opportunity for a conversational (narrative) report on her journal writing experiences past and present. (See Appendix C for Follow-Up Questionnaire.)

Appendix D includes a full outline of the 8-week "Diary Magic" course. Included are agendas for each weekly meeting naming topics discussed and writing exercises introduced. Additional material on writing exercises can be found in Rainer (1978).

CHAPTER IV

RESULTS

This study found no empirical validation for the supposition that structured journal writing groups are more beneficial than either self-taught, solitary journal writing or not writing at all. No statistically significant differences were found between group scores on the measures used in this study. The follow-up study did yield some minor differences, although the small size of the follow-up sample prohibits strong conclusions. The specific results of the hypotheses tested follow.

Hypotheses 1: Depression

1. There is no statistically significant difference between the pre- and posttest scores obtained on the Beck Depression Inventory for the Treatment and Control Groups when measured over an 8-week period.

Beck Depression Inventory (BDI) pretest scores ranged from a low of 0 to a high of 28. The possible range of scores attainable on the BDI is 0 to 63. Five participants reported scores above 20, showing significant levels of depression. Four were members of the Treatment Group and the fifth was a member of Control Group I. All were contacted and encouraged to seek

professional intervention or other support based on their self-reported scores. Three reported they were already in therapy and two stated they had previously been in therapy and would consider returning.

At the time of posttesting, the range of obtained scores on the BDI extended from a low of 0 to high of 30, with two participants (one Treatment Group member and one Non-Writer) scoring over 20.

Data were first examined by Analysis of Covariance using BDI pretest scores as the covariate. No statistically significant differences were found between the Treatment and Control groups, thus it was not possible to reject this hypothesis. These statistical results are depicted in Table 12.

Table 12

Analysis of Covariance
Beck Depression Inventory

source of variation	DF	MS	F	Sig. of F
within cells	48	22.66		
regression	1	716.88	30.30	.00
group	2	9.74	0.41	.67

Hypothesis 2: Self-Acceptance

2. There is no statistically significant difference between the pre- and posttest scores obtained on the California Psychological Inventory Self-Acceptance scale for the Treatment and Control Groups when measured over an 8-week period.

Again, data were analyzed by Analysis of Covariance using pretest scores on the CPI Self-Acceptance scale as the covariate, with no statistically significant differences found between Treatment and Control groups. This hypothesis was therefore not rejected. See Table 13 for a summary of results.

Table 13

Analysis of Covariance
CPI Self-Acceptance Scale

source of variation	DF	MS	F	Sig. of F
within cells	48	4.24		
regression	1	356.39	84.06	.00
group	2	1.96	0.46	.63

Hypothesis 3: Well-Being

3. There is no statistically significant difference between the pre- and posttest scores obtained on the California Psychological Inventory Well-Being scale for the Treatment and Control Groups when measured over an 8-week period.

Analysis of Covariance was conducted using pretest scores on the CPI Well-Being scale as the covariate. No statistically significant differences were found between the Treatment and Control groups. This third hypothesis was not rejected. Table 14 gives results for this hypothesis.

Table 14

Analysis of Covariance

CPI Well-Being Scale

source of variation	DF	MS	F	Sig. of F
within cells	48	11.31		
regression	1	1553.97	137.43	.00
group	2	15.26	1.35	.27

The first three hypotheses were also examined using Repeated Measures Analysis of Variance. Again, no

statistically significant differences were found among the three groups over the treatment period. Tables 15, 16 and 17, which follow, depict these results.

Table 15

Repeated Measures Analysis of Variance

Beck Depression Inventory

Source of Var.	DF	MS	F	Sig. of F
Group	2	42.24	.61	.549
Subjects within Gr.	49	69.59		
Pre-Post	1	143.22	8.70	.005
Group by Pre-Post	2	5.95	.36	.698
Error	49	16.46		

Table 16

Repeated Measures Analysis of Variance
CPI Self-Acceptance Scale

Source of Var.	DF	MS	F	Sig. of F
Group	2	14.60	.64	.532
Subjects within Gr.	49	22.82		
Pre-Post	1	.04	.02	.898
Group by Pre-Post	2	3.18	1.21	.306
Error	49	2.63		

Table 17

Repeated Measures Analysis of Variance
CPI Well-Being Scale

Source of Var.	DF	MS	F	Sig. of F
Group	2	24.65	.34	.714
Subjects within Gr.	49	72.72		
Pre-Post	1	.07	.01	.912
Group by Pre-Post	2	7.41	1.33	.275
Error	49	2.63		

In summary, testing for score changes over the 8-week period and comparing changes in group mean scores between the Treatment and Control Groups using both Analysis of Covariance and Repeated Measures Analysis of Variance techniques failed to show statistically significant results. Therefore it was not possible to reject any of these three hypotheses.

Follow-Up Results

Fifty-two women took part in the original treatment study. Of these, 25 ($n = 13$ from the Treatment Group and $n = 12$ from Control Group I--Independent Writers) were later contacted for a follow-up study. The follow-up period ranged from 6 to 18 months, with a mean follow-up time of 16 months.

Additional hypotheses concerning the Treatment Group and Control Group I were examined at follow-up, with results as follows:

Hypothesis 4: Writing Commitment

4. There is no statistically significant difference between the number of women who continue writing after completing the "Diary Magic" group experience (Treatment Group) and the number of those who continue to write independently (Control Group I).

At the time of follow-up, each woman was asked if she were currently "writing regularly." "Writing regularly" was defined as "currently writing at least once a month." Of those who had completed the "Diary Magic" group, 62% (8 of 13) reported that they were still writing in their journals. Of the Control Group, 75% (9 of 12) were still writing. Analysis of data by Chi-square did not show statistically significant differences between groups. This hypothesis, therefore, was not rejected. Statistical results are depicted in Table 18 below.

Table 18

Writing CommitmentDuring Follow-Up

	Treatment Group	Control Group I	Total
	$\underline{n} = 13$	$\underline{n} = 12$	
Number still writing	8	9	17
Number not writing	5	3	8
Chi-square	DF	Probability	
.085	1	.77	

Hypothesis 5: Writing
Techniques Used

5. There is no statistically significant difference in the number/variety of writing techniques used among members of the Treatment Group and Control Group I.

Thirteen writing techniques were introduced in the "Diary Magic" groups and at follow-up each woman contacted was asked about the frequency with which she used each technique. All follow-up participants, both Treatment and Control, reported that they "sometimes" or "often" used their journals for Free Intuitive, Descriptive/Narrative and Reflective writing. These techniques seem to come naturally to writers and may in fact represent how diary writing might best be defined.

Cathartic writing, too, was used by virtually everyone reporting in the follow-up study. Members of the Treatment Group were somewhat more inclined to express negative feelings in their cathartic entries. Table 19 shows information regarding the use of the Cathartic writing technique, however cell expected frequencies for contingency table analysis were too low for testing this particular dimension of the Cathartic technique.

Table 19

Cathartic Writing Technique

	Treatment Group n = 13	Control Group I n = 12	Total
frequency of writing			
sometimes or often	13	11	24
never	0	1	1
feelings expressed			
positive	2	2	4
negative	7	2	9
both	4	7	11

The greatest discrepancy reported between groups was revealed in the use of the Dialogue technique. Among the Treatment Group, 62% of the follow-up participants reported using Dialogues "sometimes" or "often," while only 17% of the Control Group did so. Analysis by

Chi-square did not reveal a statistically significant difference between the Treatment Group and Control Group I in the use of the Dialogue technique, although the findings did approach significance (.06). Exposure to this technique seemed to have a continuing influence upon Treatment Group participants. Also, it does not appear that Dialogue writing occurs spontaneously among self-instructed journal writers, since 10 of 12 stated they never used it. Unlike Free Intuitive, Descriptive/Narrative and Reflective writing, Dialogue seems to be a learned technique, apparently of continuing value to diary writers.

Table 20 depicts the differences between groups in their use of the Dialogue technique.

Table 20

Dialogue Writing Technique

	Treatment Group n = 13	Control Group I n = 12	Total
Never	5	10	15
Sometimes	8	2	10
Chi-square	DF	Probability	
3.53	1	.06	

Half or more of the Treatment Group participants later reported using 9 of the 13 writing techniques "sometimes" or "often," while for the Control Group 8 of the 13 techniques were used "sometimes" or "often" by 50% or more of the follow-up respondents. Analysis of this data by cross tabulation did not reveal any statistically significant results between groups, however. Therefore, this hypothesis was not rejected.

The percentage of women in the follow-up study who reported using each of the 13 writing techniques is shown in Table 21.

Table 21

Writing Techniques UsedBy Follow-Up Sample(Reported by Percentage)

	Treatment Group		Control Group I	
	<u>n</u> = 13		<u>n</u> = 12	
	sometimes or often	never	sometimes or often	never
Free Intuitive	100	0	100	0
Decrip/Narrative	100	0	100	0
Reflective	100	0	100	0
Catharsis	100	0	92	8
Unsent Letters	77	23	67	33
Lists	92	8	58	42
Dialogues	62	38	17	83
Dreamwork	69	31	50	50
Writing Fr. Future	8	92	17	83
Altered Pt. View	15	85	17	83
Doodles, Sketches	62	38	42	58
Scrapbook	46	54	50	50
Naming Volume	31	69	25	75

Hypothesis 6: Writing Frequency

6. There is no statistically significant difference in the frequency of writing between the Treatment Group and Control Group I.

"Frequency of writing" was examined at two levels: less than once a month, and more than once a week. This hypothesis, tested by Chi-square analysis, did not yield statistically significant differences. Results are shown in Table 22.

Table 22

Writing Frequency

At Follow-Up

	Treatment Group	Control Group I	Total
	<u>n</u> = 13	<u>n</u> = 12	
Less than once/month	7	6	13
More than once/week	6	6	12

Chi-square	DF	Probability
0.00	1	.999

Hypothesis 7: Subjective Satisfaction

7. There is no statistically significant difference in level of subjective satisfaction with their journal writing among women in the Treatment Group and Control Group I.

Here, "satisfaction" was measured in two ways: ratings of subjective satisfaction with writing frequency, and satisfaction with techniques used.

The first measure of satisfaction dealt with the frequency of each woman's journal writing. Participants were instructed to give a numerical rating to their level of satisfaction, ranking it from 1 to 5, with 1 representing the lowest level of satisfaction and 5 representing the highest possible level of satisfaction. Results were analyzed by Chi-square. No statistically significant difference was found between Treatment and Control groups on this rating of individual satisfaction with writing frequency. Table 23 shows subjective satisfaction with writing frequency for the two follow-up groups.

Table 23
Subjective Satisfaction
With Writing Frequency

	Treatment Group $\underline{n} = 13$	Control Group I $\underline{n} = 12$	Total
Low	9	7	16
High	4	5	9
	13	12	
Chi-square	DF	Probability	
0.02	1	.88	

Secondly, each writer was asked to rank her level of subjective satisfaction using the same 1-to-5 rating scale, this time rating how satisfied she was with the form of her journal, or the writing techniques she usually used. "In other words," she was asked, "when you have enough time to write, how satisfied are you with the kind of writing you usually do?" Again, analysis by Chi-square revealed no statistically significant

difference between the two groups on writing satisfaction. Subjective satisfaction with writing techniques is shown in Table 24.

Table 24

Subjective Satisfaction
With Writing Techniques

	Treatment Group $n = 13$	Control Group I $n = 12$	Total
Low	3	3	6
High	10	9	15
Chi-square	DF	Probability	
0.000	1	.999	

Regarding the rating of subjective satisfaction on the two dimensions of frequency and techniques used, therefore, it was not possible to reject this hypothesis as stated.

Hypothesis 8: Number
of Pages Written

In addition to measures of satisfaction and writing frequency, each writer was asked to report the number of

pages she had written over the follow-up period. Members of the Treatment Group reported writing a mean number of 10.2 pages, and Control Group I members averaged 22.2 pages. The total number of pages written by individual members of the Treatment Group during the follow-up period ranged from 0 to a high of 39. The Control Group, which also contained individuals who had written nothing, possessed two women who were frequent and fluid writers, reporting having written 50 and 150 pages each. When all writers were included in the analysis, the Control Group was the more prolific regarding volume of actual writing done. When the one most "exceptional" writer was withheld from the data analysis, the mean number of pages for the Control Group dropped to 10.6.

The differences between Treatment and Control Groups, both with all reporting writers included and with the one most "exceptional" writer withheld from analysis, failed to yield statistically significant differences when analyzed by t -test. These findings are reported in Tables 25 and 26.

Table 25

Mean Number of Pages Written
During Follow-Up

Group	<u>n</u>	Mean	SE	<u>t</u>	DF	Prob.
Treatment	13	10.23	3.04	-.95	12.35	.36
Control I	12	22.25	12.26			

Table 26

Mean Number of Pages Written
During Follow-Up
(Excluding "Prolific Writer")

Group	<u>n</u>	Mean	SE	<u>t</u>	DF	Prob.
Treatment	13	10.23	3.04	-.08	22	.94
Control I	11	10.64	4.31			

Number of pages written during follow-up was also analyzed by Chi-square. Two levels of writing quantity were examined: output below 10 pages, and output of 10 pages or more. This analysis, which included all 25 of the follow-up participants, yielded no statistically

significant findings in writing output between the two groups. These results are shown in Table 27.

Table 27

Total Number of Pages Written

During Follow-Up

	Treatment Group	Control Group I	Total
	<u>n</u> = 13	<u>n</u> = 12	
Less than 10 pages	7	6	13
More than 10 pages	6	6	12

Chi-square	DF	Probability
0.000	1	.999

To summarize these findings, no statistically significant differences were found among the three groups on the major objective measures used in this study (Beck Depression Inventory and California Psychological Inventory Self-Acceptance and Well-Being scales). The follow-up study likewise yielded no statistically significant findings, although members of the Treatment Group reported in the follow-up sample a greater use of

the Dialogue writing technique, which did approach statistical significance. In addition, while members of Control Group I (Independent Writers) reported having written a significantly greater number of pages as a group during the follow-up period, differences were not statistically significant, even when the one "exceptionally prolific" writer who reported writing 150 pages in her journal was withheld from the Control Group I sample.

CHAPTER V
CONCLUSIONS

Summary

In summary, this study was designed to assess potential differences among groups of journal/diary writers who received writing instruction in a structured group (Treatment Group, $n = 18$), independent writers who were self-instructed in journal writing (Control Group I, $n = 19$), and non-writers (Control Group II, $n = 15$). Pre- and posttest measures were taken using the Beck Depression Inventory and the California Psychological Inventory (Self-Acceptance and Well-Being scales). The total sample consisted of 52 white female volunteers.

No statistically significant differences were found among the three groups tested on the objective measures used.

An additional sub-sample of 25 was given a follow-up questionnaire at a mean elapsed time of 16 months. This follow-up investigated differences in variety and use of writing techniques, frequency and volume of writing done, and a measure of subjective satisfaction with writing frequency and techniques. No statistically significant differences were found between the two subgroups (Treatment Group and Control Group I) tested at follow-up.

A Multiple Regression Analysis examining demographic variables such as the age, attained education, income level, and so forth, of the participants did not yield any consistently significant variable that predicted test scores.

Thirteen journal writing techniques were compared at follow-up to determine which were most often used. Differences in use of the Dialogue writing technique approached significance (.06), with the Treatment Group more likely to use this technique than the Independent Writers.

Limitations

Several limitations of this study must be considered. Score changes were measured over an 8-week period, which was deemed most practical for conducting the volunteer Treatment Group, but which may in fact have been too brief a period in which to expect measurable differences. Furthermore, CPI test scores are quite stable even over much longer periods, since the CPI tends to measure trait factors rather than more fluctuating state factors, so expectation of significant changes in CPI scores may not be practical.

The BDI, which was also used in this study, has a range of possible scores from 0 to 63. Because of the potential for harm among persons attaining high scores,

however, intervention was made for those scoring above 20. Although no extremely high scores were reported, this study was intentionally designed to measure changes only among participants in a restricted range of scores --those of 19 or below-- rather than along the full spectrum of possible BDI scores.

Related to this intervention in the case of high scorers, an important and possibly confounding variable was the attendance of women in individual therapy concurrent with their participation in the Treatment Group and this research study. No provision was made to test the effect of concurrent therapy, so no conclusions can be drawn about the impact of formal therapy upon score changes. Any future study done using this group model should be designed to control for this variable.

Suggestions for Further Research

Lack of evidence to substantiate differences between Treatment and Control Groups for this study may, in fact, be due to a real absence of difference between writers and non-writers. Nevertheless, anecdotal reports in the literature as well as subjective/narrative material supplied by women in this study do attribute benefits to the writing process. Therefore, other explanations must be considered.

The 13 women in the follow-up study who had participated in the Treatment Group were also asked if they felt that being in that group had changed their subjective satisfaction with their writing. Ten reported "great increase" in satisfaction, while two reported "some increase" in their writing satisfaction. Only one reported "no change." This narrative report appears to contradict the numerical rating of satisfaction mentioned previously. It is possible that, when asked this question, participants gave the answer they believed the researcher expected, and that these findings are therefore misleading.

Furthermore, even though respondents were specifically asked to rate their satisfaction with their personal diaries, their responses may have been colored by the totality of their group experience. Thus an inquiry into satisfaction might elicit not only a woman's feelings about her personal journal, but her feelings about being in the group, meeting and bonding with other women diarists, the style of the group leader, and perhaps a deepening self-appreciation due to her experience.

Perhaps, then, the objective measures used in this study were insufficient for measuring the range or depth of subjective benefits. Any replication or expansion of

this treatment model should include other objective measures, specifically measures of satisfaction.

The question of defining and measuring "satisfaction" presents a research challenge. Repeatedly, journal keepers extol not only the pleasures, but the "psychological benefits" of writing. In fact, among journal writers it is difficult to find those who would voluntarily forego writing even temporarily for the sake of scientific research. For example, in the preliminary stages of this study, 10 women were asked if they would suspend writing for a 3-month period, and 9 declined outright. The only woman who volunteered to give up writing in her journal added, "I would keep a secret journal and just not tell anybody."

It seems likely, then, that a strong self-selection bias is at work among diary writers. Of the volunteers who participated in this research, only 2 of the original 28 who attended "Diary Magic" groups had never kept a journal before. Even among those who were not writing at the beginning of the study, virtually all had been self-identified journal keepers earlier in their lives. These "lapsed" writers voiced a hope that being in the group would motivate them to write again, because they believed it would benefit them. It is this belief, and the accompanying sense of satisfaction when the

writing habit is established, that further studies might address.

What motivates anyone to begin writing? What keeps them committed to the journal habit? In terms of the two measures of subjective satisfaction examined here, the most that can be stated is that nearly all writers in this study--both those who received writing instruction in the "Diary Magic" group and those who wrote independently--wish they wrote more often, but are quite satisfied with the writing they do when they take time to do it. This sense of satisfaction remains steady regardless of the writing techniques employed.

Meanwhile, therapists might do well to inquire of their clients whether they are actively writing or previously did keep diaries, and encourage the practice. Among clients who self-select for keeping journals, possible therapeutic gains are still largely unexplored. A future study might compare gains made in therapy between writers and non-writers, or between those who write in conjunction with therapy as compared to those who begin to write independently rather than seek therapy (for example, clients on a clinic waiting list might be given instructions to write a journal during the waiting period).

Perhaps the most potentially fruitful area for further research that this study disclosed is the difference in use of the dialogue writing technique. The number of writers examined in this study was small, but the indication is that dialogue writing may be a more sophisticated technique, one requiring instruction or guidance, which apparently is not "invented" by self-instructed journal writers.

A larger number of self-instructed writers could be questioned to see whether or not they use dialogue writing, and comparisons could be made between groups based on whether or not dialogue writing is utilized.

Another possible area of future research might include a measure of change in writing frequency to determine if the writing habit is stable regardless of intervention, or if writing becomes more or less frequent with membership in a structured writing group or following the group's close. Anecdotal reports obtained in this study indicate that journal group membership functioned to motivate writers to make time for their journals when they thought they otherwise might not have written. Typical remarks made by "Diary Magic" group members included, "I got up this morning and wrote because I knew we'd be meeting and otherwise I wouldn't

have taken time for my journal at all," and, "This is the high point of my week."

Thus it can be seen that writing alone was not the motivation for all the women in this study. The group process and identifying oneself as a group member were also influential factors. Thus study did not examine such factors, thus a major component of group members' "satisfaction" was not addressed.

Writing out of emotional need or for the conscious purpose of psychological growth remains an act of personal commitment and courage. There is every reason to feel excited and optimistic about the contemporary interest in journal writing activity. Coincidentally, there is today not only an apparent increase in writing, but a corresponding curiosity about earlier, unpublished women's journals and memoirs. Across the country, women's literature classes are being taught, historical diaries are being discovered and edited for publication, and journal writing is more openly acknowledged between women and in the media than it has been for decades.

As women "rediscover" journal writing, perhaps psychologists, too, will "rediscover" the value of investigating its potential.

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APPENDICES

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APPENDIX A

Appendix A

Dear friend in journal writing, (date)

Thank you for your interest in the "Diary Magic" support group for women. "Diary Magic" groups began in Oregon in 1980. They are open to beginning, experienced and occasional journal keepers and are designed to combine writing exercises with lively group discussions on topics such as childhood memories, multiple roles of women, future fantasies, guilt and communication skills.

The next group begins on _____ in the Utah State University Counseling Center (Taggart Student Center, Room 311). The group will meet for 8 weeks and is offered free of charge. Meetings will last from 12 noon to 1:30 p.m. Please contact me in advance if you are unable to attend the first meeting but still wish to participate in the group.

I am conducting research on diary writing and invite all interested group members to help. This is your chance to inform psychologists about women's special talents, needs and interests. I enthusiastically invite you to participate in this project, which will be more fully explained at our first group meeting. All information gathered will be reported as group results. Your individual comments will be kept anonymous and confidential. It is not necessary for you to cooperate

in the research project in order to join the group. However, priority may be given to those who are able to help. This means you may be placed on a waiting list for a future group if you are not involved in the research project.

Please come to the first meeting with your personal journal. (Let me emphasize that is it not necessary to write anything prior to the group, so if you are a new or non-writer you can come with a blank book only.)

I recommend use of the book The New Diary by Tristine Rainer as a supplement to our group exercises. Copies will be available at our first meeting to purchase. This book is suggested only, and a few copies are available for borrowing if you prefer.

If you are still interested in joining this group, please complete the information below and return it to the Counseling Center or phone your group reservation in as soon as possible since group size is limited. Scheduling conflicts may still be overcome by group consensus, so please let me hear from you.

Sincerely,

Linda Barnes

Please return this sheet to secure your place in the next "Diary Magic" group.

_____ Yes, I will be attending the next "Diary Magic" group sessions.

_____ No, I will not be attending the next "Diary Magic" group sessions, but please keep me on the mailing list for future groups.

Please reserve a copy of The New Diary for me to purchase _____ or borrow _____.

NAME _____

ADDRESS _____

PHONE _____

APPENDIX B

Appendix B

RESEARCH CONSENT FORM (Participant)

You have been asked to take part in a research project on the effects of journal writing and writing support groups on women. The nature of this research requires the following:

1. Active participation in an 8-week journal writing support group for women with a group facilitator.

2. Completion of a "Participant Questionnaire" which asks for personal information about you (your age, educational background, etc.) which will be used to describe the group of women in this project. Your answers will not be reported as individual data.

3. Agreement to complete 2 sets of pencil and paper tests requiring approximately 1-1/2 hours each time. These tests can be completed individually, but should be done in one sitting if possible.

4. An optional individual interview with the graduate researcher at the end of the project in which you will be asked about your experiences and feelings with journal writing and this research.

The information you share during the course of this project will be kept confidential and will be used for research purposes only. Test results or individual comments will not be shared with other participants or

your group facilitator, and will not be used to influence the nature of your involvement with the group.

In addition, you have the right to withdraw from the group or the research project at any time. Should you wish to stop participating, you have the right to be present while any information you have given previously is destroyed. Your participation in the group is not dependent upon your cooperation in the research, however if you choose not to participate at this time you may be placed on a waiting list for a future group.

I have read the above and ____ agree ____ decline to participate in the women's diary writing group research project.

Name _____ Signature _____

Address _____ Date _____

If you have further questions about this project, please contact Linda Barnes, graduate student (750-1012) or William Dobson, primary researcher and supervisor (750-1460).

RESEARCH CONSENT FORM (Control I)

You have been asked to take part in a research project on the effects of journal writing on women. The nature of this research requires the following:

1. Agreement to complete 2 sets of pencil and paper tests requiring approximately 1-1/2 hours each time. These tests can be completed individually, but should be done in one sitting if possible.

2. Agreement to continue keeping the personal journal or diary in which you currently write, as you have done in the past.

3. Refraining from actively changing your writing habits. For example, please do not ask friends in the diary groups to explain new writing exercises, read books on diary writing or otherwise try to alter how you presently keep your journal.

4. An optional individual interview with the graduate researcher at the end of the project in which you will be asked about your experiences and feelings with journal writing and this research.

The information you share during the course of this project will be kept confidential and will be used for research purposes only. Test results or individual comments will not be shared with other participants or be

used to influence the nature of your involvement with the project.

In addition, you have the right to withdraw from the research project at any time. Should you wish to stop participating, you have the right to be present while any information you have given previously is destroyed.

Because of your interest in journal writing, at the conclusion of your help with this study you will be invited to participate in a "Diary Magic" journal writing support group for women. This group will be scheduled approximately _____.

All reasonable effort will be made to schedule the group at a time convenient for research participants. In the event that there is a fee for the group, your membership will be free (except for the purchase price of the optional, recommended textbook) if you have completed the research project.

Thank you again for your interest and help. I am very eager to learn how you use and benefit from the writing you do.

I have read the above and _____ agree _____ decline to participate in the women's diary writing group research project.

Name _____ Signature _____

Address _____ Date _____

If you have further questions about this project, please contact Linda Barnes, graduate student (750-1012) or William Dobson, primary researcher and supervisor (750-1460).

RESEARCH CONSENT FORM (Control II)

You have been asked to take part in a research project on the effects of journal writing on women. The nature of this research requires the following:

1. Agreement to complete 2 sets of pencil and paper tests requiring approximately 1-1/2 hours each time. These tests can be completed individually, but should be done in one sitting if possible.

The information you share during the course of this project will be kept confidential and will be used for research purposes only. Test results or individual comments will not be shared with other participants or be used to influence the nature of your involvement with the project.

In addition, you have the right to withdraw from the research project at any time. Should you wish to stop participating, you have the right to be present while any information you have given previously is destroyed.

I have read the above and _____ agree _____ decline to participate in the women's diary writing group research project.

Name _____ Signature _____

Address _____ Date _____

If you have further questions about this project, please contact Linda Barnes, graduate student (750-1012) or William Dobson, primary researcher and supervisor (750-1460).

PARTICIPANT QUESTIONNAIRE

Name _____ Date _____

Address _____ Phone _____

1. Age _____
2. Marital Status (circle) single
 married divorced
 widowed remarried
3. Number and ages of children _____
4. Present living situation (dorm, house, family)

5. Highest level of education attained (circle)

7 8 9 10 11 12 13 14 15 16 17

18 19 20+

6. Degrees earned (circle) h.s. bachelors
 masters doctors other
7. Student status (circle) non-student f.t.-student
 p.t.-student international student
8. Religious affiliation _____
9. Employment status (circle ALL that apply)
- work at home volunteer worker
- work full-time work part-time
- self-employed unemployed
10. Rate your general health (circle)
- excellent-very good average fair-poor

11. Approximate family income _____

12. Have you ever been in therapy?

yes no currently in therapy

13. Have you ever kept a diary or journal?

yes no

If yes, please describe briefly the type of book, frequency of your writing, favorite topics, etc.

APPENDIX C

Appendix C

FOLLOW-UP QUESTIONNAIRE

Name _____ Treatment Gr. Control Gr. I

Date _____

1. Do you refer to your book as a diary, journal, or both?
2. How long has it been since you were in a "Diary Magic" group? _____
3. Did you keep a journal prior to being in the group?
yes no
4. Are you presently keeping a journal (i.e. writing at least once per month)? yes no
5. How long have you kept a journal? (Include any previous journal writing history and reasons for beginning any journal.)
6. How often do you write?
Daily 3+ times/wk less than once/month
other _____
7. In the last 2 months, how many pages have you written in your journal? — _____

In order to get a better picture of your personal writing style, I'm going to ask you about a few writing techniques other journal keepers have used. Please tell me if you have used any of these techniques, and how often you do (i.e. never, sometimes, often).

- | | never | sometimes | often |
|--|-------|-----------|-------|
| 8. free intuitive/flow writing | _____ | _____ | _____ |
| 9. descriptive/narrative writing
nature, weather, people or places) | _____ | _____ | _____ |
| 10. catharsis of feelings | _____ | _____ | _____ |
| 11. are the feelings expressed | pos | neg | both |
| 12. reflective writing
(looking back on an event or your life) | _____ | _____ | _____ |
| 13. unsent letters | _____ | _____ | _____ |
| 14. list making | _____ | _____ | _____ |
| 15. dialogues
(with others, parts of yourself, dreams, etc.) | _____ | _____ | _____ |
| 16. dream work
(retelling content, sketching, analysis, etc.) | _____ | _____ | _____ |
| 17. writing from the future | _____ | _____ | _____ |
| 18. altered point of view
(i.e. as if you were someone else) | _____ | _____ | _____ |
| 19. doodles, sketches, drawings | _____ | _____ | _____ |
| 20. scrapbook entries
(letters, mementos, newspaper clippings) | _____ | _____ | _____ |

21. naming a journal volume _____
22. other (explain)
23. Describe the journal volume you are now using.

For the next two questions, answer using a rating scale from 1 to 5, with 1 representing "low" and 5 representing "high."

24. How satisfied are you now with your writing frequency?

(I.e., do you feel guilty or frustrated at not writing often enough, wish you wrote less often, etc.)

1 2 3 4 5

25. How satisfied are you now with your writing techniques?

(I.e., when you have time to write, how well do you like the format and type of writing that you are using?)

1 2 3 4 5

26. If you were in a "Diary Magic" group, would you say it altered your satisfaction with your journal?

No change Yes, some increase in satisfaction

Yes, great increase in satisfaction

ADDITIONAL COMMENTS:

APPENDIX D

Appendix D

WEEK ONE

- I. Orientation to group
 - A. History of "Diary Magic" model
 - B. Bibliography Handout
 - C. Discussion of Group Rules
 - 1. Confidentiality
 - 2. Distinction between Product and Process
 - 3. Personal Responsibility for Self-Disclosure
 - D. Individual sharing of reasons for joining group
- II. In-group writing exercise
 - A. List of Things I Love
- III. Sharing of lists and discussion of value of the exercise
- IV. Homework
 - A. List of Things I Hate
 - B. List of More Things I Love

WEEK TWO

- I. Discussion
 - A. Sharing entries written as homework
 - B. Discussion of value of exercises
 - C. Discussion of problems encountered
- II. Introduction of New Diary (Rainer) writing techniques
 - A. Four Basic Devices
(Free Intuitive, Descriptive, Objective, Cathartic)
 - B. Seven Special Techniques
- III. In-group writing exercises
 - A. Chapter Headings for the Book of My Life
- IV. Sharing of entries and discussion
- V. Homework
 - A. Begin writing "sample" chapter of your life as suggested by in-group exercise
 - B. Descriptive entry
Description of typical activities, surroundings, personal appearance, or other (choice)

WEEK THREE

- I. Discussion
 - A. Sharing of entries and process
 - B. Sharing of individual decisions regarding choice of blank books purchased and how these reflect each writer's needs and assumptions about diary writing (i.e., "Show and Tell")
- II. Introduction of Baldwin's ideas
 - A. Need for privacy and how to safeguard it
 - B. Audience: Who do you write for, and who do you fear?
 - C. "Truth" and the impossibility of being truly objective
 - D. Flow-Writing (i.e., stream-of-consciousness technique)
- III. In-group writing exercise
 - A. Flow-Writing for 10 minutes
- IV. Sharing of entries and discussion of process
- V. Homework
 - A. Cathartic writing exercise

WEEK FOUR

- I. Sharing of entries and discussion
 - A. Value of catharsis in writing
 - B. Observation of "Silver Lining Voice," or gaining objectivity after cathartic entry
 - C. Group discussion
 - 1. Validation of experimentation
 - 2. Recognition of emerging individual writing style or "voice"
 - 3. Group discussion of impact of group experience on writing motivation, valuation, enjoyment or anxiety
- II. In-group writing exercise
 - A. Introduction to Maps of Consciousness
 - B. Examples from Rainer (i.e., Field) and handouts (Tristram Shandy, "I Want....")
 - C. 15 minutes in-group time for drawing Maps of Consciousness
- III. Sharing of entries and process
- IV. Homework
 - A. Dialogues

WEEK FIVE

- I. Sharing of entries and discussion
 - A. Observation of natural progression within dialogues
 - B. Discussion of difficulties or special successes using dialogue technique
 - C. Examples from other sources
- II. Introduction to Dreamwork
 - A. Information on sleep and dream research
 - B. Discussion of social messages about value of dreams
 - C. Handouts (Bibliography, notes on dream recall from Faraday)
 - D. Group discussion of previous experiences with dream analysis, reading, recall, etc. (including difficulties remembering and/or recording dreams)
- IV. Homework
 - A. Recall and record at least one dream (current or previous)

WEEK SIX

- I. Sharing of entries and discussion
 - A. Demonstration of multiple dream analysis using written dream accounts of participants
 - B. Examples from other sources (handouts on "Salmon Dream" and "Spy in the Inca Castle")
 - C. Discussion of special problems
- II. Homework
 - A. "Write anything you want to; just keep writing"

WEEK SEVEN

- I. Sharing of entries and discussion
 - A. Reminder of distinction between process and product
 - B. Group discussion of perceived value of writing to date
 - C. Validation of experimentation, motivation and individual creativity
- II. Discussion of additional writing techniques and their uses
 - A. Altered Point of View
 - B. Writing from the Future
 - C. Naming Journal Volumes
- III. In-group writing exercise
 - A. Writing from the Future (15-20 minutes)
- IV. Sharing of entries and process
- V. Preparation for termination of group
- VI. Homework
 - A. Reread all previous entries
 - B. Consider what you might name your current journal volume

WEEK EIGHT

- I. Sharing of entries and discussion of process
 - A. Any entry may be shared
 - B. Discussion of value of rereading prior entries
 - C. Discussion of value of focusing on symbolic name of volume or on specific life challenges
- II. Group discussion of value of writing and this group experience (closure)
- III. Optional in-group writing exercise
 - A. Members write brief entries in each other's books and/or exchange telephone numbers
- IV. Termination

APPENDIX E

Appendix E

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