

A Study on the Mechanism of College Students' Writing Therapy to Guide Rumination

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Abstract: Over the past thirty or forty years, writing therapy has been practiced and developed as one of the methods of psychological intervention. However, there are still some risks and uncertainties in the process of writing therapy, especially for college students, and the "reflective" aspect of traditional writing therapy has the risk of triggering rumination. This paper discusses the mechanism of college students' writing therapy to guide rumination. By adapting the process of traditional writing therapy, it is possible to reconcile it with rumination.

Keywords: Writing therapy; College students; Rumination

1. Introduction

The contribution of writing to an individual's physical and mental health has been exemplified in ancient Greek mythology, and it is the litterateur who benefit most from writing, as Graham Greene writes in *The Way of Escape*, "Sometimes I wonder how all those who do not write, compose or paint manage to escape madness, melancholy and panic."^[1] Some of the litterateurs we know of have, to some extent, given vent to the pain of their experiences in the process of writing, which has been used as an effective way of justifying their lives and giving lives a sense of meaning.

One of the first to combine verbal expression with psychology was Freud, who invented talk therapy, in which he used free association to encourage patients to report whatever came into their minds. In his book *Studies in Hysteria*, he wrote, "When we can make the patient recall clearly the event which was motivated and the emotion with which it was accompanied, and the patient describes the event in as much detail as possible and is able to express the feeling verbally, then every symptom of hysteria can disappear immediately and permanently."^[2] He argues that "a harm which has been compensated, even if only verbally, is entirely different in its recollection from that which must be silently endured"^[2] and that words can serve as a cathartic substitute for action.

In the narrative revolution that emerged in the 1980s, narrative psychology officially included writing into the perspective of psychological research, and writing therapy was one of the key modalities of narrative therapy. During the two or three decades of development of narrative therapy, many writers, artists and psychologists have participated and practised in it, making many useful explorations and experiments.

In China, writing therapy is also permeating many aspects of university teaching and college student mental health management. Dr. Hu Chao, a psychologist at the University of Toronto, and Dr. Mei Jiao Yin, a doctor of education and sociology at the University of Rome III, initiated the establishment of research and practice institutions such as the Art Therapy Psychology Research Centre at Hangzhou Normal University with the participation of humanities faculty and staff from Hangzhou Normal University, Zhejiang Media, Tongde Hospital, Shandong University, the University of Central Arkansas, and the University of Toronto, and many other universities are also commencement of the practice about writing therapy research with college students. In the process, writing therapy has shown its advantages over ordinary psychotherapies and its bright future, but it has also revealed some problems that need to be improved. This suggests that we should take a more comprehensive horizon of the tempting topic of writing therapy for college students, develop theoretical research in practice, and accumulate more Chinese experience for the development of writing therapy in the field of universities.

2. The fundamentals of writing therapy

As a branch of narrative therapy, writing therapy derives its rationale from cognitive and narrative theory, and is defined as "the expressive and reflective writing of the visitor's emotions, whether self-initiated or suggested by the therapist or researcher". The principles and processes of writing therapy can generally be summarized as follows.

2.1. Expression and connection

As Freud noted, "Memories of hysterical episodes are associated with psychological traumas that have not passed through catharsis or associative thought activity."^[2] There is no strict boundary between the conscious and the unconscious, and the persistent repression of emotions and avoidance of the sources of anxiety and distress can even trigger a continuous chain of a set of reactions - extending from the repression of the present moment to the particular conflicts that existed in childhood. ^[3]This vicious circle pattern undoubtedly invites a number of mental illnesses. The limitation of one's ability to reveal one's emotions and feelings is not just a social limitation, but is in fact also an introverted limitation -even by oneself, unwillingness to acknowledge and accept oneself. Writing therapy is about bridging the conscious and unconscious states through the vehicle of writing, allowing the unconscious to enter the realm of the conscious, thus releasing the full extent of the repressed trauma, so that when the individual overcomes the excessive self-defence mechanisms that exist within, they can truly accept the shadow part of themselves and return to a normal threshold of physical and psychological response.

2.2. Reflection and reinterpretation

According to Pennebaker, "The primary value of writing is that it forces us to ask ourselves how or why we are so aware of the way we do things. Ideally, writing helps us organize, structure and give meaning to these experiences."^[3] Proponents of writing therapy argue that writing prolongs reflection and has not only a cathartic function, but offers the individual the opportunity to reflect. "Self-reflection provides a form of feedback that allows individuals to decide whether they need to adjust their life course."^[3] In this session, writing therapy attempts to use a kind of event chain clearing to make a narrative coherence of the self-experience, and by integrating and reconstructing it to achieve causal awareness apprehension and the construction of a new version of the story. In the practice of writing therapy for college students, however, the boundary between 'reflection' and 'regurgitation' is often the key to the effectiveness of writing therapy. Sometimes, however, this issue is overlooked because of the overemphasis on the strengths of writing therapy.

2.3. Guidance and sublimation

Compared to other non-artistic psychotherapies, writing therapy is somewhat more guidance and self-sublimation. Writing therapy is distinguished from other passive psychotherapies by the internal arousal of self-awareness that results from guidance, and by individualized expression with full autonomy. Writing transforms the repressed consciousness into an aesthetic consciousness with a high degree of rational logical expression and symbolic allegory through lexical expression and rhetorical forms, transforming the trauma and repression into an ethically, morally and spiritually culturally acceptable expression of the self. Writing therapy is particularly dependent on the level of knowledge of the subject and can therefore be self-trained in a comparatively explicit way, videlicet, it can be educated and cultivated. Because of the underdeveloped or trauma-prone psychological mechanisms and the high level of knowledge, college students have a strong adaptation ability of writing therapy. In this sense, writing is probably the most relevant form of psychotherapy for college students.

3. Regurgitated characteristics of mental illness among college students

The causes of contemporary college students' mental illnesses are complex and multifaceted, and here we focus on the causes and characteristics of their manifestations at the level of internal psychological processes. Only on the basis of understanding the characteristics of mental illness and the operation mechanism of writing therapy can we better improve the theoretical and practical processes of writing therapy. The author conducted two rounds of the Undergraduate Personality Inventory (UPI) with 55 students from Classes 1 and 2 of the First Clinical School of Wuhan University in Year 18 (5-year). The top three answers were "worrying too much about the future",

"anxiety" and "having a bad past and family". The data from 603 college students measured by the Ruminative Thinking Scale and the State Trait Depression Questionnaire and analyzed using structural equation modelling using Mplus 7.0 also showed that rumination was significantly and positively associated with psychological abuse and trait depression and had a significant mediating effect.^[4] These data and the results of the questionnaire reflect that rumination has become one of the important causal and embodied forms of psychological disorders among college students.

Rumination thinking has been explored extensively by psychological researchers. Different research theories differ in their understanding of rumination, each corresponding to a different definition and measurement. The response style theory, represented by Nolen-Hoeksema, focuses on the relationship between depression and rumination. In this theory, rumination is defined as "the repeated and sustained focus of an individual in a depressed state on own performance or symptoms, possible causes, and the outcomes to which they will lead."^[5] It causes the individual to consistently attend to and think only about their self-perception and thus not view own relationship with the outside world in a positive light.

Martin (1996) proposed the goal process theory, in which rumination is explained as the phenomenon of repeated thoughts that occur when individuals fail to achieve a desired goal, and "the way individuals react in negative emotional states, as a recurrent, persistent, and indulgent cognitive processing in which individuals focus their attention on their own negative feelings"^[6] Individuals indulge in trying to solace the real-life huge gap by repeatedly chewing on their ideal goals, thus continuing to fall into a state of negative self-blame.

In the self-regulatory executive function model theory, Wells and Matthews argue that the metacognition of ruminative thinking are at the root of negative emotions. Both positive metacognitions, which attempt to use rumination as a coping strategy, and negative metacognitions, which view rumination as harmful and uncontrollable, are significantly and positively associated with rumination and depression. In this process, negative and positive metacognitions are presented in individuals as a causal chain reaction. Positive metacognition induces individuals to spontaneously and continuously ruminate. Once the rumination thinking starts, the harmful and uncontrollable negative metacognition will be triggered, leading directly to increased depression. At this point, rumination thinking, depression, and metacognitive beliefs form a vicious cycle that endangers the individual's physical and mental health.

What is common to all these rumination theories is that rumination is related to a state of stress or depression and is a spontaneous way of thinking and processing that seeks to identify negative emotions, causes of failure and solutions to situations, which is repetitive and persistent and in which the individual always indulge without realizing it, even though it does not achieve the realistic goal of solving the problem. Rumination as a personality trait or response model is stable for the individual, but this recurrent cognitive processing have non-adaptive characteristics to reality.

Although rumination is not the only determinant of psychological problems among college students, there is a natural attraction between college students characteristics, as pay attention to considerate, socially inexperienced and comparatively closed in their self-evaluation, and the disguised rumination mind. In the process of writing therapy, "reflection and reinterpretation", as a key component, also carries the risk of blurring the boundaries between reflection and rumination and of not having a strong process orientation. Therefore, it is an important question to explore how to keep participants at a safe distance from rumination in the process of writing therapy through the partition of the procedure, or how to break down the confusing guise of rumination and smoothly orient it towards healthy reflection.

4. Risks of rumination during writing therapy for college students

In the Handbook of Positive Psychology Therapy, Tayyab Rashid gives clinicians this script (in part), which is used as an introductory clause for reflective discussion following patient writing therapy.

After completing this exercise, patients are invited to reflect and discuss.

Have you had some reactions to trauma, adversity or loss that were so strong that you would deliberately avoid the feelings associated with them. If so, has the writing process helped you to see this avoidance?

Despite the pain of lingering trauma or loss, have you experienced inner healing or growth?

Does the structure of the writing process help you to see the cause and effect of traumatic

experiences differently? If so, what different causal connections did you find?

Do you see your character strengths in post-traumatic growth?^[7]

It is clear from the introduction that in the reflective process of writing therapy, the participant must frequently recall the feelings of the traumatic event, also they want to gain the experience from the trauma. In fact, in the design of writing therapy theory, the reason why reflective process works is it links the life course and the particular chain of traumatic events, and is used as a preparation before recognizing cause and effect and reconstructing versions of the self-story. In the field of theoretical research, reflection in the writing therapy process is true reflection, which, according to cognitive theory, can serve as a combability and seriality of figure get the purpose of reducing stressful accessibility and intrusive memories.

When we look back at Pennebaker's famous experiment, the researcher took fifty university participants and subjected them to four days of writing for about 15 minutes each day. In the process, they exposed their deepest feelings and thoughts. After several months of follow-up, the researchers found that the participants had 43% fewer medical appointments than they had before they took part. This classic experiment has been frequently cited by researchers as being strong evidence of the efficacy of writing therapy. However, while the literature generally agrees that the therapy is beneficial in promoting mental and physical health, the results remain unclear, with some studies concluding that it is ineffective, and some even concluding negatively that it exacerbates symptoms.^[8] The response style theory first proposed by Nolen-Hoeksema was used to explain gender differences in depression, suggesting that men generally tend to use distraction when they are in a depressed state, while women are more inclined to rumination.^[5] And in a Meta-analysis by Frattaroli, he found that participants who were male, in poorer physical condition and with higher levels of stress, and with more recent traumatic events were more likely to benefit from the therapy.^[9] This also proved, in part, In the vast space of exploration left by the unknown risks of writing therapy, the question of the blurred boundaries between regurgitated thinking and reflection in practice is present.

It is possible that the individual, motivated by 'reflection', continues to be immersed in regurgitated behaviour. In fact, now that the normal conduct of reflection is based on the interaction with mature defence mechanisms, and the first aim of writing therapy at the expressive level is to break through the individual's abnormal and excessive defence mechanisms in order to reach effect as release repression and liberate the mind and body, it is clear that for most participants in writing therapy, their individual defence mechanisms are immature. In Kwon and Olson's findings, the interaction of immersion rumination thinking and immature defence mechanisms was the most serious problematic factor misleading individuals into depression.^[10]

In the process of writing therapy, participants must frequently recall the feelings they experienced during the traumatic event, and are desire to attracted the experience from the trauma. In addition, most participants do not actually have mature defence mechanisms, and in the process of "reflection" they tend to focus on "the particular chain of events (i.e. what happened) and the emotions experienced (i.e. what I felt), as well as the causal links between the traumatic event, etc."

The self-awareness and self-concept of the college student population is still in the process of further deepening and qualitative change. Under the influence of their particular educational environment and intellectual background, their self-awareness is both the same and different from that of young people of the same age group. College students are in the buffer phase of preparing their knowledge and skills, which stimulates their motivation and sense of urgency to know and evaluate themselves. College students are the 'most emotional' of all social groups, sensitive, closed-minded, emotionally volatile, and sensitive to all things that concern and are associated with 'me'. Students tend to have greater emotional and affective reactions than other age groups and social groups. This suggests that college students tend to be subjective in their self-understanding and lack a sense of objectivity. This makes it difficult for them to reconstruct their stories from a more philosophical and objective perspective in the process of writing therapy, thus falling into the trap of endless regurgitation.

5. The reconciliation guidance method of college students writing therapy and rumination thinking

In the process of traditional writing therapy, the recipient uses writing to connect the intrusive memories, which are scattered inside and outside the logical system, with cause-and-effect relationships, and through exposure and modification to reduce the degree of repression of stressful

events in the individual's subconscious and integrate them into the continuum of events, thus breaking the extroverted limits to society and the introverted limits to the self. After exposure, traditional writing therapies often use reconstruction of memory to 'turn sorrow into joy', using rhetorical techniques and textual reconstruction to enable the recipient to discover that the sense of meaning is not fixed, but has more interpretative channels.

As the crisis of rumination is always induced by the specific chain of causal events, although the chain of causes and effects can, to a certain extent, gradually integrate the intrusive memories into the continuity of events and thus eliminate their traumatic effects on the human body, these are more akin to self-regurgitation than to self-reflection from a more rational and philosophical point of view. The initial stage of expression can lead to psychological desensitization, but beyond the so-called 'crisis of reflection', the post-reflection stage, when reinterpretation takes place, is undoubtedly a dangerous one, where the writer can easily fall into the trap of regurgitated thinking when expressing and reflecting. Since reinterpretation is an external psychological intervention, it requires a certain amount of self-regulation, but according to Robinson and Alby's Cognitive Catalyst Model of Regurgitation', once negative regurgitated thinking is turned on, it stimulates pre-existing negative cognitive schemata that have been held in working memory. Therefore, only by breaking the chain of causal events and orienting them towards more explicit rational explanations and positive reflections, and by more thoroughly removing the client from the logic of the events, can the client be guided out of the confusing zone of rumination and reflection, and better achieve the desired effect of writing therapy.

The first part of the process improvement is expression and positive reflection. In other words, after the participants have expressed themselves in writing, they are guided by a professional counsellor or researcher, and the process of reflection is focused on summarizing the positive experiences. It is best to do this session in one go to ensure the effectiveness of the treatment and not to leave time for the participants to ferment themselves. The second session is a farewell and reconstruction. It can reference bereavement treatment to further reduce the stress response caused by the traumatic event. After confronting the grief, expressing it and drawing on positive experiences, a letter is written to the person who was previously in and immersed in the trauma, saying goodbye in the form of a letter. After the farewell ceremony, a letter is also written to the future self, using the positive experiences gained through reflection in the previous session to reconstruct a new story about oneself. The final session is still a guided and subliminal one. In this session, participants should try to avoid overly colloquial written expressions and try to use more rhetorical approaches to finish the part about sublimation after being guided by the therapist or researcher.

There are some differences between the improved process and the traditional one. The main point is to guide participants 'rumination of risks in writing therapy into more positive reflection (all processes must involve professional psychotherapists or researchers to control risk variables). The main changes and implications are as follows.

5.1. The reflection segment focuses on drawing out positive experiences

Expression is closely linked to the summation of positive experiences, and the setting of this segment can let the individual to focus on drawing out positive experiences in the process of reflection, rather than continuing to dwell on the self-feelings of the traumatic event. In fact, the traumatic memories themselves cannot exist in isolation of the expression process at first, so the causal links that are deliberately reminded and evoked in the positive summary session should be erased from the process, to achieve the goal about reconciliation guidance rumination thinking.

In this session, summarizing positive experiences is not the same as positive metacognition. For even in positive metacognition, there is a denial of the past self, a fixation on following cause and effect. But this kind of reflection, which focuses on the summation of positive experiences, tends to be more effective in extracting the positive elements, without avoiding the past self, but without exploring it too much.

5.2. The addition of a "rite of farewell"

It is through the presence of a goodbye ritual that the temporal causal chain required for regurgitation can be further broken and the reconstruction can be more powerful. This approach also has the effect of reducing subconscious repression and intrusive memories, by farewell, the participant understands more clearly that the "point of origin" of the traumatic event cannot be returned to, like this, the individual is not haunted by the negative aspects of the traumatic event and is able to define his or

her future values more clearly.

5.3. Adopt the mode of letter

The use of letters as a means of expression in the process of farewell and reconstruction makes it easier for individuals to detach themselves from their original experiences and to see things from a new personal perspective, avoiding being trapped in repeatedly chewing over the feelings of their previous failures and their causes and consequences. For college students, who have a strong sense of subjectivity about knowing and evaluating themselves, the letter approach can stimulate a greater sense of their ownership, which is not an avoidance of the original individual or a rigid externalization of the problem (separation from the individual) as in the traditional process, but rather a more positive attitude of acceptance that is not taken away by what is not true, and seen as part of growing up.

5.4. Avoiding colloquial expressions in the sublimation process

Colloquial expressions are necessary in the expression and positive reflection sessions. This is because only the spoken word can communicate more easily and directly with the subconscious mind in order to reduce the level of repression. However, the superiority of writing therapy over other psychotherapeutic approaches cannot be demonstrated if the spoken word is still used in the sublimation sessions. Through linguistic modification, the sublimation scene is better acknowledged and accepted by the individual as a product of consciousness generation, and the rhetoric produces a linguistic outcome that is more conducive to the individual's ongoing recall and validation of self-transcendence, thus further ensuring that he or she in subsequent life scenarios continues to lead rumination replaced by positive reflection.

6. Conclusion

The emergence of writing therapy is in itself a welcome and encouraging development, meaning that the pleasure of writing and its physical and mental health benefits are available to a wider group of people. The process of 'expression' allows participants to release their repressed subconscious, cathartically express their libido, improve their defence mechanisms and regulate physical and psychological stress. Writing therapy desensitizes traumatic hints and reduces avoidance behaviour. However, as this paper suggests, it is highly likely that participants will fall into new traps before they can construct a new story scenario, given that they do not have sound defence mechanisms in place. This is a problem that cannot be ignored, and the traditional process of writing therapy needs to be changed. An improved process would go some way towards avoiding the dangers of rumination, providing individuals with valuable coping experience in the face of trauma, helping to improve their self-defence mechanisms and facilitating the development of a new cognitive attribution style.

The psychological characteristics of contemporary college students are characterized by variability and uncertainty along with the development and changes of the times, and because their characteristics about pay more attention to themselves than other school-age groups, have a certain amount of knowledge but lack of trust in the outside world and the ability to communicate and express themselves, they pose a greater challenge to traditional psychotherapy methods. Writing therapy has a high degree of appropriateness for college students and has a promising future as an emerging therapeutic method. However, writing therapy also presents certain limitations, such as the requirement for the writing skills of the recipient, the counsellor or the practitioner who promotes it, and as writing therapy has been developed in China for a relatively short period of time, practical experience and theoretical research in various aspects are not yet perfect, and more practise personally what one preaches and experience summaries are needed. In the process of further practice and exploration of writing therapy for college students, it should be integrated into more applied settings such as university language courses, class assemblies and experimental approaches to psychological counselling. Writing therapy can be used in conjunction with tests of new student mental health to enhance early warning and targeted writing therapy for students after screening. In new life experiences, this coping approach will be further confirmation and practical adjustment with more deeply group promotion and individualized experiences. Writing therapy will grow and develop alongside the new life experiences.

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