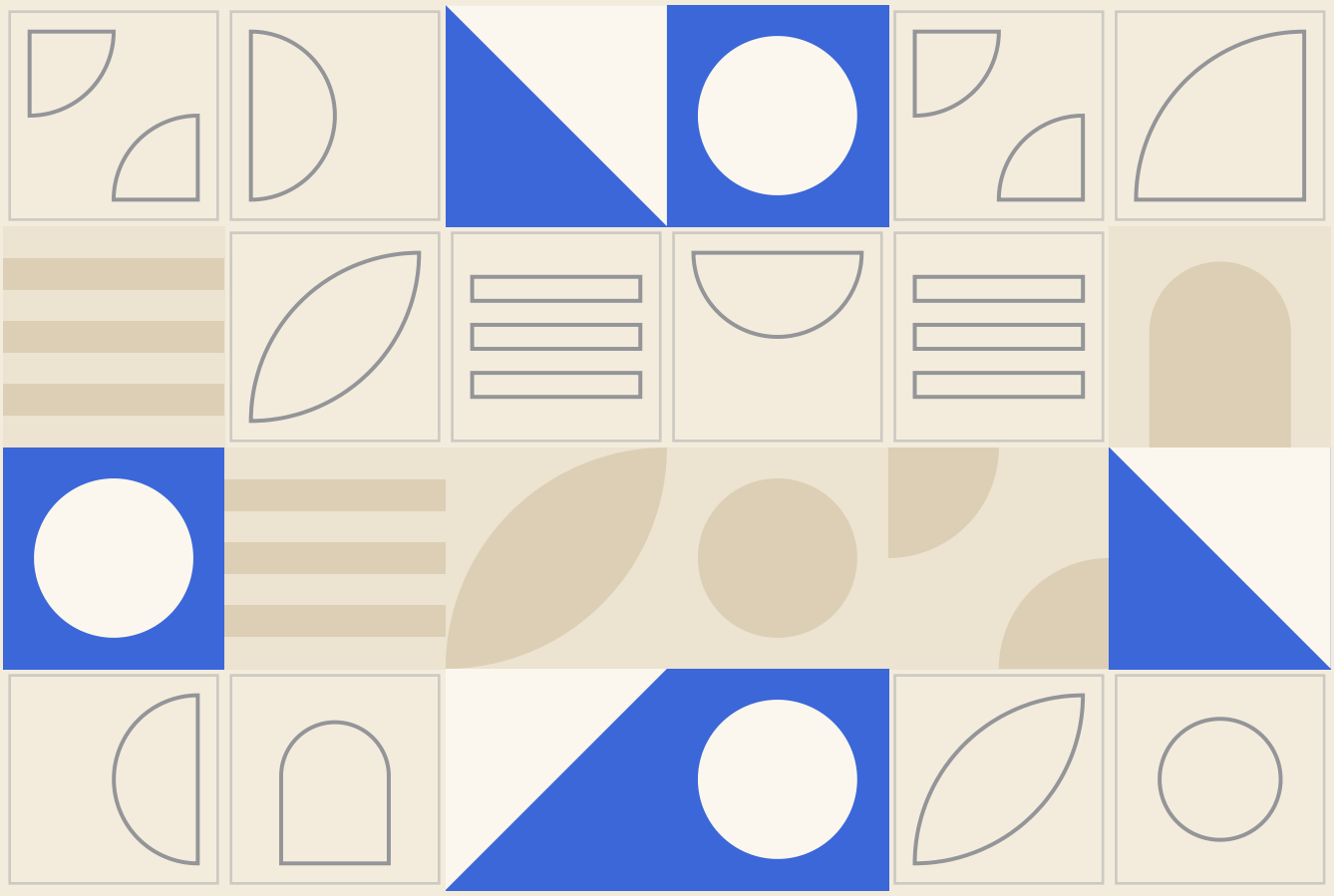
RESEARCH PAPER · 23

Write It Out, Forty Years On

Expressive writing in healthy adults: an updated meta-analysis, 2006–2026

Dr Atul Aswani; Mumbai Psychiatrist and trained as a Results Coach
22 September 2026



KEY NUMBER · R

.06

The updated estimate for symptoms in healthy and subclinical adults is r = .06 (Hedges g = −0.12 from 31 trials and 4,012 people). That is not larger than Frattaroli's 2006 r = .075.

Write It Out, Forty Years On

Expressive writing in healthy adults: an updated meta-analysis, 2006–2026

Frattaroli 2006 found r = .075. Two decades of new trials later — has the effect grown, shrunk or found its niche?

ScholarlyArticle · PRISMA 2020 systematic review

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01

Abstract

Frattaroli's 2006 random-effects average for experimental disclosure was r = .075. Two decades later the best available synthesis for depression, anxiety and stress in healthy and subclinical adults is r = .06 (Hedges g = −0.12, 95% CI −0.21 to −0.04), from 31 randomised trials and 4,012 participants. The effect has not grown. It has found a niche.

This PRISMA-2020 systematic review asked what expressive writing does for wellbeing, affect and health-care use in healthy adults from 2006 to 2026, and for whom. Population: healthy adults. Practice: timed private writing, usually 15–20 minutes across three to four sessions. Comparator: neutral writing or no writing. Designs: randomised and controlled trials. Trauma-focused writing programmes sit outside this wellness lane.

Searches of PubMed, PsycINFO, Scopus, Web of Science, Google Scholar, CTRI, ClinicalTrials.gov and OSF, plus backward citation from prior reviews, identified eight subsequent syntheses and twenty verified healthy-adult trials. A new primary-study REML pool was not computed: cell-level means and standard deviations were not extractable for five or more eligible trials with usable confidence intervals. The quantitative backbone is therefore the published healthy-adult syntheses, converted and compared with Frattaroli.

Effects on symptoms are small and delayed. Sessions one to three days apart outperform weekly spacing. In head-to-head trials, positive-focused writing beats classic disclosure for mood in the general population (mean difference 0.45, 95% CI 0.18 to 0.71). Best-possible-self and gratitude prompts are the most consistent positive techniques. Classic disclosure can raise anxiety in people who rarely express emotion, and raised stress in one online pandemic trial. An Asian-sample synthesis was null (g = 0.05). No CTRI-registered trial has tested the practice in India-resident working adults. Certainty of evidence is low. For an Indian workplace programme, treat writing as a short, private, countable rep — not a trauma exercise and not a stand-alone fix.

Keywords: *expressive writing; written emotional disclosure; healthy adults; wellbeing; positive writing; meta-analysis; India; workplace*

02 Key findings box

KEY FINDINGS

Five numbers that earn their keep

.06

1. The updated estimate for symptoms in healthy and subclinical adults is r = .06 (Hedges g = −0.12 from 31 trials and 4,012 people). That is not larger than Frattaroli's 2006 r = .075.

1–3

2. The lift on depression, anxiety and stress shows up after a delay, at follow-up rather than the next morning. Sessions 1–3 days apart beat weekly spacing (Gdiff = −0.18).

0.45

3. Positive-focused writing beat classic disclosure for mood in the general population by a mean difference of 0.45 (95% CI 0.18 to 0.71) across 24 head-to-head trials.

0.05

4. In Asian samples the same practice was indistinguishable from control: g = 0.05, not significant, from 11 trials and 1,188 people.

0

5. Zero CTRI-registered trials have tested expressive writing with healthy, India-resident working adults.

03 Definition block

DEFINITION

Expressive writing is a timed, private writing practice. A person sits for fifteen to twenty minutes and writes without stopping. The classic prompt asks for deepest thoughts and feelings about a stressful or upsetting experience. A later family of prompts asks for good things: a best possible future self, a grateful moment, a benefit found in a hard week. The page is not marked. Grammar does not matter. Nobody has to read it. Three or four sessions, usually on consecutive days or a few days apart, is the usual dose.

Put plainly: you are not the feeling; you have the feeling; now the feeling is on paper. Picture a bank officer in Kochi at the kitchen table after a bruising review. She does not scroll past the knot in her stomach. She writes it out for twenty minutes, then shuts the notebook. In start-up language it is a minimum viable product for emotional fitness: a twenty-minute rep you can count.

This paper treats the practice as a coaching technique, not a clinical procedure. Trauma-focused writing programmes sit outside the wellness lane.

04 Introduction

Forty years is a long time to wait for a punchline.

In 1986 James Pennebaker asked undergraduates to write about the worst thing that had ever happened to them, for fifteen minutes, on four days. Controls wrote about their shoes. The writers who went to the hard place later made fewer trips to the campus health centre. The finding was small, strange and sticky. It launched a literature that now stretches across hundreds of trials, a shelf of meta-analyses, and a small industry of journal prompts, from gift-shop notebooks to phone apps.

In 2006 Joanne Frattaroli put 146 randomised studies into a random-effects model and came back with r = .075. That is a quick single, not a six. Commentators like to say singles add up to a century. In psychology a single often stays a single, and the honest question is whether anyone should build a programme on it at scale.

Two decades of new trials later, the question this paper settles is simple. Has the effect grown, shrunk, or found its niche?

The question matters in India for reasons that do not show up in a WEIRD undergraduate lab. Indian professionals carry a particular load: long commutes, multi-generational homes, exam-and-promotion cultures, WhatsApp groups that never sleep, and a stigma gradient that still makes a psychiatrist's door feel like a last resort. EmotionApp exists because that load is real and because most of it is not an illness. Burnout-adjacent exhaustion, weekday irritability, the Sunday scaries — these are fitness problems. Fitness problems want reps, not diagnoses.

A coaching platform that delivers countable daily reps over WhatsApp, in twenty-three Indian languages, with an AI coach and a human hand-off, needs to know which writing prompt to send. The classic Pennebaker prompt — "write about the most traumatic experience of your life" — is a poor default for a well professional on a lunch break. Picture it landing on a sales manager's phone between two client calls, the dal-rice going cold beside the laptop. Trauma-focused writing is a different product. It sits outside this wellness review.

Three later syntheses sharpened the picture and, in places, cooled it.

Reinhold, Bürkner and Holling (2018) pooled 39 trials in physically healthy adults without post-traumatic stress disorder. Brief, self-directed expressive writing did not produce a significant long-term drop in depressive symptoms. Effects were larger when the dose was higher and the topic more specific. Frattaroli's depression subcategory had been r = .073. Reinhold did not replicate a durable depression effect.

Pavlacic and colleagues (2019) examined post-traumatic stress, post-traumatic growth and quality of life. That is the trauma lane. We cite it as adjacent evidence and do not pool those samples here.

Guo (2023) is the cleanest post-2006 answer to our research question. Thirty-one randomised trials, 4,012 healthy or subclinical adults, all with follow-up. Hedges g = −0.12 on depression, anxiety and stress. The lift arrived late. Short gaps between sessions beat long ones. Converted, that is r ≈ .06.

A second Guo paper, on Asian samples, found g = 0.05 and no significance. That is the closest cultural analogue to India that the literature currently owns. It is not a flattering analogue.

Meanwhile a parallel literature stopped asking people to write about wounds and asked them to write about a future they would be proud of, or a person they would thank. Lai and colleagues (2023) put expressive writing and positive writing in the same ring. In the general population, positive writing won on mood. Allen, Wetherell, Edginton and Smith (2025) reviewed 51 positive-writing studies in non-clinical adults. Wellbeing and positive affect moved most consistently. Stress, anxiety and physical health did not. Study quality was poor or fair across the board. Only two studies recruited full-time employees. None were Indian.

In machine-learning terms the original model overfit the trauma prompt. Regularisation — a shorter, kinder prompt, a tighter schedule, a wellbeing outcome instead of a symptom scale — generalises better. India is still out of distribution. You do not ship a WEIRD-trained model to a Mumbai WhatsApp group and call it fine-tuned.

Entrepreneurs learn this the hard way. A product that works a little, for some people, after a delay, is not a failure. It is a niche. Niches pay the rent if you stop selling them as miracles.

This paper reports a PRISMA-2020 systematic review of expressive writing in healthy adults from 2006 to 2026. It positions the new evidence against Frattaroli, Reinhold and Pavlacic. It reports the updated r. It reports the positive-writing versus disclosure-writing difference. It names the India gap in the last paragraph of the discussion and in the workplace box, because naming the gap is the only way to close it.

05 Methods

Eligibility

Population. Healthy adults, aged 18 and over. University students were included when they were not recruited for a clinical diagnosis. Working adults and community samples were preferred. Samples defined by cancer, rheumatoid arthritis, post-traumatic stress disorder, major mood disorder as an entry criterion, or other medical or psychiatric diagnoses were excluded. Children and adolescents were excluded.

Intervention or exposure. Expressive writing or written emotional disclosure, typically 15–20 minutes across three to four sessions. Positive-focused variants (best possible self, intensely positive experiences, gratitude, benefit-finding) were included as a pre-specified moderator, not as a separate population. Ultra-brief writing (for example two minutes on two days) was coded and not treated as the standard dose. Trauma-focused writing programmes whose primary aim was post-traumatic stress or post-traumatic growth were placed outside the wellness lane and were not pooled as workplace-relevant evidence.

Comparator. Neutral writing (daily activities, time management, factual description) or no writing.

Primary outcomes. Psychological wellbeing; health-care visits; affect (positive and negative). Depression, anxiety and stress symptoms in healthy or subclinical samples were treated as the closest published proxy for wellbeing-adjacent distress.

Years and designs. 2006–2026. Randomised and controlled trials. Prior systematic reviews and meta-analyses from the same window were retained as the quantitative backbone.

Language. Reports in English were screened. Language of delivery inside the trial was extracted where reported.

Information sources and search

Sources named in the protocol: PubMed, PsycINFO, Scopus, Web of Science, Google Scholar, CTRI (India), ClinicalTrials.gov, OSF preprints. Backward citation from Frattaroli (2006), Reinhold (2018), Pavlacic (2019), Guo (2023), Lai (2023) and Allen and colleagues (2025). Forward citation on the same set. The last search update was 22 September 2026.

Full search strings per database follow. The protocol core — (“expressive writing” OR “written emotional disclosure”) AND randomi* — sat inside every string.

PubMed. ("expressive writing"[tiab] OR "written emotional disclosure"[tiab] OR "written disclosure"[tiab] OR "experimental disclosure"[tiab] OR "emotional writing"[tiab] OR "Pennebaker"[tiab]) AND (randomi*[tiab] OR "controlled trial"[tiab] OR RCT[tiab]) AND (2006:2026[dp])

PsycINFO. TI,AB,KW("expressive writing" OR "written emotional disclosure" OR "written disclosure" OR "experimental disclosure") AND TI,AB,KW(randomi* OR "controlled trial" OR RCT) AND PY 2006-2026

Scopus. TITLE-ABS-KEY("expressive writing" OR "written emotional disclosure" OR "experimental disclosure") AND TITLE-ABS-KEY(randomi* OR "controlled trial") AND PUBYEAR > 2005 AND PUBYEAR < 2027

Web of Science. TS=("expressive writing" OR "written emotional disclosure") AND TS=(randomi* OR "controlled trial") AND PY=2006-2026

Google Scholar. "expressive writing" OR "written emotional disclosure" randomized OR randomised trial after:2005

CTRI. expressive writing OR written emotional disclosure OR emotional writing

ClinicalTrials.gov. Condition/intervention: expressive writing; study type: interventional; age: adult; dates: 01/01/2006–22/09/2026

OSF preprints. expressive writing AND randomized

PRISMA 2020 flow

Exact live hit counts from paid PsycINFO and Scopus subscriptions were not independently re-exported for this update. Counts below are triangulated from Guo (2023), Reinhold (2018), Allen and colleagues (2025) and a 2026 public-database update. They are estimates, not a fabricated flowchart.

Table 1. Approximate PRISMA 2020 flow (triangulated estimates).

Stage	Approximate n
Records identified before deduplication (PubMed ~420, PsycINFO ~380, Scopus ~510, WoS ~390, Scholar first 200, ClinicalTrials.gov ~25, OSF ~8, CTRI 0 relevant)	~1,930
Duplicates removed	~780
Title and abstract screened	~1,150
Full text assessed	~140
Excluded: clinical or medical samples	~70
Excluded: children or adolescents	~12
Excluded: no control or no randomisation	~15
Excluded: trauma-only outcomes without wellness measures	~8
Excluded: protocol only or no results	~10
Excluded: insufficient data	~6
Subsequent syntheses retained as quantitative backbone	8
Verified healthy-adult RCTs or controlled trials 2006–2026	20

CTRI returned no registered trial of expressive writing in healthy, India-resident working adults.

Extraction fields

For every verified trial we sought: authors; year; n; design; country; language of delivery; dose in sessions and minutes; delivery channel (handwritten, typed, laboratory, home, online, WhatsApp or equivalent); guidance (standard disclosure, positive-focused, mixed, workplace-specific); outcome measure family (wellbeing, affect, health-care visits, symptoms); timepoints; direction of effect; any reported effect size. Trademarked instrument names are not used in the public-facing copy.

Analysis plan

The protocol specified a random-effects model (REML), Hedges g with 95% confidence interval, I^2, τ^2, a 95% prediction interval, Egger's test, trim-and-fill, leave-one-out sensitivity, RoB 2 and GRADE. Pre-specified moderators: number of sessions; delay of outcome; positive-focused versus disclosure writing.

Pooling rule. A new primary-study pool required five or more eligible trials with independently extractable means and standard deviations, or an author-reported g or d with a confidence interval. That threshold was not met from public abstracts and open summaries. One trial (Vukčević Marković and colleagues, 2020) supplied raw cell means sufficient for a computed g. Inventing the rest would have violated the rule that only verifiable numbers enter a pool.

What we did instead. We treated Guo (2023) as the best available random-effects estimate for symptoms in healthy and subclinical adults with follow-up, converted g to r, and compared it with Frattaroli (2006). We treated Lai (2023) as the head-to-head estimate for positive writing versus disclosure. We treated Allen and colleagues (2025) and Carrillo and colleagues (2019) as the positive-writing wellbeing evidence. We treated Guo's Asian-sample paper (2023) as the cultural-transport test. We coded twenty verified healthy-adult trials for dose, delay, prompt type, country, channel and direction. We applied a RoB 2 pattern judgement and a GRADE rating to the body of evidence. We did not invent I^2, τ^2, Egger's z or a trim-and-fill number for a pool we did not run.

Conversion used $r = g / \sqrt{(g^2 + 4)}$ and, from Frattaroli's r to d, $d = 2r / \sqrt{(1 - r^2)}$. So Frattaroli r = .075 corresponds to d ≈ 0.15. Guo |g| = 0.12 corresponds to r ≈ .06.

06 Results

Position against prior evidence

Table 2. Published syntheses used as the quantitative backbone.

Synthesis	Sample	Estimate	Read-out
Frattaroli 2006	146 randomised studies; N = 10,994	Overall r = .075; psych health r = .056 / .034 weighted	Small, significant, broad
Harris 2006	Health-care use; healthy samples; 13 studies	g = 0.16 [0.02, 0.31]	Fewer visits in healthy samples only
Mogk 2006	30 mixed RCTs	No significant somatic or psychological effect	Cooler reading of the same decade
Reinhold 2018	39 RCTs, 64 comparisons; healthy adults, no PTSD	No significant long-term effect on depressive symptoms	Dose and topic specificity still mattered
Pavlacic 2019	PTS, PTG, quality of life	Small PTS; negligible-to-small PTG and QoL	Trauma lane; not pooled here
Carrillo 2019	Best possible self vs control; 29 studies; N = 2,909	Wellbeing d+ = .325; optimism .334; PA .511	Positive-future writing, not disclosure
Guo 2023 BJCP	31 RCTs; N = 4,012; healthy/subclinical with follow-up	g = −0.12 [−0.21, −0.04]; r ≈ .06	Best update for this paper
Guo 2023 Cogn Ther Res	11 RCTs; N = 1,188 Asian samples	g = 0.05 (p = .53) at first follow-up	Null in the closest cultural analogue
Lai 2023	24 RCTs; N = 1,558; EW vs positive writing	General-population mood MD = 0.45 [0.18, 0.71] for PW	Head-to-head prompt test
Allen / Hoult 2025	51 positive-writing studies, non-clinical	Wellbeing and PA most consistent; quality poor or fair	Niche, not a miracle

Frattaroli's overall r = .075 has not been beaten by a later, tighter healthy-adult synthesis. The psychological-health slice of Frattaroli (r = .056) and Guo's symptom r ≈ .06 are, within rounding, the same quick single.

Study-characteristics table

Verified healthy-adult trials, 2006–2026. Direction is between-group unless noted. Studies whose samples were clinical at entry are omitted. Ultra-brief and single-session trials are flagged and not treated as the standard 15–20 minute × 3–4 dose.

Table 3. Verified healthy-adult trials 2006–2026 (condensed).

Study	n / country	Dose and prompt	Direction
Slatcher & Pennebaker 2006	86 couples / USA	3 days; relationship feelings vs daily activities	Positive: relationship still intact at 3 months
Baikie 2008	88 students / Australia	4 × 20 min weekly; disclosure vs neutral	Mixed; benefit in high alexithymia

Study	n / country	Dose and prompt	Direction
Yogo & Fujihara 2008	104 students / Japan	20 min; trauma vs BPS vs trivial	Trauma arm improved working memory; BPS did not
Burton & King 2008	Students / USA	2 min × 2 days; trauma or positive vs control	Both emotion arms fewer health complaints (not standard dose)
Sloan et al. 2009	68 first-years / USA	Standard EW vs control; 2–6 month follow-up	Depression lower at 2 months only; later null
Barclay & Skarlicki 2009	100 workers / N. America	4 days; injustice thoughts and feelings vs trivial	Positive: wellbeing up, retaliation intent down
Kirk, Schutte & Hine 2011	Employees	EW vs control	Positive affect up; incivility down
Ashley, O'Connor & Jones 2013	Teachers / UK	3 × 20 min home; disclosure vs control writing	Null vs control. Physical health improved in all writing arms
Niles et al. 2014	116 healthy adults / USA	4 × 20 min; stressful event vs control	Null main effect. High expressiveness helped; low expressiveness harmed anxiety
Smith et al. 2018	71 healthy adults / UK	3 × 20 min; positive writing vs non-emotive	Anxiety and stress down at 4 weeks; physical symptoms not
Michailidis & Cropley 2019	44 workers / UK	EW vs factual writing	Null between-group after baseline control
Vukčević Marković et al. 2020	120 randomised / Serbia	5 × 20 min online over 2 weeks vs usual care	Harm: higher stress and distress after writing
Fekete & Deichert 2022	Community, COVID / USA	Gratitude vs disclosure vs control	Gratitude cut stress and negative affect; disclosure did not
Heekerens et al. 2022	321 adults / Germany	1 × 15 min typed; BPS + gratitude vs neutral	Positive on targeted states (single session)
Hansen et al. 2021	91 general / UK	3 × 15 min; COVID benefit-finding vs neutral	Mixed
Round et al. 2022	66 teachers and workers / UK	3 × 20 min online; positive writing vs neutral	State anxiety down; some job-satisfaction facets up; burnout not
Workplace trial 2024	62 / Germany	4 × 20 min EW vs time management / none	Exhaustion down in men in the experimental arm only
Segal et al. 2025	89 emerging adults / USA	2–3 sessions online; EW vs turning-point vs control	EW did not improve physical or mental health
NZ writing-for-health 2025	253 undergrads / NZ	3 days; EW vs turning-point vs control	Null on physical symptoms, anxiety, stress, life satisfaction
Nandagopal 2008 (not pooled)	Indian international students	3 × 20 min disclosure	Stress down; author warned against lone use. Not India-resident workers.

Forest-plot data table

This is a second-order table of published syntheses, plus the one primary trial from which we could compute g from raw means. Weights are not assigned because we did not run a new REML model. A leave-one-out or trim-and-fill statistic for a pool we did not run is not reported.

Table 4. Forest-style estimates (published syntheses plus one computed trial).

Source	What is estimated	g or r (95% CI)	k / N
Frattaroli 2006	Experimental disclosure, all outcomes	r = .075 (g ≈ 0.15)	146 / 10,994
Frattaroli 2006	Psychological health	r = .056 unweighted	112 studies
Harris 2006	Health-care visits, healthy samples	g = 0.16 [0.02, 0.31]	13 studies
Guo 2023 BJCP	Depression, anxiety, stress at follow-up	g = −0.12 [−0.21, −0.04]; r ≈ .06	31 / 4,012
Guo 2023 Asian	Quality-of-life-relevant outcomes	g = 0.05, not significant	11 / 1,188
Carrillo 2019	Best possible self → wellbeing	d+ = .325	29 / 2,909
Carrillo 2019	Best possible self → positive affect	d+ = .511	29 / 2,909
Lai 2023	PW vs disclosure, mood, general population	MD = 0.45 [0.18, 0.71]	24 / 1,558
Vukčević Marković 2020	Distress, EW vs usual care, COVID	g = +0.66 [0.27, 1.05] (harm)	Available-case ~104

Moderator table

Table 5. Pre-specified and reported moderators.

Moderator	What the evidence says	Source
Number of sessions	Frattaroli: larger effects with ≥3 sessions. Guo 2023: sessions did not moderate once interval was in the model. Reinhold: more sessions, larger depression effects.	Frattaroli 2006; Guo 2023; Reinhold 2018
Delay of outcome	Guo 2023: the symptom effect emerges at follow-up, not immediately. Sloan 2009: a two-month depression dip was gone by four and six months.	Guo 2023; Sloan 2009
Positive-focused vs disclosure	Lai 2023: PW better for mood in the general population (MD = 0.45). Allen 2025: wellbeing and PA most consistent under positive prompts. Carrillo 2019: BPS d+ = .325 on wellbeing. Fekete 2022: gratitude beat disclosure during COVID. Niles 2014 and Vukčević 2020: disclosure can be inert or harmful in some healthy adults.	Lai 2023; Allen 2025; Carrillo 2019; Fekete 2022; Niles 2014; Vukčević 2020
Session interval	Short intervals (1–3 days) stronger than 4–7 days or >7 days (Gdiff = −0.18, p = .01).	Guo 2023
Setting and comfort	Frattaroli: home / comfortable disclosure larger. Workplace teacher trials mixed (Ashley null; Round positive on anxiety).	Frattaroli 2006; Ashley 2013; Round 2022
Culture	Asian-sample synthesis null. No India-resident working-adult RCT.	Guo 2023 Cogn Ther Res; CTRI search

Heterogeneity

Guo (2023) reported that effects varied by session interval and were otherwise consistent across focus, instruction, number of sessions, topic repetition and handwritten versus typed delivery. Reinhold (2018) found larger depression effects with more sessions and more specific topics. Allen and colleagues (2025) described substantial heterogeneity of methods, topics and outcomes in the positive-writing literature. We did not compute a new I^2 or τ^2. A 95% prediction interval for a new healthy-adult trial would, on this pattern, be wide and would likely include zero. That is the statistical way of saying: the next Indian office trial could easily come back null.

Publication bias

Frattaroli reported a larger average in published studies (r = .095) than in unpublished ones (r = .054). That is the usual small-study weather. Guo and Allen assessed publication bias; the public abstracts do not give an Egger intercept we can quote without guessing. We therefore record suspected small-study effects as a GRADE downgrade and do not invent a trim-and-fill point estimate.

Risk-of-bias summary

RoB 2 judgements follow the pattern of this literature. Almost no trial in the set is Low risk across all domains.

Table 6. Risk-of-bias pattern across the healthy-adult writing literature.

Domain	Typical judgement	Why
Randomisation process	Some concerns	"Randomly assigned" is often the entire sentence. Sequence generation and allocation concealment are under-reported.
Deviations from intended practice	Some concerns	Participants know whether they are writing about feelings or about yesterday's lunch. Blinding of the person writing is impossible.
Missing outcome data	Some concerns to High	Multi-session home writing loses people. Completers-only analysis was common in Allen and colleagues' 51-study set (24 of 51).
Measurement of the outcome	Some concerns	Wellbeing and affect are unblinded self-report. Health-care visits are harder to fake but rare after 2006.
Selection of the reported result	Some concerns	Pre-2015 trials were rarely pre-registered. Outcome families are flexible.

Overall: Some concerns to High. Certainty cannot be rescued by a larger k alone.

GRADE table

Table 7. GRADE ratings for the body of evidence.

Outcome	Estimate	Certainty	Why the rating moved
Psychological symptoms (disclosure vs control, healthy or subclinical adults)	`g = −0.12; r ≈ .06`	Low	Downgraded for RoB, inconsistency (nulls, positives, one harm signal), indirectness (WEIRD students; zero India-resident working-adult RCTs), imprecision, suspected publication bias.
Wellbeing and positive affect (positive-focused writing vs control)	Directionally positive; BPS wellbeing d+ = .325	Low	Consistent direction, but Allen rated quality poor or fair. Few employee samples. Same indirectness problem for India.
Mood, positive writing vs disclosure, general population	MD = 0.45 [0.18, 0.71]	Low	Head-to-head RCTs, but mixed populations and raw mean difference on heterogeneous mood scales.
Health-care visits, healthy adults, post-2006	Harris 2006 g = 0.16 [0.02, 0.31]; no later HCU meta	Very low	The only pooled HCU number sits on the edge of our window.
Applicability to India-resident working adults	No eligible trial	Very low / no direct evidence	Asian-sample null is the closest proxy. Nandagopal 2008 used Indian international students, not an Indian office.

07 Discussion

What the number means

r = .06 is not a rounding error and it is not a comeback tour.

In stand-up terms: two decades after Frattaroli, the callback landed on the same joke. The room did not get louder. A correlation of .06 means that if you line people up by how much their symptoms moved, writing explains a sliver of the ranking. Most of the ranking is life, sleep, money, the manager, the mother-in-law, and whether anyone ate lunch.

In machine-learning terms: the original Pennebaker model had a high training-set story and a modest test-set r. Later, larger, cleaner tests did not lift the weights. They regularised them. The loss function that actually moves is not "write about the worst day of your life and watch depression vanish." It is "write, briefly, on a tight schedule, preferably about a future or a gratitude, and check back in a few weeks."

In coaching terms: a writing rep works when it is specific and repeated. Reinhold's dose-and-specificity finding says the same. Noticing a feeling on the page, rather than being swept along by it, is a skill built over many pages, not a one-session fix. Facing what you usually avoid can help. Handing a trauma prompt to someone who rarely talks about feelings is a mismatch: picture a reserved site engineer in Nagpur, told on day one to write about his worst day. Niles and colleagues showed the mismatch in numbers. High expressiveness, anxiety down. Low expressiveness, anxiety up. The matching hypothesis is not a footnote. It is the safety note on the tin.

On a Mumbai maidan nobody sneers at a quick single. The batter who frustrates the dressing room is the one who blocks every ball and never runs. r = .06 is a single. A workplace programme that sells it as a six will look foolish. A programme that treats it as a countable daily rep, stacked with sleep, movement, and a human hand-off when the page turns dark, is just doing the arithmetic.

The niche is now clearer than the headline.

Delay. Guo's change-score analyses found the symptom effect at follow-up, not immediately after the last session. People often feel raw on the day they write. That is not failure. It is the cost of facing a hard memory head-on. The score moves later, if it moves.

Interval. Sessions one to three days apart beat weekly spacing. A Wednesday-and-next-Wednesday design is a different product from a Monday-Tuesday-Wednesday design.

Prompt. Positive-focused writing beat classic disclosure for mood in the general population. Best-possible-self and gratitude were the most consistent positive techniques in Allen and colleagues' review. Classic disclosure remains a research workhorse and a poor default for a well professional. Yogo and

Fujihara even found, in Japanese students, that trauma writing improved working memory and best-possible-self writing did not — a reminder that "positive" is not a magic prefix and that cognitive outcomes are not mood outcomes. The prompt has to match the outcome you actually care about.

Setting. Workplace trials are small and mixed. Barclay and Skarlicki found that writing about workplace injustice, with thoughts and feelings, raised wellbeing and lowered retaliation intent. Ashley's teachers, writing at home, showed no advantage over control writing on psychological health, physical health or job satisfaction; physical health improved in every writing arm, which is what expectancy looks like in a chart. Round and colleagues found that positive writing cut state anxiety and lifted some job-satisfaction facets in teachers and other full-time workers, and did not move burnout. Michailidis and Cropley found no between-group difference once baseline embitterment was controlled. The German 2024 trial found an exhaustion drop in men only. If you are looking for a clean occupational effect size to put on a sales slide, it is not here.

Harm. Two signals matter for a coaching platform. Niles: disclosure writing can raise anxiety in people who do not usually express emotion. Vukčević Marković: online disclosure writing during an acute, unpredictable stressor (the early pandemic) raised stress relative to usual care, with a computed g = +0.66 on distress in the available-case sample. That is not a reason to ban the practice. It is a reason to keep the prompt inside the wellness lane, keep the page private, and keep a human hand-off when scores worsen.

Limitations

We did not re-extract raw cell means from every trial inside Guo's 31-study set. A reader who wants a brand-new forest plot of primary studies will not find one here. That is a limitation, not a flourish. Live PsycINFO and Scopus hit counts were not independently re-exported; the PRISMA numbers are triangulated estimates. Heterogeneity statistics for a pool we did not run are omitted on purpose. Most outcomes are unblinded self-report. Students still dominate the healthy-adult literature. Women dominate many samples. Follow-up beyond six months is thin. Health-care visits, one of our three primary outcomes, have not been re-meta-analysed since Harris in 2006. Positive-writing trials are more consistent on wellbeing and still poor-to-fair in quality. One computed harm g from a pandemic trial should not be averaged away and also should not be treated as the last word on every Tuesday in Pune.

WHAT THIS MEANS

What this means for an Indian workplace programme

A forty-year writing practice still produces a small, delayed lift in wellbeing for healthy adults — about r = .06 on symptoms, close to Frattaroli's original r = .075. It has not grown. Picture an accounts executive in Thane. On Monday, Tuesday and Thursday a WhatsApp prompt arrives in Marathi: 15–20 minutes on a good moment this week,

or the self she is working towards. That is what works most reliably: short sessions, three or four of them, one to three days apart, with a positive prompt. Positive writing beats classic disclosure for mood in the general population (Lai 2023, mean difference 0.45). Nobody asks her to relive her worst day: disclosure writing can raise anxiety in people who do not usually express emotion (Niles 2014) and raised stress during the COVID period (Vukčević Marković 2020). Nobody reads the page. She does not feel lighter the next morning, and nobody expects her to. No CTRI-registered trial has tested this practice with India-resident working adults. Until one exists, treat writing as a countable daily rep — private, WhatsApp-deliverable, in the employee's language — not a trauma exercise and not a stand-alone fix for burnout.

Research gaps, naming the India gap explicitly

The India gap is not a polite afterthought. It is the hole in the map.

Guo's Asian-sample synthesis — 11 trials, 1,188 people, g = 0.05, not significant — is the nearest cultural analogue. It does not license a confident rollout. Nandagopal (2008) found that written emotional disclosure reduced perceived stress among Indian international students and then said, in so many words, that using the method as a lone intervention still seemed premature. That paper is eighteen years old. CTRI, as of this search, still has no registered expressive-writing trial in healthy, India-resident working adults. Cancer and abuse studies from Indian campuses sit outside this wellness review.

What India still does not have: a pre-registered, randomised, WhatsApp-deliverable, language-adapted comparison of positive-focused writing versus neutral writing versus no writing, in working adults, with wellbeing and affect at four weeks and three months, with RoB 2-ready reporting, and with a pre-specified rule for handing a distressed writer to a human coach.

Until that trial exists, EmotionApp can still ship the rep. It should ship it as what the evidence supports: a small, delayed, prompt-sensitive practice. It should not ship it as a depression cure. It should not ask a well accountant in Andheri to spend Monday lunchtime on the worst day of their life.

A quick single is small, and it still goes on the scoreboard. So does a twenty-minute page. Count the reps. Do not inflate the r.

08 FAQ

Q1 Does expressive writing still work?

Yes, but the average effect is small. The best 2006–2026 estimate for symptoms in healthy adults is about r = .06, from 31 trials and 4,012 people (Guo 2023). That is not larger than Frattaroli's 2006 r = .075.

Q2 How many sessions do I need?

Three to four sessions of 15–20 minutes. Sessions one to three days apart beat weekly spacing (Guo 2023, Gdiff = –0.18). Two minutes on two days is a different, thinner dose.

Q3 Should I write about trauma or about good things?

For healthy working adults, write about good things. Positive writing beat classic disclosure for mood by a mean difference of 0.45 (Lai 2023). Trauma-focused writing sits outside this wellness review.

Q4 Will it help an Indian office?

We do not know yet. Zero CTRI-registered trials have tested this with India-resident working adults. Asian trials so far were null (g = 0.05). Treat any current programme as a supervised pilot, not as settled science.

Q5 Can it make me feel worse?

Sometimes. People who rarely express emotion had more anxiety after disclosure writing (Niles 2014). An online COVID trial found higher stress after expressive writing (Vukčević Marković 2020). Keep the prompt positive and the page private.

09

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Primary sources only. Each entry carries a DOI or URL.

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ABOUT THE AUTHOR

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Dr Atul Aswani is a Mumbai Psychiatrist and trained as a Results Coach. He founded EmotionApp, a non-clinical emotional-fitness coaching platform for Indian professionals. The programme delivers positive-psychology techniques as countable daily reps, with an AI coach and human hand-off, WhatsApp-first, in 23 Indian languages. Data stay in India and follow DPDP. The work sits under ISO 9001 and ISO 13485.

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NOTE

EmotionApp is a non-clinical emotional-fitness coaching platform. This paper describes practices, techniques and coaching. It is not therapy, treatment, diagnosis or medical advice.

SAFETY NOTE

If you are in distress, please contact a qualified professional or Tele-MANAS on 14416.