Breast cancer remains the second most frequently diagnosed cancer for women in the United States, affecting about 250,000 women annually (American Cancer Society, 2010). Women diagnosed with breast cancer undergo a series of physical and psychological changes. Increases in stress levels and depressive symptoms, which can lower immune functioning and have negative implications for survival, commonly accompany the breast cancer experience (Anderson, Kiecolt-Glaser, & Glaser, 1994; Glanz & Lerman, 1992; Herbert & Cohen, 1993a, 1993b). Therefore, interventions that help alleviate stress, lower depression, and improve physical functioning without creating additional burdens (e.g., cost, time) are critical for helping women persevere in their battle against breast cancer. Because traveling to participate in interventions is not always feasible and may create additional burdens for patients with breast cancer (particularly for those living in remote, rural areas), identifying interventions that can be implemented effectively in patients’ homes is important. As a result, the current research explored the feasibility of implementing an in-home writing intervention aimed at alleviating some of the physical and psychological costs associated with breast cancer survivorship.

**Expressive Writing and Breast Cancer**

The emotional expressive-writing intervention developed by Pennebaker and Beal (1986) has positively influenced participants’ physical and mental health (Pennebaker & King, 1999). Initially, the expressive-writing paradigm asked participants to write generally about their thoughts and emotions regarding traumatic life experiences (Pennebaker & Beal, 1986), but researchers have used a variety of writing prompts, such as writing about life goals, one’s best possible self, or an imagined traumatic event (King, 2001; King & Miner, 2000). Regardless of the prompt, researchers have documented the physical and psychological benefits of expressive writing among nonpatient (Burton & King, 2008; King, 2001; Pennebaker & Beal, 1986; Sloan & Marx, 2004; Smyth, 1998) and patient populations (Epstein, Sloan, & Marx, 2005; Frisina, Borod, & Lepore, 2004; Stanton et