

EXPRESSIVE WRITING IN INDONESIAN CONTEXT

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Abstrak

Sebagai negara berkembang, Indonesia terus berusaha untuk mengelola isu-isu kesehatan mental. Pemerintah Indonesia telah mengesahkan Undang-undang Nomor 18 Tahun 2014 Kesehatan Jiwa setelah tertunda selama lima tahun, dengan tujuan untuk memastikan orang dengan masalah kesehatan jiwa akan mendapatkan perlakuan yang lebih baik, akan tetapi masih terdapat berbagai isu, seperti masalah ekonomi, sosial dan politik yang memengaruhi kesehatan jiwa, letak geografi yang rawan bencana, stigma dan perawatan pasien kesehatan jiwa yang masih belum optimal, serta kesehatan jiwa belum menjadi prioritas bagi kebanyakan penduduk. Fenomena kegagalan melaporkan masalah gangguan jiwa di tahap awal di mana intervensi minimal dapat mengatasi gejala juga merupakan isu penting. Expressive writing sebagai intervensi baru dapat menjawab berbagai isu tersebut. Penelitian untuk mengadaptasi teknik ini dapat menggunakan controlled field experiment (pre-test post-test design) diikuti dengan wawancara psikodinamika untuk melihat efektivitas dari intervensi expressive writing. Untuk menjawab hipotesis penelitian, t-test dapat dilakukan untuk mengevaluasi perbedaan antara kelompok intervensi expressive writing dengan kelompok kontrol (menulis dengan tema netral). Hasil wawancara akan dianalisis dengan berfokus pada hal-hal yang memfasilitasi mekanisme dari intervensi expressive writing. Kesimpulannya, expressive writing dapat dipertimbangkan untuk melengkapi psikoterapi konvensional karena merupakan intervensi dengan biaya terjangkau dan tidak membebani klien.

Kata kunci: *expressive writing*, intervensi, *controlled field experiment*, pendekatan psikodinamika, Indonesia

Abstract

As a developing country, Indonesia still struggles to manage its mental health issues. In 2014 the Indonesian government passed the Mental Health Law after five years of delaying, and its goal is to make sure people with mental health issues will be treated better, but there are some unresolved issues such as the economic barriers to gain better mental health care, the social and political unrest, unique but challenging geographic location, the stigma and improper treatments for the mental health patients/clients, and mental health is not a priority yet in many Indonesians. There is also an issue of the failure of reporting mental health related problems, especially in the early stages when minimum intervention would alleviate the symptoms. Expressive writing (EW) as a new intervention could answer some of these circumstances in Indonesian context. This research will use controlled field experiment (pre-test post-test design) with psychodynamic interviewing to see the effectiveness of the expressive writing intervention. To answer experimental hypothesis, t-test will be conducted to evaluate differences between the expressive writing intervention and control writing groups. In analyzing the psychodynamic interview results, the focus will be on moderators of the working mechanism of expressive writing intervention. In conclusion, expressive writing can be a valuable addition to the conventional psychotherapy because it is cost effective, and places minimal burden to the clients.

Keywords: *expressive writing*, intervention, *controlled field experiment*, psychodynamic approach, Indonesia

As a developing country, Indonesia still struggles to manage its mental health issues. The latest data about mental health is usually outdated and mostly came from NGOs, not the Government. The problems of unequal distribution of health workers, including mental health workers such as psychiatrists, psychologists, and mental health counselors is definitely an important issue to address (Kanchanachitra, Lindelow, Johnston, Hanvoravongchai, Lorenzo, Huong, Wilopo, dela Rosa, 2011). As a developing country, the most devastating effects of mental health issues is in the low-income population, who ironically have the least access and the least knowledge of mental health services. In an article in PBS Newshour, it was reported that Indonesia with its nearly 240 million citizens, has only 500 psychiatrists and many people with psychological problems are caged and poorly treated, instead of receiving standard and proper treatment (Suarez, 2011).

In 2014 the Indonesian government passed the Mental Health Law after five years of delaying, and its goal is to make sure people with mental health issues will be treated better, in medical, psychological, and social aspects (Rombe, 2014). Two years after, there are improvements, for instance, nowadays affordable or free mental health service can be found in many government run hospitals and primary healthcare clinics (=Puskesmas), but there are some unresolved issues.

The first issue is the economic barriers to gain better mental health care (Miller, Scheffler, Lam, Rosenberg & Rupp, 2006; Knapp, Funk, Curran, Prince, Grigg, & McDaid, 2006). Mental health service in Indonesia, while some can be affordable or even free, yet the standard fee for going to psychologists and psychiatrists can cost around 7.5 EUR-115 EUR (Kartika, 2016). Compared to the minimum monthly wage in 2016 which is around 129 EUR-238 EUR, it is no surprise mental health for most people is not a priority in

their lives. For those with mental health condition, the mental health medication needed to alleviate symptoms are mostly expensive (Susanti, 2007; Ali, 2015).

The second issue is the social and political movements that keep changing. Many Indonesians are worry about the current social and political state, even fearing similar riot and crisis in 1998 to happen again soon. This feeling of uncertainty and disappointment can lead to frustration and anger that must be channeled somehow. The social media frenzy and the so-called 'fake news' to spread terror and fear also play a role in this state of confusion. The middle and upper class of the Indonesians have the privilege of choosing the information they trust or they want to believe, but not the lower-class Indonesians. They tend to have limited sources of information and/or have information fed to them by respected, powerful people (their town's elders, their religious leaders, their strong opinionated neighbors). Since it is considered not polite to disagree with certain people, some of them will willingly agree without trying to search for other information themselves. This state of powerlessness can also be damaging to mental health if it continues without any intervention. On the other hand, frustration and anger can lead to conflict and violence, which happened before in Jakarta, Poso, Ambon, Aceh, and Papua. Perpetrators, victims, and citizens in general could be affected, even traumatized and will need mental help services.

The third issue is the geographic location of Indonesia. Prone to many natural disasters like flood, tsunami, avalanche, earthquake, and eruption of the many active volcanoes, yet many people still live near the danger zones. After the tsunami in Aceh, the government tried to help the survivors to cope with many mental health problems, with the assistance of many NGO's and volunteers both local and from foreign countries. It is not only the high-risk of natural disasters which could

interfere with mental health, but also the lack of awareness and proper procedure to prepare people of the incoming natural disasters. Being unprepared can also affect the mental health of survivors, due to guilt and remorse for their lost loved-ones.

The fourth issue is the stigma and improper treatments for the mental health patients/clients. The worst thing that can possibly happened to them in Indonesia is called pasung (Minas & Diatri, 2008), which is basically a middle-aged way to confine them and rob them of their humanities. The Indonesian government is doing its best to stop this barbaric practice, but there are still many pasung victims (Leocata, 2015), especially in the rural areas where people don't have enough information, resources, or even help from others. In short, the families and villagers of the pasung victims usually see it as the last resort because according to them, they already tried everything. Everything, of course, usually includes a visit to dukun (shaman), pengobatan alternatif (alternative healer), ulama (religious leader), but not counselor, psychiatrist, or psychologist. The reasons people do not use proper mental health service usually because they are ashamed due to the stigma of mental illness, they cannot afford to, they do not know about mental health service, or there are none nearby. Indonesia still have low ratio of mental health professionals compared to the number of patients/clients and the mental health professionals available may lack special competencies (Ningdyah, Helmes, Kidd, & Thompson, 2016), but many people are now working very hard to bring awareness to mental health issues and to reduce the stigmatization of mental illness.

Finally, mental health is not a priority yet in many Indonesians. This is due partly to the lack of knowledge and some who do know, choose to ignore. One of the growing problems in Indonesians are now stress related illness, like high-blood pressure and heart disease, which is preventable if they are willing to manage

their stress more seriously. Most Indonesian also more focus on their physical health, and not their mental health. Many unattended mental health issues can also affect the physical health, like lowering the immune systems and chronic pain. When the mental health problem gets serious and reducing the daily life function, that is when usually people get professionals, if they can afford it. This is what is striking: mental health problems are mostly preventable, yet people are doing almost nothing to prevent it, and it is interesting to point that some of those who can afford mental health services, chose not to get it, due to shame or just in denial that they need help.

According to Schmitt, Allik, McCrae, and Benet-Martínez (2007), Southeast Asia countries, including Indonesia, had significantly lower scores on extraversion trait than the rest of the world when tested using the NEO-PI-R, so most Indonesian are probably less assertive, more inhibited, and more reserved. These tendencies could be related to the failure of reporting mental health related problems, especially in the early stages when minimum intervention would alleviate the symptoms. Survey data from World Bank conducted in developing countries, including Indonesia (Das, Do, Friedman, and McKenzie, 2007) showed that most severely mentally ill people received no treatment for their disorders and individuals with poor mental health are more likely to use existing health services.

When people clearly have psychological problems, but do not get help from professionals, it is crucial to consider the help-seeking behaviors. It is understandable when the ones without knowledge and awareness of the importance of mental health, also those without financial resources, not seeking help from professionals. We need to consider those struggling with mental health problems, and have the knowledge, awareness, and financial resources, but still not getting help from the professionals. It is

possible the stigma surrounding mental health is one of the main reasons, but it can also be they want 'instant cure': going to a counselor, psychologist, or psychiatrist just once and their problems be solved. It can also be the uncomfortable process of telling all your problems to a stranger. People can also be ignorant to their psychological problems and unconsciously trying to push away or deny that they have problems to deal with. The best scenario in mental health in Indonesia with all the challenges would be to have preventive measures to handle everyday stress so it will not have turned into real disorders, good detecting tools in differentiating levels of severity in mental health patients/clients so the treatments would match with the problems, and for those already get treatments to make sure they won't relapse.

Mental health services in Indonesia is still in the early stages of developments. The ratio between mental health professionals and the entire population is insufficient and is concentrating in the main islands and major cities, making it harder for people who lives in the rural and remote areas to access it. Ironically, those who do have the resources, do not necessarily use it. Expressive writing as a new intervention could answer some of these circumstances in Indonesian context.

We need to address first the people with all the resources but lack of the motivation to go to mental health professionals when they have psychological problems. It can be explained with the fact that affect does not translate into action. How people feel about their problems would determine their ways of solving it. If they hate their problems, then they will most likely ignore them. But if they love their problems because they get attentions and they think problems are part of their identities, then they will nurture or keep them. It is also worth to note that if there is a misalignment between values and actions, in solving or dealing with stressful or traumatic events, then people can ruminate about the problems, without doing

anything useful to face the problems. People can have all kinds of medical or health problems due to their 'unsolved' problems, or when they go into therapy, they will deny that they are having problems or come up with other problems unrelated to their real issues.

One of the interventions for managing many physical and mental health issues is expressive writing. Developed first by James Pennebaker, expressive writing's many benefits have been studied for the last decades in the USA, Europe, and Japan (Pennebaker & Chung, 2007). For clinical populations, expressive writing studies were conducted in cancer patients (Morgan, Graves, Poggi, & Cheson, 2008; Creswell, Lam, Stanton, Taylor, Bower, & Sherman, 2007), people with PTSD (Koopman, Imailji, Holmes, Classen, Palesh, & Wales, 2005), elevated blood pressure patients (McGuire, Greenberg, & Gevirtz, 2005), people who were diagnosed with acquired brain injury (Fraas & Balz, 2007), and people with HIV and AIDS (Petrie, Fontanilla, Thomas, Booth, & Pennebaker, 2004). To conclude, expressive writing can be beneficial to help people with debilitating illness and medical condition ease their burden.

In cognitive area, a study by Lepore (1997) showed expressive writing could help people tolerating stressful event by reducing intrusive thoughts or by desensitizing people to such thoughts, but the study was limited to people with depressive symptom. According to a study conducted by Klein and Boals (2001), expressive writing reduces intrusive and avoidant thinking about a stressful experience, thus freeing WM resources. Participant whose essays contained increases in words reflecting causality and insight experienced the greatest health and behavioural benefits. Yogo and Fujihara (2008) conducted expressive writing study in Japanese population and found that writing about traumatic events can improve working memory capacity. Other study showed that expressive writing also has

impact on cognitive capacity and ability, such as reducing intrusive thoughts; rapidly improve aspects of health and gains in working memory capacity (Kellogg, Mertz, & Morgan, 2010). From these studies, it is clear that expressive writing could help people restructuring their experiences and changing how they look at their painful moments in life.

In the general population, there were studies conducted in people with job loss (Spera, Buhrfeind, & Pennebaker, 1994), sexual orientation issues (Lewis, Derlega, Clarke, Kuang, Jacobs, & McElligott, 2005), and romantic couples (Slatcher, & Pennebaker, 2006). In those studies, expressing traumatic events or unpleasant feelings through writing helps reduce physicians' visits, improved immune system and antibody, immediate changes in autonomic and muscular activity, and reduced reports of physical symptoms, anxiety, distress, negative affect, and depression. Expressive writing was proven to lower anxiety in a sample of healthy adults, but it is only significant in subjects with high expressiveness trait and might not be beneficial for people who have reservation or difficulties in expressing emotions (Niles, Mulvenna, Lieberman, & Stanton, 2013).

Expressive writing can help people become more aware of what their problems mean to them, by changing perspectives and more in tune with the emotional side of the problems. Expressive writing can help ease the process of dealing with your problems directly, by dividing the terrifying steps of uncovering your most inner thoughts and feelings one at a time. Because it is not simply facing your problems in the eye that hurts, but what really scary/hurts is facing your true self in dealing with the problems. In extreme stressful conditions, the real self usually comes out and for most people, it can be troubling or unsettling experience.

Pennebaker (1990) argued that most people try to hold negative thoughts and feelings in their daily lives, which can have

caused multiple health and psychological problems if it continues in the long run. The idea about inhibition and its negative effects is not new, and Pennebaker is not the first person to have thoughts about it. Freud and his colleague Josef Breuer proposed that hysteria in Victorian women is the result of repressing traumatic events because they are too painful to handle (in Nolen-Hoeksema, 2014). In classic psychoanalysis, one of immature defenses common found in people with psychological disorders is blocking, which essentially the same as inhibition (Sadock, B.J., Sadock, V. A., Ruiz, 2015). In short, withholding negative thoughts and feelings is essentially unhealthy and caused mental health issues in most people.

Cummings, Hayes, Saint, & Park (2014) discuss how expressive writing can be used both to promote and track therapeutic change through self-monitoring, increased awareness, and exposure of emotional processing. This is crucial I think in the idea of bringing expressive writing into the so-called conventional therapy, where it is seen not only as additional technique, but also an important part of the therapeutic process. The concept of meaning-making (Park & Blumberg, 2002) can be also be incorporated into explaining the importance of expressive writing in dealing with stress and trauma. Expressive writing can be looked at to help people making new meaning about their stressful or traumatic experience. Previous research discussed the effectiveness of expressive writing intervention, but failed to acknowledge the working mechanism of how exactly it works. Some research suggest expressive writing can help people gain more working memory capacity, by freeing the space used to ruminate about the problems. Other research stated expressive writing restructure the way people looking at their problems by making them used to the negative emotions that surround the problems and they become less stress.

In Indonesia, expressive writing studies were usually conducted in small samples and in special population (Akbari, Lestari & Hasanah, n.d.; Susilowati & Hasanah, 2011; Qonitatin, Widyawati & Asih, 2011; Fikri, 2012; Rahmadani, 2013). The latest studies were done by Oktaviany (2015) and Hoeina (2015) using expressive writing approach to see if it had any effect in Indonesian context. Expressive writing was conducted on 19 women prisoners in Palembang and Prabumulih experiencing anxiety during their time in prison, and the result shows significant difference in level of anxiety before and after the treatment (Oktaviany, 2015). The other study done by Hoeina (2015) examines the effect of expressive writing to decrease depression, anxiety, and stress on medical student of Atma Jaya Catholic University using experiment method, pretest-posttest control group design, and the result is expressive writing can decrease depression, anxiety, and stress on medical students of Atma Jaya Catholic University.

To better gain understanding of the effectiveness of expressive writing in Indonesian context, it should be tested in at least four groups:

1. Healthy populations, such as students, employees, clients who seeks counseling and consultation to self-development.
2. Patients/clients with psychological problems, such as depression, anxiety, and stress.
3. Patients/clients with health problems, such terminal illness (cancer, chronic kidney disease, HIV and AIDS).
4. Patients/clients in special settings, such as drug rehabilitation center, elderly care patients.

Frisina, Borod, Lepore (2004) state expressive writing never been tried to participants with health problems (the clinical population) in statistically adequate numbers, but those who try to do so found that expressive writing can improve health not only for participants with low risk of mortality diseases (asthma and

rheumatism), but also with high risk mortality diseases (cancers, HIV AIDS). So, it is possible to see expressive writing as a coping strategy intervention for those with terminal illness.

Expressive writing is proven to be beneficial for number of reasons, but there is a need to clarify which population will gain the most from the intervention, by making more precise inclusion/exclusion criteria.

According to Wright (in Bolton, 2004), writing therapy, which is like expressive writing, is beneficial particularly for these clients' circumstances:

1. in brief therapy, both within and as homework assignments
2. with self-directed tendency to write and found the process of writing cathartic and clarifying.
3. Feeling powerless
4. not using their first language in therapy
5. silenced by shame and unable to speak
6. in inner turmoil
7. need to disclose and exorcise stressful and traumatic events in difficult stages of life (puberty, loss of loved ones)

Many studies have shown expressive writing (EW) is a beneficial tool for healthy populations in coping with minor stress or everyday problems. There are, however, some remaining issues about EW when applied to special populations, such as people with mental disorder diagnosis and/or with medical conditions. For healthy populations, studies on college students, high school students, caregivers, and employees, EW can be the low-cost intervention that can be used without any supervision from mental health experts. Thus, EW acts like a 'buffer' for the minor blows of everyday lives of these people. Of course, buffer can only do so much. When everyday problems are piling up without any concrete effort to solve them, then it can become serious, and could lead to health problems and/or psychological

symptoms such as anxiety, depression, and stress. People with health problems and psychological symptoms are called the special populations.

The special populations have unique circumstances and they need different kind of care. EW cannot help those with acute and/or chronic psychological/medical issues, but it can be incorporated with numerous kinds of treatment/therapy, either as a part of building rapport or ice breaking part, as one of the techniques used to break into the defense mechanism of the clients/patients, or as the therapeutic intervention itself.

One thing that is noticeably clear, many of the studies in the recent years have modified the EW according to the characteristics and the specific needs of the participants of each study, even using technology and giving it as a homework instead of the experiments in the controlled situation. Only few still conduct the experiment like the ones originally carried on by Pennebaker himself, usually to check the effectiveness of the technique. For an intervention that has been studied for at least two decades, these kind of modifications and developments are quite acceptable, especially if the context are changed from United States or European countries, to developing country like Indonesia.

METHOD

In the proposed study of EW in Indonesian populations, the effectiveness of EW in both healthy and special populations will be conducted first. Afterwards, researcher should consider the working mechanism of EW using psychoanalytical techniques with several of the participants who benefit from the experiments, and those with insignificant/no improvements after the experiments. Psychoanalytic interview can uncover about ambivalence, loss, and anxiety and should be integrated into how people experience their stressful or traumatic events, to allow people to be

more authentic and in the end hopefully, can help themselves achieve personal growth. The working mechanism of EW in Indonesian populations would determine how exactly EW can be incorporated into the conventional treatment/therapy. The result of the proposed study ideally would be both standardized and tailor-made version of the EW intervention, the working mechanism of EW in Indonesian context, and the role of EW in conventional medical treatments/psychotherapy.

Measures and materials

Demographics. A demographics questionnaire assessed gender, relationship status, ethnicity, education, employment, family history of heart disease and/or blood pressure related disease, medication consumption, diet, exercise and medical status. A health questionnaire assessed consumption of caffeine, and nicotine and involvement in physical exercise during the hour prior to physiological assessment. Two additional questions regarding participant's coping strategies to stress and writing habits will be included in the health questionnaire.

Manipulation checks. The Symptom Checklist-90 Revised (SCL-90 R; Degoratis, 1992) will be used to assess psychological problems and identify symptoms pre- and post-writing. The SCL-90 R has 90 items and participants rate their experience of problems and complaints in the past week on a 5-point scale ranging from 0 (not at all) to 4 (extremely). This measure is an established instrument and has over 1,000 independent studies supporting its reliability and validity. The internal consistency coefficient rating ranged from 0.90 for Depression and 0.77 for Psychoticism. Test-retest reliability has been reported at 0.80 to 0.90 with a time interval of one week. Post-writing Thoughts (Pennebaker & Evans, 2014) is a brief questionnaire consisting of five items given at the end of each day's writing, which indicates how the writing is affecting

each participant on a 10-point scale ranging from 0 (not at all) to 10 (a great deal). Blood pressure (BP) measures will be taken at baseline and each follow-up: we will record three BP readings, separated by two minutes, using a home BP monitor for the first and the last day of the experiment phase, and once during the one week and one-month follow-up. These measures will be averaged for each participant to obtain a baseline BP measure. Heart rate (HR) measures will be taken at baseline and each follow-up: we will record three RP readings, separated by two minutes for the first and the last day of the experiment phase, and once during the one week and one-month follow-up. These measures will be averaged for each participant to obtain a baseline HR measure. Psychodynamic interview will be offered at the one-week follow-up sessions for outliers' participants to see more into the working mechanism of the expressive writing intervention, using a set of psychodynamic interview questions with elaborative questions cues.

Study design

This research will use controlled field experiment (pre-test post-test design) with psychodynamic interviewing to see the effectiveness of the expressive writing intervention. All participants in three groups (healthy, psychological disorders, chronic health problems) will be randomly assigned to either the expressive writing intervention (experiment group) or the daily activity report (control group) to do five days of writing assignment, one-week follow-up and one-month follow-up. Afterwards some participants with the highest and lowest score difference of pre-test and post-test will be interviewed using psychodynamic techniques to see the working mechanism of the expressive writing intervention.

Participant characteristics

Participants comprised a sample recruited from healthy population; people with psychological disorders; and people with

chronic health problems through advertisements, social media postings and direct announcement. Any potential participants will receive an information booklet about the research and an informed consent form. There are screening criteria for inclusion in the study to assigned participants in the proper three groups by using the demographic questionnaires so they will match the criteria for each group. Each participant has to agree to do the entire process of the experiment by signing informed consent.

Strategy of analyses

To answer experimental hypothesis, t-test will be conducted to evaluate differences between the expressive writing intervention and control writing groups. In analyzing the psychodynamic interview results, the focus will be on moderators of the working mechanism of expressive writing intervention, with regards to previous studies regarding psychodynamic theories, self-regulation of emotion from Greenberg and Lepore, and the cultural aspects of Indonesian regarding expressing emotions and mental health in general.

Power calculation

A meta-analysis study by Smyth (1998) was the first study to see the effect size (ES) of expressive writing and found the mean weighted effect size across all studies and outcomes was $d = .47$ ($r = .23$) and was significant at the $p < .0001$ level. The mean weighted effect size excluding the largest outlier was $d = .41$ ($r = .20$) and was still significant ($p < .0001$). Frisina, P. G., Borod, J. C., & Lepore, S. J. (2004) found expressive writing had therapeutic effect on clinical populations, because a positive and significant effect ($d = .19$; $p .05$) did emerge from studies using true experimental designs. Meanwhile, Frattaroli (2006) did meta-analysis study of experimental disclosure, which is another term for expressive writing intervention. She found that expressive writing intervention was found to be beneficial for one's

psychological health, physical health, and overall functioning, with an average effect size of .075., and argued to also see the cost and benefit of this intervention, and comparing it with, for example, traditional psychotherapy which is costlier and with complex procedures. Other meta-analysis studies on adolescents (Travagin, Margola, & Revenson, 2015), caregivers (Riddle, Smith, & Jones, 2015), and cancer patients (Low, Stanton, Bower, & Gyllenhammer, 2010; Zachariae & O'Toole, 2015; Oh & Kim, 2016) also found expressive writing intervention can be beneficial for improving psychological health, physical health, and overall functioning in most participants.

With regards to those previous studies which stated the effect size of expressive writing intervention were between 0.10 - 0.46, we did prospective power analysis to estimate the required sample sizes (Ellis, 2010) using GPower 3.1 for the experiment phase. Assuming the distribution of the population is normal, 199 participants per cell would be needed to produce 80% chance of obtaining statistical significance at the 0.05 level for the 0.20 ES. Using the same table and equations, for the 0.46 ES, 40 participants per cell would be needed to produce 80% chance of obtaining statistical significance.

Bausell and Li (2002) proposed the use of power table in power calculation of experimental design. In this study, using the power table for the independent samples t-test at $\alpha_{.05}$, with hypothesized ES 0.20, with power 0.80, the minimal samples (N) for each group would be 400, with each cell contains 200 participants; and for the hypothesized ES 0.46, the minimal samples (N) for each group would be 80, with each cell contains 40 participants.

Onwuegbuzie and Collins (in Hesse-Biber, 2010) suggested for experimental analysis, the minimum sample size suggestion would be 21 participants per group for one-tailed hypotheses with .80 power at the .05 level of significance; and for the qualitative

research designs, the suggested participants ranged from 3-5 participants to 10-30 interviews. To conclude, the minimum sample size in the study is 21 participants per cell and maximum 200 participants per cell. With three groups, the estimates participants in the experiment phase would be 126-1200.

Even though the effect size of this intervention in most studies are low to medium, the fact that it is cost efficient, convenient, and comfortable to do for most participants, then replicating studies on its effectiveness would be beneficial both in practice and theory. Based on these studies and some practical considerations (most people would refuse to participate in four days' experiments without perceivable gain, some who agreed would drop out without completing the experiment, or would not partake in the follow-up sessions), inviting as many participants as possible would be the best scenario for the experiment phase. The number of participants to be invited to the psychodynamic interview sessions will depend on the results of the experiments, with only participants scoring lowest and highest from the experimental groups invited.

DISCUSSION AND CONCLUSION

Expressive writing intervention in Indonesian context can be applied to other research area such as psycholinguistic, psychiatry, and public health. Psycholinguists can analyse the content of the expressive writing intervention and see the connection with the personality or emotion regulation of the participants. In psychiatry, expressive writing intervention with its easy, affordable and familiar characteristics can be integrated into psychotherapy. Combined with medication and traditional talk-therapy, it can also prevent relapse in people with mental disorder diagnosis, for example, as a homework that can be done in the comfortable setting of their own homes. In

public health, expressive writing intervention can be a tool for health promotion and prevention for the healthy population, to manage daily stress and become more aware of their own thinking and emotion processing in dealing with problems. In education settings, expressive writing can be incorporated with learning activities, to boost creativity, teaching problem solving and helping students to be more responsible to their own emotion regulation. With regards to technology, expressive writing can also be done with computers and some can even publish their writing using social media as another form of self-expression, catharsis, and seeking support from the social circles.

Expressive writing intervention can ease the burden of mental healthcare in Indonesia. With the shortage of mental health professionals in many rural areas, stigma on mental health patients, and the high cost of mental health services, the mental health movement in Indonesia needs to have expressive writing intervention to be able to fill some of the gaps and needs of mental healthcare. Most Indonesian can afford to spend 20 minutes a day to write about their unresolved trauma or daily struggle with frustration or anxiety or depression, yet it is relatively unknown method in Indonesian mental health services. It can be done relatively in any setting, with complete privacy, using only a piece of paper and a pen. Expressive writing intervention can be seen as the first aid kit to better mental health, it can also be an invaluable addition to the traditional psychotherapy, and it can help people maintain their daily life functioning after being diagnosed with psychological disorders because it can serve as a new routine to look forward to everyday. Expressive writing intervention can also help patients to see their own progressions in therapy or rehabilitation, some sort of personal records of their own state of mind. Lastly, expressive writing intervention can be introduced to mental health professionals with ease, so they can also use

it when they work with clients and patients, or even use it themselves to prevent work burnout and secondary trauma.

Based on these arguments, one of the affordable, easy, and accessible mental health interventions that can be used to prevent and deal with mental health problems in Indonesia is expressive writing. With its flexibility and familiarity, expressive writing can be used when people are feeling stress in their daily lives, it can be used in traditional therapy sessions with mental health patients, and it can also be used to prevent relapse with people who already had treatments. In conclusion, expressive writing can be a valuable addition to the conventional psychotherapy because it is cost effective, and places minimal burden to the clients. However, the issue that must be addressed is that expressive writing is less effective for psychiatric populations. Some studies suggest that if the expressive writing intervention is made to be more structured and specific, then it can be helpful for highly depressed and anxious patients.

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