The Effect of Spiritual Expressive Writing Therapy on Anxiety

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Abstract / Abstrak

The research aims to determine the effectiveness of spiritual expressive writing in reducing anxiety in research subjects—pre-experimental Design research approach with One-Group Pretest-Posttest Design. The scale used is the HARS anxiety scale (Hamilton Anxiety Rating Scale) with 5 categorizations of anxiety levels and 14 questions. A purposive sampling technique was used to determine the research subjects, namely 15 students who showed scores of 28-41 (severe category). Spiritual expressive writing that internalizes spiritual values has a positive impact because the subject will understand that everything that happens does not escape God's supervision and that God will always be there for his servants. Intervention stages: Recognition or Initial Writing, Examination or Writing Practice, Feedback, and Application to Yourself. Research results and data analysis using the Wilcoxon signed test with the Asymp.sig value. (2-tailed) 0.001 < 0.05, then Ha is accepted, namely, spiritual expressive writing is effective in reducing anxiety in research subjects.

Penelitian bertujuan untuk mengetahui efektivitas menulis ekspresif spiritual dalam menurunkan kecemasan pada subjek penelitian. Pendekatan penelitian Pre-experimental Design dengan One-Group Pretest-Posttest Design. Skala yang digunakan adalah skala kecemasan HARS (Hamilton Anxiety Rating Scale) dengan 5 kategorisasi tingkat kecemasan dan 14 pertanyaan. Teknik purposive sampling digunakan untuk menentukan subjek penelitian yaitu 15 siswa yang menunjukkan skor 28-41 (kategori berat). Expressive writing dengan internalisasi nila-nilai spritual memberikan dampak positif karena subjek akan memahami bahwa setiap hal yang terjadi tidak luput dari pengawasan Tuhan dan Tuhan akan selalu ada untuk hambanya. Tahapan Intervensi yakni Rekognisi atau Penulisan Awal, Ujian atau Latihan Menulis, Umpan Balik, dan Penerapan pada Diri Sendiri. Hasil penelitian dan analisis data menggunakan uji bertanda Wilcoxon dengan nilai Asymp.sig. (2-tailed) 0,001 < 0,05 maka Ha diterima yaitu menulis ekspresif spiritual efektif menurunkan kecemasan pada subjek penelitian.

Keywords / Kata kunci

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Spiritual Expressive Writing; Anxiety; Therapeutic Writing; Hamilton Anxiety Rating Scale (HARS)

Menulis Ekspresif Spiritual; Kecemasan; Terapi menulis; Skala HARS

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Introduction

Anxiety is a negative emotion that causes discomfort (Safaria, 2005). There are three types of anxiety: reality, neurotic, and moral (Corey, 2009; Libby, 2005; Richards et al., 2018). Neurotic and moral anxiety need to be treated so that anxiety can be reduced and realized and can be a source of motivation to become a better person (authentic self). Various psychological treatments are available to reduce anxiety, including cognitive behavioral therapy (CBT), which restructures negative thought patterns and reduces irrational beliefs (Beck, 2011); mindfulness-based therapy, which enhances present-moment awareness and acceptance (Kabat-Zinn, 2003); Islamic spiritual counseling, which incorporates prayer, dzikir, and religious coping strategies to foster peace of mind and spiritual surrender (Koenig, 2009); and spiritual expressive writing therapy, which facilitates emotional catharsis and self-reflection through structured writing sessions (Baikie & Wilhelm, 2005; Ruini & Mortara, 2022; Susilowati et al., 2015). Each approach addresses different psychological dimensions of anxiety, including cognitive, emotional, and spiritual domains (Baikie & Wilhelm, 2005; Ruini & Mortara, 2022; Susilowati et al., 2015)

Emotions that are not conveyed, emotional experiences, and traumatic experiences in the past can be expressed through writing (Susilowati et al., 2015) including the subject's relationship and

belief in God, who governs all events that happen to him (Kurniawan & Kumolohadi, 2015). This can improve the body's immune system and mental health, reduce physical complaints, and help patients cope with stress and anxiety (Pennebaker & Seagal, 1999). Spiritual expressive writing is a form of expression and self-reflection for individuals to learn to understand themselves, express negative emotions, as a catalyst for anxiety, and improve the ability to solve problems and adaptive functions (Bolton, 2004). Spiritual expressive writing can be performed at various age levels, ranging from children to adults or the elderly (Fartoukh & Chanquoy, 2020; Rahmi et al., 2021; Ruini & Mortara, 2022).

Spiritual expressive writing is the process of writing as a form of expression, catharsis, and individual reflection carried out with the motivation or the guidance of a therapist/ researcher (Bolton, 2004) to improve understanding of themselves or about others, increase creativity, self-expression, and selfesteem, and strong interpersonal communication, as well as catharsis in reducing individual anxiety. Expressive writing can be therapeutic for individuals if they have difficulty telling many hidden things to others (Pennebaker & Chung, 2007; Putri Riyanto et al., 2022). Through Expressive writing, individuals will look back on personal expression writing not only to see what is written but also to be able to evoke memories that cause them to experience anxiety.

Spiritual expressive writing therapy is an approach that combines expressive writing with spiritual elements, allowing individuals to explore feelings and emotional experiences while connecting them to their spiritual values or beliefs. Meanwhile, Spiritual expressive writing therapy focuses on writing as a way to express emotions and reduce stress without involving the spiritual dimension (Pennebaker & Chung, 2007; Rahmi et al., 2021). The difference lies in the addition of spiritual elements in spiritual expressive writing therapy, which deepens self-understanding through reflection on the meaning of life and connection with a higher power (Mosher et al., 2021).

In the context of higher education, particularly among students in Islamic universities such as IAIN Madura, anxiety has emerged as a significant psychological challenge. Academic pressure, fear of failure, financial problems, and internal family conflicts are frequently reported as triggers. Students may display symptoms such as excessive worrying, inability to concentrate,

restlessness, and sleep disturbances. These emotional disturbances can interfere with academic performance and personal development.

Previous studies have shown that spiritual expressive writing therapy, which integrates emotional catharsis through writing with spiritual reflection, can significantly reduce levels of anxiety and improve well-being (Kurniawan & Kumolohadi, 2015; Mosher et al., 2021). This method allows individuals to reframe their distressing experiences through the lens of faith and divine presence, offering emotional release while enhancing spiritual resilience. However, more empirical evidence is needed to validate its effectiveness in diverse cultural and educational contexts.

This research aims to examine the effectiveness of spiritual expressive writing therapy in reducing anxiety among students of IAIN Madura who are categorized as having severe anxiety levels based on the HARS scale

Table 1.

Emergency degree categorization of HARS scale

Emergenc	ry degree categorization of HARS scale
Score	Category
< 14	Individuals do not have anxiety traits
	(These individuals do not show any signs
	or symptoms of anxiety at all)
14-20	Individuals have anxiety with mild
	symptoms (These individuals experience
	anxiety with mild symptoms that slightly
	affect their daily lives).
21-27	Individuals have anxiety with moderate
	symptoms (These individuals experience
	anxiety with moderate symptoms that are
	quite disruptive to their daily activities).
28-41	Individuals who have anxiety with severe
	symptoms (these individuals experience
	anxiety with severe symptoms that are very
	disruptive and significantly affect their
	lives)
42-56	Individuals have anxiety with severe
	symptoms (Individuals who experience
	anxiety with symptoms that are so severe
	that they interfere with almost all aspects
	of their lives, such as work, social
	relationships, and general health).

Method

A pre-experimental design research approach with a one-group pre-test/post-test design was used. At the beginning of the study, measurements were made of bound variables that had research subjects, the intervention was given, and then remeasurement was carried out with the same scale (Christensen, 2007). The Hamilton Anxiety Rating Scale (HARS) was used as an emergency assessment instrument. The HARS scale was originally developed by Max Hamilton to assess all manifestations of anxiety in humans, covering both psychological and psychosomatic symptoms. The HARS scale has validity and reliability for measuring anxiety in clinical trial studies, namely 0.93 and 0.97, which are valid and reliable in measuring anxiety (Bruss et al., 1994; Katherine Shear et al., 2001).

Table 2.

Procedure For Giving Treatment

	For Giving Treatm	
Session	Objective	Method
Session	Build rapport	Ice breaking, initial
1 (45')	and introduce	expressive writing
	spiritual	focused on one's
	expressive	relationship with
	writing	God, independent
		writing and relaxation
		as homework
Session	Develop	Review of personal
2 (40')	emotional and	writing results, silent
	spiritual	re-reading, guided
	awareness	spiritual self-
	through written	reflection
	reflection	
Session	Deepen	Reading aloud one's
3 (40')	emotional	writing, peer dialogue
	insight and	focused on inner
	spiritual	feelings and spiritual
	meaning	struggles
	through	
	feedback	
Session	Internalize	Self-initiated writing
4 (40')	spiritual values	integrating learned
. ,	and conclude	values; therapist-
	therapeutic	guided emotional
	writing process	debrief and treatment
	. .	closure (Malchiodi,
		2005)

The HARS scale, consists of 14 questions constructed to assess symptoms in individuals experiencing anxiety, compassisng overthinking, anxiety, fear of negative effects, difficulty sleeping, intelligence problems, feelings of depression, somatic symptoms, symptoms, cardiovascular symptoms, respiratory symptoms, gastrointestinal symptoms, urogenital symptoms, vegetative symptoms, and behavior during the interview. An example of a HARS scale statement is feeling worried, anticipating the worst, fearful anticipation, or irritability. The next example is feelings of tension, fatigability, startle response, moved to tears easily, trembling,

feelings of restlessness, inability to relax (Jeong & Lee, 2024)

The HARS has five levels for each item, with a range of 0-4. A value of 0 is chosen if it has no symptoms at all, and a value of 4 is chosen if it is very severe and shows all the symptoms present. The degree of anxiety was determined by summing the scores from items 1 to 14 according to the selected items.

The participants were students with anxiety scores above 28, indicating that anxiety belongs to the severe category. The purposive sampling technique is used to determine the research subject, namely, determining the research sample by setting specific characteristics by the study's objectives so that it is expected to answer the research hypothesis (Arikunto, 2013). From the 48 respondents of 3rd-semester students of the Islamic Education Guidance and Counseling Department of Tarbiyah Faculty of Iain Madura who filled out the HARS scale, 15 students showed a score of 28-41 (severe category). They were willing to be the subject of research.

The implementation of treatment preparation involved administering a pretest, conducting a meeting session with 15 study participants in a classical setting, and concluding with posttest activities to assess the efficacy of Spiritual Expressive Writing therapy in reducing anxiety among the subjects. Throughout the study, all procedures were carried out by established ethical standards for research involving student participants. Informed consent was obtained, confidentiality was maintained, and participants were assured of their right to withdraw at any stage without consequence.

Data analysis techniques used in this study are non-parametric statistical data analysis test Wilcoxon signed test, namely statistical analysis to test the difference in the acquisition of scores from two samples in pairs (related sample) and the comparison between observations before and after the effectiveness of a treatment (Windi et al., 2022). The Wilcoxon rating test was used to determine if there was a change in anxiety reduction at the time of the pre-test and post-test using SPSS version 26.

Results

Based on the pretest and posttest results of the research subjects who underwent spiritual expressive writing therapy, the data showed a consistent decline in anxiety levels. The Wilcoxon Signed Rank Test revealed that all 15 participants

Table 3.

Pretest-posttest value and categorization of the degree of anxiety of research subjects

Subject	Pretest Value	Category	Posttest Value	Categorization
1	39	Severe	31	Severe
2	34	Severe	27	Moderate
3	34	Severe	26	Moderate
4	32	Severe	31	Severe
5	32	Severe	30	Severe
6	32	Severe	25	Moderate
7	31	Severe	30	Severe
8	31	Severe	28	Severe
9	30	Severe	26	Moderate
10	30	Severe	28	Severe
11	29	Severe	23	Moderate
12	29	Severe	23	Moderate
13	28	Severe	27	Moderate
14	28	Severe	24	Moderate
15	28	Severe	24	Moderate

had negative ranks, indicating that their posttest scores were lower than their pretest scores. The test yielded a mean rank of 8.00 and a total sum of ranks of 120.00. The Z value was -3.416 with an Asymp. Sig. (2-tailed) of 0.001, which is below the standard significance level of 0.05. This confirms that the reduction in anxiety after the intervention was statistically significant.

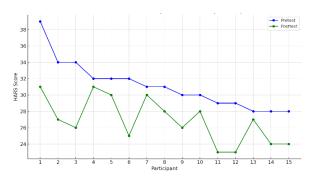


Figure 1. Graph of pretest and posttest HARS scores of study participants following spiritual expressive writing therapy.

No positive ranks were found, meaning none of the participants experienced increased anxiety. There were also no ties, indicating that all participants had different anxiety scores between the pretest and posttest phases. Furthermore, although the overall scores decreased, only nine participants experienced a shift in anxiety category from severe to moderate based on the HARS classification, while six participants remained in the severe category.

Six participants showed decreased scores, but their anxiety categorization remained in the "severe" category. Meanwhile, nine participants experienced a decrease in both anxiety score and categorization level, moving from "severe" to "moderate.". To illustrate the individual changes in anxiety levels before and after the intervention, the following graph presents the pretest and posttest HARS scores of each participant. This visual comparison aims to clarify the degree of score reduction, as discussed in the previous table.

Discussions

The modern era and the era of digitization are ages of anxiety (Rusydi, 2015), religion, and spirituality can heal anxiety (Biller, 2009; Koenig, 2009) because they can provide unlimited hope. The integration of spirituality in psychotherapy can heal past wounds since every individual has a spiritual life (Meichenbaum & Emeritus, 2008; Mosher et al., 2021). In this research intervention, emotional and spiritual elements were added to the writing of the participants.

Therapy motivates that everything that happens in life cannot be separated from the provisions of God so that in the face of problems in life must always ask for help from the creator, and as his creatures accept all the provisions will make themselves at peace with the heart so that it will be a happier human being, and do not forget, God will always forgive the sins of his servants who want to repent. Adz-Zakiey states that spiritual motivation appears as a manifestation of human nature to meet spiritual needs, namely in the form of pleasure, love, and the best wishes that are offered to the Lord of all (Adz-Dzakiey, 2007). Spirituality can be the main means of overcoming

past wounds and anxiety (Meichenbaum & Emeritus, 2008).

Avoiding hurtful emotions toward family, friends, or creators is key to developing and maintaining an unfinished business (Elliott et al., 2005). The emotions experienced by the subject are difficult to express but are associated with certain memories and fantasies. Unable to express it in a conscious state, these feelings will remain in the past and be carried on in the present life, and they can hinder effective relationships with themselves and with others (Corey, 2009). Research subjects save a lot of past injuries because of the family, namely the relationship they had with their parents/siblings.

Writing about anxiety and traumatic experiences experienced by research subjects in the past will have a psychological health impact and in the long term, will reduce health problems (Pennebaker & Chung, 2012). Writing therapy becomes a research subject's moderate to express pent-up feelings and can improve the ability to self-disclose (Rohmah & Pratikto, 2019). The emotional expressiveness of an individual is a natural expression of true emotions. Emotional disclosure through writing is a process that involves natural feelings but changes from oral language to written form (Pennebaker & Seagal, 1999), which provides an opportunity for the subject to increase insight, self-reflection, and individual perspectives in channeling their emotions (Kurniawan & Kumolohadi, 2015).

Through writing activities, individuals can express themselves to gain a better self-understanding of the problems they face, reduce anxiety, transform new understanding, produce better emotional conditions, resolve unresolved inner conflicts in the past, and have a sense of well-being (Malchiodi, 2005). In addition, through Group Discussion activities, individuals can obtain ideas that were not previously thought of by themselves and see the problem from a broader perspective so that individuals do not stick to their point of view. Discussion activities with the same people who have problems are also able to increase to increase self-confidence and self-esteem in individuals (Bolton, 2004).

The results of the research subject's writing became a mediator between the subject's internal emotions and thoughts and the real conditions they faced. Writing will be a unifier of thoughts and feelings that have been disintegrating, and the practice of writing habituation will make the individual accustomed to new, more adaptive behaviors. The therapist concluded that the

achievements obtained by the subjects during the following treatment activities, the subjects can express and express a variety of pent-up feelings through handwriting strokes. Expressive writing therapy can help individuals understand themselves better and overcome depression, distress, anxiety, addiction, overthinking, loss, and various changes in their lives (Bolton, 2004).

Anxiety can be associated with certain memories or fantasies that cannot be expressed (Paramita, 2020; Richards et al., 2018). This happens because of the many emotional conflicts that are owned by individuals (DuBois et al., 2012). Anxiety in individuals can hinder effective relationships with themselves and others and can cause symptoms of physical illness (Rizal et al., 2020). Individual changes in becoming aware of negative memories. Trauma is very important in personality changes in individuals (Thorne & Klohnen, 2016).

Writing therapy is a way to reflect and express oneself with the help of a therapist and has special characteristics not found in other psychotherapy (Malchiodi, 2005; Pennebaker & Chung, 2007; Ruini & Mortara, 2022). Writing about traumatic events in the past can be cathartic and have an effect on improving both physical and mental health and can influence the way clients describe their life events (Baikie & Wilhelm, 2005; Bolton, 2004; Malchiodi, 2005; Ruini & Mortara, 2022; Sarahdevina & Yudiarso, 2022). characteristics of writing therapy are selfexpression and active participation (Susanti & Supriyanti, 2013), namely by involving clients with verbal reflection to understand past experiences, feelings, and self-perceptions. The stages of Expressive Writing are Recognition or Initial Write, Examination or Writing Exercise, Juxtaposition, and Application to the Self (Malchiodi, 2005).

One of the essential components of this intervention was its spiritual dimension. Participants were not only encouraged to express their emotions in writing, but also to reflect on their experiences about their faith and connection with God. This integration of spirituality allowed participants to reframe anxiety-inducing experiences through the lens of surrender gratitude (syukur), and divine (tawakkal). presence (muragabah). Such reflection fostered emotional release, self-awareness, and spiritual grounding. This finding is consistent with (Mosher et al., 2021), who noted that spiritually oriented writing enhances meaning-making and psychological resilience. The participants'

willingness to continue therapy, as well as their insights during the final session, indicated that spiritual awareness contributed to their sense of peace and motivation to heal.

The results of research and individual analysis on the subject of research showed that the decrease in anxiety possessed by the subject in various aspects, especially due to family factors in the past (unfinished business) and the lack of spiritual values they have decreased due to the activeness of the subject during the intervention activities in each session, as well as the intrinsic motivation of the subject to immediately overcome the problems experienced, especially the subject being a prospective counselor who will have a responsibility to help learners accept themselves and direct themselves. Candidates for counselor must have the passion to help themselves solve their problems, have a positive personality, and have good spiritual health.

The limitations of this study include the following:

- 1. The number of research subjects for the problematic client category needs to be reduced so that the therapist's attention can be comprehensive to all research subjects (ideally a maximum of 10 participants)
- 2. The implementation time of writing therapy intervention for subjects with severe anxiety was not sufficient for only four weeks for four activity sessions.
- 3. Requires a more conducive group counseling room with the appropriate capacity of the research subject so that the implementation of the intervention is successful.
- 4. Requires collaboration of other counseling techniques for research subjects requiring continued.
- 5. The lack of time for sharing activities and some participants needing further private counseling services were found in this study.

Conclusion

Spiritual expressive writing that incorporates the internalization of spiritual values has shown a positive impact in reducing anxiety. Through this process, participants are guided to understand that everything that happens is within God's supervision, and that divine presence is constant and comforting. This form of writing has the potential to become a new model and habitual practice for individuals to manage anxiety and address psychological distress in daily life.

For future researchers, it is recommended to develop more personalized follow-up mechanisms in therapeutic activities, including greater participant engagement throughout the research process. Additionally, future studies should explore more diverse participant profiles and psychological problems to enrich the effectiveness and adaptability of this approach.

Reference

- Adz-Dzakiey;, H. B. (2007). *Psikologi Kenabian : Menghidupkan potensi dan kepribadian kenabian dalam diri*. Beranda Publishing.
- Arikunto, S. (2013). *Prosedur Penelitian Suatu Pendekatan Praktik.*http://r2kn.litbang.kemkes.go.id:8080/handl

 e/123456789/62880
- Baikie, K. A., & Wilhelm, K. (2005). Emotional and physical health benefits of expressive writing. *Advances in Psychiatric Treatment*, 11(5), 338–346. https://doi.org/10.1192/apt.11.5.338
- Beck, S., J. (2011). Cognitive behavior Therapy (Second Edi). The Guilford Press. http://scioteca.caf.com/bitstream/handle/123 456789/1091/RED2017-Eng-8ene.pdf?sequence=12&isAllowed=y%0Ahttp://dx.doi.org/10.1016/j.regsciurbeco.2008. 06.005%0Ahttps://www.researchgate.net/publication/305320484_SISTEM_PEMBETUNGAN_TERPUSAT_STRATEGI_MELESTARI
- Biller, A. S. A. H. B. (2009). *Hope in the Age of Anxiety*. Oxford University Press. https://doi.org/10.1001/jama.2011.797
- Bolton, G. (2004). Writing Cures Handbook of Writing. In *Brunner -Routledge Taylor & Francis Gropu, Hove & New York*.
- Bruss, G. S., Gruenberg, A. M., Goldstein, R. D., & Barber, J. P. (1994). Hamilton anxiety rating scale interview guide: Joint interview and test-retest methods for interrater reliability. *Psychiatry Research*, *53*(2), 191–202. https://doi.org/10.1016/0165-1781(94)90110-4
- Christensen, L. B. (2007). Experimental Methodology Third Edition (Tenth Edit). Allyn And Bacon, Inc.
- Corey, G. (2009). *Theory and Practice of Counseling and Psychotherapy* (Ninth Edit). Brooks/Cole, Cengage Learning.
- DuBois, W. E. B., Blake-Beard, S. D., Murrell, A., & Thomas, D. (2012). Unfinished Business:

 The Impact of Race on Understanding

- Mentoring Relationships. *The Handbook of Mentoring at Work: Theory, Research, and Practice*, 223–248. https://doi.org/10.4135/9781412976619.n9
- Elliott, R., Watson, J. C., Goldman, R. N., & Greenberg, L. S. (2005). Empty chair work for unfinished interpersonal issues. *Learning Emotion-Focused Therapy: The Process-Experiential Approach to Change.*, 243–265. https://doi.org/10.1037/10725-012
- Fartoukh, M., & Chanquoy, L. (2020). Expressive writing in school children: Effects on well-being and working memory. *Journal of Writing Research*, *11*(3), 505–523. https://doi.org/10.17239/JOWR-2020.11.03.04
- Jeong, H., & Lee, B. (2024). Psychometric Properties and Factor Structure of the Hamilton Anxiety Rating Scale among Korean University Students during COVID-19. *The Open Psychology Journal*, 17(1). https://doi.org/10.2174/01187435012682442 31108104216
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144–156. https://doi.org/10.1093/clipsy/bpg016
- Katherine Shear, M., Bilt, J. Vander, Rucci, P., Endicott, J., Lydiard, B., Otto, M. W., Pollack, M. H., Chandler, L., Williams, J., Ali, A., & Frank, D. M. (2001). Reliability and validity of a Structured Interview Guide for the Hamilton Anxiety Rating Scale (SIGH-A). *Depression and Anxiety*, 13(4), 166–178. https://doi.org/10.1002/DA.1033
- Koenig, H. G. (2009). Research on religion, spirituality, and mental health: A review. *Canadian Journal of Psychiatry*, *54*(5), 283–291.
 - https://doi.org/10.1177/07067437090540050 2
- Kurniawan, Y., & Kumolohadi, R. (2015). Spiritual-Emotional Writing Therapy Pada Subjek Yang Mengalami Episode Depresif Sedang Dengan Gejala Somatis. *Humanitas*, 12(2), 142–157. https://doi.org/10.26555/humanitas.v12i2.38
- Libby, P. (2005). The forgotten majority: Unfinished business in cardiovascular risk reduction. *Journal of the American College of Cardiology*, 46(7), 1225–1228. https://doi.org/10.1016/J.JACC.2005.07.006

- Malchiodi, C. A. (2005). Expressive Therapies. In C. A. Malchiodi (Ed.), *Activities, Adaptation & Aging* (Vol. 5, Issues 1–2). The Guilford Press.
 - https://doi.org/10.1300/j016v05n01 07
- Meichenbaum, D., & Emeritus, D. (2008). Trauma, spirituality and recovery: Toward a spiritually-integrated psychotherapy. *Www.Melissainstitute.Org*, 519, 1–39. www.melissainstitute.org
- Mosher, D. K., Hook, J. N., Captari, L. E., Hodge, A. S., Bellegarde, N., Davis, D. E., McElroy-Heltzel, S. E., Choe, E. J., Van Tongeren, D. R., Davis, E. B., & Aten, J. D. (2021). Spiritually Oriented Expressive Writing and Promoting Positive Outcomes After a Natural Disaster. *Counseling Psychologist*, 49(6), 847–881.

https://doi.org/10.1177/00110000211010499

- Paramita, R. W. (2020). Konseling Gestalt untuk Menyelesaikan Unfinished Business. Procedia: Studi Kasus Dan Intervensi Psikologi, 8(3), 135–144. https://doi.org/10.22219/procedia.v8i3.1430
- Pennebaker, J. W., & Chung, C. K. (2007). Expressive writing, emotional upheavals, and health. *Foundations of Health Psychology*, *January*, 263–284.
- Pennebaker, J. W., & Chung, C. K. (2012). Expressive Writing: Connections to Physical and Mental Health. *The Oxford Handbook of Health Psychology*, 78712. https://doi.org/10.1093/oxfordhb/978019534 2819.013.0018
- Pennebaker, J. W., & Seagal, J. D. (1999). Forming a Story: The Health Benefits of Narrative. *J Clin Psychol*, *55*, 1243–1254.
- Putri Riyanto, A. A., Adjani, L. R., Safirah, S. H., & Fitriani, A. (2022). Expressive Writing Therapy through Online and Offline Media to Reduce Nomophobia Level during the Pandemic Covid-19. *Journal of Educational, Health and Community Psychology*, 11(1), 192.

https://doi.org/10.12928/jehcp.v11i1.22222

- Rahmi, N., Yahya, M., Bakar, A., Marsela Program Studi Bimbingan Konseling, F., & Keguruan Dan Ilmu Pendidikan, F. (2021). Efektivitas Teknik Konseling Untuk Mereduksi Motif Agresi Siswa MAN Aceh Besar. *Jurnal Suloh*, 6(1), 27–34.
- Richards, M., Thorlby, R., Fisher, R., & Turton, C. (2018). Unfinished business. An Assessment of the national approach to

- improving cancer services in England 1995-2015. In *Research Report: The Health Foundation* (Issue November). https://www.health.org.uk/publications/unfinished-business
- Rizal, S., Danim, S., Hadiwinarto, Darmayana, I. W., Fadila, Apriani, E., & Jurianto. (2020). Gestalt Counseling in Overcoming Unfinished Business. *International Conference on the Teaching English and Literature*, *I*(1), 370–385. https://ejournal.karinosseff.org/index.php/icotel/article/view/133
- Rohmah, L. F., & Pratikto, H. (2019). Expressive Writing Therapy Sebagai Media Untuk Meningkatkan Kemampuan Pengungkapan Diri (Self Disclosure) Pada Pasien Skizofrenia Hebefrenik. *Psibernetika*, 12(1), 20–28.

https://doi.org/10.30813/psibernetika.v12i1. 1584

- Ruini, C., & Mortara, C. C. (2022). Writing
 Technique Across Psychotherapies-From
 Traditional Expressive Writing to New
 Positive Psychology Interventions: A
 Narrative Review. 52, 23–34.
 https://doi.org/10.1007/s10879-021-09520-9
- Rusydi, A. (2015). Kecemasan dan Psikoterapi Spritual Islam. In *Istana PUblishing* (Vol. 28, Issue 8 Special Issue).
- Safaria, T. (2005). Terapi & Konseling Gestalt.
- Sarahdevina, P. N., & Yudiarso, A. (2022). Studi meta analisis: Efektivitas terapi menulis dalam menurunkan kecemasan orang dewasa dengan pengalaman traumatis. *Jurnal Ilmiah Psikologi Terapan*, *10*(1), 278–283. https://doi.org/10.22219/jipt.v10i1.17245
- Susanti, R., & Supriyanti, S. (2013). Pengaruh Expressive Writing Therapy Terhadap Penurunan Tingkat Kecemasan Berbicara Di Muka Umum Pada Mahasiswa. *Jurnal Psikologi*, 9(2), 43–51.
- Susilowati, T. G., Hasanat, N. U., & Psikologi, F. (2015). Pengaruh Terapi Menulis Pengalaman Emosional Terhadap Penurunan Depresi pada Mahasiswa Tahun Pertama. *Jurnal Psikologi*, 38(1), 92 107. https://journal.ugm.ac.id/jpsi/article/view/76
- Thorne, A., & Klohnen, E. (2016). *Interpersonal Memories as Maps for Personality Consistency*. 1–23.
- Windi, W. A., Taufiq, M., & Muhammad, T. (2022). Implementasi Wilcoxon Signed Rank

Test Untuk Mengukur Efektifitas Pemberian Video Tutorial Dan Ppt Untuk Mengukur Nilai Teori. *Produktif: Jurnal Ilmiah Pendidikan Teknologi Informasi*, *5*(1), 405–410.

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