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Expressive Journaling and Self-Reported Coping Scores Among Senior High School Students: A Nonrandomized Pretest–Posttest Study

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Abstract

Background: Academic transitions can increase stress among Grade 12 students. Expressive journaling offers a low-cost reflection activity, yet its association with specific coping domains requires careful measurement because adaptive and avoidant coping are not interchangeable.
Objective: To describe pretest–posttest changes in aggregate Brief COPE scores among students assigned nonrandomly to expressive journaling and comparison groups.
Methods: This nonequivalent-group quasi-experimental study analyzed 81 Grade 12 students at SMAN 8 Jambi (journaling n = 41; comparison n = 40). Students completed a reported 28-item Brief COPE adaptation before and after three weekly 20-minute journaling sessions. The available statistical outputs comprised separate within-group Wilcoxon signed-rank tests; a controlled between-group change estimate was not available.
Results: Mean scores rose from 84.27 (SD 7.46) to 89.49 (SD 5.47) in the journaling group (within-group $p < 0.001$), and from 82.10 (reported SD 1.76) to 82.83 (SD 5.99) in the comparison group ($p = 0.782$). The descriptive difference between mean changes was 4.49 points, without a verified inferential comparison. The reported comparison-group baseline SD requires correction against original data.
Conclusion: The journaling group exhibited an increase in aggregate coping-item scores after three sessions. Nonrandomized allocation, lack of a valid direct group contrast, and unverified adaptive-coping cutoffs prohibit concluding that the intervention improved adaptive coping. A controlled analysis of validated Brief COPE domains is recommended.

Keywords: coping strategies; expressive journaling; grade 12 students; teenager; university entrance examinations.

INTRODUCTION

The final year of senior high school is a developmental period in which academic performance, personal identity, and decisions about future education often converge (1). For Indonesian students, preparation for university selection through pathways such as the National Selection Based on Achievement (SNBP) and the National Selection Based on Tests (SNBT) may involve uncertainty about academic competitiveness, choice of program, family

expectations, and financial feasibility (2,3). Academic stress is not inherently pathological, but sustained demands can interfere with concentration, sleep, and perceived control when students lack suitable coping resources (1). The Indonesian Health Survey 2023 underscores broader mental-health needs in young populations; its estimates, however, should not be presented as the prevalence of examination-specific anxiety or stress (4). This distinction is important because a school-based preventive activity should be justified by identifiable developmental and educational needs rather than by misapplying population-level mental-health statistics (5).

Coping describes the cognitive and behavioral efforts through which individuals manage demands appraised as taxing or exceeding their resources (6). In the transactional model of stress and coping, appraisal of the stressor and appraisal of available resources continually inform coping responses, which may change as a situation evolves (7–9). Problem-focused approaches seek to modify circumstances through such activities as planning or seeking practical assistance, whereas emotion-focused approaches address the feelings elicited by a stressor (6). Neither category is invariably beneficial: the usefulness of a strategy depends on its timing, controllability of the problem, and consequences (6). A student may benefit from planning a study schedule, seeking trustworthy admission information, or accepting uncertainty about a result; a strategy that briefly reduces distress could nevertheless be unhelpful if it sustains avoidance of necessary decisions. Accordingly, coping should be interpreted as a pattern of context-dependent responses rather than a single quantity that is always better when numerically higher (6).

School is a pragmatic setting in which students can practice identifying stressors and responding to them before distress escalates (5). Individual self-regulation skills, supportive relationships, and access to trusted counselors may shape students' ability to navigate academic transitions (10,11). Yet school-based interventions are heterogeneous in theoretical content, duration, supervision, and outcome definitions (1). A meta-analysis of school-based programs found that the reduction of adolescent psychological stress depends on intervention and study characteristics, supporting cautious evaluation rather than an assumption that any brief activity will work equally well (12). A useful intervention should therefore be acceptable within students' schedules, sensitive to confidentiality, and evaluated using outcomes that distinguish constructive coping from avoidance, self-blame, or disengagement (1). These requirements are especially relevant when low-intensity psychosocial activities are delivered outside specialist mental-health services.

Expressive journaling is a structured or semi-structured form of writing in which participants articulate emotionally salient experiences and their meanings (13). Proposed mechanisms include emotional disclosure, narrative organization, recognition of recurrent thought patterns, and cognitive reappraisal (13). These mechanisms are plausible but not guaranteed; writing about distress might also temporarily intensify uncomfortable feelings for some participants (14). Indonesian school-based studies have examined expressive writing in relation to academic stress (15,16), while broader literature has addressed expressive writing and stress-related outcomes in other student populations (17,18). These findings support investigating the feasibility of journaling during educational transitions, but they do not establish that a brief journaling protocol changes all facets of coping or that any increase on a multidimensional coping inventory necessarily reflects adaptation (19).

Outcome definition is central to the present research question (6). The Brief COPE was developed to assess multiple coping responses, including potentially constructive strategies, such as active coping and planning, as well as responses whose implications are more context-dependent or potentially maladaptive, such as denial, self-distraction, behavioral disengagement, and self-blame (20). Psychometric work has highlighted its multidimensional nature and the need to examine how its structure operates in the target population (6,21–23). A published Indonesian adaptation was evaluated among patients with advanced cancer, providing evidence of cross-cultural measurement work but not direct validation of a single 28-item aggregate score among Indonesian adolescents preparing for university entry (22). Consequently, the key interpretive issue is not simply whether the total number of endorsed coping responses increases, but whether specific relevant strategies change in a favorable direction and whether those

changes exceed what occurs without journaling (6).

Prior studies have examined expressive writing, perceived academic stress, and selected emotional outcomes, and meta-analytic evidence suggests that effects may vary by population, follow-up interval, and intervention characteristics (12,14–18). The literature therefore does not warrant the premature claim that expressive journaling is entirely unstudied or uniquely beneficial in Indonesian schools (14,19). A more precise evidence gap concerns short, feasible journaling activities delivered during the high-stakes transition to university and evaluated with a defensible coping construct, adequate comparison, and follow-up (1). Although the current dataset includes a nonrandomized comparison group and repeated measurement, its source analysis did not provide a verified direct between-group treatment estimate or domain-level Brief COPE results. The available evidence can therefore describe short-term score patterns and support the design of stronger trials, but it cannot establish an independent causal benefit for adaptive coping (19).

Local discussions with guidance and counseling staff at SMAN 8 Kota Jambi indicated that some Grade 12 students faced difficulty reconciling preferred universities or academic programs with family expectations and perceived academic capability. This context provided a practical rationale for a brief writing activity focused on academic concerns, emotional expression, reflection, and planned responses. The present study aimed to describe and compare pretest–posttest patterns of self-reported coping scores in students who completed three expressive-journaling sessions and students receiving usual school activities. Its setting-specific contribution lies in documenting the implementation of a low-resource reflective activity during university-entry preparation while explicitly separating the observed aggregate score change from the untested proposition that adaptive coping improved. This distinction makes the findings informative for school nurses, educators, and counselors without overstating the evidence.

METHODS

Study Design

A nonequivalent control-group pretest–posttest design was implemented at SMAN 8 Jambi. Grade 12 classes provided eligible students for purposive and proportionate recruitment; assignment to the journaling and comparison groups was nonrandom. Both groups completed assessments before and after the scheduled sessions. The comparison group received an educational leaflet only after its posttest. Absence of random allocation, baseline matching data, allocation-concealment methods, and assessor masking limits causal inference.

Participants

The population consisted of 358 Grade 12 students. The source report used Slovin's formula, yielding approximately 78 required participants; a 10% allowance increased the target to 86 (43 per group). Of 86 initially enrolled, 81 completed both study assessments (41 journaling; 40 comparison). Recruitment involved class-proportionate selection and purposive eligibility screening, but the manuscript does not fully specify the exact inclusion and exclusion checklist, reasons for five incomplete posttests, or whether outcome missingness was related to baseline coping. These items must be checked against the study log.

Sample-size sensitivity. The source enrollment target was not calculated with G*Power and did not specify a clinically important change in coping. An exact two-sided independent-samples t-test sensitivity calculation with n = 41 and n = 40, $\alpha = 0.05$ and 80% power gives a detectable standardized between-group mean difference of approximately Cohen d = 0.63.

Eligibility and safeguarding. The source materials identify enrolled Grade 12 students but do not document whether screening restricted eligibility by school attendance, ability to write, prior journaling exposure, or mental-health support needs. In students younger than 18 years, the assent and parent/guardian permission process also requires confirmation with the approved protocol.

Intervention protocol

Researcher-led expressive journaling was scheduled for 30 July, 6 August, and 13 August 2026 at SMAN 8 Jambi. Each 20-minute session included orientation, approximately 10 minutes of private writing on examination-related concerns, guided reflection, and consideration of coping options. Journals were neither collected nor read, supporting privacy but preventing

independent assessment of written content or adherence. Intervention and comparison groups occupied different classrooms to reduce contamination. The facilitator's qualifications, a fidelity checklist, and the posttest timing relative to the last session were not reported.

Each 20-minute session followed a four-stage writing and reflection sequence adapted from prior expressive-writing practice (24):

1. Recognition/Initial Writing: Students completed an initial relaxation and orientation activity to focus their attention.
2. Examination/Writing Exercise: Students wrote freely and honestly about their thoughts and feelings related to preparing for university entrance examinations.
3. Juxtaposition/Feedback: Students reflected on what they had written.
4. Application to the Self: Students integrated their new understanding into strategies for managing academic stress in daily life.

Research Instrument

The Brief COPE was developed by Carver (20) to assess 14 two-item coping dimensions, for a total of 28 items. Responses ordinarily use a four-point ordered scale (2–4,7), generating domain scores of 2–8 and a possible aggregate sum of 28–112. Importantly, the instrument distinguishes conceptually different responses—including active coping, planning, support seeking, acceptance, denial, substance use, disengagement, and self-blame—and was not designed to imply that a higher undifferentiated 28-item sum always reflects healthier coping. The present report used a 28-item Indonesian adaptation, but does not document the translation version, domain scoring, reverse coding (if any), or the validity of its "adaptive" category cutoffs.

Psychometric transportability requires care. García et al. (21) examined the factor structure in a Chilean population. Huda et al. evaluated an Indonesian Brief COPE adaptation among 440 patients with advanced cancer; their final supported structure contained 21 items across five factors, not the unmodified 28-item/14-factor instrument used here (22). The Indonesian-language validation therefore cannot be cited as evidence that the exact 28-item scale, a single total score, or the present cutoffs are validated in school students. The source did not provide a sample-specific Cronbach α, McDonald ω, or factor analysis.

Scoring direction is critical: because two-item subscales represent distinct coping strategies, positive and negative changes must be interpreted per dimension, and some strategies cannot be labeled uniformly adaptive in every context. For subsequent analysis, identify a prespecified group of theory-consistent domains, report domain-level reliability and baseline-adjusted effect estimates, and avoid post hoc cutoffs derived from the observed data.

Data Collection Procedure

After institutional and research-ethics permissions, participating students received study information and provided written consent. Both groups completed baseline Brief COPE questionnaires, the journaling group attended the three scheduled sessions, and both groups repeated the questionnaire after the intervention period. The comparison group received information about journaling only after the posttest. Original written journals remained private and were not collected for analysis. Details of age-appropriate parent/guardian permission, blinded assessment, time from the final session to posttest, and formal participant feedback on acceptability were not available in the source report.

Data Analysis

The reported analysis described demographic characteristics and source-assigned coping categories. The Shapiro–Wilk test reportedly indicated departures from normality, and separate Wilcoxon signed-rank tests were applied to pretest–posttest scores within each group (two-sided $\alpha = 0.05$). Means and SDs are descriptive. The intervention mean increased by 5.22 points and the comparison mean by 0.73 points; their arithmetic difference of 4.49 is descriptive only. No within-person change-score dispersion, confidence interval, baseline-adjusted group effect, or direct between-group test could be verified. With participant-level scores, an ANCOVA of posttest outcomes adjusted for baseline and measured confounders or a group-by-time repeated-measures model with appropriate clustering if allocation was class-based would address the comparative question. Unequal baseline distributions, multiplicity, and missing observations should then be examined.

Ethical Considerations

Ethical approval for this study was obtained from the Research Ethics Committee of the Faculty of Medicine and Health Sciences, Universitas Jambi (Approval No. 200/DST/UN21.8.9/PT.01.04/2026). The study was conducted in accordance with the ethical principles of informed consent, anonymity, confidentiality, beneficence, nonmaleficence, and justice. Before data collection, participants received an explanation of the study's objectives, procedures, and potential benefits. Written informed consent was obtained from participants prior to their enrollment. Participation was voluntary, and all participant information and research data were kept confidential and used exclusively for research purposes. Following completion of data collection, the control group received educational information and a leaflet on expressive journaling to promote equitable access to information about the intervention.

RESULTS

Table 1. Frequency Distribution of Respondent Characteristics by Age, Sex, and Class (n = 81)

Respondent characteristics		Intervention Group		Control Group	
		f	Percentage (%)	f	Percentage (%)
Sex					
	Female	25	61.0	21	52.5
	Male	16	39.0	19	47.5
	Total	**41**	**100**	**40**	**100**
Age					
	16 Years	15	36.6	12	30.0
	17 Years	26	63.4	26	65.0
	18 Years	-	-	2	5.0
	Total	**41**	**100**	**40**	**100**
Grade					
	XII F.1.1	4	9.8	3	7.5
	XII F.1.2	3	7.3	5	12.5
	XII F.2.1	4	9.8	5	12.5
	XII F.2.2	4	9.8	5	12.5
	XII F.3.1	3	7.3	5	12.5
	XII F.3.2	4	9.8	4	10.0
	XII F.4.1	4	9.8	4	10.0
	XII F.4.2	4	9.8	4	10.0
	XII F.5	5	12.2	3	7.5
	XII F.6	6	14.6	2	5.0

Table 2. Frequency Distribution of Coping Strategies Before the Intervention

Coping Strategies	Intervention Group		Control Group	
	f	Percentage (%)	f	Percentage (%)
Adaptive	18	43.9	21	52.5
Moderately Adaptive	23	56.1	19	47.5
Maladaptive	-	-	-	-
Total	**41**	**100**	**40**	**100**

Table 3. Frequency Distribution of Coping Strategies After the Intervention

Coping Strategies	Intervention Group		Control Group	
	f	Percentage (%)	f	Percentage (%)
Adaptive	35	85.4	20	50.0
Moderately Adaptive	6	14.6	20	50.0
Maladaptive	-	-	-	-
Total	**41**	**100**	**40**	**100**

Table 4. Coping Strategy Scores Before and After the Intervention in the Intervention and Control Groups

Group	Assessment	Mean	SD	Median	Min-Max	*p-value*
Intervention	Pre-test	84.27	7.46	83	69-97	<0.001
(n=41)	Post-test	89.49	5.47	89	79-102	
Control	Pre-test	82.10	1.76	85	71-93	0.782
(n=40)	Post-test	82.83	5.99	84	70-100	

Tables 1 summarize participant characteristics and the source-defined coping categories at both assessments. These categories are presented descriptively because validated threshold definitions were unavailable. Most students were 17 years old: 26 students (63.4%) in the intervention group and 26 students (65.0%) in the control group. Most students were female, including 25 students (61.0%) in the intervention group and 21 students (52.5%) in the control group. In the intervention group, class XII F.6 contributed the largest number of students (n = 6; 14.6%).

At baseline, 23 intervention students (56.1%) were assigned the source-defined "moderately adaptive" category, while 21 controls (52.5%) were classified as "adaptive" (Table 2). These labels should not be equated with validated Brief COPE domains.

At posttest, 35 intervention students (85.4%) and 20 controls (50.0%) were placed in the source-defined "adaptive" category (Table 3). The distributions describe category assignments only and do not establish a between-group causal effect.

The Shapiro-Wilk test indicated that coping strategy scores were not normally distributed ($p < 0.05$). The Wilcoxon signed-rank test was therefore used to examine within-group changes in coping strategies before the intervention and after the intervention.

Table 4 reports a pretest mean of 84.27 (SD 7.46) and a posttest mean of 89.49 (SD 5.47) in the intervention group (within-group $p < 0.001$), compared with means of 82.10 (reported SD 1.76) and 82.83 (SD 5.99) in controls ($p = 0.782$). The descriptive mean changes were +5.22 and +0.73, respectively; the arithmetic difference was +4.49, without a standard error or p value for a direct group comparison. The control pretest SD of 1.76 is internally inconsistent with the recorded n = 40, mean = 82.10, minimum = 7 , and maximum = 93. The minimum and maximum values themselves place a lower bound on the possible sample SD of approximately 2.49 for 40 observations with this mean; consequently an SD of 1.76 cannot coexist with all of these numbers.

DISCUSSION

The participants were predominantly 17 years old, and female students constituted a majority in both groups, consistent with a study focused on a late-adolescent educational transition. At this age, identity formation, emerging autonomy, relationships with parents, and decisions about postsecondary education may coincide with academic evaluation pressures (1,25–27). These characteristics help locate the study within an important developmental period but do not, by themselves, explain the observed scores. Research has explored sex-related differences in stress and coping (28–30); however, this study did not model age or sex as moderators of the response to journaling (5). It would therefore be inappropriate to attribute a larger or smaller change to female students or to claim that

specific student subgroups benefited disproportionately. A stratified or interaction analysis would require a prespecified hypothesis, balanced groups, and sufficient data.

Students' reactions to admissions-related demands are likely to be shaped by appraisal, perceived control, parental expectations, and peer relationships (1). Transactional stress theory emphasizes that a stressor is interpreted in relation to resources that an individual believes are available (7–9). Within a school, friends can normalize uncertainty and provide instrumental or emotional support, although peer comparison may sometimes intensify competitive pressure (1). Indonesian research has discussed peer support and academic stress in adolescents (31). These contextual influences matter because a student completing a journal may simultaneously receive counseling, encouragement, or information from peers or family. Neither peer support nor changing appraisal was measured as a potential mechanism in this study, so the present data cannot disentangle journaling-related reflection from these concurrent influences.

The central result was an increase in the intervention group's reported aggregate Brief COPE mean from 84.27 (SD 7.46) to 89.49 (SD 5.47), corresponding to a descriptive mean rise of 5.22 points; the within-group test was statistically significant ($p < 0.001$). The comparison group changed from 82.10 to 82.83, a descriptive rise of 0.73 points, and its within-group test was not significant ($p = 0.782$). The difference between these two observed changes is 4.49 points descriptively, but neither its uncertainty nor an inferential treatment contrast was reported. Critically, significance in one group and nonsignificance in the other do not establish a significant between-group difference (6). Nonrandom group allocation and the absence of a baseline-adjusted group-by-time estimate further limit causal interpretation (5). These findings should be described as divergent short-term score trajectories, not as proof that journaling produced better coping.

The increase also needs construct-level scrutiny (6). Brief COPE contains 14 conceptually distinct two-item dimensions, some of which may reflect active problem-solving or acceptance and others denial, disengagement, self-blame, or venting, depending on how they are used (20). Aggregating all 28 items into one undifferentiated sum can erase opposing domain trends (6). For example, increased planning alongside increased self-blame would raise the total without necessarily representing a net improvement in adjustment (6). The applicability of proposed higher-order factors differs by population, and evidence from adult Indonesian patients with advanced cancer cannot automatically validate the same factor structure among school students (21–23). The most defensible outcome here is therefore a change in aggregate endorsement of coping items. To claim an increase in adaptive coping, investigators would need validated, directionally interpretable domains and a prespecified definition of favorable change.

The theoretical appeal of expressive journaling lies in its opportunity for students to externalize concerns and organize thoughts in writing (13). During the three sessions, participants were invited to identify pressures, articulate thoughts and feelings, reflect on experiences, and consider hopes or actions relevant to university-entry preparation. These activities are compatible with appraisal and reappraisal processes described in coping theory (9), but the study did not record whether reappraisal, emotional clarity, help-seeking, or action planning actually changed. It is equally possible that the questionnaire became more familiar after repeated administration or that participation prompted students to notice and endorse more coping behaviors without altering their functioning (13). Such alternatives are particularly important when the outcome is entirely self-reported over a short interval.

The present findings are relevant to, but not directly interchangeable with, earlier work on expressive writing. Indonesian studies have reported outcomes relating to academic stress in secondary-school settings (15,16), and other student research has considered expressive-writing approaches to stress (17). Guo's meta-analysis addressed longer-term symptoms of depression, anxiety, and stress following expressive writing (18). These are different constructs from the multidimensional coping responses assessed here (14). Similarly, meta-analytic evidence on school-based psychological stress programs provides a broader intervention context but does not validate the current coping-score interpretation (12). Comparing studies solely by whether a p value was significant would obscure differences in study design, intervention dose, outcome timing, and

measurement (1). A meaningful synthesis therefore supports the plausibility of school-based expressive writing while leaving the specific effect on adaptive coping unresolved.

The limited intervention dose also deserves attention. Three weekly sessions may offer a manageable introduction to reflective writing, but it is uncertain whether this exposure is enough to consolidate strategies that students can apply during actual examinations, disappointing results, or subsequent educational decisions (19). Writing itself does not guarantee appropriate problem-solving, and students experiencing persistent or severe distress may require personalized assessment rather than an unsupported self-help activity (14). The emotional effects of expressive writing may differ immediately after writing and at later follow-up, as suggested by research examining delayed effects (14,18). Without subsequent assessments, the study cannot determine whether the observed score difference persisted, dissipated, or was accompanied by changes in distress, functioning, school attendance, or academic performance (19).

For implementation, journaling has several pragmatic advantages: it can be conducted with inexpensive materials, embedded within classroom or counseling schedules, and adapted to students' preferred language and expressive style (1). Nevertheless, claims of acceptability or feasibility should be based on observed completion, feedback, and burden rather than assumed from low material costs. A school protocol should provide voluntary participation, private handling of written reflections, a clear statement that students need not disclose sensitive content, and a referral process if writing elicits significant distress (5). Counselors and school health staff could use journaling as an adjunct to supportive discussions and practical academic planning, while maintaining a distinction between an educational wellbeing activity and a treatment for a diagnosed mental-health condition (1). These are implementation recommendations, not benefits demonstrated by the outcome data.

Methodological limitations materially constrain this interpretation. First, nonrandom allocation creates potential baseline and contextual confounding; repeated within-group tests are insufficient to establish a group-by-time intervention effect (5). Second, five incomplete posttests may have introduced attrition bias if students who did not complete follow-up differed in distress or participation. Third, fidelity, independent completion of writing tasks, additional psychosocial support, contamination between groups, and longer-term outcomes were not systematically quantified. Fourth, the aggregate 28-item Brief COPE score and study-specific adaptive categories were not supported by reported factor validation for this adolescent sample, even though relevant psychometric literature underscores the importance of domain structure (6,20–22). The control group's reported baseline standard deviation should also be checked against its stated observed range before further analysis. Future research should preregister a primary coping domain or validated composite, evaluate instrument properties, use appropriate group-by-time or baseline-adjusted estimates with confidence intervals, and collect follow-up outcomes meaningful to students (6).

CONCLUSION

After three weekly expressive-journaling sessions, students in the journaling group reported higher aggregate Brief COPE scores, whereas the comparison group displayed little mean change. A numerical difference in descriptive mean changes was observed, but no inferential between-group contrast was available. Because the Brief COPE comprises diverse strategy domains and allocation was nonrandom, these data do not establish that journaling improved adaptive coping. Further studies should use validated coping domains, prespecified comparison models, and longer follow-up.

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CONFLICT OF INTEREST

The authors declare that they have no financial, personal, or professional conflicts of interest

that could have influenced the conduct, analysis, interpretation, or reporting of this study.

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