Thought Stopping Techniques to Reduce Social Anxiety

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Abstract: The word anxiety is not a new term to talk about nowadays. The community environment is gradually starting to open up to various kinds of mental issues such as depression and anxiety disorders. One of the problems that many adolescents experience is the problem in their social field, and that is the cause why there are a lot of adolescents indicated to have symptoms of social anxiety. Many factors influence the existence of social anxiety that adolescents have, such as pressure from peers, demands from the environment and people around them, the search for identity, experiences with other people and so on. In this article, the researcher will discuss about how social anxiety exists in one of Vocational High School in Surabaya. And how the thought stopping technique can be used to reduce the social anxiety. Thought stopping technique itself has been widely used to reduce anxiety symptoms in individuals. The application of the thought stopping technique will be done by giving individual counselling interventions to some students who have positive symptoms of social anxiety.

Keywords: anxiety, social, thought stopping, adolescents

Introduction

Anxiety is a topic that is widely discussed today, especially among adolescents. Adolescence is a time when an individual is looking for their true identity. They are easily attracted to something new, which they think suits them, especially their personality. The toughest challenges for adolescents are interaction and adjustment with increasing influence from peer groups, changes in social behaviour, social grouping, newly recognized values in friendship selection, support, social rejection, and leader selection (Bulantika, Wibowo, & Jafar, 2018). Vocational High School students are the same as other High School students. They are both teenage students, who experience various kinds of conflicts, to find their identity. There are many factors that influence the growth and development of adolescents, such as family, friends, living environment, school environment, etc. The pressures from the environment and relationships, as well as the demands of transitioning roles in life, make them easily feel indecisive and unstable. The expectations given to them,

especially those related to social interaction and communication, can trigger certain fears when the demands and expectations of those around them cannot be met. Over time, this fear can turn into anxiety, or fear of something that hasn't happened yet.

Anxiety is a feeling that every individual has. Anxiety is seen as a normal part of life (Sommers-Flanagan & Sommers-Flanagan, 2004). Banga in (Thahir, Bulantika, & Rimonda, 2018), says that anxiety is a condition in which the mind responds to several stimuli from the environment which ultimately leads the individual to feel afraid of something that will happen. Anxiety is a feeling of fear resulting from feelings of depression, imprinted memories, desires, and scary experiences that come to the surface of consciousness. Anxiety can be considered as pressure that motivates a person to take an action (Corey, 2013). According to the DSM (Diagnostic and Statistical Manual of Mental Disorders) issue V, anxiety disorders include disorders characterized by excessive fear and anxiety, as well as related behavioural disorders. Fear is an emotional response to a real or perceived threat, while anxiety is the anticipation of a future threat (American Psychiatric Association, 2013). According to Kottler and Kottler in the book Counselling Pupils in Schools Skills and Strategies for Teachers written by Hornby, Hall, and Hall in 2003, at least one in 5 children or about 20% of school-age children have emotional and psychological problems, one of it is general anxiety. Anxiety itself has characteristics such as excessive fear or worry about things that are out of control (Hornby, Hall, & Hall, 2003). Anxiety is the same as other mental disorders or problems, such as depression, stress, etc., which if not treated immediately, will get worse, and can lead to other disorders. For example, a person who becomes socially fearful, then begins to avoid social situations, and then develops a depressed mood as a result of social isolation (Langer, Tonge, Piccirillo, Rodebaugh, & Thompson, 2018). Usually, the symptoms of anxiety involving body movements will become greater as the anxiety increases, resulting in movements such as shaking or jerking easily. Body parts may vibrate, hands are often gripped tightly, as if to provide protection, swing and tapping feet, tapping fingers, or play with rings / other jewellery as an outlet for anxiety (Cormier, 2016). Anxiety is prone to occur in adolescents because adolescence is a transition period or commonly known as a period of storm and drunk or typhoons and hurricanes because of emotional instability which can then cause many problems (Bulantika, Wibowo, & Jafar, 2018).

One of the anxieties that can occur in individuals or adolescents is when doing social interactions. In the process, when individuals engage in social interactions, not everyone can feel safe and comfortable. Some individuals have the feelings of anxiety, fear or worry about the surrounding environment when doing social interactions, which can also be called social anxiety (Thahir, Bulantika, & Rimonda, 2018). Social anxiety disorder or also known as social phobia is one of the common mental disorders that many individuals have in a population (Hoffman & Otto, 2008). Social Anxiety Disorder (SAD); in DSM-V 300.23); synonymous with Social Phobia (SP, ICD-10 F40.10) describes a condition in which sufferers experience anxiety, fear, or panic around social interactions, "usually it comes from the concerns about being humiliated and judged by others" (Hoffman, 2018). From some of the definitions above, social anxiety can be said as anxiety or feelings of fear experienced by individuals when doing social interactions with other people.

People who suffer from social anxiety have a fear of getting negative evaluations from others, so that person can imagine various social interactions that can be cues of social anxiety: situations such as eating in public, or writing in front of many people, opening and/or maintaining a conversation, attending parties, asking others out on dates, meet and interact with new and unfamiliar people, or communicate with authority figures (Hofmann & Otto, 2008). Self-presentational theory or self-presentation theory says that people experience social anxiety when they are motivated to make a certain impression on others, but doubting whether they will be able to do so (Leary, 1990). Because basically social anxiety is real anxiety about one or more social situations in which individuals are faced with the possibility of being monitored by others (American Psychiatric Association, 2013).

The change in school policy (in Indonesia) from online to offline, making students who usually carry out all forms of discussion and presentation through online platforms, begin to feel the different sensations when conducting discussions and presentations in front of the class directly, because the face-to-face learning has start to be implemented in schools. In a preliminary study conducted on students of one of the Public Vocational High School in Surabaya majoring in Analytical Chemistry and Industrial Chemistry using the Student Needs Questionnaire distributed at the beginning of the semester, it showed that most students had difficulty speaking in public because they were anxious about being judged. 4 out of 5 classes had the highest score on the item "difficulty communicating in front of many people." Difficulty communicating is one of the symptoms of social anxiety disorder. In the APA (American Psychiatric Association) in 1980 said, the

term social phobia was first introduced in the third edition of the DSM (Diagnostic and Statistical Manual of Mental Disorders) where the diagnosis is generally intended for individuals whose fear is limited to a particular situation such as public speaking, eating or drinking with others, or urinating in public toilets (Blote, Kint, Miers, & Westenberg, 2009). This can be one way to find out whether students have the social anxiety or not. Differences in online and offline interactions can be used as a reference for observing how students adapt to the school environment after the face-to-face learning policy. Some subjects are also able to cause students to show social symptoms, such as entrepreneurship subjects that encourage students to be entrepreneurial by creating and marketing their products. Students with social anxiety will find it difficult when asked to market the products they have made, because of the fear caused by the anxiety they have.

Thought stopping refers to a set of procedures designed to improve a person's ability to block the response sequences at the cognitive level, as in the core model of cognitive behavioural therapy (CBT): stimulus – cognition – emotional or behavioural response (Bakker, 2009). This technique entered the realm of behavioural therapy after it was proposed by James G. Taylor and adapted by Joseph Wolpe for the treatment of obsessive thoughts and phobias (Thahir, Bulantika, & Rimonda, 2018). In the experimental literature thought stopping refers to a deliberate, self-initiated, cognitive control technique to block an ongoing thought sequence, which is usually followed by some kind of intentional positive self-talk (Bakker, 2009). Thought stopping technique itself has been widely used to treat common psychological disorders such as phobias and anxiety. Thought stopping can be used when people are having trouble letting go of persistent bad thoughts. Thought stopping involves saying "Stop!" either out loud or sub vocally whenever an unwanted thought resurfaces and replaces it with a more positive one. Over time, these unwanted thoughts will tend to decrease in frequency and intensity (Seligman & Reichenberg, 2010). The thought stopping procedure begins with the client closing his or her eyes and expressing thoughts that have been associated with negative arousal or anger. The therapist will then shout, "Stop!" and then show the patient that the thought has really stopped. After practicing similar thought-stopping in a separate trial, patients were encouraged to practice subvocal thought-stopping (O'Donohue, Fisher, & Hayes, 2003).

In a study on the effectiveness of providing group counselling services using systematic desensitization and thought stopping techniques to reduce social anxiety, which was conducted by Bulantika, Wibowo, and Jafar in 2018, the results showed that counselling interventions with systematic desensitization and thought stopping techniques were effective in reducing social anxiety experienced by counselees (students), shown by the ANOVA test results table which shows a significant difference between the pre-test and post-test given to the counselee before and after the intervention (Bulantika, Wibowo, & Jafar, 2018). In another study written by Putri, Wibowo, and Japar in 2021 on the effectiveness of group counselling using self-talk and thought stopping to reduce learning anxiety of students with broken home backgrounds, the results showed that from the pre-test and post-test results of 14 subjects, which given before and after the group counselling intervention showed that there was a significant change, indicating that the group counselling intervention using self-talk and thought stopping techniques was effective in reducing learning anxiety for students with broken home backgrounds (Putri, Wibowo, & Japar, 2021). In a study conducted by Sari, Keliat, and Dayati, regarding the use of thought stopping techniques to reduce anxiety in haemodialysis patients, it was shown that 32 patients who were subjects experienced changes in their pre-test and post-test results, due to the provision of counselling interventions with thought stopping techniques (Sari, Keliat, & Dayati, 2018). In a study conducted by Rostiana, Wibowo, and Purwanto in 2018 on the implementation of self-instruction and thought stopping in group counselling to increase the self-esteem of victims of bullying, the results showed that the sample given the self-instruction technique together with Thought stopping technique has a significant difference in pre-test and post-test results (Rostiana, Wibowo, & Purwanto, 2018).

Some of the studies above show that the thought stopping technique is capable and successful in dealing with problems/anxiety disorders, and also increases self-esteem. In this article, the researcher sees that the thought stopping technique can be used to reduce social anxiety experienced by adolescents, especially grade 12 students of SMK Negeri 5 Surabaya. For this reason, in this study, we will discuss how the thought stopping technique is able to reduce the symptoms of social anxiety that students of one of the Public Vocational High School in Surabaya have.

Method

Type of Research

In this study, a quantitative research design was used with the experimental method of one group pre-test post-test. Quantitative research is a means to test objective theory by examining the relationship between variables. The variable (usually on the instrument) is measured, so that numerical data can be analyzed using statistical procedures (Creswell, 2009). The experimental method used in this study is a research method used to see and explain the presence or absence of a cause-and-effect relationship (causality) between one variable and another (variable X and variable Y) (Siyoto & Sodik, 2015).

One group pre-test post-test is a quantitative research method with a pre-experimental design. It is said to be a pre-experimental design, because this design does not include a real experiment. This is because there are still external variables that also influence the creation of the dependent variable (Hardani, et al., 2020).

Research Subject

This study used 12th grade students in one of the Vocational High Schools in Surabaya, majoring in Analytical Chemistry and Industrial Chemistry. With a population of 5 classes (1 class ±30 students), 3 classes of Analytical Chemistry, and 2 classes of Industrial Chemistry.

Research Procedure

One group pre-test post-test was conducted by giving pre-test to the research subjects, before being given treatment and after being given treatment, the subject will be asked to do a post-test. Furthermore, both pre-test and post-test scores will be compared and the results will be interpreted, to show whether the experiment was successful or not.

This study uses data collection methods using questionnaires and counselling interviews. Interviews are a form of direct communication between researchers and respondents (Gulo, 2002). Counselling can be categorized as an interview with the additional use of certain techniques / strategies, which in this study used the thought stopping technique. Questionnaires are instruments or tools that are widely used to collect survey information, provide structured data, often in the form of numbers, can be administered without the researcher being present in person and are often relatively easier to analyse (Cohen, Manion, & Morrison, 2018).

The following is the procedure for carrying out this article's research: first, the researcher distribute the questionnaire of student needs as the basis for selecting problems and taking subjects; after knowing what the student need, the next step is to give the research population students pre-test; after the pre-test, the researcher continue with selecting subjects, and give them the treatment of thought stopping techniques through individual counselling intervention for about 3 sessions (meetings) per subject; after the 3rd session, the researcher give the subject post-test; after the post-test, the researcher will analyze the data and write the discussion and the research results.

Data Analysis

Before carrying out the research, researchers need to ensure that the instruments or tools used in the research are valid and reliable. Because in quantitative research, the issue of validity and reliability is an important thing (Dawson, 2009). Therefore, before using the instrument that has been made (questionnaire), it is necessary to conduct a validity test first, to check whether each statement item in the questionnaire is valid.

Analysis of the research data was carried out using SPSS application with the Wilcoxon test, to find out the results of the comparison of pre-test and post-test scores of the research to be carried out. For the nonparametric equivalents of the one-sample and two-sample parametric t-tests, the Wilcoxon (one sample) signed-rank test was used to test the hypothesis that the median difference between the absolute values of positive and negative pairwise differences was 0. The Wilcoxon Mann-Whitney rank-sum test was used. to test the hypothesis of a zero median difference between two independent sample populations (Harris & Hardin, 2013).

Results and Discussion

In the initial study, the researcher distributed a questionnaire to 60 students randomly representing 5 classes that became the population of the research subjects. The questionnaire distributed consisted of 50 statements which were taken based on the explanation of social anxiety indicators. After performing calculations and data analysis based on the results of the questionnaire, the following results were obtained: 30% of students were at a high level of social anxiety; 41.7% of students with moderate level of anxiety; and 26.7% of students with low levels of social anxiety. After getting these results, 10 subjects with high anxiety levels were randomly selected to be given individual counselling intervention treatment with thought stopping technique.

At the first meeting, the researcher introduced and built relationships with the subjects, such as the background of each subject, the subject's hobbies and preferences, the strengths and weaknesses of the subject. The researcher asked the subjects to introduce themselves according to their views. Next, the researcher will ask the subjects to talk about their family in outline, such as how many siblings, parents' occupations, as well as the activities and relationships of each family member on a daily basis. The researcher also asked each subject to describe the most interesting and memorable experience they could remember, whether it was a good one or a bad one. The introduction activity then continued with a sharing session or sharing light stories about hobbies and interests, such as discussing recommendations for their favourite songs / shows, or talking about favourite artists and idols, this was done by researchers so that later the subjects could feel more comfortable and freer for the next session.

The second meeting was used by researchers to explore the subject's experience of social anxiety, such as events when they experiencing the anxiety, visible and non-visible symptoms, causes, and ways to overcome what has been done. Some of the symptoms that students can see and feel are shaking, nervous, racing heart, cold sweats, wanting to cry, feeling a little stomach pain, and difficulty controlling breathing. These symptoms are felt by the subject when doing social interactions, especially when asked to stand or speak in public (many people). The anxiety felt by the subjects was anxiety about the judgment from others. Thoughts like "am I good enough to stand out in front?" "Have I memorized and understood the material to be presented?" "Do I look weird?" "Am I going to embarrass myself in front of my friends and teachers?" and other anxiety sentences that fill their heads, thus triggering the emergence of anxiety symptoms as mentioned above. Not only when speaking in public, several subjects admitted that they felt anxious when dealing with other people (either with new people or those they had known for a long time). Sentences like "what is this person talking about? Why can't I understand it?" "What if I misspoke and accidentally offend this person?" "What will this person do to me?" "What will this person discuss/talk about with me?" "Why did he ask me to meet in person?" and sentences that indicate other anxiety that dominates the subject's thinking, which in the end also triggers the emergence of symptoms of social anxiety that they have. Some subjects claimed to have a background that causes social anxiety, such as having been made fun of or shouted at when they spoke wrongly in public while in elementary school, or had been reprimanded firmly by the teacher in front of several of their friends and other teachers while being in the teacher's room. anxiety because of a firm reprimand (rebuked) by parents, and being shunned by friends without knowing the mistakes that they have been made. However, several other subjects admitted that they did not have or did not remember ever having the cause of their social anxiety. Subjects who did not have a cause said that the anxiety they experienced just came and became severe inadvertently, because the negative thoughts and worries they had become more and more, as they got older, so the subject became more 'accustomed' to having anxiety when they were about to face something (especially social interactions).

Based on the results of initial interviews with the subjects, some said that their anxiety was also influenced by not being open to others about the problems they were facing. Some of the subjects said that they did not have the place to 'tell' or complain about their problems for various reasons, for example, they did not feel their 'story' or complaints were meaningful and needed to be told to other people such as family or close friends; feel distrustful of others, even close friends and family, for fear of having their personal stories exposed; think that personal problems do not need to be told to others, etc. Several other subjects admitted that they only told their personal stories to people they really trusted, and rarely told them because they didn't feel the need to tell their complaints to the trusted person. After digging deeper, it turns out that the subject's habit of not telling his problems or personal stories, affects the subject's way of thinking, so they used to always try to solve their problems on their own, without the help of others. This is what ultimately causes the subjects to have anxiety, especially about the problems about the future that will be faced, including when

the subject will interact with other people. Subjects are accustomed to evaluating themselves first before meeting and interacting with other people, with the aim of minimizing the possibility of being embarrassed by others, especially when in public.

Some of the ways that have been done by the subjects to overcome and relieve their social anxiety are by trying to focus on what is being done (e.g., during a presentation in front of the class, or when listening to the teacher's reprimand etc.), trying to catch your breath and control themself to hide the symptoms of anxiety that are owned so as not to be seen by others (friends and teachers). The treatment method is a general treatment for anxiety problems; therefore, the researcher tries to provide counselling interventions with thought stopping techniques to help the subject relieve / reduce the social anxiety that they have. The researcher was asking the subjects to instill into their heads that negative thoughts that can cause their anxiety could be stopped like the flow of water being stopped by a water faucet. The researcher asked the subject to choose a stimulus that would be used as a means of stopping thoughts, such as shouting or jerking (directly), saying 'stop' in mind, using a rubber band on the wrist, or clapping the palm of the hand accompanied by the words 'stop' in mind. The researcher asked the subjects to practice the thought stopping technique by replaying the events that trigger feelings of anxiety, and to practice the thought stopping technique by performing the selected stimulus. This is done repeatedly to help the subject practice the use of a stimulus to stimulate thought stopping to stop the negative thoughts, according to the core of the thought stopping technique.

At the third meeting, the researcher carried out a follow-up to see how the subject's condition developed after being introduced to the thought stopping technique. Some subjects said that they experienced positive changes such as getting used to limiting their negative thoughts, but this was only temporary, because in the end they still had and experienced the symptoms of anxiety, when faced with certain social situations. The subject said that the changes they felt were not too significant, because the technique given was only to overcome the problem of negative thinking habits, while the anxiety they had was the result of various complex problems and habits, not just negative thinking habits. As explained in the previous paragraph, the anxiety that the subject has arises because of the habit of solving problems on their own and not accustomed to sharing stories with others, as well as problems and habits brought from their families, which can make them have social anxiety. So that giving a thought stopping technique that focuses on training to reduce negative thinking is less significant in reducing the social anxiety they have.
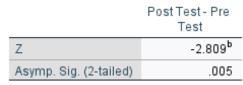
After carrying out the third meeting / session the researcher asked the subjects to carry out a post-test, to see if there was a change in their respective social anxiety scores. The following is a table of pre-test and post-test scores of social anxiety for 10 subjects.

Table 1. Pre-test and post-test scores of subjects

No.	Pre-test and post-test score	
	Pretest	Posttest
1	196	186
2	190	178
3	188	179
4	180	170
5	170	164
6	164	151
7	163	143
8	158	146
9	156	149
10	153	147

From the results in the table above, the researcher then analysed the data using the Wilcoxon test to see and prove whether there was a change in the results of the pre-test score, namely before the subject was given thought stopping counselling intervention treatment, with the post-test score after being given treatment in the form of an intervention. individual counselling using thought stopping technique.

Test Statistics[a]

	Post Test - Pre Test
Z	-2.809[b]
Asymp. Sig. (2-tailed)	.005

a. Wilcoxon Signed Ranks Test

b. Based on positive ranks.

Figure 1. Wilcoxon statistical test result

In the Wilcoxon test, to determine whether the independent variable (the treatment given) succeeded in influencing the dependent variable, it was seen from the results in the asymp. Sig. (2-tailed) table section. If the value in the table is less than 0.05 or n < 0.05, it can be said that the independent variable has succeeded in influencing the dependent variable. Based on the table of results from the Wilcoxon test above, which was carried out by comparing the results of the pre-test and post-test scores on the social anxiety scale given to the subject, it shows the value of Asymp.Sig. (2-tailed) is less than 0.05 or the value of the Wilcoxon test result table is < 0.05, i.e., 0.005, which indicates that the given treatment has succeeded in influencing students' social anxiety, although it is less significant.

Conclusion

Social anxiety can be influenced by various factors, both internal and external. Internal factors that can affect social anxiety such as negative thinking habits and the habit of trying to solve the problems they face without asking for help from others because they are afraid or don't feel the need, thus making the subject accustomed to harbouring all his problems and emotions alone. Meanwhile, external factors that can affect social anxiety are from the teachings and values passed down in the family, family problems, and the environment in which they live and the scope of friendship. Bad experiences when in certain social situations can also be the reason the subject has social anxiety because of the trauma of the social situation. Especially situations that cause fear of embarrassing themself in front of others. The thought stopping technique that has been given through individual counselling interventions helps the subject in reducing negative thinking habits. This has a positive impact on the subject although it does not significantly reduce the social anxiety symptoms they have. This is because the social anxiety they have is not only caused by negative thinking habits, but also other factors that have been mentioned in the previous paragraph.

Some suggestions that can be given by the researchers related to this research are, looking at previous research on the use of thought stopping techniques to reduce/overcome anxiety symptoms, the counselling intervention provided does not only use thought stopping technique, but also combines the thought stopping techniques with other techniques as an alternative. reinforcement such as self-talk, relaxation, and so on. Therefore, in research on anxiety using the thought stopping technique, it should be combined with other techniques as reinforcement, in order to get results / significant differences. The number of meetings or counselling sessions for each subject can also affect the results of the practice of stopping negative thinking using the thought stopping technique. Because the more meetings, the more practice time will be spent by the subject to practice stopping their negative thoughts using the thought stopping technique. Researchers can also dig deeper into what additional techniques are suitable to be given to subjects other than the thought stopping technique. This can also help researchers to obtain maximum and significant results.

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Article Information (Supplementary)