Cognitive Reconstruction to Reduce Anxiety In Grade VI Elementary Schools

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Abstract. This study aims to determine the effect of group therapy with cognitive reconstruction techniques to reduce anxiety in grade VI elementary school students. The subjects in this study were grade VI students, male or female sex, and experiencing anxiety. Data collection methods in this study are through observation, interviews, Discussion Group Forums (FGD), and pre-test and post-test using the Hamilton Anxiety Rating Scale (HARS). The data analysis technique used a non-parametric test with the Wilcoxon test. The results showed that there was a decrease in anxiety both qualitatively and quantitatively. Qualitative results indicate that participants can think positively, bolder, more confident, and try to do something happily, while the quantitative results show the value of Z = -2.371 with a significance of p = 0.018 (p <0.05) on the HARS anxiety scale which means there was a significant difference between the anxiety experienced by participants before and after attending group therapy. Based on the results of the research that has been done it can be concluded that group therapy with cognitive reconstruction techniques can reduce anxiety levels in grade VI elementary school students.

Keywords: anxiety, class VI students, cognitive reconstruction, group therapy

Adolescence is a part of the changes experienced by individuals in their lives. Santrock (2012) explains that adolescence is a shift that occurs from childhood to adulthood in the phase of an individual's life. According to Sarwono (2012), adolescents are psychologically related in everyday life to the condition of the surrounding community. This
relates to the relationship between individuals and the conditions and situations that occur in their environment to do so adjustments. The process of individual adjustment to changes is part of the learning process that occurs with certainty and rapidly. Rapid changes that are not followed by good adaptability will cause anxiety in adolescents (Suardana & Simarmata, 2013).

Anxiety will arise when an individual unable to deal with stressful events which can threaten feelings and the ability to live life (Maramis, 2005). Everyone can experience anxiety, not only experienced by adults, but anxiety can also be experienced by children as a result of daily activity, especially when entering school age, such as anxiety due to having a lot of tasks or heavy burdens in achieving learning achievement (Widyastuti, 2009).

The formation of the group started with complaints submitted by the homeroom teacher regarding problems experienced by grade VI students. The homeroom teacher said that some students experienced various problems, among other slow learning motivation, low family economic conditions, low interest in learning, lack of parental support, many students feel less confident, and interfering behavior between students.

Screening Initially carried out on students of class VI SD X Yogyakarta, amounting to 27 people with the group interview method to find out the problems experienced by students. Based on the group interview process, it is known that the problems experienced by students include feeling afraid when asked to come forward, afraid when they have to appear in public, afraid to come home from school alone, fear when left alone at home, anxious before exams, afraid when assignments not finished, feeling depressed because of many tasks, anxious about appearing in front of a crowd, feeling tired from busy school activities, feeling annoyed and anxious when bullied by friends, and feeling less confident.

These situations show that students of SD X Yogyakarta experience symptoms related to anxiety. According to Nevid, Rathus, & Greene (2018), anxiety is a condition of fear or uncomfortable feelings commonly experienced by individuals. Anxiety is a natural response shown by an individual to the danger he is experiencing and becomes abnormal when the anxiety exceeds the proportion of the actual danger. The symptoms of anxiety include physical symptoms such as trembling, shortness of breath, heavy sweating, cold palms, fast heartbeat, and nausea, behavioral symptoms such as avoidance, dependence, and anxiety, as well as cognitive symptoms such as worry, overthinking, or very alert to sensations in the
body, thinking constantly disturbing thoughts, difficulty concentrating and thinking things get out of hand.

Based on the problems faced by the participants regarding the situations they are experiencing, it is known that the anxiety is caused by negative thoughts, such as thoughts of being unable, unable, will be laughed at by friends, will be scolded, will be kidnapped, and will be ridiculed by friends. These negative thoughts give rise to emotions of fear, sadness, anxiety, helplessness, insecurity, and worry which are also shown by physical responses such as heart palpitations, sweaty hands, trembling, trembling lips, shortness of breath, flushing, easily tiredness, and a cold sweat. The behavior raised by all participants was almost the same, namely, the participants chose to avoid an unpleasant situation.

After the initial screening with group interviews, 7 students experienced problems related to anxiety. The seven students were then asked to take a follow-up assessment in the Forum Group Discussion (FGD) which will be carried out the following day and given a pre-test using the Hamilton Anxiety Rating Scale (HARS) to determine the level of anxiety of each subject.

Several studies have shown that group therapy can reduce individual anxiety levels, one of which is the research of Putra and Johan (2018) which explains that group therapy that has been implemented has the effect of reducing test anxiety levels and increasing self-efficacy in students. This is also supported by the research of Ireel, Elita, & Mishbahuddin (2018) which explains that grade VII students' anxiety decreased when facing exams after conducting group counseling with cognitive restructuring techniques. Based on previous studies, researchers are encouraged to carry out further research to determine the effect of group therapy with cognitive reconstruction techniques to reduce anxiety in grade VI elementary school students.

Method

Identify the subject

Subjects in this study amounted to seven people with characteristics, namely grade VI elementary school students, male or female, and experiencing anxiety.

Research instrument

The instrument used in this study for pre-test and post-test was using the Hamilton Anxiety Rating Scale (HARS) to determine the level of anxiety of each subject. Measuring anxiety using a scale (HARS), which is measuring anxiety at the time before treatment and after treatment. Measurements before treatment or pre-test were carried out to determine the anxiety level of group therapy members before being given
treatment.

The HARS scale is a measure of anxiety based on the appearance of symptoms in individuals experiencing anxiety. According to the HARS scale, 14 symptoms appear in individuals who experience anxiety. Each item that is observed is given 5 levels of scores ranging from 0 (zero present) to 4 (severe).

The HARS scale has been proven to have high enough validity and reliability to measure anxiety in clinical trial research, namely 0.93 and 0.97. This condition indicates that the measurement of anxiety using the HARS scale will obtain valid and reliable results. The HARS scale was given to seven participants to determine their level of anxiety before being treated. The norms used to determine the categorization of participants' anxiety levels are using the standardized norms of the HARS Scale, as follows.

Table 1.

| Total Score | Categorization of Anxiety |
|-------------|---------------------------|
| Less than 14 | No worries                |
| 14-20       | Light                     |
| 21-27       | Moderate                  |
| 28-41       | Weight                    |
| 42-56       | So heavy                  |

Of the seven participants who were given the HARS scale as a pre-test, the results were as follows.

Table 2.

| No. | Name | Pre-test score | Tend to the direction and category |
|-----|------|----------------|------------------------------------|
| 1.  | AR   | 19             | Light                              |
| 2.  | BD   | 39             | Weight                             |
| 3.  | ER   | 20             | Light                              |
| 4.  | FO   | 31             | Weight                             |
| 5.  | IN   | 23             | Moderate                           |
| 6.  | MAE  | 16             | Light                              |
| 7.  | RN   | 38             | Weight                             |

Research methods

This research was conducted using group therapy. The research process begins with observing and screening using the interview method to find out the problems experienced by the subject, then subjects who have the same problem, namely anxiety are asked to take part in the Forum Group Discussion (FGD), fill in the pretest using the Hamilton Anxiety Rating Scale (HARS) to know the level of anxiety of each subject and follow the group therapy process.

The type of group approach used is a cognitive approach in group therapy using the Cognitive Behaviour Therapy (CBT) technique. According to Martin and Pear (2008, *Cognitive Behavior Therapy* (CBT)) believes that the mind to be the cause of emotional problems and behavior. The focus of this approach is changing the way of thinking of individuals.

The CBT technique used in this group intervention was cognitive reconstruction.
Nevid, Rathus, & Greene (2018) explain that the cognitive reconstruction method helps individuals perceive thoughts *self-defeating* and creating rational alternatives that can be used to deal with unpleasant situations that cause anxiety. *In the process, individuals are invited to connect thoughts - emotions - behavior.* The group intervention implementation design in this study is as follows.

Table 3. 
*Intervention Design*

| Meeting | Session | Forms of activity | Aim | Time | Device |
|---------|---------|------------------|-----|------|--------|
| 1       | I       | Opening and building rapport | Build intimacy and build trust for participants | 5 minutes | Stationary |
|         | II      | Submission of Assessment Results | Delivering the overall results of the assessment that has been carried out. | 15 minutes | Stationary |
|         | III     | Discussion of Problems | Discuss problems experienced by participants | 15 minutes | Stationary |
|         | IV      | Psychoeducation | a. Provides understanding related to anxiety which includes its causes, effects, and how to overcome it. 

b. Provides understanding to participants regarding the relationship between thoughts, emotions, and behavior. | 60 minutes | a. Stationary 
b. Psychoeducation PPT 
c. Videos about anxiety 
d. Laptop |
| 2       | I       | Recognition of situations that give rise to anxiety | Participants can identify situations that give rise to anxiety. | 30 minutes | a. Stationary 
b. Folding paper |
|         | II      | CBT therapy with cognitive reconstructive methods | a. Participants can recognize thoughts, emotions, and behavior when faced with stressful situations. 

b. Participants are trained to think more positively. | 60 minutes | a. Stationary 
b. Folding paper |
3 I Evaluation

a. Evaluating the entire group therapy process that has been carried out
b. Motivate participants to stay enthusiastic in managing thoughts and continue to think positively

II Post-test

Knowing the level of anxiety experienced by participants after group therapy

Analysis technique

This study used SPSS version 16.0 to perform data analysis. Data analysis techniques to see the differences in pre-test and post-test in determining the results of the intervention are using non-parametric tests with the Wilcoxon test.

Results

Based on the results of research conducted using group therapy with cognitive reconstruction techniques to reduce anxiety in grade VI elementary school students, as follows.

Submission of Assessment and Psychoeducation Results

Table 4.
Results of Submission of Assessment and Psychoeducation

| Before the Intervention | After the Intervention |
|-------------------------|------------------------|
| Participants do not understand the problems they face and are less sensitive to the things they experience. | Participants understand the problem well. Participants begin to recognize the unpleasant situations they experience so that this makes the subject consciously feel the emotions that arise from these situations. |
| Participants do not have the interest in doing group therapy. | Participants were motivated to attend group therapy from start to finish |
| Participants do not understand the causes, impacts, and solutions to the problems they face. | Participants understand the causes, impacts, and ways to deal with the anxiety they experience in everyday life. |
| Participants do not know the difference in thought, feeling, and behavior situations. | Participants can understand differences in situations, thoughts, feelings, and behaviors, and can understand that thoughts can influence feelings and behavior |

CBT Technique: Cognitive Reconstruction

Table 5
Results of Cognitive Reconstruction
Before the Intervention | After the Intervention
--- | ---
Participants are less sensitive to situations that give rise to anxiety. | Participants can recognize and understand situations that give rise to anxiety.
Participants do not understand the relationship between thoughts, emotions, and behavior. | Participants understand the relationship between thoughts, emotions, and behavior, that negative thought will generate negative emotions and behavior. Conversely, positive thoughts will bring out positive emotions and behaviors as well.
Participants have difficulty managing their thoughts. | Participants began to be able to manage thoughts in a more positive direction, such as those who were not brave before, trying to be brave, previously not confident, trying to be more confident.

Qualitative Evaluation

Table 6.
Qualitative Evaluation of Cognitive Reconstruction Techniques

| Before the intervention | After the Intervention |
|-------------------------|------------------------|
| Tend to think negatively | Try to think positively |
| Lack of confidence | More confident |
| The thought of fear is wrong | More adventurous |
| Feeling difficult in doing something | Trying to do something happily |

Quantitative Evaluation

Table 7.
Quantitative Evaluation Based on Pre-test and Post-test Results

| No. | Name | Pre-test score | Post-test score | Gain Score |
|-----|------|----------------|----------------|------------|
| 1.  | AR   | 19 (light)     | 10 (no anxiety) | -9         |
| 2.  | BD   | 39 (weight)    | (Medium)       | -17        |
| 3.  | ER   | 20 (light)     | 15 (light)     | -5         |
| 4.  | FO   | 31 (heavy)     | 24 (moderate)  | -7         |
| 5.  | IN   | 23 (moderate)  | 16 (light)     | -7         |
| 6.  | MAE  | 16 (light)     | 13 (no anxiety)| -3         |
| 7.  | RN   | 38 (weight)    | 32 (Weight)    | -6         |

Based on the results of the pre-test and post-test, it can be seen that there was a decrease in the level of anxiety experienced by the seven participants. The pre-test results showed that three participants namely AR, ER, and MAE were in the severe anxiety category, one participant, namely IN, was in the moderate anxiety category, and three participants namely BD, FO, and RN were in the severe anxiety category. Meanwhile, the post-test results showed that two participants, AR and MAE, were in the no-anxiety category, two participants, ER and IN, were in the mild anxiety category, two participants, BD and FO, were in the mild anxiety category.
category, and one person. participants, namely RN, fall into the weight category.

Judging from the results of the pre-test and post-test, there was one participant, namely RN, who did not experience a significant change even though there was a decrease in the score but did not change in terms of the level of anxiety category. RN both pre-test and post-test still fall into the category of severe anxiety. Based on the results of observations, interviews, and the 

Wilcoxon Analysis Test

Table 8.

| Wilcoxon Test Results |
|-----------------------|
| **Descriptive Statistics** |
| N | Mean | Std. Deviation | Minimum | Maximum |
|---|------|----------------|---------|---------|
| Pretest | 7 | 26.57 | 9.396 | 16 | 39 |
| Posttest | 7 | 18.86 | 7.581 | 10 | 32 |

The results of the Wilcoxon test analysis showed the value of Z = -2.371 with a significance of p = 0.018 (p <0.05) on the HARS anxiety scale. This shows a significant difference between the anxiety experienced by participants before and after following group therapy.

Discussion

The problem faced by all participants was anxiety. The results of group therapy using cognitive reconstruction techniques showed a change in the level of anxiety experienced by participants before and after therapy. The results of group therapy that showed reduced anxiety in participants occurred after being given intervention through group therapy in the form of psychoeducation and CBT therapy with the cognitive reconstruction method.
Nevid, Rathus, & Greene (2018), state that anxiety is an individual's emotional state characterized by physiological stimuli, unpleasant tense feelings, and fear that something bad will happen. A child who is in a dangerous situation or has feelings of anxiety tends to try to avoid or deal with experienced stressors and withdraw. Individuals may also experience restlessness, difficulty sitting still, and tense muscles. Also, the physiological responses that individuals can experience include rapid or shallow breathing, excessive sweating, increased heart rate, and blood pressure, and muscle tension. Other physiological responses can include negative physical symptoms such as stomach pain, dizziness, headache, trouble sleeping.

Worry what participants experience when facing unpleasant or stressful situations such as school exams, being left alone at home, being bullied by friends, when asked to come forward, and when performing on stage. The situation making participants anxious, afraid, daring, worried, and helpless, causing physical responses such as palpitations, trembling lips, sweaty hands, fatigue, flushing, shortness of breath, and tremors. This is due to the participants' negative thoughts in responding to certain situations that occur around them, such as thoughts of being unable, unable, being laughed at by friends, being scolded by the teacher, and being ridiculed by friends.

According to Nevid, Rathus, & Greene (2018), in addition to physical and behavioral characteristics, anxiety is also characterized by cognitive symptoms which include feeling afraid or anxious about the future, feeling worried, thinking too much, or being aware of the sensations appear on the body, and think everything is out of control. This is in line with Martin and Pear's (2008) statement that the mind to be the cause of emotional problems and behavior that occurs in individuals. One way to overcome or reduce the anxiety experienced by participants when faced with worrying situations is to change negative thoughts into more positive thoughts.

The therapy used in the intervention group was CBT with the cognitive reconstruction method. Nevid, Rathus, & Greene (2018) explain that the cognitive reconstruction method helps individuals perceive thoughts self-defeating and creating rational alternatives that can be used to deal with unpleasant situations that cause anxiety. In the process, individuals are invited to connect thoughts - emotions - behavior.

Based on the results of the therapy that has been done, it can be seen that the CBT technique with the cognitive reconstruction method has a positive effect on reducing the
anxiety experienced by participants. The decrease in anxiety experienced by participants after therapy occurred because participants were able to recognize their negative thoughts when facing unpleasant situations and were able to manage these negative thoughts to create alternative thoughts that were more rational and positive, such as before the therapy participants thought that "I can't" however, after the therapy the participants were able to generate new thoughts that "I can afford" and "I am brave".

This is by the research that has been done before, namely Shafithry's research (2014) which proves that group CBT with relaxation and cognitive restructuring methods can reduce the anxiety level of students who are facing theses and can change negative thoughts to be more positive. It is also supported by research by DeRubeis & Crits Christoph (in Knauss & Schofield, 2009) which state that cognitive-behavioral therapy is an effective approach to dealing with anxiety disorders in which most individuals show significant progress after undergoing group therapy.

Conclusion

The results of this study indicate that group therapy with cognitive reconstruction techniques can reduce anxiety levels in grade VI elementary school students. Meanwhile, the supporting factors in this intervention process, namely participants are willing and willing to take part in the intervention process that will be carried out, participants are always present at every meeting session up to the evaluation process, and participants have the motivation to solve the problem, while the inhibiting factors in this intervention process, that is, the time available for the intervention process is limited for participants in primary school children with the category of late children / early adolescents who have an unstable mood so that the intervention process is not optimal. The intervention process also experienced obstacles in the space facilities, namely the space used as a group therapy process was considered to lack privacy in nature. Overall, it is concluded that group therapy with cognitive reconstruction techniques can be considered to be reused in future studies as a technique in group therapy to reduce individual anxiety levels.

Suggestion

Based on the results of the interventions that have been carried out, it shows that the participants' anxiety levels decreased after being given group therapy. To maintain and improve the results of the interventions that have been carried out, the recommendations that can be given, namely the homeroom teacher are expected to continue to support grade VI students to
optimize their abilities and provide positive emotional support such as praise and appreciation for every task done by students so that students are more motivated and courageous in doing something, and can help in building positive and effective communication between students so that they can support one another and not disturb or bring down each other. For group therapy, participants are expected to be more sensitive in responding to certain situation.

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