

## INDIVIDUAL COUNSELING SERVICES USING ASSERTIVE TECHNIQUES TO OVERCOME ANXIETY DISORDERS

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**Abstract:** Anxiety is a psychological disorder characterized by fear, concern about the future, prolonged worry, and nervousness. Anxiety is common for everyone, but it is called a psychological disorder when it prevents a person from living their daily life and carrying out productive activities. Anxiety disorders can occur in students in general Anxiety, academic Anxiety, and Social Anxiety. This study uses a qualitative approach with a case study model of a counselee who is a 14-year-old student. Using a qualitative approach is based on the consideration that assertive training in individual counselling services with counsees involves various aspects that need to be explored more profoundly and comprehensively. To deal with student anxiety disorders individually, counsellors or supervising teachers can conduct individual counselling services. One technique of individual counselling services to deal with anxiety disorders is assertive training. Assertive training can help individuals who have difficulty expressing feelings be honest, transparent, and open but without harming, hurting, and offending other people so that they do not harbour their anxiety and can solve problems that cause anxiety.

**Keywords:** individual, counselling, assertive, training, anxiety

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## INTRODUCTION

Adolescence is a phase of transition from childhood to adulthood. Many physical, hormonal, or mental changes will be experienced in adolescence. As a teenager who will go through many new things in becoming an adult, individuals will feel various kinds of feelings, such as being happy and excited because they will discover new things or even feeling anxious, making the days heavy. Anxiety is one part of the essential response in self-defence, namely by being an appropriate warning element in a dangerous situation. Anxiety becomes abnormal when it interferes with the individual's normal functioning and makes them incapable of carrying out their activities. Therefore, it can be stated that anxiety is a person's subjective aspect. These psychological and physical factors ultimately affect the focus of activity youth, both education and everyday life (Aini & Fahriza, 2020). Anxiety manifests various mixed emotional processes, which occur when a person is experiencing feelings of pressure and inner conflict (conflict). Anxiety arises from seeing and knowing that there is a danger that threatens him. Anxiety is also an emotional state characterized by physiological arousal, unpleasant tension, and an uneasy feeling that something terrible will happen soon (Nevid et al., 2005). Surya (in (Firmantyo & Alsa, 2017) defines anxiety as an emotional condition characterized by fear of unknown origin. Yang was overwhelmed by worries about various things that might be experienced in his life's journey, while Kartono (1997) explained that anxiety is a kind of anxiety, worry, and fear of something that is not clear that is diffuse or diffuse, and has characteristics that are dooming a person.

In detail, Jeffrey (Nevid et al., 2005) mentions several characteristics of anxiety disorders, namely: a) Physical characteristics: which include anxiety and nervousness, trembling limbs, profuse sweating, headache, shortness of breath, stomach ache, and nausea. , frequent urination and others; b) Characteristics of behavior that always avoids; and c) Cognitive characteristics, which include worrying that something terrible will happen, and inability to overcome problems. And difficulty concentrating. Meanwhile, Santrock (2014) says that anxiety is a disorder characterized by: a) motor tension (restlessness, trembling, and inability to relax); b) Hyperactivity (dizziness, palpitations, or sweating); and c) Disturbing thoughts or expectations.

Freud in (Semiun, 2006) states that there are three kinds of anxiety, namely: a) Realistic Anxiety, namely anxiety about external dangers. This anxiety is caused by things that are real, and anxiety will disappear when the threatening sources disappear; b) Neurotic Anxiety, namely if instincts cannot be controlled and cause people to do something that can be punished; and c) Moral anxiety or conscience anxiety, namely for people whose consciences are well developed

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tend to feel guilty if they do or even think about doing something contrary to moral norms.

It is not uncommon to find students who experience anxiety in general Anxiety, academic Anxiety, or Social Anxiety. To deal with student anxiety disorders individually, counsellors or supervising teachers can conduct individual counselling services. Individual counselling is a process of assisting the counsellor provides to counselees/clients experiencing problems. This process is carried out face-to-face to alleviate, develop potential, be independent, and positively overcome their problems. The purpose of individual counselling services is for the counselee to understand his condition, environment, problems he is experiencing, and his strengths and weaknesses so that the counselee can deal with them. In other words, individual counselling aims to alleviate the problems experienced by the counselee.

Individual counselling can be used with various approaches. In this case study, the approach used is cognitive, namely behaviour. Gladding (2012) states that counselling with a behavioural approach helps deal with Anxiety, Anxiety, stress, self-confidence, relationships with parents, and social interaction to change or eliminate maladaptive behaviour into healthy and constructive behaviour. A behaviour approach is an approach to changing behaviour. In the behaviour approach, there are several techniques, one of which is powerful training techniques or assertive training.

Assertiveness is the ability to communicate what is wanted, felt, and thought to other people while maintaining and respecting the rights and feelings of other people. This assertive exercise is given to individuals who experience anxiety, are unable to defend their rights, are too weak, allow others to abuse them, are unable to express their anger correctly, and are easily offended. Assertive training is the application of behaviour to assist individuals or groups in developing direct relationships in interpersonal situations. According to Goldstein & Brooks (2005), assertive training is a systematic summary of skills, rules, concepts, or attitudes that can develop and train individual abilities to convey thoughts, feelings, desires, and needs with confidence and honesty so that they can relate well to their social environment.

Assertive training aims to train and familiarize individuals with assertive behaviour in dealing with others in the surrounding environment. Assertive behaviour in interpersonal relationships involves expressing emotions, feelings, thoughts, desires, and needs openly, appropriately, and honestly without feeling anxious or tense toward others and without harming oneself or others. Albert & Emmons (Alberti & Emmons, 2001) offer assertive behaviour as a form of social skill appropriate for various social situations.

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Assertive training can help individuals who have difficulty expressing feelings be honest, transparent, and open without harming, hurting, or offending others. In assertive exercises, students can explain and express their desires honestly, clearly, and openly but still follow applicable norms to avoid harming other people/the environment around them.

Based on this description, this case study research activity uses assertive training techniques to overcome anxiety disorders in students. In theory, assertive techniques help counsees overcome their anxiety to become individuals who dare to express feelings honestly and openly about their feelings. In addition, there have been many studies that show the effectiveness of this technique.

## **METHOD**

This study uses a qualitative approach with a case study model of a counselee who is a 14-year-old student. Using a qualitative approach is based on the consideration that assertive training in individual counselling services with counsees involves various aspects that need to be explored more profoundly and comprehensively. Thus, research requires data through primary data collection techniques, namely interviews, observation, and documentation studies. The case study helps investigate a situation unknown to what happened or is happening. Burns (2000) briefly states that case studies allow the inquiry to retain holistic and meaningful characteristics of real-life events. The data analysis technique that will be carried out in this study uses Creswell's technique. Stake Creswell & Creswell, 2018) describe four forms of data analysis and their interpretation in case study research, 1) Collection of categories, researchers look for a collection of data examples and hope to get the meaning relevant to the issues that will arise; 2) Direct interpretation, the case study researcher looks at one example and draws meaning from it without looking for many examples pulling data apart and putting it back together to make it more meaningful; 3) Researchers form patterns and look for equivalence between two or more categories; 4) Finally, the researcher develops natural generalizations through data analysis, these generalizations are drawn from people who can learn from a case, either their case or applying it to a population of cases.

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### **FINDINGS AND DISCUSSIONS**

The data obtained in this case study comes from interviews, observation, and documentation studies. Based on interview results, it is known that the counselee often feels that there is someone invisible who is always watching. Some voices force AP to do things like standing on the house's balcony and staying silent on the school toilet for a long time. The counselee feels uncomfortable being in class or in a place where the atmosphere is crowded. The counselee tends to withdraw from the social environment and is only friends with people in cyberspace that he has never met.

In an interview with the counsellor, the counselee admitted that he had experienced sexual harassment by his uncle (his mother's older brother) from grade 3 to grade 5 of elementary school. It made him feel awkward, but he could not get angry and talk about it with anyone. Counselee's mother and father have been divorced since he was four years old. Since then, the counselee has never met and communicated with his father, and he lived with his mother and extended family from the mother's side. Since childhood, the counselee feels that his mother often compares him with cousins who live in the same house. According to his mother, the counselee should be like his cheerful cousin, willing to play with friends, and not be shy. Apart from that, her mother always asked the counselee to get good grades to make her mother proud and happy. The counselee's mother remarried when the counselee was in class VII when she was a teenager.

Counselee felt happy and grateful for her mother's marriage because since then, her mother has seemed happier and rarely grumbled. His continued father also seemed to love and care for the counselee. Another thing that makes the counselee feel afraid is her mother's condition, who is always tired at work, so she is worried that if her mother finds out about her condition, it can burden her mother. The counselee is also worried about the threat of foreclosure of the house he lives in and about his family's debt to the bank. He often cried when his house was marked with bank foreclosure signs and seals. Disputes between uncles, aunts, and mothers also become a daily sight for the counselee.

Based on the results of observations, the counselee appears to be often restless, injures his thumb with his index fingernail (scratches until it hurts), bites his nails so that his nails are very short, looks down in class, shakes his head for no reason, and draws with themes of violence or horror. The counselee also never eats the lunch brought to school because he is not hungry. Konseli spends her free time at school drawing. Even so, the counselee's academic achievements are not bad. He completed all subjects with scores above the KKM. The counselee also follows the lesson well despite exhibiting anxious behaviour.

Documentation studies of the counselee's books, guidance, and counselling notes show that the counselee had consulted with the counsellor several times regarding his anxiety. Based on observations and notes from the homeroom teacher, it is known that the counselee is a gloomy child, a loner, and has not socialized much since he was in class VII. He tends to be quiet and not active in learning. Even though they seem less active, the counselee always completes assignments on time, attends school, or participates in online learning (never skipping classes). Based on appearance, the physical condition of the counselee looks good. The counselee has an ideal body posture (not too thin/fat). On the face, there are lots of pimples and red spots. Eye bags tend to be black and often sleepy. The counselee feels quickly tired, weak, and nauseous for no apparent reason. The counselee lacks self-acceptance of his physique, which can be understood when he explains that he is more comfortable wearing masks and clothes that tend to be too big to cover up his deficiencies.

The diagnosis is carried out to determine the causal factors based on the results of problem identification. The following will describe the results of the diagnosis, namely anxiety disorders. According to Kaplan, Paddock, and Grebb (2010), anxiety is a response to certain threatening situations and is a normal thing that happens accompanied by development, change, new experiences, and finding self-identity and life. Anxiety is a subjective feeling of disturbing mental tension as a general reaction to the inability to cope with a problem or a lack of security. These uncertain feelings are generally unpleasant, which will lead to physiological and psychological changes. Anxiety in terms of health is also a state of shock because of a threat to health.

In this case, anxiety disorders that occur in AP are being alone, excessive sweating, cold body temperature, headache, loss of appetite and nausea, insomnia and nightmares, fatigue, palpitations, and loss of interest and motivation. Additional feelings that are not real (feeling someone is following, paying attention, and ordering things), restless, anxious, and awkward when with other people, not confident, self-injured, and wanting to die quickly.

Based on the data analysis and diagnosis results, it is known that the problems and conditions of anxiety disorders experienced by the counselee are pretty severe, so if the counselee's problems are not resolved. The possibility is that the health condition continues to decline, cannot achieve developmental tasks properly, cannot understand and accept one's condition, and has tendencies to end one's life. If the counselee's problems can be resolved, the possibility will occur, namely health conditions, improvement, achieving developmental tasks well, understanding and accepting self-conditions, and continuing to live well and well being.

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After carrying out the diagnosis and prognosis, researchers then carry out the treatment. Treatment is determining and carrying out the right way of overcoming problems with an orderly and systematic program. In the problems, in this case, it is still possible for the counselee to be helped by the following efforts: 1) Providing individual counselling to the counselee by creating a comfortable atmosphere and cultivating an attitude of trust in the counsellor so that the counselee is expected to be more open in expressing his problems. Individual counselling can be carried out at school but outside of class hours, for example, after school. The time needed is not long, only 1-3 hours. However, individual counselling should be done regularly so that the counsellor knows the progress of the counselee. This effort only involves counsellors with counsees; 2) Collaborating with subject teachers to help solve counsees' problems in terms of learning difficulties caused by anxiety disorders experienced. When the learning process takes place, the subject teacher helps the counselee to stay focused on the lesson and maintains the counselee's enthusiasm for learning. So that this effort only involves subject teachers, counsees, and other students. The counsellor continues to monitor the progress of the counselee through the subject teacher. This treatment is carried out during the class learning process; 3) Work with the counselee's parents to pay more attention to the symptoms of the counselee's anxiety and always control the counselee's activities both at home and outside the home. This effort only involves the counselee's parents and the counselee himself. Meanwhile, the counsellor monitors the development of the counselee through his parents. This effort can be made as long as the counselee is not in school; 4) Provide referrals to counsees and parents so they can consult a psychologist.

Individual counselling given to counsees is assertive training or assertive training. Yusuf (2010) explains that assertive training can reduce or eliminate feelings of fear or inadequacy in social skills such as at home, school, and work. Willis (2004) says that Assertive Training is a technique in a behavioristic approach that is understood as a technique that focuses on cases of individuals who have difficulty expressing inappropriate feelings. In the case of this study, the counselee was unable to express his feelings to anyone, so he harboured his problems until they piled up and caused anxiety disorders.

Tracing the data obtained through observation is a change in the counselee during the implementation of powerful training techniques. This can be seen in an analysis of the counselee's behaviour, in which, little by little can express all his anxieties and worries so that he seems more relieved and able to talk with classmates, and the disturbances in his physical symptoms are reduced. From these observations, the activity level can be relatively high because the counselee fully participates in implementing assertive training techniques.

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While carrying out this activity, the counselee's anxiety decreases. This can be seen from his ability to speak confidently and no longer feel anxious and embarrassed. The behavioural aspects observed were participation, mastery of techniques, and the level of anxiety of the counselee speaking when given powerful training techniques. Based on the above observations, the results of observations showed that the changes experienced by the counselee were due to the treatment given in the form of assertive training techniques. When a person realizes and understands his responsibilities, he will think, learn, and be motivated to change his negative thoughts into positive ones (Setyowati et al., 2020). This was proven when the treatment from the initial activity to the end generally showed significant changes.

## **CONCLUSION AND RECOMMENDATION**

The guidance process carried out by the counsellor to the counselee uses Assertive Training, which always refers to the counselee's confidence with expressive skills training, namely the previous counselee often refused when presenting in front of the class and always said he could not before trying it, and became a quiet person. All of this is changed for the better through role-playing, which later the counselee will not only feel the thought, but the counselee will feel it in a simple form which results in the counselee's behaviour returning, and there are changes for the better. Changing quiet behaviour resulting from the counselee's lack of self-confidence is an activity that disturbs the counselee himself. Therefore the counsellor provides repeated role-playing treatments not only with the counsellor but can also be done alone with his friends at home, whenever and wherever people are, so that the results are optimal. The therapy process is carried out by increasing self-confidence using Assertive Training through Role Playing, which encourages awareness of the behaviour. The counselee has been doing so far that behaviour has a detrimental impact or lack of confidence, often rejecting presentations in front of the class, always saying they cannot before trying it, and choosing to be quiet then disturbs the counselee's learning process and hinders the personality. The counselee also tries to change his behaviour to be as needed.

For the subsequent research is recommended to experiment using the alternative methodology and more sampling to gain more data about how practical the assertive training is.

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