Psychological Assistance in Managing Anxiety Among Jambi SMEs

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Abstract

The pandemic caused by Covid-19 virus has brought various impacts to the Indonesian people, including the people of Jambi, especially in the economic and social fields. The PPKM (Enforcement of Restriction on Community Activities) that was implemented made adversity to Jambi residents, especially Jambi SMEs (Small to Medium Enterprises) who feel the impact. Their income has decreased. The spread of the Covid-19 virus caused some participant to experience anxiety, from mild to severe. This activity was intended to provide special psychological assistance to Jambi SMEs participants who experience anxiety. There were 4 participants who experienced anxiety. Implementation methods include psychoeducation, relaxation technique exercise and group counseling with Cognitive Behavior Therapy – Recovery Oriented (CT-R) approach. The results of psychoeducation showed an increase in the score from pretest to posttest by 22.5%. Relaxation exercises succeeded in reducing anxiety levels in most of the participants. In group counseling activities with the CT-R approach, each participant managed to find his adaptive ability again.

Keywords: anxiety*; CT-R; group counseling; pandemic;* relaxation

Introduction

Since the Covid-19 pandemic broke out in Indonesia, various government policies to suppress the rate of increase in the spread of the Covid-19 virus have been implemented, and one of them is the issuance of the PSBB policy by the regional government. PSBB is an acronym for *Pembatasan Sosial Berskala Besar* (Large-Scale Social Restrictions), which is the restriction on activities in public spaces (*Peraturan Pemerintah Republik Indonesia*, 2020). However, the spread of the Covid-19 virus which has quite a severe impact on sufferers prompted the Central Government to issue a PPKM policy (Enforcement of Restrictions on Community Activities). Starting from January 11, 2021, based on the Instruction of the Minister of Home Affairs No. 1 of 2021, PPKM was implemented for 7 provinces. This continued with Micro PPKM which went on for up to 13 extensions. Worsening conditions prompted the government to issue Emergency PPKM starting from July 3 to July 20, 2021. From July 21, 2021 to August 2, 2021, PPKM level 4 was implemented (*Instruksi Menteri Dalam Negeri*, 2021).

The PPKM level 4, which was previously specific to the Java and Bali regions, was also applied to the Jambi community at micro level. On July 16, 2021, the Mayor of Jambi issued an instruction for the implementation of micro-level PPKM to suppress the spread of the Covid-19 virus (*Instruksi Walikota Jambi*, 2021). The series of restrictions affected the economic and social conditions for the people of Jambi. The results of a survey conducted by BPS in mid-April 2020 on 958 respondents, show that the economy of Jambi residents has become unstable since the PSBB or PPKM was implemented. This policy has led to a decrease in community activities outside the home and decrease in public purchasing power or demand for goods and services (BPS *Provinsi* Jambi, 2021). In addition, the large number of employees who were laid off (PHK) or temporarily laid off also contributed to the decline in the economic condition of the Jambi community. In the survey, it was found that the number of respondents who experienced a decrease in income were as much as 55.61% (BPS *Provinsi* Jambi, 2021).

The Covid-19 pandemic which is proven to have affected the social and economic conditions of the Jambi people, in the end also affected their psychological condition. Referring to survey data conducted by BPS Jambi Province, it is known that 44.26 % of the 958 respondents expressed concern about the Covid-19 news (BPS *Provinsi* Jambi, 2021). The survey results further elaborated that: (a) 31% of respondents said they were very worried about their personal health, (b) 41% of respondents said they were very worried about the health of their families,

and (c) 43% of respondents said they were very worried when they are outside the house. The results show that the average respondent's concern for being outside is higher than the average concern for family and personal health of the respondents themselves. Another interesting finding from the survey results is that the average respondent's concern for the health of their family members is higher than the average score of concern for their personal health.

Based on a survey conducted by a team from the Faculty of Psychology, it is known that most partners experience stress and anxiety in various levels. In general, they are worried about the continuity of the business they have started which has become a source of income. This is due to the increasing difficulty of finding consumers during the pandemic, because neither new nor old customers do not dare to meet face-to-face, thereby minimizing the possibility of buying and selling transactions. Reduced income and consider the safety of their family ultimately trigger anxiety. The results of the temporary survey on Jambi SME partners are in line with the findings of Setyaningrum and Yanuarita (2020) which stated from their research results on the people of Malang, East Java, that the Covid-19 pandemic caused anxiety and fear of being infected with the virus and also fears of losing their livelihood.

Anxiety is a normal psychological reaction. Anxiety is a normal reaction to highly stress-inducing situations, and is the result of psychological and physiological processes in the human body (Ramaiah, 2003). However, if anxiety is experienced continuously that it interferes with daily functions, then the anxiety can be categorized as a psychological disorder. This disturbing anxiety is characterized by excessive, uncontrollable and chronic worry, accompanied by various somatic symptoms and can cause significant disturbances in social life, work and other spheres (American Psychiatric Association, 2013). Ramaiah further explained (2003) that anxiety is a reaction to danger that warns the individual from within themselves.

There are several ways to reduce the impact of anxiety disorders. In his writing, Budi (2021) explained that efforts to control anxiety as a result of the Covid-19 pandemic can be achieved through psychoeducational activities on how to stay positive and productive during this pandemic. In principle, efforts to reduce anxiety can be done through various ways, such as attending counseling or therapy. Psychoeducation, counseling and therapy are the implementation of psychological assistance activities.

In this community service activity, psychological assistance activities was carried out with the aim of helping Jambi SMEs participants to overcome their complaints related to anxiety. The psychological assistance provided was in the form of: (a) psychoeducational activities, (b) relaxation training, (c) group counseling. The objectives of the psychological assistance activities include: (a) providing basic knowledge about anxiety; (b) providing relaxation exercises as a form of first aid for oneself when dealing with anxiety; (c) re-empowering participants' adaptive functions to function better.

Methods

This psychological assistance activity was held in the form of psychoeducation, relaxation technique and group counseling activity. All activities were done online through Zoom meeting platform. This activity involved 4 participants who complained that they had experienced anxiety during the pandemic. The 4 participants were not selected based on a certain selection but were referred directly from the SEMs management, so that at the beginning of the activity the level of anxiety of each participant was not known.

The first activity is psychoeducation activity that delivered materials related to anxiety, along with the definition of anxiety, the characteristics of anxiety, the impact of anxiety, how to deal with anxiety, relaxation techniques and coping strategies. Second activity is relaxation technique training use guided imagery method with breathing exercise. This technique uses a way of imagining a situation or series of pleasant experiences in a guided manner involving the senses (Purnama, 2015 in Nurjanah, 2018). In this relaxation exercise, participants are asked to imagine that they are blowing dry leaves. During the movement of blowing piles of dry leaves until they turn into dust flakes carried by the wind, participants inhale and exhale regularly and more slowly. The process can be repeated until the imagined pile of dry leaves is blown away by the exhaled air.

Then third activity is a brief intervention based on the Cognitive Behavior Therapy – Recovery Oriented (CT-R) approach. CT-R is the development of traditional CBT (Cognitive Behavior Therapy) theory-based therapy. CT-R was developed by Aaron T. Beck, Paul Grant, and Ellen Inverso at the Beck Institute. This CT-R therapy technique focuses on identifying the values and aspirations of the client. As an adaptation of traditional CBT, CT-R retains the theoretical foundation of the cognitive model but places more emphasis on the cognitive formulation of

the client's adaptive beliefs, behavioral strategies and factors that can maintain a positive mood. The CT-R approach emphasizes extracting strengths and positive qualities as well as individual resources (Beck, et.al, 2020).

Before the psychoeducation, relaxation technique and group counseling activities were carried out, participants received 2 forms of assessment. The first assessment is a knowledge test using the pre-test and post-test methods. The aim of the first assessment is to measure the participants' understanding of the material about definitions and symptoms of anxiety. The second assessment is the use of BAI (Beck Anxiety Inventory) which has been adapted into Indonesian.

The Beck Anxiety Inventory (BAI) was developed by Beck et.al (in Marai, 2003) and is used to measure the level of anxiety, both in the normal population and those indicated to have clinical disorders (Creamer et.al, 1995). Based on previous research, it is known that BAI has a high correlation to symptoms of anxiety and depression (Beck & Steer, 1990 in Marai, 2003). BAI consists of 21 items with 4 scale options. A total score above 12 points indicates anxiety. The results of the Marai reliability test (2003) showed that the internal reliability (Cronbach's alpha coefficient) was in the range of coefficients of 0.92 and 0.94. BAI takes about 5 – 10 minutes to fill out. At the time of implementation, 21 items had been adapted in Bahasa and transferred to a g-form which was then sent to participants. After receiving information on how to do it, participants are asked to complete the BAI test.

The activities for 4 SME participants was held on Monday, July 19, 2021, starting from 19.00-21.00 WIB. Participants joined at 18.45 WIB. The event was attended by 4 participants, 1 lecturer and 2 student assistants. In this mentoring activity, the lecturer acted as a material provider and provides short training. For 2 hours, the event went relatively smoothly with frequent interactions. Only one participant was constrained by signal interference, where they had to repeatedly turn off the video camera.

The event started with good rapport and introductions between the Untar team and the participants, followed by filling in attendance. After the introductory event, the speaker then invited the participants to express the expectations of the participants regarding the psychological mentoring event. The speaker then explained the background and purpose of this

event, which was to help the participants provide assistance to identify and overcome the anxiety that was deemed disturbing.

The event then continued by setting the rules together in the group. Before delivering the material, a pre-test was conducted in order to know in advance the basic knowledge of the participants regarding the anxiety material. In the next stage, the participants were asked to identify the level of anxiety by using the BAI test and to identify the sources of their anxiety. This is followed by the delivery of material about anxiety, how to cope, training relaxation and group counseling with the CT-R (Cognitive Behavior Therapy-Recovery Oriented) approach. After the presentation of the material, it was followed by a question and answer session, post-test and closing.

In the first activity, the evaluation of psychoeducation activity was measured using a pretest–posttest. The questions in the pretest and posttest consisted of same 10 multiple-choice questions which were scored with 1 points for correct answers and 0 for incorrect answers. The higher the final score obtained in the posttest, it indicates that the participants are increasingly understanding the material given. In second activity, the results of relaxation exercises were measured using informal assessment by used scale from 0 to 10. The number 0 represents no anxiety, and the number 10 represents very anxious. Before starting the relaxation exercise, participants were asked to rate their current anxiety. The score is determined based on the subjective assessment of each participant. After completing the relaxation exercise, participants were asked to reassess their anxiety state by determining a number from 0 to 10. If there is a decrease in the score, it indicates a decrease and vice versa. In the third activity, namely group counseling with a CT-R approach, the indicator of success is seen from the success of participants in finding the adaptive abilities they already have to help overcome the problems they faced. Findings of adaptive abilities from past experiences will then be discussed again to be strengthened and used to overcome current conditions.

Table 1. Intervention design

Main Activity	Objective	Methods	Timing
Assessment 1	To measure the amount of information that participants have acquired about anxiety (definition and symptoms of anxiety)	Paper pencil test with pre-posttest design (online assessment with g-form format)	5 minutes Pretest 5 minutes Postest
Assessment 2	To assess the intensity of physical and cognitive anxiety symptoms during the past week.	Paper pencil test, BAI form test (Beck Anxiety Inventory) (online assessment with g-form formate)	10 minutes
Psychoeducation about anxiety and coping	To give information for better understanding about anxiety (consist of definition of anxiety, the characteristics of anxiety, the impact of anxiety, how to deal with anxiety, relaxation techniques and coping strategies)	Online psychoeducation	20 minutes
Relaxation technique exercise	To reduce stress and anxiety with breathing exercise method.	Online training (Informal assessment using scale 0 – 10)	20 minutes
Group Counseling with CT-R approach	To reactivate adaptive mode so the people who felt anxious or stress can reduce their anxiety	Online group counseling	60 minutes

Results and Discussions

The four participants came from the same SME organization. Each of them owns a food and beverage business, specifically fast food and beverage, while some own food stand business. In this psychological assistance activities, the process of identifying the participants' anxiety level was conducted using the BAI (Beck Anxiety Inventory) psychological test. The results showed that 1 participant experienced a severe level of anxiety, 1 participant with a moderate level of anxiety and 2 participants with a mild level of anxiety. It can be seen in the following table:

Table 2. Participant overview

Participants	Gender	Marital Status	Anxiety source	Anxiety level
1	Female	Married (3 children)	Family safety	Severe
2	Female	Married (2 children)	Family safety and business safety	Moderate
3	Female	Married (2 children)	Family safety	Mild
4	Male	Single	Business safety	Mild

Based on the stories shared by participants, it is known that there are several sources of anxiety which can be described as follows: (a) for participants who are married, the main source of anxiety during this pandemic is the health and safety of children and their family members.

They become anxious if a family member suddenly looks sick, even though it is not always related to Covid-19. They are worried about other people or other family members visiting the house, because there is a potential to carry and spread the Covid-19 virus; (b) concerns about the continuity of their business related to the PPKM set by the government, because this causes a decrease in buyers and a decrease in their income.

Anxiety is a form of worry about something that has not happened (Bustaman, 2001 in Nurjanah, et.al, 2018), as was the case with the four participants. Three participants who are stay-at-home mothers, generally worry about the safety of their family members, especially children. They are worried because children are more at risk of contracting the Covid-19 virus. While the single male participant had a different source of concern, that is the continuity of his business. During the pandemic, their relative turnover as business actors decreased drastically. However, for the 3 participants who already have children, they are more worried about the health and safety of their children compared to the decline in turnover and customers.

After receiving psychoeducation about anxiety, there was a change in the average score of all participants. 3 out of 4 participants experienced an increase in posttest scores compared to pretest scores. Only 1 person whose score has not changed but is classified as a very high score, namely the second participant, which is at point 9. This means that the second participant already has prior knowledge before attending psychoeducation so that it does not show any additional knowledge. The results of the pretest showed an average value of 5.5. While the average results on the posttest showed a score of 7.75. Based on the difference in the average scores of the pretest and posttest, it is known that there is a slight increase in participants' knowledge regarding anxiety, which is 22.5%.

As a form of first aid that can be done to overcome anxiety is to do relaxation. A relaxation technique used in this activity is guided imagery (mental/visualization imagery) or guided imagination. Before starting the exercise, participants were asked to conduct an informal assessment by estimating the anxiety score felt before the exercise. Then participants get examples of relaxation. After that, participants were asked to follow the exercise. This exercise is repeated 4 times. After completing the exercise, participants were then asked to re-evaluate the anxiety they felt after the relaxation exercise. The results showed that 3 participants experienced a decrease score anxiety around 2-3 poin. 1 participant was still in the same score. In the following table can be seen the results of the assessment of each participant.

Table 3. Informal assessment with scale (0 – 10)

Participants	Before Relaxation Exercises	After Relaxation Exercises	Decreased Score
1	8	6	↓ 2
2	6	3	↓ 3
3	4	4	0
4	4	2	↓ 2

During the training process, participants can feel a change in their emotions. In general, participants reported that they felt calmer, reduced dizziness or headaches, and their breathing became more regular. Their breathing pattern also changed, which was initially short and frequent, became longer and lighter. Feelings of calm and more regular breathing occur because guided imagery relaxation techniques can reduce sympathetic nerve activity which leads to slower breathing rhythm, lower blood pressure, which reduces oxygen consumption. This condition can reduce muscle tension. Muscle tension decreases due to interactions in endocrine hormones and decreases catecholamine production, leading to comfort, so that anxiety decreases (Halm, 2009 in Nurjanah, 2018).

In the brief intervention session based on the Cognitive Behavior Therapy – Recovery Oriented (CT-R) approach, the speaker invited the participants to recall past successes. In the experience of success, there are positive qualities possessed by individuals, such as hard work, courage to try, and professionalism. In this phase, participants are invited to explore these positive qualities further. This positive quality is referred to as an adaptive mode, which is a function to continuously make adjustments and changes (Beck, 2020). Each participant share their success experience, and then together with the speaker evaluates what potential or adaptive abilities have made them successful. Based on the discussion and evaluation with the four participants, it can be summarized some of the positive potentials of the participants based on their past experiences, as listed in the table below:

Table 4. Participant adaptive mode overview

Participants	Gender	Adaptive Mode
1	Female	The ability to guide others in doing business.
2	Female	Having a strong desire, never giving up, and never stop trying
3	Female	Dare to try and dare to accept failure
4	Male	Support from closest people such as family and friends

The adaptive mode was shown to have provided support for all four participants in the past. This adaptive mode becomes the capital to be applied in dealing with current stressors. For example, the first participant has the ability to guide others. At this stage, participants are asked to remember and re-evaluate their success in using these adaptive abilities in past experiences. Then these adaptive abilities are applied to overcome the conditions that currently trigger anxiety. This method is called re-activating the adaptive abilities that participants already have, but due to stressful conditions, they are not used.

An slight increase in the average score of 22.5% between the pretest and posttest indicates that some of the information conveyed through psychoeducation has been understood by the participants. On the other point, the results of relaxation exercises have been shown to help participants feel better. The four participants verbally stated that their breathing was more regular, their heart rate returned to normal, the tension in their shoulders was reduced and they felt lighter. In counseling group using the CT-R approach, it can be reported that the four participants were successfully could re-recognize the adaptive abilities they had previously had. In detail, the participants' adaptive abilities can be seen in table 4. Through this counseling group, each participant's adaptive abilities were reactivated. Participants were asked to reuse their adaptive abilities to overcome current problems in order to reduce anxiety. As example from the second participant's adaptive ability is "to never give up and dare to try". Then, based on the second participant's adaptive ability, she said that she will try to produce new types of food with different flavors. She plans to find a new recipe and try it out first. Then later it will be entrusted to the stalls in the market.

Conclusion

Based on the community service activities that have been carried out, it can be concluded as follows: (a) the results of psychoeducation indicate an increase in knowledge of 22.5% of participants; (b) the relaxation exercises carried out by the participants can be said to be quite successful in overcoming the anxiety at that time. 3 of 4 participants experienced a decrease in anxiety scores. 1 participant did not experience any changes after the relaxation exercise. One of the conditions that are thought to cause no change in the relaxation exercise is the obstacle to the internet network. The participant was disconnected several times and disappeared from the zoom platform; (d) group counseling activities succeeded in helping the four participants discover their adaptive abilities so that they can be applied when facing challenges during the

pandemic. As the final result of group counseling, each participant has made a plan to improve their condition using the adaptive abilities they have discovered and strengthened.

There are several things that can be suggested, as follows: (a) participants can write down the adaptive modes that have been found in the intervention process on media or means that are easily visible so that they can continue to remind themselves; (b) participants regularly perform relaxation exercises, so that they are accustomed to doing them every day; (c) to anticipate network problems, presentation materials can be supplemented with sample images to make them easier to capture and understand; (d) increase the meeting time so that follow-up can be carried out.

Acknowledgements

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