

CINEMATHERAPY AND THOUGHT-STOPPING TECHNIQUES TO REDUCE SOCIAL ANXIETY

Andi Thahir, S.Psi.,M.A.,Ed.D

Raden Intan Islamic State University (Lampung), Indonesia

e-mail: andithahir@radenintan.ac.id

Siti Zahra Bulantika, S.Pd.,M.Pd

Raden Intan Islamic State University (Lampung), Indonesia

e-mail: zahra.bulantika@yahoo.co.id

Rubi Rimonda, S.Pd.,M.Pd

Raden Intan Islamic State University (Lampung), Indonesia

e-mail: rubi.rimonda11@gmail.com

Abstract - *In conducting social interactions, not all individuals feel safe and comfortable, but there are also those who have feelings of anxiety, fear or worry about the surrounding environment called social anxiety. Social anxiety is likely to disrupt normal conditions in developments related to social and personal relationships and result in avoidance or rejection. Social anxiety is one of the problems faced by adolescents arising from irrational thoughts that have an impact on negative behavior. To overcome the problems that arise from cognitive and impact on behavior, then the need for a treatment related to cognitive and behavioral, including cinematherapy and thought-stopping techniques. Cinematherapy and thought-stopping are techniques derived from the Cognitive Behavior Therapy (CBT) approach which will help individuals to rebuild their mindsets (attitudes, assumptions, and beliefs), test mindsets, decide what is useful and what is not beneficial for individuals, so that social anxiety can be reduced.*

Keywords: *cinematherapy, thought-stopping, social anxiety*

1. INTRODUCTION

The progress of science and technology has a positive and negative impact on human life. The positive impact of the progress of science and technology that encourages an individual to strive for more progress, improve the quality of life and self-image, towards a meaningful life, but it cannot be denied that the negative impact caused by the progress of science and technology, namely changes in mindset, behavior, and individual personality. One of the most anxieties that happened is because of a mismatch between hope and reality.

Anxiety is a feeling that is owned by each individual. It is a state of mind in response to some stimuli from the environment that bring an individual to a feeling of fear of something that will happen (Banga, 2014). Anxiety can have a positive or negative effect on someone; it depends on how one reacts to it. In an existential approach, anxiety is seen as a driving force for growth. Anxiety is caused by an awareness of the responsibility to choose (Semiun, 2006). The usual anxiety is more influenced by the mindset of someone who considers himself not like other people, judging oneself so sharply that at a glance someone does not dare to try something that is not mastered very perfectly. In fact, some people keep remembering something scary so they often intimidate themselves. Actually,

everything can go smoothly if they do not feel hopeless and do not think too much about the scary things that have not happened or think that they will fail.

Nevid (2009) also explained that basically, anxiety in a normal degree is something that is healthy and normal if the individual is a little worried about the aspects that occur in his life. It is useful if it encourages individuals to do coping that they can. However, if people continue to feel anxiety, worry about prolonged without any effort to reduce or even cure it, then the anxiety will cause a bad influence on that person. Vulnerable anxiety occurs in adolescents because they are a transitional phase and are commonly referred to as storm and drunk or hurricanes because the emotional instability of a person causes many problems. One anxiety that can occur in individuals or adolescents is when doing social interactions. In conducting social interactions, not all individuals feel safe and comfortable, but there are also those who have feelings of anxiety, fear or worry about the surrounding environment called social anxiety.

The most difficult challenge for adolescents is interaction and self-adjustment with increasing peer group influence, changes in social behavior, social grouping, new values in friendship selection, support, social rejection, and leader selection. One that is prone to personality disorders in children is social anxiety. It will interact with the environment because not all individuals in their adolescence can comfortably interact with their social environment (Mutahari, 2016). There are many problems that tend to occur among students in schools. From the observation in one school, it is found that many students who experience social anxiety, symptoms shown such as: (1) excessive fear when interacting with strangers (2) fear of situations in which students can be assessed (3) fear that other people will see that the student looks anxious (4) anxiety that interferes with the daily routine of learning in class or other activities outside the classroom (5) avoid doing something or talking to people for fear of embarrassment (6) avoiding situations in where students may be the center of attention (7) difficulty in making eye contact (8) difficulty in speaking.

Seeing the problems of the students above, we need some techniques that can help them to overcome their social anxiety. One way that can be done to help them in the process of changing feelings, ways of thinking, and acting related to social anxiety, and so that they are able to have confidence in their abilities, and positively view the perceptions of others about themselves, is to take a cognitive approach behavior (CBT) by using two techniques namely cinematherapy and thought-stopping technique.

2. DISCUSSION

Social anxiety is a term used to describe an anxiety state characterized by emotional discomfort, fear, worry and maladaptive behavior related to social situations. This becomes a significant problem considering the nature of human and functional social relations cannot be avoided in human life (McNeil & Randall in Hofmann 2014). Social anxiety disorders involve marked fears and continuous negative evaluations in social situations and/or performance (DSM-5; American Psychiatric Association, 2013). Hofmann (2014) said that individuals who are socially anxious tend to be shy and self-withdrawn and ineffective in social interaction, this is possible because they perceive a negative reaction. The simpler definition of social anxiety is the feeling of shame assessed or noticed by others because of the prejudice that other people judge negatively towards them. People who experience fear in interacting socially will withdraw from the association, try as little as possible

to communicate, and will communicate when pressed. If s/he communicates, often the conversation is irrelevant, because relevant speaking will certainly invite other people's reactions and s/he is required to speak again.

Social anxiety is likely to disrupt normal conditions in developments related to social and personal relationships and result in avoidance or rejection. Furthermore the problem of social anxiety disorder in adolescent's increases by showing behaviors such as silencing, running away from home, fighting, and lying (Ford, 2007). It is a milder form of social phobia which is a constant and irrational fear of the presence of others. Individuals try to avoid a special situation in which they may be criticized and show signs of anxiety or behave in an embarrassing way (Hofman, 2014). Thus, people who suffer from social anxiety avoid people for fear of being criticized, such as talking or presenting themselves in public, eating in public, using public restrooms or doing other activities in public that can cause great anxiety.

This anxiety arises in adolescence when social awareness and relationships with other people are important in the life of a teenager (Semiun, 2006). People with this social anxiety think that everything they do, it will be embarrassing or stupid (Antony & Swinson, 2000). Individuals with social anxiety, try hard not to face the frightening social situation as much as possible, or if they are forced to face the situation of course with very large distress, the most fundamental thing about social anxiety is fear of negative evaluations of others (Nevid, 2005). Social anxiety disorders can be enforced if they meet several criteria, namely (DSM IV, 2000): (1) Fear that persists in one or more social situations, when someone has to meet a new or unknown person and those people will observe it, (2) Facing fears of social situations that always trigger anxiety, (3) The individual recognizes if his fear is excessive or unreasonable, (4) The feared social situation is avoided if it does not cause anxiety that persists or distresses, (5) Avoidance behavior, (6) There is an anticipation effort, (7) This distress condition has a significant effect on normal routines such as school, work, or relationships with other people, or he experiences permanent distress due to the phobia he experiences.

Furthermore the criteria for social anxiety disorder in (DSM-5, 2013): (1) Fear or anxiety is related to one or more social situations, (2) Fear that their actions or anxiety will result in insults, shame or rejection by others, (3) Social situations almost always provoke fear or anxiety, (4) Fear is not proportional to the real threat. The minimum duration is six months. The only subtype is "Performance" which is limited to speaking or appearing in public.

Cinematherapy was created and popularized by Dr. Gary Solomon, the first to write a story that becomes a film as a therapy. It is a process where using films for therapeutic purposes. It helps individuals to see what is happening to them or someone through the characters and storylines in the film. (Solomon, 2001). Cinematherapy is part of the CBT approach that can be used in therapy (Yang & Lee, 2005). It is used to treat two cases of depression. It helps individuals understand the meaning of cinematic films where it can help them recognize aspects of their lives that they cannot dream of. Furthermore, in film discussions, individuals become aware of the causes of depressive symptoms and begin the process of change (Heston & Kottman, 1997). In another cinematherapy case study investigated its use by measuring the effect of an intervention on the level of hope and optimism in adults diagnosed with Major Depression, the results showed that it was statistically and clinically effective in raising expectations, and clinically effective in increasing optimism (Powell, 2008).

Thought-stopping was used for the first time in 1875 to deal with a man who was educated with thoughts about naked women (Erford, 2016). This technique enters the realm of behavioral therapy after it was proposed by James G. Taylor and adapted by Joseph Wolpe for the handling of obsessive and phobic thoughts (Erford, 2016). So, Thought-stopping is a technique that comes from the Cognitive-Behavior Therapy (CBT) approach. It is because Cognitive-Behavior Therapy (CBT) handles emotional and behavioral problems by attracting attention to the mindset and mood. Townsend (in Nasution, 2011) explains that thought-stopping is a cessation technique that is taught by someone who can be used whenever an individual wants to eliminate the disturbing or negative thoughts and unwanted thoughts from consciousness. Whereas according to Videbeck (in Nasution, 2011) thought-stopping therapy is part of behavioral therapy that is used to help change the process of thinking. Thinking habits can shape behavior change. Wolpe (in Erford, 2016) explains thought-stopping trains the client to get rid of any unwanted thoughts as early as possible, usually by calling for a "stop" command to interrupt undesirable reflexions. According to Bakker (2009) Thought-stopping refers to a group of procedures used to enhance a person's ability to cognitively block a series of responses.

Counseling that is able to understand the nature of emotional events, behavioral disorders, and focus on cognitive content from individual reactions is counseling with cognitive behavioral approaches. Sharf (2012) explains that behavioral cognitive counseling is counseling that focuses on insights that emphasize recognition and change negative thoughts and maladaptive beliefs. The essence of behavioral cognitive counseling is based on theoretical reasons that the way humans feel and behave is determined by how they perceive and structure their experiences. Behavioral cognitive counseling theoretical assumptions are that internal human communication can be accessed by introspection, that client trust has a very personal meaning, and that this meaning can be found by the client rather than being taught or interpreted by the client. Behavioral cognitive counseling theory aims to change the way clients think by using their automatic thoughts to reach the core scheme and start introducing schema restructuring ideas. This is done by encouraging clients to gather and consider evidence to support their beliefs. Individuals tend to maintain their beliefs about themselves, their world, and their future. The main focus of behavioral cognitive therapy is to help clients test and restructure their core beliefs (Sharf, 2012).

The Cognitive Behavior Therapy (CBT) approach will help individuals to rebuild their mindset (attitudes, assumptions, and beliefs), test mindsets, and decide what is useful and what is not beneficial to them. Cognitive Behavior Therapy (CBT) will also show individuals how to develop the ability to see things from various angles (Wilding, 2010). Social anxiety is a problem that originates from negative thoughts that will have an impact on the social interactions of students at a school. In the treatment of anxiety disorders, cognitive-behavioral therapy can help to identify and challenge individual negative mindsets (Wilding, 2010). Taylor (2000) says that cognitive behavioral approaches (CBT) target affective related anxiety to reduce social avoidance.

The effectiveness of the CBT approach also conducted by Otte (2011) in his research shows that the CBT approach is effective in an effort to reduce individual anxiety levels. The techniques in the cognitive-behavioral approach that can be applied by counselors to clients who experience problems originating from negative thoughts are cinematherapy technique and thought-stopping technique. The combination of these two techniques is based on the conceptual assumption that the

cinematherapy is a technique for identifying characters, messages, or meanings in the film and giving a means of exploration, self-discovery, which evokes self-amendments. The essence of this technique is to use films or videos that support to understand maladaptive core beliefs and individual cognitive restructuring (Solomon; Wolz, 2004). Whereas the use of thought-stopping technique refers to a group of procedures used to increase a person's ability to block cognitively a series of responses (Bakker, 2009).

In this study students who experience social anxiety have distorted thoughts and false beliefs and manifest themselves in the form of new unproductive behaviors. The use of cinematherapy is aimed at better self-understanding, insight, or a better function for the counselee, where the subconscious communicates with the conscious mind, while thought-stopping train to get rid of it, as early as possible any unwanted thoughts, by commands a "stop" to interrupt undesirable reflexions in the form of social anxiety. Townsend (in Nasution, 2011) explains that thought-stopping is a cessation technique that is learned by someone who can be used whenever an individual wants to stop a disturbing or negative thought and an unwanted thought from consciousness.

Based on the above understanding it can be concluded that the thought-stopping is a technique that can overcome negative thoughts that can interfere with oneself and are not desirable from consciousness. Nasution (2011) conducted a study on the effect of thought-stopping on the level of family anxiety (Caregiver) with school-age children who underwent cinematherapy. The results of this study indicate that thought-stopping can affect the level of family anxiety (Caregiver) with school-age children who undergo cinematherapy.

In line with the research of Dharshini et al. (2016), the thought-stopping technique is an effective intervention to reduce negative ideology among teenage boys with juvenile delinquency. The use of the thought-stopping technique is intended because individual thoughts and beliefs can sometimes lead to negative behavior. Thus, problematic or negative behavior can be changed by changing his mind and beliefs. The purpose of using thought-stopping is to weaken behavior that is not desired by the counselee and to stop negative thoughts due to past experiences. So, the use of this thought-stopping technique hopes to achieve is that individuals can reduce their maladaptive behavior, reduce anxiety, can reduce unhealthy self-anxiety, can help individuals control negative thoughts and unproductive hallucinations, to learn to forget bad experiences and improve mind control. Based on the results of previous studies it is evidence that to reduce the level of student social anxiety can be done with cinematherapy and thought-stopping techniques.

3. CONCLUSION

Social anxiety will make individuals fear excessively when interacting with people. Individuals with social anxiety show symptoms of anxiety, such as: looking down, facial expressions that change, difficulty in speaking and others. Social anxiety will make an individual avoid doing something or talking to people for fear of shame, losing focus when they are the center of attention. Individuals who experience social anxiety consider that they are unattractive and consider themselves unpleasant to others. From the results of previous research, the cinematherapy technique and thought-stopping

technique are able to reduce social anxiety. For further research, it is recommended to be able to prove the effectiveness of cinematherapy and thought-stopping technique to reduce social anxiety.

4. REFERENCES

- American Psychiatric Association. (2013). *Diagnostic And Statistical Manual of Mental Disorder Edition "DSM-5"*. Washington DC: American Psychiatric Publishing.
- Antony, M. M., & Swinson, R. P. (2000). Phobic disorders and panic in adults: a guide to assessment and treatment. *American Psychological Association*.
- Bakker, G. M. (2009). In defence of thought-stopping. *Clinical Psychologist*, 13(2), 59-68
- Banga, C. L. (2014). Academic Anxiety Among High School Students in Relation to Different Social Categories. *International Multidisciplinary e-Journal*, 3, 73-87
- Dharshini, P., Jayanthi., Hemavathy, Kanchana & Celina. (2016). Effectiveness Of Thought-stopping Techniques On Negative Ideation Among Adolescent Boys With Juvenile Delinquency At Selected Setting Vellore Pre Experimental Study. *International Journal of Nursing and Patient Safety & Care*. 1, (1), 9-14
- Erford, B.T. (2016). *40 Teknik yang harus diketahui setiap konselor*. Yogyakarta. Pustaka Pelajar.
- Ford, E., Liebowitz, M., & Andrews, L. W. (2007). *What you must think of me: a firsthand account of one teenager's experience with social anxiety disorder*. Oxford University Press.
- Heston, M.L., & Kottman, T. (1997). Movies As Metaphors: A Counseling Intervention. *Journal Of Humanistic Education and Development*, Vol 36(2), 92-99. doi.org/10.1002/j.2164-4683.1997.tb00377.x
- Hofmann, S. G., & DiBartolo, P. M. (Eds.). (2014). *Social anxiety: Clinical, developmental, and social perspectives*. Elsevier.
- Mutahari, H. (2016). Hubungan antara kepercayaan diri dengan kecemasan sosial pada siswa kelas VII SMP Negeri 2 Kalasan Tahun Ajaran 2015-2016. *Jurnal Riset Mahasiswa Bimbingan Dan Konseling*, 5(3), 13-23.
- Nasution, M. L. (2011). Pengaruh Thought-stopping terhadap Tingkat Kecemasan Keluarga (Caregiver) dengan Anak Usia Sekolah yang Menjalani Kemoterapi di RSUPN Dr. Cipto Mangunkusumo. *Tesis*. Universitas Indonesia: Fakultas Ilmu Keperawatan
- Nevid, J. S. (2009). *Psychology Concepts And Applications*. Third Edition. Houghton Mifflin Company, New York
- Otte, C. (2011). Cognitive behavioral therapy in anxiety disorders: current state of the evidence. *Journal of Dialogues in clinical neuroscience*, 13(4), 413-421
- Powell, M.L. (2008). "Cinematherapy As A Clinical Intervention: Theoretical Rationale And Empirical Credibility". *Dissertation*. Fayetteville: University of Arkansas
- Semium, Y. (2006). Kesehatan Mental 1. Pandangan Umum Mengenai Penyesuaian Diri dan Kesehatan Mental Serta Teori-Teori yang Terkait. Yogyakarta: Kanisius
- Sharf, . Richard S. (2012). *Theories of Psychotherapy and Counseling Concepts and Cases*. 5 Th Edition. A Division of Cengage Learning, Inc
- Solomon, G. (2001). *Reel Therapy: How Movies Inspire You to Overcome Life's Problems*. NY: Lebhar-Friedman Books. ISBN 1483551636, 9781483551630
- Taylor, C. T., Pearlstein, S. L., & Stein, M. B. (2017). The affective tie that binds: Examining the contribution of positive emotions and anxiety to relationship formation in social anxiety disorder. *Journal of anxiety disorders*, 49, 21-30.

- Wilding, C. (2010). *Cognitive Behavioural Therapy: CBT self-help techniques to improve your life*. Hachette UK.
- Wolz, B. (2004). *The Cinematherapy Workbook: A Self-Help Guide To Using Movies For Healing And Growth*. Cayon, Colorado: Glenbridge Publishing Ltd
- Yang, H., & Lee, Y. (2005). The Use Of Single-Session *Cinematherapy* And Aggressive Behaviour Tendencies Among Adopted Children: A Pilot Study. *American Journal of Recreation Therapy*, Vol 4(1), 35-44.