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CASE REPORT / LAPORAN KASUS

## Lyric Analysis Intervention: Overcoming Cognitive Rumination of Late-Adolescent Females with Song Lyrics from

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### ABSTRACT

The tendency toward cognitive rumination among females in their late adolescence was increasing during the COVID-19 pandemic, which in turn may lead to the development of anxiety and depression disorders. Lyrics Analysis Intervention in group aiming to redirect thoughts and introduce more effective coping mechanisms is one of the methods in Cognitive Behavioral Therapy to overcome cognitive rumination. In this report, the characteristic shared by the intervention group members as a fan of the South Korean boy band, BTS (Bangtansonyeondan), was used as a basis of the song selection. Discussing the song "*Permission to Dance*" with its optimistic lyrics has provided insight into positive and effective coping strategies as a way to conduct cognitive rumination. The results of this research suggest that combining Lyrics Analysis Intervention with psychoeducation and self-monitoring task can reduce the participants' symptoms of depression, anxiety, and stress.

**Keywords:** cognitive behavior therapy; cognitive rumination; late adolescence; lyric analysis intervention

### ABSTRAK

Kecenderungan remaja perempuan melakukan ruminasi kognitif meningkat pada masa pandemi COVID-19, yang pada akhirnya dapat memunculkan gangguan kecemasan dan depresi. Intervensi Analisis Lirik dalam kelompok untuk mengarahkan pemikiran dan memperkenalkan mekanisme koping yang lebih efektif dapat menjadi salah satu metode Terapi Kognitif Perilaku dalam mengatasi ruminasi kognitif. Dalam laporan ini, karakteristik anggota kelompok intervensi sebagai penggemar musisi Korea Selatan BTS (Bangtansonyeondan) melandasi pemilihan lagu. Mendiskusikan lagu "*Permission to Dance*" dengan lirik yang optimis memberikan tilikan (*insight*) mengenai strategi koping positif dan efektif yang dapat dilakukan alih-alih melakukan ruminasi kognitif. Hasil penelitian ini menyarankan bahwa kombinasi Intervensi Analisis Lirik dengan psikoedukasi dan penugasan pengamatan diri secara mandiri dapat menurunkan gejala depresi, kecemasan, dan stres partisipan.

**Kata kunci:** intervensi analisis lirik; remaja akhir; ruminasi kognitif; terapi kognitif perilaku

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## INTRODUCTION

Cognitive rumination is an attempt to respond to distress by repeatedly and passively focusing on the symptoms, possible causes, and consequences of distress. Instead of using an active problem-solving effort, cognitive rumination is focused on the feelings experienced (Nolen-Hoeksema et al., 2008). Rumination involves a cognitive process in the form of excessive thoughts, commonly known as *overthinking* (Lyubomirsky et al., 2015). Cognitive rumination tendencies can predict mental health problems such as depression, anxiety, and stress (Michl et al., 2013; Sun et al., 2014).

During the COVID-19 pandemic, adolescents and women are more likely to overthink (Branje & Morris, 2021; Idele, 2021; Nikolova et al., 2021; Rosen et al., 2021). Adolescents have a higher tendency to rumination because of the development of abstract thinking skills, so that they become more aware of their own thinking processes (Altchek & Deligdisch, 2009). The tendency to overthink as a result of the COVID-19 pandemic is considered disturbing, which causes adolescents to seek psychosocial support through mental health service platforms (Lara et al., 2021; Upadhye, 2020; Woodgate et al., 2021; YoungMinds, 2020). Psychological help in the form of online services for adolescents experiencing cognitive rumination during the pandemic is a form of psychosocial support (Idele, 2021).

Psychological intervention in cognitive rumination was designed based on information obtained from Sharon Maliangkay (based in Jakarta, through personal communication by telephone, 22<sup>nd</sup> July 2021), the account manager of BTS ARMY Help Center (AHC) Indonesia. AHC Indonesia is a non-profit organization providing peer assistance services for fans of the South Korean boy band BTS. The characteristics of AHC Indonesia service users are quite similar, i.e., being a fan of the BTS music group, predominantly female with the age ranging from late adolescence to early adulthood, having a tendency to overthink, exhibiting a depressive mood and symptoms of depression, feeling anxious, and being depressed as a result of the COVID-19 pandemic. The fact that the participants display similar characteristics is in accordance with the principle of creating psychological intervention groups, namely homogenous problems and age range (Corey, 2018; Ezhumalai et al., 2018).

Group intervention can be carried out by applying certain therapeutic approaches, one of which is Cognitive Behavioral Therapy (CBT). CBT's primary assumption is that thinking errors or cognitive distortions that are left untreated can lead to various psychological disorders, such as anxiety and depression (Beck, 2011; Clark & Beck, 2011). CBT can be utilized to overcome cognitive rumination caused by the tendency to negatively and excessively think about an event, and this is in accordance with the concept of maladaptive cognitive schemas in the form of dysfunctional automatic thoughts proposed by Beck (Nolen-Hoeksema et al., 2008). In dealing with cognitive rumination, CBT is carried out by applying psychoeducation with a purpose to introduce the concept of maladaptive cognitive schemas, and by giving mind monitoring tasks, mind restructuring exercises, as well as behavioral exercises, such as relaxation (Norton, 2012).

Furthermore, music has been utilized in CBT to increase the effectiveness of a therapy as a stimulus for the formation of new behaviors and to support mood changes, and this is to complement CBT tools such as psychoeducation and task (Wheeler, 2015). Music can be a tool in the CBT therapy process through discussion of song lyrics to bridge cognitive processes and to form adaptive coping mechanisms through Lyric Analysis Intervention (LAI) (Trimmer et al., 2016). LAI is a psychological intervention that involves music with an emphasis on detailed inspection of the elements of the song as a basis for discussion or interpretation, by which the client experiences the feeling of contentment in the lyrics, situations, or characters in the song (Silverman, 2015).

LAI is aligned well with the CBT framework for several reasons; it involves client-therapist relationship; it lasts in a short duration; it is oriented to the present time; it focuses on changing

thoughts and beliefs to elicit changes in emotions, behavior, and physical experiences; it also involves active psychoeducation, which is focused on problems to be solved (Dvorak, 2016). LAI supports cognitive therapeutic factors through discussions based on questions that lead participants to gain insight into dealing with complaints (Silverman, 2015). According to Silverman (2015), LAI can be carried out by listening to a song and then discussing about the song lyric, so that the client can be connected to it, understand it, and interpret the lyrics.

The lyrics of the songs selected in the LAI session must be familiar to the clients in order to improve understanding and information processing in the group (Hodges, 2019). Even though all group members hear the same song, they may listen differently. This is a medium for acknowledging individual differences as well as unique perspectives that can be shared and explored. Thus, LAI facilitators do not need to exert strict control over the meaning of lyrics as long as the treatment goals are achieved (Glass & Benshoff, 1999). Ashton (2013) applied short-term LAI to young adult women with complaints of depression, anxiety and stress, and it showed that LAI was effective in reducing the participants' levels of depression, anxiety, and stress.

By undergoing a psychological intervention using LAI as one of the methods in CBT, it is expected that the levels of complaints of depression, anxiety, and stress experienced by adolescents would decrease. The intervention was also aimed to give an opportunity to the clients to learn new skills and develop more effective coping mechanisms.

## METHODS

### *Participants*

The participants in this study are users of AHC Indonesia service who showed cognitive rumination complaints. They were specifically selected to ensure that only participants able to work in group participate in the study. The criteria for selecting participants are described in Table 1. Prospective participants were required to complete an online form containing a statement of willingness to participate in the intervention selection and demographic information (containing name, age, place of residence, current education or occupation, and brief description of their complaints). They were also asked work on an initial assessment in the form of a Group Selection Questionnaire ( GSQ), Overthinking Checklist, and DASS-21.

**Table 1.** Group Intervention Inclusion Criteria

| Inclusion Criteria   |
|--|
| a. Female, aged 17–19 years  |
| b. Having the ability to work in group (indicated by low GSQ score)  |
| c. Having complaints about excessive thinking patterns (indicated by obtaining a score of $\geq 4$ for the Overthinking Checklist) |
| d. Having high to extreme levels (scores) for depression, anxiety, or stress   |

### *Measuring and Planning for Evaluation of Intervention Effectiveness*

The selection of intervention group members was carried out to ensure the participants' ability to work in group, and this was done by determining the expected outcomes of the therapy group, and finding out their ability to interact with other group members as well as their tendency to show dysfunctional interpersonal interactions using the GSQ (Cox et al., 2004 as cited in Baker, 2010). The GSQ is reported to have good construct validity (Baker, 2010). The GSQ was administered once only at

the selection stage, where lower GSQ score obtained indicates that the prospective candidate is more suitable to become a member of the intervention group.

The selection of participants for cognitive rumination complaints (introduced as "overthinking" to potential participants) was carried out by asking the candidates to fill in the Overthinking Checklist, which was adapted from the book entitled "*The Anxious Thoughts Workbook: Skills to Overcome the Unwanted Intrusive Thoughts that Drive Anxiety, Obsessions, and Depression*" (Clark, 2018). There are eight questions on the checklist, in which a "Yes" response to 4 or more statements indicates a tendency to overthink. The Overthinking Checklist was only administered once at the selection stage.

Referring to studies that show the relationship between the tendency to think excessively and symptoms of depression, anxiety, and stress (Bourne & Yaroush, 2003; Eng et al., 2020; Hunter et al., 2019; Pereira et al., 2012), an overview of participants' depression tendencies, anxiety, and stress can be obtained, and these can be used as data on the mental health condition of the participants. This was done by administering the Depression, Anxiety, Stress Scale (DASS-21) in Bahasa Indonesian, which has a satisfactory internal consistency (Cronbach's alpha coefficient = 0.912) (Kinanthi et al., 2020). DASS-21 was administered once before the intervention to select participants, and at the same time the results serve as pre-test scores. DASS-21 was administered again at the end of the intervention to yield post-test scores.

An evaluation of the effectiveness of the intervention was carried out by observing the participant's response in each session, looking at the results of Thought Monitoring assignment, as well as asking questions to the participants at the end of the intervention session to obtain an overview of the progress and changes perceived by the participants.

#### *Intervention Procedures*

There were 36 AHC Indonesia service users who responded to the recruitment form. Five people who met the inclusion criteria were further contacted to fill in a statement of willingness to participate in the group intervention, and then they were called using *WhatsApp Call*. After that, interviews with prospective participants who met the inclusion criteria were conducted to obtain in-depth data on the complaints they felt and obtain a personality description. Information on group intervention participants can be seen in Table 2.

**Table 2.** Overview of Group Intervention Participants

|                    | <b>Participant 1</b>  | <b>Participant 2</b>  | <b>Participant 3</b>   | <b>Participant 4</b>  | <b>Participant 5</b>   |
|--------------------|---|---|--|---|--|
| Age                | 17 years old  | 17 years old  | 17 years old   | 18 years old  | 19 years old   |
| Current education  | High school student   | High school student   | High school student  | University student  | University student   |
| Place of residence | Banten  | Bandar Lampung  | Majalengka   | Semarang  | Pare-pare  |
| Complaint          | - Crying every night<br>- Having trouble sleeping during the pandemic because of overthinking | - Mood easily deteriorated since parents separated in April 2021<br>- Overthinking about self-image | - Withdrawing from and overthinking about social interaction because of bullying during kindergarten – grade 4<br>- Biting arm | - Being treated with pharmacotherapy by a psychiatrist due to complaints of excessive | - Overthinking about small things<br>- Afraid of going out<br>- Having sleeping problem, which |

|                                      |  |  |   |  |  |
|--------------------------------------|--|--|---|--|--|
|                                      | about achievements and expectations of surrounding people              | due to negative emotions   | - Being anxious when communicating with others and during presentations | thinking, anxiety, and panic attacks<br>- not feeling any progress yet | worsens during the pandemic  |
| <i>Over-thinking-Checklist Score</i> | 6/8  | 4/8  | 4/8   | 8/8  | 5/8  |
| DASS-21 score                        | 15 (Extreme depression)<br>20 (Extreme anxiety)<br>18 (extreme stress) | 13 (severe depression)<br>15 (Extreme anxiety)<br>13 (severe stress) | 21 (Extreme depression)<br>21 (Extreme anxiety)<br>16 (severe stress)   | 20 (Extreme depression)<br>21 (Extreme anxiety)<br>21 (extreme stress) | 15 (Extreme depression)<br>19 (extreme anxiety)<br>19 (extreme stress) |

Based on the results of the assessment, it was revealed that participants shared some similarities, i.e., being a fan of the South Korean boy band BTS, having a tendency of cognitive rumination, and showing symptoms of depression, anxiety, and stress. The homogeneity of the participants' characteristics becomes a supporting factor for therapeutic group intervention using a cognitive-behavioral approach (CBT) by incorporating musical elements in the form of Lyrics Analysis Intervention (LAI). The objectives of the group intervention are as follows:

- Achieving the therapy goals and employing group members to overcome cognitive rumination tendencies;
- Making group members aware of dysfunctional automatic thoughts that lead to overthinking tendencies or cognitive ruminations;
- Making group members learn effective coping mechanisms to overcome cognitive ruminations.

The lyrics to be analyzed in LAI need to be selected to meet the therapy goals (Silverman, 2009). This becomes the basis for the selection of the song "*Permission to Dance*" released by BTS on July 9<sup>th</sup>, 2021 which is "dedicated to anyone who is having a bad day or is desperate to face reality" (Daly, 2021). With a cheerful tone and encouraging lyrics, "*Permission to Dance*" gives listeners a sense of comfort and happiness (Suh, 2021). BTS' music is known for the "therapeutic effect" of its lyrics; listening to BTS music accompanied by the meaning of the lyrics, which are considered to have comforting effect, to become a driving-force for self-development, and to facilitate coping when facing problems (Lee et al., 2021). Even though the facilitator did not limit participants' differences of opinion in the intervention process (Dvorak, 2016), there are points in the song lyrics that can be used to provide therapeutic benefits in the analysis process, which are described in Table 3.

**Table 3.** The lyrics of "*Permission to Dance*" and the therapeutic meanings that can be discussed

| Lyrics   | Therapeutic meanings  |
|--|---|
| <i>It's the thought of being young<br/>When your heart's just like a drum<br/>Beating louder with no way to guard it<br/>When it all seems like it's wrong<br/>Just sing along to Elton John</i> | Things to feel as an adolescent, not knowing how to make use of energy<br>Situations that are considered unfavorable, "dilemmatic", and how to deal with them |

|   |  |
|---|--|
| <i>And to that feeling, we're just getting started<br/>When the nights get colder<br/>And the rhythms got you falling behind<br/>Just dream about that moment<br/>When you look yourself right in the eye, eye, eye<br/>I wanna dance, the music's got me going<br/>Ain't nothing that can stop how we move, yeah<br/>Let's break our plans and live just like we're<br/>golden<br/>And roll in like we're dancing fools<br/>We don't need to worry<br/>'Cause when we fall, we know how to land<br/>Don't need to talk the talk, just walk the walk<br/>tonight<br/>'Cause we don't need permission to dance<br/>There's always something that's standing in the<br/>way<br/>But if you don't let it faze ya, you'll know just<br/>how to break<br/>Just keep the right vibe, yeah, 'cause there's no<br/>looking back<br/>There ain't no one to prove, we don't got this on<br/>lock, yeah<br/>The wait is over<br/>The time is now, so let's do it right<br/>Yeah, we'll keep going<br/>And stay up until we see the sunrise</i> | Metaphor of a deteriorating situation and how to deal with it  |
|   | "Dancing" as a metaphor for coping mechanisms to deal with a bad day   |
|   | A metaphor of leaving old plans that give discomfort to achieve a more meaningful life                                   |
|   | Eliminating anxiety because everyone has a way to recover from problems  |
|   | Taking action instead of just talking when facing problems because nothing stops someone from being happy                |
|   | There will always be obstacles, but if they are not considered as obstacles, the obstacles will be removed easily        |
|   | Adopting the right mindset after deciding to recover because one doesn't need to prove his/her accomplishments to anyone |
|   | No need to wait to do something right  |
|   | Keeping trying until the desired result is obtained  |

According to the Five Level Framework of Lyric Analysis Intervention (Dvorak, 2016), the therapy process in LAI is facilitated through discussion questions at the levels of Foundation, Reflection, Group Process, Personal Insight, and Transfer of Insight. The first level facilitates the process of reflecting on the experience after hearing the song by exploring the emergence of feelings. The second level is a process of personal meaning that focuses on the responses of each participant; differences of opinion become fillers and complement the experiences of group members. The third level provides opportunities for interpersonal learning and group cohesion to explore, understand, and find meaning from group experiences. The fourth level is extracting personal insight from the three levels that have been passed. Finally, the fifth level directs participants to have capability to apply insights in everyday life.

The intervention was carried out synchronously online via Google Meet, with a design developed from the CBT protocol in groups compiled by Norton (2012), which is combined with the Five Level Framework of Lyric Analysis Intervention (Dvorak, 2016). The intervention was carried out in four meetings over three weeks, starting in the third week of August to the first week of September 2021. The stages of the intervention are described in Table 4.

**Table 4.** Stages of Group Intervention

| Activities           | Aims   |
|----------------------|--|
| Pre-group activities | - Participants get to know group members and are involved in setting |

|  |   |
|--|---|
| (Brainstorming Phase)  | rules, so that there is a sense of belonging to and responsibility towards the group  |
| Session 1: Introduction and Psychoeducation on Excessive Thinking    | - Participants know the boundaries in the group<br>Introducing the concepts of overthinking, anxiety, cognitive distortion, and automatic thinking based on Norton's (2012)   |
| Session 2: Sharing Session   | - Providing opportunities for participants to reflect on complaints<br>- Helping participants to realize automatic thoughts that arise when overthinking based on the concept of CBT  |
| Session 3: LAI based on Dvorak (2016).                               | Participants can analyze the lyrics of the song by listening while reading the lyric on the video " <i>Permission to Dance</i> ", which has been translated into Bahasa Indonesia to get an idea of what can be done to reduce the tendency of overthinking |
| Session 4:<br>Psychoeducation and Mind Monitoring assignments        | Giving an overview of the Mind Monitoring task based on Norton's (2012) and having Q&A session regarding the assignments  |
| Session 5: Sharing Views (Assignment Evaluation)                     | - Observing the progress of each participant based on the results of the assignment<br>- Introducing the concept of dispute to rationalize erroneous thoughts   |
| Session 6:<br>Psychoeducation to Introduce the <i>Dispute Method</i> | - Participants practice a dispute against automatic thoughts written in the assignments and they can do a full cognitive restructuring exercise based on Norton's (2012)<br>- Relating the lyrics discussed at level 5 lyric analysis to dispute            |
| Session 7: Relaxation  | - Participants experience the implementation of behavioral aspects of CBT by learning self-soothing skills through breathing exercises<br>- Facilitating participants to reduce discomfort after talking about automatic thoughts                           |
| Session 8: Sharing the View (Assignment Evaluation)                  | Participants can realize that they have the ability to control the tendency to overthink  |
| Session 9: Lyrics Modification                                       | Modifying the lyrics to determine the goals to be achieved upon completion of the group intervention  |
| Session 10: Evaluation and Closing                                   | Evaluating the activities that have been carried out and closing the group therapy activities   |

### Meeting 1

After attending the psychoeducation session, participants were able to identify dysfunctional automatic thoughts, which are the source of the tendency for cognitive rumination. Participants 1 and 4 identified their dysfunctional automatic thoughts as a "mental filter", through which they found it easier to see the negative side of events. Participants 2 and 3 identified their dysfunctional automatic thoughts as "blaming". Participant 2 was aware of the tendency to blame personal conditions and other people because of past experiences. Participant 3 blamed her parents for neglecting her, causing her to have unhealthy attachment patterns to others. Meanwhile, participant 5 identified her dysfunctional automatic thoughts as "mind reading", which hinders her social interactions because she tends to assume and conclude that other people do not like her.

### Meeting 2

This meeting was a lyric analysis session using the 5 Level Framework for Lyric Analysis Processing. Participants tended to be shy, so they needed to be appointed to express their opinions. However, at the end of the session participants were able to respond to each other's opinions and gain insights that were shared with the group.

First level LAI (Foundation) was carried out to reflect on the experience after hearing the song. Participants responded positively to the song, such as feeling calmer (Participant 2), happy (Participant 3), optimistic (Participant 4), and touched (Participants 1 and 5) because the lyrics "speak" and "fit" well with their real experiences. When discussing the memorable part of the song, participants thought that the lyrics provided a deep impression because they think that the lyrics were suitable (Participant 1) with the conditions experienced, entertaining (Participant 4), and encouraging (Participant 2, 3, and 5). The most memorable musical elements are the unexpected vocal performance of the rappers (Participant 1, Participant 2), the repetition of the word "eye" which is sung to reflect "looking at oneself" (Participant 3), the cheerful piano intro (Participant 4), as well as choreographic elements that take people with disabilities into account (Participant 5).

When discussing the lyrics that need to be underlined, the participants frequently internalize the lyrics into themselves, that is, into the conditions they experienced. For Participant 1, the lyric "*It's the thought of being young*" seems to describe the problem as a teenager who has to catch up, thinks too much, and is chased by time. According to Participant 2, "singing Elton John's song" is a metaphor for remembering the past, for the things that have been fought for, and for the struggles that lead to the current accomplishment. Participant 3 thinks that the lyrics "*cause there's no looking back*" is a message not to look back. Participant 4 said that the lyrics "*don't need to talk the talk just walk the walk tonight*" is a reminder to live life without paying attention to what other people say. Meanwhile, the lyrics "*and the rhythms got you falling behind*" reminds Participant 5 that everyone has a different starting point, so it's okay to be "left behind" because everyone has personal pace and busyness.

The second level LAI (Reflection) is a process to emphasize the similarities and differences in the responses of each participant. In this session, participants were able to express opinions and respond, as well as to support each other. Participant 1 felt that he understands the difficulties of Participant 2, felt that he is not alone, and also raised the determination to not depend on other people's perceptions. Participant 1's statement was agreed by Participant 5 who became more motivated to prove that he did not need external validation for his achievements. Meanwhile, Participant 4 felt that he has gained new confidence that he will be able to get through the COVID-19 pandemic well.

The third level LAI (Group Process) is a process of discussing the effects of lyric processing. At this level, Participant 4 said that the discussion has made her feel not alone. Participant 2 said that she understood the difficulties of other participants and became more confident that he would not set standards for his achievements. Participant 5 said that the discussion about standards and achievements was appropriate for his situation and he became more confident about his achievements.

At the fourth Level (Personal View) insights that were obtained from each participant were reflected. Participants 1 and 2 felt more optimistic and found new meaning in dealing with excessive thoughts after listening to songs and discussing lyrics in groups. Participant 1 found universality by finding common ground and struggles with excessive thoughts from fellow group members.

At the fifth level (Transfer), the participants gave responses about new self-awareness that can be applied in everyday life. Participant 1 intended to "keep moving forward", while Participant 2 was increasingly convinced to reduce the tendency to prove achievement to others. This is in line with

what Participant 3 said that he intended not to compare herself with others. Participants 4 and 5 showed optimism that their days would be better in the future.

At the end of the second meeting, after completing the five levels of lyric processing, the facilitator assigned a Thought Monitoring task, which would be discussed at the third meeting. Thought Monitoring task was given to train participants' skills to identify dysfunctional automatic thoughts discussed in the first session.

### *Meeting 3*

The main agenda of the third meeting (described in Table 5) was the evaluation of the Thought Monitoring task which was carried out for five days. Participants were invited to share if they had been better able to identify dysfunctional automatic thoughts that arise, and if to take actions to respond to these thoughts. At this meeting, Participant 5 resigned because she had to take care of a sick family member. In this session, the four participants were more open about the conditions that have caused their discomfort and indicated that they were better able to be aware of dysfunctional automatic thought patterns and of the sources that initiate excessive thoughts .

**Table 5.** Mind Monitor Task Evaluation Results

| <b>Participants</b> | <b>Evaluation</b>   |
|---------------------|---|
| Participant 1       | <ul style="list-style-type: none"> <li>- Better able to recognize dysfunctional automatic thought patterns, but preferring to express emotions first by crying</li> <li>- Feeling better able to find a way out when starting having dysfunctional automatic thoughts</li> </ul>  |
| Participant 2       | <ul style="list-style-type: none"> <li>- Being able to be aware of behavioral tendencies (such as venting emotions by crying or nagging) when excessive thoughts are frustrating</li> <li>- Feeling that the two intervention sessions have helped her identify feelings, so that she is not carried away by emotions</li> </ul>  |
| Participant 3       | Recognizing the source of excessive thoughts as unresolved fears in the past when being threatened that she would be hurt by others   |
| Participant 4       | <ul style="list-style-type: none"> <li>- Becoming more aware of the source or trigger of excessive thoughts experienced and learning to reassure herself that she would be fine</li> <li>- Feeling better able to recognize personal conditions when starting thinking too much, so that she could find activities to divert his/her thoughts</li> <li>- Being able to reduce the triggers of physical discomfort (such as reducing the consumption of food that causes the rise of stomach) when overthinking</li> </ul> |

The Thought Monitor assignment evaluation session was followed by a psychoeducation session about cognitive restructuring. When having the cognitive restructuring session, all participants stated that they were not yet familiar with the concept of dispute or asked questions to evaluate dysfunctional automatic thoughts. In practice, they had never asked evaluation questions when performing cognitive ruminations . In this session, participants practiced cognitive restructuring with a case study of female university students who experienced a jumping-to-conclusion cognitive pattern when her friend did

not immediately reply to her text message until the next day, she remained online on his/her social media. The participants discussed the evaluation questions, which could be asked in this situation, and they responded that almost all of them had been in the same situation, assuming negative things without confirming the truth. In the exercise process of asking evaluation questions, most of the participants used the "alternative question" method to imagine alternative situations that were more neutral than thought.

Subsequently, in this meeting, breathing exercises for relaxation were also carried out by using the box breathing method. The participants were asked to inhale, hold their breath, and exhale, each in a count of four. Apart from Participant 2, all group members felt calmer after practicing box breathing. Participant 2 felt that the count of 4 was too long, so he tended to have short of breath when she was asked to exhale. The facilitator advised Participant 2 to count at a pace that makes her comfortable.

#### *Meeting 4*

This meeting was the last session that is aimed to integrate psychoeducational materials, the results of lyric analysis, and the evaluation of group interventions. Prior to conducting lyric analysis, participants attended a psychoeducation session on making SMART (Specific, Measurable, Attainable, Relevant, and Time-bound) Goals to support behavior change. Time constraints caused this session to be carried out briefly. The meeting was continued by inviting participants to listen to the song "*Permission to Dance*" again before choosing the lyrics to be modified or used as a quote that can inspire life. The participants were then encouraged to explain the selected lyrics (details can be seen in Table 6). The process of making lyric quotes was done with the interactive media *ahaslides.com*.

After every participant explained the meaning of the lyrics that have been modified or chosen as encouragement, the group was encouraged to express opinions regarding the lyrics chosen by other participants. In this discussion, the participants stated that they felt connected (related) to what other group members have shared, and they could support each other. The fourth meeting ended with each group member giving each other a message encouraging them to try to become a more positive person and be free from the tendency to overthink. At the end of this session, the participants seemed more relaxed and were able to interact with each other.

**Table 6.** Lyrics Modification or Personal Quote Participant's Choice

| <b>Participants</b> | <b>Lyrics modification</b>  | <b>Meaning</b>  |
|---------------------|---|---|
| 1                   | "Let's throw away your negative thoughts and live like gold and laugh freely" | She did not modify the lyrics, but she used the lyrics as a source of encouragement so as not to assume the reactions of others when doing something for herself.   |
| 2                   | <i>"If you don't let it faze ya, you'll know just how to break"</i>           | She did not modify the lyrics, but he/she used the lyrics as a reminder in order not to be influenced by and think too much about what other people say, so that she can be relieved from uncomfortable emotions.         |
| 3                   | <i>"We don't need to worry, nothing can stop how we dream"</i>                | She modified the lyrics as a reminder not to worry because everyone has different dreams; there is nothing wrong with dreaming and wanting to achieve something. Failure at the beginning in achieving a dream is common. |

|   |   |  |
|---|---|--|
| 4 | <i>"We don't need to worry, if you feel you are a mess, please look at the stars and realize that they are too"</i> | She modified the lyrics based on the philosophy that the stars in the sky look messy, but they still look beautiful. Similarly, even though we have our own problems and are "messy", the process we go through would make our life beautiful later. |
|---|---|--|

## ANALYSIS OF INTERVENTION EFFECTIVENESS

### *Intervention Group Dynamics*

Participants were able to demonstrate group dynamics according to the model developed by Tuckman (Tuckman & Jensen, 1977), namely group formation, brainstorming, rules making, and rules implementation (see Table 7).

**Table 7.** Group dynamics

| Stage                | Session                                     | Dynamics  |
|----------------------|---|---|
| Formation            | Selection                                   | The facilitator made a selection based on measuring instruments and interviews with potential participants  |
| Brainstorm           | Pre-group activities through WhatsApp group | The facilitator and all participants created and agreed on group rules  |
| Rules Making         | Meeting 1–3                                 | Meeting 1: The facilitator still had to appoint a client to give an opinion<br>Meetings 2 & 3: The participants were more open to responding to the opinions of other group members |
| Rules Implementation | Meeting 4                                   | The participants could express their support for other group members, and they can appreciate and encourage each other  |

Participants showed changes after the intervention process. As an exception, Participant 5 withdrew at the third meeting because she had to take care of a sick family member. The dynamics of the participants after going through the intervention process are shown by observations and changes in behavior in Table 8.

**Table 8.** Participant Dynamics During the Intervention

| Dysfunctional Automatic Thoughts   | View  | Changes in behavior  |
|------------------------------------|---|--|
| Participant 1 <i>Mental filter</i> | - Feeling not alone<br>- Being able to realize that overthinking inhibits | Beginning to be able to direct his/her behavior, diverting his/her thoughts when |

|               |                       |  |
|---------------|-----------------------|--|
|               |                       | behavior, so that it becomes overthinking instead of crying unproductive   |
| Participant 2 | <i>Blaming</i>        | <ul style="list-style-type: none"> <li>- Being able to realize that there is no need to prove achievement to others; it's better to be happy with personal achievements</li> <li>- Being able to realize that it is more important to prioritize well-being than to think about responses of others</li> <li>- Being able to realize that many things have been achieved and trying to learn to appreciate personal achievements</li> </ul>  |
| Participant 3 | <i>Blaming</i>        | <ul style="list-style-type: none"> <li>- Being able to recognize the emergence of thoughts of self-blame when having difficulty communicating, which makes it possible to direct herself to think more positively and to calm down before starting to speak</li> <li>- Being able to realize self-potentials and ability to speak fluently in public</li> <li>- Being able to realize that it is better to try than to think about uncertain things</li> <li>- Being able to realize that it is not necessary to compare herself with other people's ability to communicate</li> </ul> |
| Participant 4 | <i>Mental filter</i>  | <ul style="list-style-type: none"> <li>- Being able to better accept the pandemic situation</li> <li>- Have more optimistic hopes for the pandemic</li> </ul>  |
| Participant 5 | <i>Mental reading</i> | (Resigning before attending cognitive restructuring session)   |

After following a series of psychoeducational and lyrics analysis interventions, participants demonstrated the ability to identify dysfunctional automatic thoughts and were able to direct behavior to address complaints of overthinking. Table 9 summarizes the results of the pre-test and post-test using the DASS-21 and shows that upon completion of the interventions the four participants experienced a decrease in depression, anxiety, and stress scores.

**Table 9.** Participants' Pre-Test and Post-Test Scores

| <b>Participants</b> | <b>Depression</b> |           | <b>Anxiety</b> |           | <b>Stress</b> |           |
|---------------------|-------------------|-----------|----------------|-----------|---------------|-----------|
|                     | Pre-Test          | Post-Test | Pre-Test       | Post-Test | Pre-Test      | Post-Test |
| Participant 1       | 15                | 13        | 20             | 17        | 18            | 15        |
| Participant 2       | 13                | 12        | 15             | 13        | 13            | 9         |
| Participant 3       | 21                | 12        | 21             | 7         | 16            | 10        |
| Participant 4       | 20                | 2         | 21             | 12        | 21            | 7         |

Next, the result of a paired sample t-test of the DASS-21 scores shows that the data were normally distributed (Depression:  $W = 0.892$ ,  $p = 0.394$ ; Anxiety:  $W = 0.807$ ,  $p = 0.115$ ; Stress:  $W = 0.961$ ,  $p = 0.783$ ), with post-test score means (Depression:  $M = 9.75$ ,  $SD = 5.19$ ; Anxiety:  $M = 14.50$ ,  $SD = 5.97$ ; Stress:  $M = 9.50$ ,  $SD = 3.79$ ) lower than the pre-test score means (Depression:  $M = 17.25$ ,  $SD = 3.86$ ;  $M = 19.25$ ,  $SD = 2.87$ ;  $M = 13.50$ ,  $SD = 4.80$ ). However, the differences between the post-test and pre-test score means (Depression:  $MD = 7.50$ ; Anxiety:  $MD = 4.75$ ; Stress:  $MD = 4.00$ ) were not significant (Depression:  $t(3) = 1.91$ ,  $p = 0.076$ ; Anxiety:  $t(3) = 1.51$ ,  $p = 0.114$ ; Stress:  $t(3) = 2.14$ ,  $p = 0.061$ ), though the differences in the means have a fair (Anxiety:  $D$  Cohen = 0.755) to large (Depression:  $D$  Cohen = 0.955; and Stress:  $D$  Cohen = 1.069) effect sizes.

## DISCUSSION

Group interventions are generally carried out face-to-face. However, restrictions during the pandemic require adaptation. Therefore, group interventions in this study were carried out synchronously online through *Google Meet*. Apart from the force majeure that caused Participant 5 unable to complete the entire intervention sessions in order that effectiveness measurements could not be conducted, the evaluation of the group intervention series can be seen in Table 10.

**Table 10.** Evaluation of Group Interventions

|  |  |
|--|--|
| <b>Things that need to be maintained</b> | <ul style="list-style-type: none"> <li>- Pre-group activities through <i>WhatsApp</i> and involving group members in group rule-making helped participants feel involved.</li> <li>- The use of <i>WhatsApp</i> group chat facility as an integrated medium to share information related to interventions and tasks can facilitate coordination and communication between the facilitator and group members.</li> <li>- The use of interactive media such as <i>ahaslides.com</i> can increase participation in interactive sessions.</li> </ul> |
| <b>Things that need to be improved</b>   | <ul style="list-style-type: none"> <li>- Building group dynamics that enables participants to interact flexibly and openly with each other, for example by doing interactive games that can increase participant interaction.</li> <li>- Participants' commitment to participate from the beginning to the end of the intervention.</li> <li>- Participants' commitment to work on and finish tasks on time.</li> </ul>  |



attending the second meeting, as well as changes in environmental conditions that were not conveyed by the participants. Quantitatively, the intervention can be considered less effective because the number of participants involved is too small, which made it difficult to find significant differences between the scores of the post-test and pre-test (Thiese et al., 2016). However, it is worth noting that the aspect of anxiety has a medium effect size, and the variables of depression and stress have large effect sizes. This findings indicate a difference between the mean scores obtained from the intervention group (Sullivan & Feinn, 2012). In addition, the participants' lack of enthusiasm and commitment in working on the Thought Monitoring and Cognitive Restructuring worksheets that were administered since the second meeting could affect the effectiveness of the intervention. According to Josefowitz (2017), administering worksheets is one of the most effective CBT methods. However, in this intervention, participants only did note-taking on the day when they remembered to do the assignment or after being reminded through the *WhatsApp* group. Some participants admitted that they were too busy or too tired to take notes every day because of their activities at school or college.

## CONCLUSION

Online group intervention with a Cognitive-Behavioral approach through psychoeducation, task, and the application of the LAI method has been able to help the four participants who attended the entire intervention sessions to identify dysfunctional automatic thoughts , to learn skills in dealing with excessive thoughts , and to generate new, more effective coping strategies. The final analysis of the participants' scores after attending the intervention sessions showed a decrease in participants' depression, anxiety, and stress symptom scores. The use of interactive methods in online intervention sessions could help participants to be more engaged with each other, even though they did not meet in person. The limitations of the intervention were the limited duration of the meeting, difficulty in controlling the environment and activities, as well as the participants' tight schedule, which has limited participants' ability to work on the monitoring assignments. These factors have affected the effectiveness of the intervention sessions. Further studies on the use of LAI on a larger sample can be done in the future with a more detailed sampling method, so that effectiveness can be properly measured quantitatively.

## BTS (Intervensi Analisis Lirik: Mengatasi Ruminasi Kognitif Remaja Akhir Perempuan dengan Lirik Lagu BTS)

Ruminasi kognitif merupakan usaha menanggapi distres dengan secara berulang dan pasif berfokus pada gejala, kemungkinan penyebab, dan konsekuensi dari distres tanpa usaha penyelesaian masalah secara aktif serta lebih terpaku pada perasaan yang dialami (Nolen-Hoeksema dkk., 2008). Ruminasi melibatkan proses kognitif berupa berpikir berlebihan yang dikenal masyarakat sebagai *overthinking* (Lyubomirsky dkk., 2015). Kecenderungan ruminasi kognitif dapat memprediksi masalah kesehatan mental seperti depresi, kecemasan, dan stres (Michl dkk., 2013; Sun dkk., 2014).

Selama pandemi COVID-19, remaja dan perempuan lebih mudah berpikir berlebihan (Branje & Morris, 2021; Idele, 2021; Nikolova dkk., 2021; Rosen dkk., 2021). Remaja memiliki kecenderungan ruminasi yang lebih tinggi karena perkembangan kemampuan berpikir secara abstrak sehingga mereka lebih menyadari proses berpikirnya sendiri (Altchek & Deligdisch, 2009). Kecenderungan berpikir berlebihan sebagai dampak pandemi COVID-19 dimaknai sebagai hal yang mengganggu sehingga remaja mencari dukungan psikososial melalui platform layanan kesehatan mental (Lara dkk., 2021; Upadhye, 2020; Woodgate dkk., 2021; YoungMinds, 2020). Batuan psikologis bersifat daring bagi remaja yang mengalami ruminasi kognitif pada masa pandemi dapat menjadi bentuk dukungan psikososial (Idele, 2021).

Intervensi psikologis terhadap keluhan ruminasi kognitif dirancang berdasarkan informasi dari Sharon Maliangkay (berbasis di Jakarta, komunikasi personal melalui sambungan telepon, 22 Juli 2021), manajer akun BTS ARMY Help Center (AHC) Indonesia. AHC Indonesia merupakan organisasi nirlaba penyedia layanan pendamping sebaya bagi penggemar grup musik asal Korea Selatan BTS (*Bangtansonyeondan*). Karakteristik pengguna layanan AHC Indonesia cukup seragam, yaitu menggemari grup musik BTS; mayoritas berjenis kelamin perempuan dengan rentang usia remaja akhir hingga dewasa awal; memiliki keluhan kecenderungan berpikir berlebihan; serta menunjukkan suasana hati depresif maupun gejala depresi, merasakan kecemasan, dan tertekan sebagai dampak pandemi COVID-19. Kemiripan karakteristik ini sesuai dengan prinsip pembentukan kelompok intervensi psikologis yaitu keseragaman permasalahan dan rentang usia (Corey, 2018; Ezhumalai dkk., 2018).

Intervensi kelompok dapat dilakukan dengan menyesuaikan pendekatan terapeutik tertentu, salah satunya Terapi Kognitif-Perilaku atau *Cognitive Behavior Therapy* (CBT). Asumsi utama CBT adalah bahwa kekeliruan berpikir atau distorsi kognitif yang bila tidak ditangani akan menyebabkan berbagai gangguan psikologis, seperti kecemasan dan depresi (Beck, 2011; Clark & Beck, 2011). CBT dapat digunakan untuk mengatasi ruminasi kognitif karena kecenderungan berpikir negatif mengenai suatu kejadian secara berlebihan sesuai dengan konsep skema kognitif maladaptif berupa pikiran otomatis disfungisional yang dikemukakan oleh Beck (Nolen-Hoeksema dkk., 2008). Dalam menangani ruminasi kognitif, CBT dilakukan dengan psikoedukasi untuk memperkenalkan konsep skema kognitif maladaptif, pemberian tugas pemonitoran pikiran, latihan restrukturisasi pikiran, serta latihan perilaku seperti relaksasi (Norton, 2012).

Lebih jauh, musik telah diaplikasikan dalam CBT untuk meningkatkan efektivitas terapi sebagai stimulus pembentukan perilaku baru serta mendukung perubahan suasana hati yang melengkapi alat bantu CBT seperti psikoedukasi dan penugasan (Wheeler, 2015). Musik dapat menjadi alat dalam proses terapeutik CBT lewat diskusi lirik lagu untuk menjembatani proses kognitif dan pembentukan mekanisme coping adaptif melalui Intervensi Analisis Lirik atau *Lyric Analysis Intervention* (LAI)

(Trimmer dkk., 2016). LAI adalah intervensi psikologis yang melibatkan musik dengan menitikberatkan pada inspeksi mendetail terhadap elemen lagu sebagai landasan diskusi atau interpretasi di mana klien merasakan kesesuaian diri dengan lirik, situasi, atau karakter dalam lagu (Silverman, 2015).

LAI sesuai dengan kerangka CBT karena adanya hubungan terapeutik klien dan terapis; berlangsung dalam durasi singkat; berorientasi pada masa kini; berfokus mengubah pikiran dan kepercayaan untuk memperoleh perubahan emosi, perilaku, serta pengalaman fisik; serta melibatkan psikoedukasi aktif dan terarah pada masalah yang ingin diselesaikan (Dvorak, 2016). LAI mendukung faktor terapeutik dari sisi kognitif melalui diskusi berdasarkan pertanyaan yang mengarahkan partisipan untuk memperoleh tilikan yang memberdayakan untuk mengatasi keluhan (Silverman, 2015). Menurut Silverman (2015), LAI dilakukan dengan mendengarkan musik dan kemudian berdiskusi tentang lagu dan cara klien dapat terhubung, memahami, atau menafsirkan liriknya.

Lirik dari lagu yang dipilih pada sesi LAI perlu dikenal untuk meningkatkan pemahaman serta pemrosesan informasi kelompok (Hodges, 2019). Meskipun semua anggota kelompok mendengar lagu yang sama, mereka mungkin mendengarkan secara berbeda. Hal ini menjadi wadah untuk mengakui perbedaan individu serta perbedaan perspektif unik yang dapat dibagikan dan dieksplorasi. Dengan demikian, fasilitator LAI tidak perlu memberi kontrol ketat terhadap pemaknaan lirik selama tujuan terapeutik tercapai (Glass & Benshoff, 1999). Ashton (2013) mengaplikasikan LAI secara jangka pendek pada perempuan dewasa muda dengan keluhan depresi, kecemasan, dan stres dan menunjukkan bahwa LAI efektif menurunkan tingkat depresi, kecemasan, dan stres para partisipan.

Dengan mendapatkan intervensi psikologis menggunakan LAI sebagai salah satu metode dalam CBT, diharapkan remaja yang mengalami keluhan seputar depresi, kecemasan, dan stres karena kecenderungan ruminasi kognitif dapat mengalami penurunan skor gejala kecemasan, depresi, dan stres, serta mempelajari keterampilan baru dan mengembangkan mekanisme coping yang lebih efektif.

## M E T O D E

### *Partisipan*

Partisipan merupakan pengguna layanan AHC Indonesia dengan keluhan ruminasi kognitif yang diseleksi dengan tujuan memastikan kompatibilitas individu untuk berproses dalam kelompok. Kriteria pemilihan partisipan dijabarkan pada Tabel 1. Calon partisipan mengisi formulir daring berisi pernyataan kesediaan mengikuti seleksi intervensi, data demografis (nama, usia, domisili, pendidikan yang sedang ditempuh atau pekerjaan, uraian singkat keluhan), serta mengisi asesmen awal berupa *Group Selection Questionnaire* (GSQ), *Overthinking Checklist*, dan DASS-21.

**Tabel 1.** Kriteria Inklusi Intervensi Kelompok

| Kriteria Inklusi   |
|--|
| a. Perempuan berusia 17–19 tahun   |
| b. Memiliki kesiapan untuk berproses dalam kelompok (dibuktikan melalui skor GSQ rendah)                               |
| c. Memiliki keluhan seputar pola berpikir berlebihan (dibuktikan melalui skor <i>Overthinking Checklist</i> $\geq 4$ ) |
| d. Memiliki skor depresi, kecemasan, atau stres parah hingga ekstrem atau sangat berat                                 |

### *Pengukuran dan Rencana Evaluasi Efektivitas Intervensi*

Seleksi anggota kelompok intervensi dilakukan untuk mengetahui potensi partisipan dalam keanggotaan kelompok melalui pengukuran terhadap harapan dari hasil terapi kelompok, kemampuan dalam berinteraksi dengan kelompok, serta kecenderungan menunjukkan interaksi interpersonal yang disfungsi menggunakan GSQ (Cox dkk., 2004 dalam Baker, 2010). GSQ dilaporkan memiliki validitas konstruk yang baik (Baker, 2010). GSQ diberikan hanya sekali pada tahap seleksi di mana semakin rendah skor GSQ berarti semakin kompatibel calon partisipan tersebut untuk menjadi anggota kelompok intervensi.

Seleksi partisipan terkait dengan keluhan ruminasi kognitif (diistilahkan sebagai “*overthinking*” pada calon partisipan) dilakukan melalui pengisian *Overthinking Checklist* yang disadur dari buku “*The Anxious Thoughts Workbook: Skills to Overcome the Unwanted Intrusive Thoughts that Drive Anxiety, Obsessions, and Depression*” (Clark, 2018). Terdapat delapan pertanyaan pada ceklis tersebut di mana respons “Ya” pada 4 pernyataan atau lebih menunjukkan indikasi kecenderungan berpikir berlebihan. *Overthinking Checklist* hanya diadministrasikan sekali pada tahap seleksi.

Mengacu pada penelitian yang menunjukkan keterkaitan antara kecenderungan berpikir berlebihan dengan gejala depresi, kecemasan, serta stres (Bourne & Yaroush, 2003; Eng dkk., 2020; Hunter dkk., 2019; Pereira dkk., 2012), memperoleh gambaran partisipan mengenai kecenderungan depresi, kecemasan, serta stres dapat menjadi data kondisi kesehatan mental partisipan. Hal ini dilakukan dengan pemberian *Depression, Anxiety, Stress Scale* (DASS-21) berbahasa Indonesia yang memiliki konsistensi internal yang memuaskan (koefisien alfa Cronbach = 0,912) (Kinanthi dkk., 2020). DASS-21 diadministrasikan sekali sebelum intervensi untuk menyeleksi partisipan dan sekaligus menjadi nilai tes awal (*pre-test*) serta sekali di akhir intervensi sebagai nilai tes akhir (*post-test*).

Evaluasi efektivitas intervensi dilakukan melalui observasi atas respons partisipan pada setiap sesi, hasil dari penugasan monitor pikiran berlebih atau *Thought Monitoring*, serta pertanyaan pada akhir sesi intervensi untuk mendapat gambaran mengenai perkembangan dan perubahan yang dirasakan oleh partisipan.

### *Prosedur Intervensi*

Terdapat 36 orang pengguna layanan AHC Indonesia yang merespons formulir perekrutan. Lima orang yang memenuhi kriteria inklusi dihubungi lebih lanjut untuk diberi formulir pernyataan kesediaan mengikuti intervensi kelompok dan kemudian ditelepon melalui *WhatsApp Call*. Setelah itu, wawancara pada calon partisipan yang memenuhi kriteria inklusi dilakukan untuk memperoleh data mendalam mengenai keluhan yang dirasakan serta memperoleh gambaran kepribadian. Data partisipan intervensi kelompok dapat dilihat pada Tabel 2.

**Tabel 2.** Gambaran Partisipan Intervensi Kelompok

|                     | <b>Partisipan 1</b>   | <b>Partisipan 2</b>  | <b>Partisipan 3</b>  | <b>Partisipan 4</b>  | <b>Partisipan 5</b>  |
|---------------------|---|--|--|--|--|
| Usia                | 17 tahun  | 17 tahun   | 17 tahun   | 18 tahun   | 19 tahun   |
| Pendidikan saat ini | Siswa SMA   | Siswa SMA  | Siswa SMA  | Mahasiswa  | Mahasiswa  |
| Domisili            | Banten  | Bandar Lampung   | Majalengka   | Semarang   | Pare-pare  |
| Keluhan             | Setiap malam menangis dan sulit tidur selama pandemi karena berpikir berlebihan | - Suasana hati mudah memburuk sejak orang tua berpisah pada April 2021 | - Menarik diri dan berpikir berlebihan dalam interaksi sosial karena | Sedang menjalani farmakoterapi dari psikiater terkait keluhan berpikir berlebihan, | Berpikir berlebihan terhadap hal-hal kecil sehingga takut pergi keluar dan kesulitan |

|                               |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|
|                               | mengenai pencapaian dan ekspektasi orang di sekitar                  | - Berpikir berlebihan terkait citra diri<br>- Menggigit lengan saat tidak tahan dengan emosi negatif | dirundung saat TK – kelas 4 SD<br>- Cemas ketika berkomunikasi dengan orang lain dan saat presentasi | kecemasan, dan serangan panik, tetapi belum merasakan perkembangan   | tidur yang semakin parah selama pandemi                              |
| Skor Over-thinking- Checklist | 6/8  | 4/8  | 4/8  | 8/8  | 5/8  |
| Skor DASS-21                  | 15 (Depresi ekstrem)<br>20 (Kecemasan ekstrem)<br>18 (Stres ekstrem) | 13 (Depresi berat)<br>15 (Kecemasan ekstrem)<br>13 (Stres berat)                                     | 21 (Depresi ekstrem)<br>21 (Kecemasan ekstrem)<br>16 (Stres berat)                                   | 20 (Depresi ekstrem)<br>21 (Kecemasan ekstrem)<br>21 (Stres ekstrem) | 15 (Depresi ekstrem)<br>19 (Kecemasan ekstrem)<br>19 (Stres ekstrem) |

Berdasarkan hasil asesmen, partisipan memiliki keseragaman sebagai penggemar grup musik Korea Selatan BTS dengan kecenderungan ruminasi kognitif dan menunjukkan gejala depresi, kecemasan, dan stres. Homogenitas partisipan menjadi penunjang faktor terapeutik intervensi kelompok menggunakan pendekatan kognitif-perilaku (CBT) dengan memasukkan unsur musik berupa Intervensi Analisis Lirik (LAI). Tujuan dari intervensi yang dilakukan pada kelompok adalah sebagai berikut:

- Meraih tujuan terapeutik dan memberdayakan anggota kelompok dalam mengatasi kecenderungan ruminasi kognitif;
- Anggota kelompok dapat menyadari adanya pikiran otomatis disfungsional yang berdampak pada kecenderungan berpikir berlebihan atau ruminasi kognitif;
- Anggota kelompok mempelajari mekanisme coping yang efektif untuk mengatasi ruminasi kognitif.

Lirik yang akan dianalisis dalam LAI perlu dipilih sesuai tujuan terapi (Silverman, 2009). Hal ini menjadi landasan pemilihan lagu “*Permission to Dance*” yang dirilis BTS pada 9 Juli 2021 yang “didedikasikan untuk siapa saja yang mengalami hari buruk atau putus asa menghadapi kenyataan” (Daly, 2021). Dengan nada ceria serta lirik yang menyemangati, “*Permission to Dance*” memberi rasa nyaman dan kebahagiaan bagi pendengarnya (Suh, 2021). Musik BTS dikenal karena “efek terapeutik” dari liriknya; mendengarkan musik BTS disertai pemaknaan lirik yang dianggap memberi rasa nyaman, dapat menjadi katalis perkembangan diri dan memfasilitasi coping ketika menghadapi masalah (Lee dkk., 2021). Walau fasilitator tidak membatasi perbedaan pendapat partisipan dalam proses intervensi (Dvorak, 2016), terdapat poin-poin pada lirik lagu yang dapat digunakan untuk memberikan keuntungan terapeutik dalam proses analisis, yang dijabarkan dalam Tabel 3.

**Tabel 3.** Lirik Lagu “*Permission To Dance*” serta Makna Terapeutik yang Dapat Didiskusikan

| Lirik  | Makna terapeutik   |
|--|--|
| <i>It's the thought of being young<br/>When your heart's just like a drum<br/>Beating louder with no way to guard it<br/>When it all seems like it's wrong</i> | Hal yang dirasakan sebagai pemuda, ketidaktahuan dalam menyalurkan tenaga<br>Situasi yang dianggap merugikan, “serba salah”, serta |

*Just sing along to Elton John  
And to that feeling, we're just getting started  
When the nights get colder  
And the rhythms got you falling behind  
Just dream about that moment  
When you look yourself right in the eye, eye, eye  
I wanna dance, the music's got me going  
Ain't nothing that can stop how we move, yeah  
Let's break our plans and live just like we're  
golden  
And roll in like we're dancing fools  
We don't need to worry  
'Cause when we fall, we know how to land  
Don't need to talk the talk, just walk the walk  
tonight  
'Cause we don't need permission to dance  
There's always something that's standing in the  
way  
But if you don't let it faze ya, you'll know just  
how to break  
Just keep the right vibe, yeah, 'cause there's no  
looking back  
There ain't no one to prove, we don't got this on  
lock, yeah  
The wait is over  
The time is now, so let's do it right  
Yeah, we'll keep going  
And stay up until we see the sunrise*

cara menghadapinya

Metafora dari situasi yang makin memburuk dan cara menghadapinya

"Menari" sebagai metafora mekanisme coping untuk menghadapi hari yang buruk

Metafora dari meninggalkan rencana lama yang memberikan rasa tidak nyaman untuk mendapatkan hidup yang lebih bermakna

Menghapuskan kecemasan karena tiap orang memiliki cara untuk bangkit lagi dari masalah Melakukan aksi nyata alih-alih hanya berbicara untuk menghadapi masalah karena tidak ada yang melarang seseorang untuk merasa bahagia Akan selalu ada rintangan, tetapi jika hal itu tidak dianggap sebagai penghalang, rintangan akan dapat dipatahkan dengan mudah

Menerapkan pola pikir yang tepat setelah memutuskan untuk bangkit kembali karena seseorang tidak perlu membuktikan pencapaian pada siapa pun

Tidak perlu menunggu untuk melakukan sesuatu dengan benar

Terus berusaha hingga memperoleh hasil yang diinginkan

Menurut *Five Level Framework of Lyric Analysis Intervention* (Dvorak, 2016), proses terapeutik dalam LAI difasilitasi pertanyaan diskusi dalam level Fondasi, Refleksi, Proses Kelompok, Tilikan Pribadi, dan Transfer Tilikan. Level pertama memfasilitasi proses refleksi pengalaman setelah mendengar lagu dengan menggali kemunculan perasaan. Level kedua merupakan proses pemaknaan personal yang menitikberatkan pada respons tiap partisipan; adanya perbedaan pendapat menjadi pengisi dan pelengkap pengalaman anggota kelompok. Level ketiga memberi kesempatan proses belajar interpersonal dan kohesi kelompok untuk mengeksplorasi, memahami, dan menemukan makna pengalaman kelompok. Level keempat adalah penggalian tilikan pribadi dari ketiga level yang telah dilalui. Terakhir, level kelima mengarahkan partisipan agar mampu mengaplikasikan tilikan dalam kehidupan sehari-hari.

Intervensi dilakukan secara daring sinkronis melalui *Google Meet* dengan rancangan yang dikembangkan dari protokol CBT dalam kelompok yang disusun oleh Norton (2012) dan mengombinasikannya dengan *Five Level Framework of Lyric Analysis Intervention* (Dvorak, 2016). Intervensi dilaksanakan dalam empat pertemuan selama tiga minggu, dimulai pada minggu ketiga Agustus hingga minggu pertama September 2021. Tahapan intervensi dijabarkan pada Tabel 4.

**Tabel 4.** Tahapan Intervensi Kelompok

| <b>Kegiatan</b>  | <b>Tujuan</b>   |
|--|---|
| Kegiatan pra-grup (Fase Curah Pendapat)  | <ul style="list-style-type: none"> <li>- Partisipan mengenal anggota kelompok dan terlibat dalam pembentukan aturan sehingga ada rasa memiliki dan tanggung jawab terhadap kelompok</li> <li>- Partisipan mengetahui batasan dalam kelompok</li> </ul>  |
| Sesi 1: Pengantar dan Psikoedukasi tentang Berpikir Berlebihan<br>Sesi 2: Sesi Berbagi                 | Memperkenalkan konsep berpikir berlebihan, kecemasan, distorsi kognitif, dan pikiran otomatis berdasarkan penjelasan Norton (2012)  |
| Sesi 3: LAI berdasarkan kerangka Dvorak (2016).  | <ul style="list-style-type: none"> <li>- Memberi kesempatan pada partisipan untuk merefleksikan keluhan</li> <li>- Membantu partisipan menyadari pikiran otomatis yang muncul ketika berpikir berlebihan berdasarkan konsep CBT</li> </ul>  |
| Sesi 4: Psikoedukasi dan penugasan Pemonitoran Pikiran<br>Sesi 5: Berbagi Tilikan (Evaluasi Penugasan) | Partisipan dapat menganalisis lirik lagu dengan mendengarkan sambil membaca video lirik "Permission to Dance" yang sudah diterjemahkan ke dalam bahasa Indonesia untuk mendapat tilikan tentang hal yang dapat dilakukan untuk mengurangi kecenderungan berpikir berlebihan Memberi gambaran mengenai tugas Pemonitoran Pikiran berdasarkan panduan Norton (2012) dan melakukan tanya jawab mengenai penugasan  |
| Sesi 6: Psikoedukasi untuk Memperkenalkan Metode <i>Dispute</i>  | <ul style="list-style-type: none"> <li>- Mengamati perkembangan tiap partisipan berdasarkan hasil penugasan</li> <li>- Memperkenalkan konsep <i>dispute</i> (pembantahan) untuk merasionalisasi pikiran yang keliru</li> <li>- Partisipan melatih <i>dispute</i> terhadap pikiran otomatis yang ditulis dalam penugasan &amp; dapat melakukan latihan restrukturisasi kognitif penuh berdasarkan panduan Norton (2012)</li> <li>- Mengaitkan lirik yang didiskusikan pada level 5 analisis lirik dengan <i>dispute</i></li> <li>- Partisipan menerima aplikasi aspek behavioral dalam CBT dengan mempelajari keterampilan menenangkan diri lewat latihan bernapas</li> <li>- Memfasilitasi partisipan untuk mengurangi rasa tidak nyaman setelah membicarakan pikiran otomatis</li> </ul> |
| Sesi 7: Relaksasi  | Partisipan dapat menyadari bahwa mereka memiliki kemampuan untuk mengendalikan kecenderungan berpikir berlebihan  |
| Sesi 8: Berbagi Tilikan (Evaluasi Penugasan)<br>Sesi 9: Modifikasi Lirik                               | Memodifikasi lirik untuk menentukan tujuan yang ingin diraih setelah selesai mengikuti intervensi kelompok  |
| Sesi 10: Evaluasi dan Terminasi  | Mengevaluasi kegiatan yang telah dilakukan dan menutup kegiatan terapi kelompok   |

### Pertemuan 1

Setelah psikoedukasi, para partisipan dapat mengidentifikasi pikiran otomatis disfungsional yang menjadi sumber kecenderungan ruminasi kognitif. Partisipan 1 dan 4 mengidentifikasi pikiran otomatis disfungsionalnya sebagai "*mental filter*" (filter mental) di mana mereka merasa lebih mudah memandang sisi negatif suatu kejadian. Partisipan 2 dan 3 mengidentifikasi pikiran otomatis disfungsionalnya sebagai "*blaming*" (pikiran menyalahkan). Partisipan 2 menyadari kecenderungan menyalahkan kondisi personal dan orang lain karena kejadian yang dialami di masa lalu. Partisipan 3 menyalahkan orang tua yang mengabaikannya sehingga memunculkan pola kelekatan yang tidak sehat

terhadap orang lain. Sementara itu, partisipan 5 mengidentifikasi pikiran otomatis disfungsionalnya sebagai “*mind reading*” (membaca pikiran) yang menghambat interaksi sosialnya karena cenderung menebak dan memutuskan bahwa orang lain tidak menyukainya.

## Pertemuan 2

Pertemuan ini adalah sesi analisis lirik menggunakan *5 Level Framework for Lyric Analysis Processing*. Partisipan masih cenderung malu sehingga perlu ditunjuk untuk menyampaikan opini. Namun, pada akhir sesi partisipan dapat saling menanggapi pendapat anggota kelompok lainnya dan memperoleh tilikan yang dibagikan pada kelompok.

Level pertama LAI (Fondasi) dilakukan untuk merefleksikan pengalaman setelah mendengar lagu. Partisipan merespons lagu secara positif, seperti merasa lebih tenang (Partisipan 2), senang (Partisipan 3), optimis (Partisipan 4), dan terharu karena lirik “berbicara” dan “sesuai” dengan pengalaman nyata (Partisipan 1 dan 5). Saat berdiskusi mengenai bagian lagu yang berkesan, partisipan beranggapan bahwa lirik memberi kesan mendalam karena sesuai dengan kondisi yang dialami (Partisipan 1), menghibur (Partisipan 4), dan memberi semangat untuk bangkit (Partisipan 2, 3, dan 5). Elemen musik yang paling diingat adalah penampilan vokal para penyanyi rap yang tidak terduga (Partisipan 1, Partisipan 2), pengulangan kata “eye” yang dinyanyikan membuat berefleksi tentang “memandang diri sendiri” (Partisipan 3), awalan piano yang ceria (Partisipan 4), serta elemen koreografi yang memperhatikan kaum disabilitas (Partisipan 5).

Ketika mendiskusikan lirik yang perlu digarisbawahi, para partisipan banyak melakukan internalisasi lirik dengan kondisi yang dialami. Bagi Partisipan 1, lirik “*It's the thought of being young*” dirasa menggambarkan permasalahan sebagai remaja yang harus mengejar ketertinggalan, berpikir berlebihan, dan dikejar waktu. Menurut Partisipan 2, “menyanyikan lagu Elton John” adalah metafora untuk mengingat masa lalu, hal yang telah diperjuangkan, serta perjuangan yang menghantarkan pada posisi saat ini. Partisipan 3 berpendapat bahwa lirik “*cause there's no looking back*” adalah pesan untuk tidak melihat ke belakang. Partisipan 4 menyampaikan bahwa lirik “*Don't need to talk the talk just walk the walk tonight*” adalah pengingat untuk menjalani hidup tanpa memperhatikan ucapan orang lain. Sementara itu, lirik “*And the rhythms got you falling behind*” mengingatkan Partisipan 5 bahwa tiap orang memiliki titik awal yang berbeda sehingga tidak apa-apa bila “tertinggal” karena tiap orang memiliki kecepatan dan kesibukan personal.

Level kedua LAI (Refleksi) adalah proses untuk menekankan persamaan dan perbedaan respons tiap partisipan. Pada sesi ini, partisipan mampu mengungkapkan pendapat, menanggapi, maupun saling mendukung. Partisipan 1 merasa memahami kesulitan Partisipan 2, merasa tidak sendirian, juga memunculkan semangat untuk tidak tergantung pada persepsi orang lain. Ucapan Partisipan 1 diamini Partisipan 5 yang menjadi lebih terdorong untuk membuktikan bahwa ia tidak perlu validasi eksternal atas pencapaiannya. Sementara itu, Partisipan 4 merasa mendapatkan keyakinan baru bahwa ia akan bisa melalui pandemi COVID-19 dengan baik.

Level ketiga LAI (Proses Kelompok) merupakan proses diskusi efek pemrosesan lirik. Pada level ini, Partisipan 4 menyampaikan bahwa diskusi membuatnya merasa tidak sendirian. Partisipan 2 menyampaikan bahwa ia makin memahami kesulitan partisipan lain dan semakin yakin untuk tidak mematok standar atas pencapaiannya. Partisipan 5 menyampaikan bahwa diskusi mengenai standar dan pencapaian sesuai dengan keadaannya dan ia menjadi lebih percaya diri akan pencapaiannya.

Level keempat (Tilikian Pribadi) dilakukan untuk merefleksikan tilikan yang didapatkan tiap partisipan. Partisipan 1 dan 2 merasa lebih optimis dan menemukan makna baru dalam menghadapi pikiran berlebihan setelah mendengarkan lagu serta mendiskusikan lirik secara berkelompok.

Partisipan 1 menemukan universalitas dengan menemukan kesamaan situasi dan perjuangan menghadapi pikiran berlebihan dari sesama anggota kelompok.

Pada level kelima (Transfer), para partisipan memberi respons mengenai kesadaran baru mengenai diri yang dapat diaplikasikan dalam kehidupan sehari-hari. Partisipan 1 berniat untuk "terus bergerak maju", sementara Partisipan 2 semakin yakin untuk mengurangi tendensi membuktikan pencapaian pada orang lain. Hal ini senada dengan yang disampaikan Partisipan 3 bahwa ia berniat untuk tidak membandingkan diri dengan orang lain. Partisipan 4 dan 5 menunjukkan optimisme bahwa hari-hari mereka akan semakin baik ke depannya.

Pada akhir pertemuan kedua, setelah menyelesaikan kelima level pemrosesan lirik, fasilitator memberi penugasan pemonitoran pikiran (*Thought Monitoring*) yang akan didiskusikan pada pertemuan ketiga. Tugas memonitor pikiran diberikan untuk melatih keterampilan partisipan mengidentifikasi pikiran otomatis disfungsional yang dibahas pada sesi pertama.

### *Pertemuan 3*

Agenda utama pertemuan ketiga (dijabarkan pada Tabel 5) adalah evaluasi tugas monitor pikiran yang dilakukan selama lima hari. Partisipan diajak untuk menyampaikan bila mereka telah lebih mampu melakukan identifikasi pikiran otomatis disfungsional yang muncul serta tindakan yang dilakukan untuk merespons pikiran tersebut. Pada pertemuan ini, Partisipan 5 mengundurkan diri untuk merawat anggota keluarga yang sakit. Pada sesi ini, keempat partisipan lebih terbuka menceritakan kondisi yang menyebabkan rasa tidak nyaman dan menunjukkan bahwa mereka lebih mampu menyadari pola pikiran otomatis disfungsional serta sumber yang mengawali pikiran berlebihan.

**Tabel 5.** Hasil Evaluasi Penugasan Monitor Pikiran

| <b>Partisipan</b> | <b>Evaluasi</b>  |
|-------------------|--|
| Partisipan 1      | <ul style="list-style-type: none"> <li>- Lebih mampu menyadari pola pikiran otomatis disfungsional, tetapi lebih memilih mengeluarkan emosi terlebih dahulu dengan menangis</li> <li>- Merasa lebih mampu mencari jalan keluar ketika mulai memikirkan pikiran otomatis disfungsional</li> </ul>   |
| Partisipan 2      | <ul style="list-style-type: none"> <li>- Dapat menyadari kecenderungan perilaku (berupa meluapkan emosi dengan menangis atau mengomel) saat pikiran berlebihan membuat frustrasi</li> <li>- Merasa dua sesi intervensi membantunya mengidentifikasi perasaan sehingga tidak larut dalam emosi</li> </ul>   |
| Partisipan 3      | Menyadari sumber pikiran berlebihan sebagai ketakutan yang tidak terselesaikan di masa lalu saat diancam akan disakiti orang lain  |
| Partisipan 4      | <ul style="list-style-type: none"> <li>- Dapat semakin menyadari sumber atau pemicu dari pikiran berlebih yang dialami dan belajar untuk meyakinkan diri bahwa ia akan baik-baik saja</li> <li>- Merasa lebih mampu mengenali kondisi personal ketika mulai berpikir berlebihan sehingga dapat mencari aktivitas untuk mengalihkan pikiran</li> <li>- Dapat mengurangi pemicu ketidaknyamanan fisik (seperti mengurangi konsumsi makanan yang menyebabkan asam lambung naik) saat berpikir berlebihan</li> </ul> |

Sesi evaluasi penugasan monitor pikiran dilanjutkan dengan psikoedukasi restrukturisasi pikiran. Ketika mendiskusikan restrukturisasi pikiran, semua partisipan menyampaikan bahwa mereka belum akrab dengan konsep *dispute* atau mengajukan pertanyaan untuk mengevaluasi pikiran otomatis disfungsional dan belum pernah secara nyata mempraktikkan pertanyaan evaluasi ketika melakukan ruminasi kognitif. Pada sesi ini, partisipan berlatih melakukan restrukturisasi pikiran dengan studi kasus mengenai mahasiswa yang mengalami pola kognitif *jumping to conclusion* (melompat ke kesimpulan) saat temannya tidak segera membahas pesan singkat hingga keesokan harinya, tetapi tetap aktif di media sosial. Partisipan mendiskusikan pertanyaan evaluasi yang dapat diajukan dalam situasi ini dan merespons bahwa hampir semua dari mereka pernah berada pada situasi yang sama dengan berasumsi hal negatif tanpa memastikan kebenarannya. Pada proses latihan mengajukan pertanyaan evaluasi, kebanyakan partisipan menggunakan metode “pertanyaan alternatif” untuk membayangkan alternatif situasi yang lebih netral daripada yang dipikirkan.

Kemudian, dalam pertemuan ini juga dilakukan latihan napas untuk relaksasi menggunakan metode *box breathing* di mana partisipan diminta menarik napas, menahan napas, dan menghembuskan napas masing-masing dalam empat hitungan. Selain Partisipan 2, semua anggota kelompok merasa lebih tenang setelah berlatih *box breathing*. Partisipan 2 merasa 4 hitungan terlalu panjang sehingga ia cenderung kehabisan napas saat diminta menghembuskan napas. Fasilitator menyarankan pada Partisipan 2 untuk menghitung dengan tempo yang membuatnya nyaman.

#### Pertemuan 4

Pertemuan ini merupakan sesi terakhir untuk mengintegrasikan materi psikoedukasi dan hasil analisis lirik, serta evaluasi intervensi kelompok. Sebelum melakukan analisis lirik, partisipan mendapat psikoedukasi pembuatan Tujuan S.M.A.R.T. (*Specific, Measurable, Attainable, Relevant, and Time-bound* atau spesifik, terukur, dapat tercapai, relevan, dan terpaut waktu) untuk mendukung perubahan perilaku. Keterbatasan waktu membuat materi ini dijelaskan secara singkat. Pertemuan dilanjutkan dengan mengajak partisipan untuk kembali mendengar lagu “*Permission to Dance*” sebelum memilih lirik yang akan dimodifikasi atau dijadikan kutipan yang dapat memberi semangat dalam kehidupan. Partisipan kemudian didorong untuk menjelaskan lirik yang dipilih (detail dapat dilihat pada Tabel 6). Proses pembuatan kutipan lirik dilakukan dengan media interaktif *ahaslides.com*.

Setelah tiap partisipan memaparkan makna dari lirik yang dimodifikasi atau dipilih sebagai penyemangat, kelompok didorong untuk menyampaikan pendapat terkait lirik pilihan partisipan lain. Dalam diskusi ini, partisipan menyatakan bahwa mereka merasa terhubung (*relate*) dengan pempararan anggota kelompok lain dan dapat saling mendukung. Pertemuan keempat diakhiri dengan tiap partisipan saling memberi pesan pada anggota kelompok untuk menyemangati dalam berusaha menjadi sosok yang lebih positif dan terbebas dari kecenderungan berpikir berlebihan. Pada akhir sesi ini, para partisipan terlihat lebih relaks dan dapat berinteraksi satu sama lain.

**Tabel 6.** Modifikasi Lirik atau Kutipan Pribadi Pilihan Partisipan

| Partisipan | Modifikasi lirik   | Makna  |
|------------|--|--|
| 1          | “Ayo buang pikiran negatifmu dan hiduplah seperti emas dan tertawalah tanpa beban” | Tidak memodifikasi tetapi menggunakan lirik sebagai sumber semangat agar tidak berasumsi terhadap reaksi orang lain ketika melakukan sesuatu untuk diri sendiri. |
| 2          | “If you don’t let it faze ya,  | Tidak memodifikasi tetapi menjadikan lirik sebagai   |

|   |   |  |
|---|---|--|
|   | <i>you'll know just how to break"</i>   | pengingat agar tidak termakan dan memikirkan ucapan orang lain secara berlebihan agar dapat terbebas dari emosi yang membuat tidak nyaman.   |
| 3 | <i>"We don't need to worry, ga ada yang bisa menghentikan bagaimana kita bermimpi"</i>                              | Memodifikasi lirik sebagai pengingat untuk tidak perlu khawatir karena tiap orang memiliki impian yang berbeda; tidak ada yang salah dari bermimpi dan ingin mencapai sesuatu. Kegagalan di awal dalam meraih mimpi adalah hal yang biasa.                       |
| 4 | <i>"We don't need to worry, if you feel you are a mess, please look at the stars and realize that they are too"</i> | Memodifikasi lirik berdasarkan filosofi bahwa bintang di langit terlihat berantakan, tapi tetap indah. Begitu juga dengan kita yang meskipun memiliki permasalahan masing-masing dan "berantakan", tetapi dari proses yang dijalani akan menjadi indah nantinya. |

## ANALISIS EFEKTIVITAS INTERVENSI

### *Dinamika Kelompok Intervensi*

Partisipan mampu menunjukkan dinamika dalam berkelompok sesuai dengan model yang dikembangkan Tuckman (Tuckman & Jensen, 1977), yaitu pembentukan kelompok, curah pendapat, pembuatan tata tertib, serta pelaksanaan (lihat Tabel 7).

**Tabel 7.** Dinamika Kelompok

| Tahap                 | Sesi   | Dinamika   |
|-----------------------|--|--|
| Pembentukan           | Seleksi  | Fasilitator melakukan seleksi berdasarkan alat ukur dan wawancara terhadap calon partisipan  |
| Curah Pendapat        | Kegiatan Pra-grup melalui grup <i>WhatsApp</i> | Fasilitator dan seluruh partisipan bersama-sama membuat dan menyetujui peraturan kelompok  |
| Pembuatan Tata Tertib | Pertemuan 1–3                                  | Pertemuan 1: Fasilitator masih harus menunjuk klien untuk beropini<br>Pertemuan 2 & 3: Partisipan sudah lebih terbuka untuk menanggapi opini anggota kelompok lain |
| Pelaksanaan           | Pertemuan 4                                    | Partisipan dapat menyampaikan dukungannya terhadap anggota kelompok lain dan dapat saling mengapresiasi dan memberikan semangat                                    |

Partisipan menunjukkan perubahan setelah proses intervensi. Sebagai pengecualian, Partisipan 5 mengundurkan diri pada pertemuan ketiga karena harus merawat anggota keluarga yang sakit. Dinamika partisipan setelah melalui proses intervensi ditunjukkan oleh tilikan dan perubahan perilaku pada Tabel 8.

**Tabel 8.** Dinamika Partisipan Selama Mengikuti Intervensi

| <b>Pikiran Otomatis Disfungsional</b> |                       | <b>Tilikian</b>  | <b>Perubahan perilaku</b>   |
|---------------------------------------|-----------------------|--|---|
| Partisipan 1                          | <i>Mental filter</i>  | <ul style="list-style-type: none"> <li>- Merasa tidak sendirian</li> <li>- Mampu menyadari bahwa berpikir berlebihan menghambat perilaku sehingga menjadi tidak produktif</li> <li>- Mampu menyadari bahwa tidak perlu membuktikan pencapaian pada orang lain; lebih baik senang dengan pencapaian personal</li> </ul>   | Mulai mampu mengarahkan perilaku untuk mengalihkan diri saat berpikir berlebihan alih-alih menangis |
| Partisipan 2                          | <i>Blaming</i>        | <ul style="list-style-type: none"> <li>- Mampu menyadari bahwa lebih penting mengutamakan kesejahteraan diri daripada memikirkan respons orang lain</li> <li>- Mampu menyadari bahwa telah banyak hal yang diraih dan mencoba belajar untuk menghargai pencapaian personal</li> </ul>  | Mencari pengalihan diri dan menerapkan pertanyaan evaluatif ketika mulai merasa emosional           |
| Partisipan 3                          | <i>Blaming</i>        | <ul style="list-style-type: none"> <li>- Mampu menyadari kemunculan pikiran menyalahkan diri sendiri saat mengalami kesulitan berkomunikasi sehingga bisa mengarahkan diri untuk berpikir lebih positif dan menenangkan diri sebelum mulai bicara</li> <li>- Mampu menyadari potensi diri dan kemampuan bicara di depan umum dengan lancar</li> <li>- Mampu menyadari bahwa lebih baik mencoba daripada memikirkan hal yang belum pasti</li> <li>- Mampu menyadari untuk tidak membandingkan diri dengan kemampuan orang lain dalam berkomunikasi</li> </ul> | Lebih berani mengungkapkan pendapat secara terbuka pada sesi intervensi                             |
| Partisipan 4                          | <i>Mental filter</i>  | <ul style="list-style-type: none"> <li>- Lebih mampu menerima situasi pandemi</li> <li>- Lebih memiliki harapan yang optimis terhadap pandemi</li> </ul>   | Menjaga pola makan agar tidak mudah mual  |
| Partisipan 5                          | <i>Mental reading</i> | (Mengundurkan diri sebelum mengikuti restrukturisasi pikiran)  |   |

Setelah mengikuti rangkaian psikoedukasi dan intervensi analisis lirik, partisipan menunjukkan kemampuan mengidentifikasi pikiran otomatis disfungsional dan dapat mengarahkan perilaku untuk mengatasi keluhan berpikir berlebihan. Tabel 9 merangkum hasil tes awal dan tes akhir menggunakan DASS-21 dan menunjukkan bahwa keempat partisipan yang mengikuti intervensi hingga akhir mengalami penurunan skor depresi, kecemasan, dan stres.

**Tabel 9.** Skor Tes Awal dan Tes Akhir Partisipan

| <b>Partisipan</b> | <b>Depresi</b> |           | <b>Kecemasan</b> |           | <b>Stres</b> |           |
|-------------------|----------------|-----------|------------------|-----------|--------------|-----------|
|                   | Tes Awal       | Tes Akhir | Tes Awal         | Tes Akhir | Tes Awal     | Tes Akhir |
| Partisipan 1      | 15             | 13        | 20               | 17        | 18           | 15        |
| Partisipan 2      | 13             | 12        | 15               | 13        | 13           | 9         |
| Partisipan 3      | 21             | 12        | 21               | 7         | 16           | 10        |
| Partisipan 4      | 20             | 2         | 21               | 12        | 21           | 7         |

Kemudian, uji-t berpasangan terhadap skor DASS-21 menunjukkan bahwa data terdistribusi normal (Depresi:  $W = 0,892$ ,  $p = 0,394$ ; Kecemasan:  $W = 0,807$ ,  $p = 0,115$ ; Stres:  $W = 0,961$ ,  $p = 0,783$ ), dengan rerata skor tes akhir (Depresi:  $M = 9,75$ ,  $SD = 5,19$ ; Kecemasan:  $M = 14,50$ ,  $SD = 5,97$ ; Stres:  $M = 9,50$ ,  $SD = 3,79$ ) lebih rendah dibandingkan tes awal (Depresi:  $M = 17,25$ ,  $SD = 3,86$ ;  $M = 19,25$ ,  $SD = 2,87$ ;  $M = 13,50$ ,  $SD = 4,80$ ). Walaupun begitu, perbedaan rerata skor antara tes akhir dan tes awal ini (Depresi:  $MD = 7,50$ ; Kecemasan:  $MD = 4,75$ ; Stres:  $MD = 4,00$ ) tidak signifikan (Depresi:  $t(3) = 1,91$ ,  $p = 0,076$ ; Kecemasan:  $t(3) = 1,51$ ,  $p = 0,114$ ; Stres:  $t(3) = 2,14$ ,  $p = 0,061$ ). Namun, perbedaan rerata skor tersebut memiliki ukuran efek menengah (Kecemasan:  $D Cohen = 0,755$ ) hingga besar (Depresi:  $D Cohen = 0,955$ ; dan Stres:  $D Cohen = 1,069$ ).

## DISKUSI

Intervensi kelompok pada umumnya dilakukan dengan metode tatap muka, tetapi pembatasan kegiatan selama pandemi menuntut adaptasi sehingga intervensi kelompok dalam laporan ini dilakukan secara daring sinkronis melalui *Google Meet*. Di luar keadaan kahar yang mengakibatkan Partisipan 5 tidak bisa menyelesaikan keseluruhan sesi intervensi sehingga tidak dapat dilakukan pengukuran efektivitas, evaluasi dari rangkaian intervensi kelompok dapat dilihat pada Tabel 10.

**Tabel 10.** Evaluasi Intervensi Kelompok

|                                     |  |
|-------------------------------------|--|
| <b>Hal yang perlu dipertahankan</b> | <ul style="list-style-type: none"> <li>- Kegiatan pra-grup melalui <i>WhatsApp</i> dan melibatkan anggota kelompok dalam pembuatan aturan kelompok membantu partisipan merasa terlibat.</li> <li>- Penggunaan grup <i>WhatsApp</i> sebagai media terpadu dalam membagikan informasi terkait intervensi dan penugasan mampu mempermudah koordinasi dan komunikasi antara fasilitator dan kelompok.</li> <li>- Penggunaan media interaktif seperti <i>ahaslides.com</i> mampu meningkatkan partisipasi partisipan pada sesi interaktif.</li> </ul> |
| <b>Hal yang perlu ditingkatkan</b>  | <ul style="list-style-type: none"> <li>- Membangun dinamika kelompok agar partisipan dapat berinteraksi secara luwes dan terbuka satu sama lain, misalnya dengan melakukan permainan interaktif yang dapat meningkatkan interaksi peserta.</li> <li>- Komitmen partisipan untuk berpartisipasi dari awal hingga akhir intervensi.</li> <li>- Komitmen partisipan untuk mengerjakan dan mengumpulkan penugasan tepat waktu.</li> </ul>  |

Kelemahan dari intervensi ini adalah kurangnya kemampuan untuk mengontrol variabel lain yang memengaruhi hasil akhir intervensi, seperti keadaan kahar yang membuat Partisipan 5 mengundurkan diri setelah mengikuti pertemuan kedua, maupun perubahan kondisi lingkungan yang

tidak disampaikan partisipan. Secara kuantitatif, intervensi dapat dipandang kurang efektif karena jumlah partisipan yang dilibatkan terlalu sedikit sehingga perbedaan skor tes akhir dan tes awal tidak ditemukan signifikan secara statistik (Thiese dkk., 2016). Meskipun demikian, ukuran efek yang ditemukan menengah pada aspek kecemasan dan besar pada aspek depresi dan stres perlu dipertimbangkan. Hal ini menunjukkan adanya perbedaan antara rata-rata hasil dalam kelompok intervensi (Sullivan & Feinn, 2012). Selain itu, kurangnya antusiasme dan komitmen partisipan dalam penggerjaan lembar kerja *Thought Monitoring* dan Restrukturisasi Pikiran yang diberikan sejak pertemuan kedua dapat berperan dalam efektivitas intervensi. Menurut Josefowitz (2017), pemberian lembar kerja adalah salah satu metode CBT yang paling efektif. Akan tetapi, dalam intervensi ini, partisipan hanya melakukan pencatatan pada hari ketika mereka ingat untuk mengerjakan penugasan atau setelah diingatkan melalui grup *WhatsApp*. Beberapa partisipan mengaku terlalu sibuk maupun terlalu lelah karena aktivitas sekolah atau perkuliahan untuk melakukan pencatatan setiap hari.

## SIMPULAN

Intervensi kelompok secara daring dengan pendekatan Kognitif-Perilaku melalui psikoedukasi, penugasan, dan penerapan metode LAI mampu membantu keempat partisipan yang mengikuti sesi intervensi hingga akhir untuk mengidentifikasi pikiran otomatis disfungsional, mempelajari keterampilan dalam menghadapi pikiran berlebihan, dan memunculkan strategi coping baru yang lebih efektif. Pengukuran akhir setelah menjalani sesi intervensi menunjukkan adanya penurunan skor gejala depresi, kecemasan, dan stres partisipan. Penggunaan metode interaktif pada sesi intervensi daring dapat membantu partisipan untuk lebih terlibat satu sama lain meskipun tidak bertemu secara langsung. Keterbatasan intervensi berupa minimnya durasi pelaksanaan pertemuan, kesulitan mengontrol lingkungan dan aktivitas, maupun kesibukan partisipan yang menyebabkan partisipan kurang mampu melakukan penugasan monitor pikiran secara optimal berdampak pada efektivitas dari hasil intervensi ini. Studi lebih lanjut mengenai penggunaan LAI terhadap sampel yang lebih besar dapat dilakukan di kemudian hari dengan metode *sampling* yang lebih rinci sehingga efektivitas dapat dibuktikan secara kuantitatif.

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## DECLARATION OF POTENTIAL CONFLICT OF INTEREST / DEKLARASI POTENSI TERJADINYA KONFLIK KEPENTINGAN

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