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Research Article

From Silent Worries to Shared Support: A Small Uncontrolled Pre-Post Evaluation of Humanistic Group Counseling for Anxiety in Indonesia

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Abstract: Anxiety associated with financial hardship, family responsibilities, and interpersonal difficulties is an important concern in community mental health and in the well-being of working-age adults. This small, preliminary evaluation examined changes in anxiety scores following humanistic group counseling among six adult residents in Yogyakarta, Indonesia. A one-group pretest–posttest design was used, supported by semi-structured interviews and behavioral observations. Of 50 residents screened with the Depression Anxiety Stress Scales (DASS-42), ten were identified as experiencing anxiety-related symptoms, and six agreed to participate in two meetings comprising four sessions of counseling focused on emotional exploration, empathic communication, interpersonal support, relaxation, and adaptive coping. Anxiety was assessed with the Beck Anxiety Inventory (BAI). All participants obtained lower posttest scores, with the mean BAI score decreasing from 27.33 to 21.67 (n = 6; exact Wilcoxon two-sided p = .03125). Service documentation described greater emotional expression, perceived social support, and awareness of coping strategies. These findings indicate changes in anxiety scores following counseling but do not establish a causal relationship or treatment efficacy because the study used a small sample, with no control group or long-term follow-up. The evaluation offers practice-based insight into community psychological support and should be followed by controlled research.

Keywords: Anxiety Symptoms; Community Mental Health; Humanistic Group Counseling; Psychological Intervention; Social Support.

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1. Introduction

Anxiety represents an important psychological concern that can influence emotional well-being, cognitive functioning, physical health, and interpersonal relationships. Although anxiety may serve an adaptive function when individuals encounter threatening or uncertain situations, persistent anxiety can interfere with everyday activities and psychological adjustment (Sumakul et al., 2025). Individuals experiencing heightened anxiety may report excessive worry, restlessness, difficulty concentrating, sleep disturbances, physiological tension, and behavioral avoidance. These experiences can become particularly distressing when individuals face ongoing life circumstances that appear difficult to control or resolve (Haidar et al., 2025; Handayani et al., 2024).

Psychological interventions have been widely investigated as approaches to addressing anxiety symptoms. Papola et al. (2024), through a systematic review and network meta-analysis involving 65 randomized clinical trials and 5,048 participants, identified favorable outcomes associated with several psychotherapy approaches for generalized anxiety disorder. Cognitive behavioral therapy, third-wave cognitive behavioral interventions, and relaxation-based approaches demonstrated improvements in anxiety symptoms compared with

treatment as usual, although the strength and durability of available evidence varied. These findings highlight the importance of providing psychological interventions that are responsive to individual needs and supported by appropriate clinical assessment.

Nevertheless, anxiety cannot be understood exclusively through individual psychological characteristics. Economic circumstances, family responsibilities, interpersonal relationships, and social environments may influence how individuals experience psychological distress. Financial insecurity, unresolved family expectations, and uncertainty about future circumstances can create sustained emotional pressure, particularly when individuals perceive that their available resources are insufficient to manage everyday demands. Friedline et al. (2021) emphasized the importance of considering economic environments when examining families' financial stress and well-being. Their review suggested that household financial difficulties should not be interpreted solely as consequences of individual financial decision-making but should also be understood within broader structural and socioeconomic circumstances. Economic instability may increase uncertainty and undermine individuals' perceived capacity to fulfill financial responsibilities, potentially contributing to psychological distress.

Research conducted in Indonesia has documented the psychosocial difficulties experienced by individuals facing financial pressure. Safari et al. (2026) investigated online loan borrowers in Jakarta using a mixed-methods design involving 166 respondents. Their findings indicated that 53% of respondents reported anxiety, while 43% experienced social pressure associated with stigma. The study also described psychological difficulties related to debt obligations, borrowing conditions, and debt collection practices. These findings suggest that financial difficulties may extend beyond economic concerns and become associated with emotional distress and interpersonal challenges. Similarly, Sunarti et al. (2024) examined economic pressure, financial management, social support, and family environments among 120 families using informal lending services commonly known as Bank Emok. The study demonstrated that family financial difficulties were closely interconnected with household resources, interpersonal relationships, and available social support. Participants frequently relied on relatives and neighbors when addressing financial problems, illustrating the importance of family and community resources in managing economic pressure (Laras et al., 2024).

Financial difficulties may become increasingly distressing when accompanied by conflicting family expectations or limited opportunities for emotional expression. Individuals who experience difficulty meeting household obligations may develop persistent worry, feelings of inadequacy, and concerns regarding their responsibilities toward family members. When these experiences are not discussed openly, psychological distress may be maintained by emotional suppression and avoidance of difficult conversations. Family relationships therefore represent another important contextual factor in understanding anxiety. Izzatti et al. (2025) examined the use of humanistic group counseling among six university students experiencing anxiety related to privacy violations within family relationships. Their qualitative findings described how supportive counseling facilitated emotional expression, increased self-awareness, and provided opportunities for participants to receive interpersonal support. Although the population differed from adult community residents, the findings demonstrate the relevance of emotionally supportive counseling when anxiety is associated with difficult family experiences.

Access to psychological assistance remains an important consideration in community mental health. Individuals experiencing anxiety may not independently seek professional services because of financial constraints, limited knowledge of available resources, perceived stigma, or uncertainty regarding the benefits of psychological intervention. Community-based approaches may help address these barriers by providing support within environments that are more accessible and familiar to residents. Singla et al. (2017) reviewed psychological treatments for common mental health problems delivered by nonspecialist providers in low- and middle-income countries. Their review of 27 trials identified favorable outcomes associated with interventions incorporating emotional, interpersonal, cognitive, and behavioral components. The findings also highlighted the importance of adapting psychological services to local resources and implementation contexts while maintaining appropriate professional standards.

Community-based psychological interventions can be delivered through individual or group formats. Group interventions may be particularly useful when several individuals experience overlapping psychosocial concerns and could benefit from supportive interpersonal interaction. Williams et al. (2018) evaluated an eight-week community-based group-guided self-help intervention involving 142 participants experiencing low mood and stress. Their randomized controlled trial identified improvements in psychological symptoms and social functioning. Although the intervention employed cognitive behavioral principles, the findings

support the feasibility of delivering psychological assistance through organized community group activities. Group counseling provides participants with opportunities to share experiences, receive emotional validation, observe alternative perspectives, and consider adaptive responses to psychological difficulties. The group setting may also facilitate recognition that personal struggles are not necessarily experienced in isolation. These interactions can support greater openness and encourage individuals to identify available interpersonal resources.

Nufus et al. (2025), through a scoping review examining eleven studies, identified potential benefits of group counseling for mental well-being, including improvements in emotional regulation, self-confidence, and the management of anxiety and stress. Nevertheless, the included studies varied in population characteristics, intervention approaches, and research quality. Their findings support continued investigation of group counseling without establishing that all group interventions produce equivalent outcomes. Humanistic group counseling represents an approach that emphasizes empathy, acceptance, emotional exploration, self-awareness, and personal development. Rather than focusing exclusively on symptom reduction, the humanistic orientation encourages individuals to recognize personal experiences and develop greater understanding of their emotional responses. Within a group, these principles may help create an environment where participants feel able to discuss difficult circumstances without immediate criticism or rejection.

The relevance of humanistic counseling became apparent during a community mental health service conducted in a village in the Special Region of Yogyakarta, Indonesia, referred to in this article as Community S. The community participated in a mental health promotion initiative involving local stakeholders and a rehabilitation-linked psychological service. Information obtained during preliminary assessment indicated that several residents experienced psychological concerns associated with financial responsibilities, indebtedness, family relationships, and other life stressors. Initial screening of 50 residents identified ten individuals with anxiety-related symptoms, of whom six agreed to participate in further psychological assessment and counseling.

Interviews and behavioral observations indicated that the participants experienced psychological difficulties involving excessive worry, physical tension, sleep disturbances, emotional discomfort, and challenges in managing family and financial responsibilities. Although their personal circumstances differed, participants shared experiences of anxiety associated with demands perceived as difficult to manage. Considering these shared concerns, humanistic group counseling was selected as a supportive intervention. The program was designed to provide opportunities for emotional exploration, interpersonal understanding, mutual support, relaxation, and development of practical coping strategies. Previous research has examined group counseling for anxiety in educational, clinical, and community settings. However, many Indonesian studies have focused on academic anxiety, specific medical populations, or structured cognitive behavioral interventions. Evidence concerning brief humanistic group counseling among adult community residents facing interconnected financial and family-related stressors remains comparatively limited in the selected literature.

Therefore, this study aimed to evaluate changes in anxiety symptoms following humanistic group counseling among six adult residents of Community S. Specifically, the study examined changes in Beck Anxiety Inventory scores before and after counseling and described psychological changes documented through interviews and behavioral observations. The study is a small, preliminary community-based evaluation and differs from controlled humanistic counseling research: it did not test efficacy against a comparison condition. Its contribution is practice-based evidence on the implementation and short-term score changes of humanistic group counseling within community mental health services. It also offers contextual insight for human resource and well-being practice, because the financial and family stressors described by these working-age adults can extend into daily functioning and work. The following sections discuss the relevant literature, describe the evaluation methods, present the findings, compare them with previous research, and consider their implications and limitations.

2. Literature Review

Anxiety in the Context of Financial and Family Stress

Anxiety involves interactions among cognitive interpretations, emotional experiences, physiological responses, and behavioral reactions. Individuals experiencing anxiety may perceive everyday circumstances as threatening or difficult to control. Such perceptions can produce continued worry and physiological arousal, particularly when the situations contributing to distress remain unresolved. Psychosocial circumstances can influence both the experience and persistence of anxiety. Financial responsibilities, uncertainty regarding household income, interpersonal conflict, and family expectations may contribute to psychological distress. When these concerns occur simultaneously, individuals may experience difficulties identifying manageable responses and maintaining emotional stability.

Friedline et al. (2021) emphasized that economic conditions and financial environments influence family well-being. Their review highlighted the limitations of explanations that attribute financial pressure exclusively to individual behavior. Economic instability may constrain household resources and contribute to uncertainty about future obligations. Sunarti et al. (2024) demonstrated the importance of financial management, social support, and family environments among Indonesian families involved in informal borrowing. Their findings indicated that economic pressure existed alongside interpersonal and community resources. This suggests that financial difficulties should be considered within a broader family and social context when examining psychological well-being.

Safari et al. (2026) further described the psychosocial experiences of individuals using online loans. Their findings indicated that anxiety and social pressure were reported by many respondents, particularly in circumstances involving debt obligations and perceived stigma. Although the study did not establish a causal relationship between borrowing and psychiatric disorders, it provides evidence that financial experiences may be accompanied by substantial psychological distress. These studies are relevant to Community S because financial obligations and family responsibilities were among the difficulties described by participants. However, the presence of financial stress does not automatically indicate a clinical anxiety disorder. Psychological assessment must consider symptom severity, functional consequences, and individual circumstances. Furthermore, psychological counseling cannot independently eliminate economic hardship. It may help individuals manage emotional responses and identify adaptive coping strategies, but financial and social difficulties may require additional forms of assistance.

Group Counseling as a Psychological Intervention

Group counseling is a structured psychological helping process in which participants explore concerns and develop personal understanding through facilitated interpersonal interaction. The process typically involves opportunities for sharing, supportive feedback, reflection, and development of adaptive responses to psychological difficulties. One potential advantage of group counseling is the opportunity for participants to recognize shared experiences. Individuals who previously considered their difficulties unique may discover that others experience comparable emotional pressures. This recognition may encourage openness and reduce perceived isolation.

Nufus et al. (2025) conducted a scoping review examining the contribution of group counseling to psychological well-being. Their review identified potential benefits involving emotional regulation, self-confidence, and reductions in psychological distress. However, the review included interventions that differed in theoretical orientation and population characteristics, indicating the need for careful interpretation. Febrianto and Ambarini (2019) investigated reality group counseling among correctional clients experiencing anxiety. The researchers employed a quasi-experimental nonequivalent control group pretest-posttest design and reported a significant difference between intervention and comparison groups. Their findings demonstrate the potential application of group counseling among adults facing difficult social circumstances.

Ramadhana et al. (2023) examined group counseling using problem-solving techniques among ten final-year psychology students. The participants were allocated to experimental and control groups, and the study reported favorable anxiety outcomes following intervention. These results suggest that structured discussion and problem-solving activities may be useful components of group-based psychological assistance. Sjaefarhan and Urbayatun (2022) evaluated supportive group therapy among seven junior high school students experiencing

academic anxiety during online learning. Initial screening was conducted using DASS-21, while intervention outcomes were evaluated through an academic anxiety scale. Wilcoxon signed-rank analysis indicated a statistically significant reduction in anxiety, $Z = -2.371$, $p = .018$.

Other national studies have examined group counseling through different therapeutic approaches. Sari and Makin (2018) investigated rational emotive behavior therapy for student anxiety. Wirtati et al. (2024) similarly examined group counseling using rational emotive behavior techniques, while Dermawan et al. (2024) evaluated thought-stopping techniques for public-speaking anxiety. Adonia et al. (2026) examined cognitive restructuring within group counseling for academic anxiety, and Widyarto et al. (2024) examined reality group counseling for communication anxiety among university students. These findings demonstrate that group counseling can incorporate different therapeutic approaches. Nevertheless, evidence obtained from cognitive behavioral, rational emotive, or reality counseling interventions should not automatically be interpreted as evidence concerning humanistic counseling.

International research provides additional support for investigating group-based psychotherapy. Roberge et al. (2022) conducted a pragmatic randomized clinical trial involving 231 adults receiving community-based mental health care. The researchers compared transdiagnostic group cognitive behavioral therapy combined with treatment as usual against treatment as usual alone. Participants receiving the group intervention demonstrated greater improvement in anxiety-related outcomes. The study provides controlled evidence supporting structured group psychotherapy in community services. However, its participants had diagnosed anxiety disorders and received a more intensive intervention than the brief counseling program examined in the present study. Consequently, previous findings support the relevance of group interventions while highlighting the importance of differences in therapeutic approach, participant characteristics, and evaluation design.

Humanistic Group Counseling and Emotional Exploration

Humanistic counseling emphasizes individuals' subjective experiences, emotional awareness, autonomy, and capacity for personal growth. Within this approach, psychological difficulties are explored in relation to how individuals understand themselves and their circumstances. A supportive therapeutic relationship is central to the counseling process. Empathy, acceptance, authenticity, and respect may encourage individuals to examine emotionally difficult experiences without feeling judged or rejected. In group counseling, these principles can be extended through supportive interactions among participants. Members may develop greater awareness of their feelings by describing experiences, listening to others, and reflecting on alternative perspectives.

Wijaya (2014) examined an existential-humanistic group counseling model intended to address anxiety among students. The study involved ten participants and reported reduced anxiety scores following intervention. The research demonstrates how humanistic principles may be organized within group counseling, although the study population differed from adult community residents. Izzatti et al. (2025) conducted a qualitative study involving six university students experiencing anxiety associated with privacy violations within family relationships. The researchers described how humanistic group counseling provided opportunities for emotional disclosure, increased self-awareness, and supportive interpersonal interaction. The findings are particularly relevant to the present evaluation because several participants initially demonstrated hesitation when discussing financial and family-related concerns. A psychologically safe environment may support individuals who find it difficult to communicate personal difficulties.

Junilia and Hidayah (2021) also examined client-centered group counseling involving six older women. Their study documented a reduction in mean anxiety scores from 16 to 10 after counseling. However, the article contained an inconsistency in statistical interpretation, reporting $p = .116$ while describing the outcome as statistically significant. Accordingly, the study should be considered descriptive evidence of reported score reduction rather than definitive evidence of statistical effectiveness. Together, these studies provide preliminary support for examining humanistic and client-centered counseling within group settings. However, small samples, differences in intervention procedures, and limited comparison conditions indicate the need for additional research.

Supportive groups share common factors, such as universality, cohesion, hope, and mutual feedback, that are not specific to one theoretical orientation (Corey, 2012). More distinctive humanistic features include empathic understanding, unconditional acceptance, a less

directive facilitator stance, and attention to personal meaning and self-determination. The present evaluation did not measure these mechanisms separately, so it cannot determine whether any observed change reflected humanistic features or the common factors of group support.

Social Support and Group Processes

Social support represents an important interpersonal resource that may influence how individuals experience psychological distress. Supportive relationships can provide emotional validation, opportunities for communication, and assistance in identifying alternative responses to stressful circumstances. Group counseling may facilitate these processes by allowing participants to share experiences and receive feedback from others. Individuals who previously felt isolated may recognize that psychological difficulties can be discussed within a respectful environment. Siyamti et al. (2024) investigated peer support groups among housewives affected by flooding. Their study reported favorable anxiety outcomes following intervention. Although aspects of the article's statistical reporting require caution, its focus on adult community members illustrates the relevance of peer support in stressful life circumstances.

Prajayanti and Sari (2020) examined support group intervention among 20 patients receiving hemodialysis. Their pretest-posttest study reported reduced anxiety following group support. The findings suggest that supportive interaction may be a relevant component of psychological care, although the medical context differs from the circumstances of Community S. International research provides a more differentiated perspective. Ugarte et al. (2023) evaluated an online peer-led mental health intervention involving 300 participants with moderate to severe anxiety. Participants receiving peer-led support were more likely to request mental health resources and engage in online interactions. However, anxiety scores improved in both intervention and control groups, without a significant between-group difference.

Keyan et al. (2025) conducted a randomized controlled trial involving 183 young adults in India. The study compared a structured group psychological intervention with nondirective supportive counseling. The researchers did not identify significant differences between conditions in anxiety or depression outcomes. These findings highlight the importance of common therapeutic factors, including interpersonal support, opportunities for emotional expression, and engagement with helping relationships. They also demonstrate that improved social interaction does not automatically establish intervention-specific symptom reduction. Therefore, the present study considers perceived social support as a potential psychological benefit of counseling without assuming that it independently caused reductions in anxiety.

Relaxation and Adaptive Coping

Anxiety can involve physiological responses such as muscular tension, palpitations, trembling, changes in breathing, and bodily discomfort. Relaxation techniques are commonly introduced to help individuals recognize these responses and manage physical tension. Setiawati et al. (2024) reviewed relaxation approaches used to address anxiety and stress among adolescents. The review identified several techniques, including deep breathing, progressive muscle relaxation, Benson relaxation, and other supportive interventions. Noviana et al. (2022) investigated group-based relaxation among five pregnant women experiencing anxiety. The study combined interviews, observations, and BAI assessments. The researchers reported lower anxiety categories following intervention.

International evidence also supports examining relaxation and mindfulness-based approaches. Hofmann et al. (2010), through a meta-analytic review of 39 studies involving 1,140 participants, identified improvements in anxiety and mood symptoms following mindfulness-based therapy. Goyal et al. (2014) reviewed 47 randomized trials involving 3,320 participants and identified moderate evidence supporting mindfulness meditation for anxiety reduction. These findings provide a rationale for incorporating appropriate relaxation and attention-regulation exercises into psychological support programs. Nevertheless, brief relaxation exercises delivered during counseling should not be treated as equivalent to structured mindfulness-based therapy programs. They differ in duration, implementation, and theoretical orientation. The present intervention combined relaxation with emotional exploration, interpersonal support, and practical coping activities. Consequently, the independent contribution of relaxation could not be determined.

Community-Based Mental Health Intervention

Community-based psychological services aim to improve access to mental health support by delivering appropriate assistance within local environments. These services may be particularly relevant when residents experience financial barriers, limited access to specialist services, or reluctance to seek formal psychological assistance. Singla et al. (2017) emphasized the importance of scalable psychological interventions in low- and middle-income countries. Their review demonstrated that appropriately implemented psychological treatments could produce beneficial outcomes across common mental health conditions.

Williams et al. (2018) evaluated a community-based group-guided self-help intervention and identified improvements in emotional symptoms and social functioning. Their findings support the feasibility of organizing psychological interventions within accessible community environments. Engelhardt et al. (2026) examined online group positive psychotherapy with different levels of therapist support. Both intervention conditions showed improvements in anxiety symptoms over time, with gains maintained at a three-month follow-up. However, no significant group-by-time differences were identified. These findings suggest that psychological support can be delivered through different formats, although the outcomes depend on intervention characteristics, clinical supervision, and methodological quality. The present study contributes to this literature by describing the implementation of brief humanistic group counseling within a community psychological service.

Research Gap and Study Contribution

Previous studies have demonstrated the potential relevance of group psychological interventions for anxiety. Nevertheless, several gaps remain within the selected literature. (1) Many national studies focus on adolescents and university students rather than adults experiencing financial and household responsibilities. (2) Several studies evaluate structured cognitive behavioral, reality-based, or other directive approaches rather than humanistic counseling. (3) Research examining group counseling within community settings often involves different forms of psychological distress and intervention intensity. (4) Limited evidence is available concerning brief humanistic counseling among adult community residents facing interconnected financial and family-related stressors.

Within the selected literature, the studies that most directly examined humanistic or client-centered group counseling involved students (Wijaya, 2014; Izzatti et al., 2025) or older women (Junilia & Hidayah, 2021), rather than adult community residents facing financial and family-related stressors. The novelty of the present study is therefore contextual and preliminary, not evidence of superiority.

The present study addresses these gaps by documenting short-term anxiety changes and psychological experiences following humanistic group counseling among six adults. Its principal contribution is to provide preliminary practice-based evidence about implementation, participant experiences, and changes in anxiety scores. The study does not aim to demonstrate superiority over other psychotherapies or establish definitive clinical effectiveness.

3. Proposed Method

Research Design

This study employed a one-group pretest--posttest evaluation supported by descriptive qualitative information. The quantitative component involved comparing participants' BAI scores before and after the counseling intervention. The qualitative component consisted of semi-structured interviews, behavioral observations, and documented participant reflections. The evaluation was based on a professional psychological service rather than a prospectively registered randomized clinical trial. No control group, random assignment, or blinded assessment was employed. Consequently, the design permits analysis of changes following intervention but does not establish a causal relationship between counseling and symptom reduction.

Research Setting and Participants

The psychological service was conducted in Community S, a village in the Special Region of Yogyakarta, Indonesia. The village participated in a community mental health promotion program supported by local stakeholders and a rehabilitation-linked psychological service. Fig. 1 shows the participant flow. Initial screening using DASS-42 was conducted among 50 residents, and ten were identified as experiencing anxiety-related symptoms. Identified

residents were invited to an interview and asked about their willingness to continue. Six of the ten voluntarily agreed to further psychological assessment and group counseling. The other four declined when invited; no pressure was applied, and they were free not to take part. Inclusion therefore required adult residency in the community, a DASS-42 anxiety level of moderate or higher, and willingness to participate. The service documentation records no additional exclusion or referral criteria. The resulting sample was self-selected. All six completed the pretest, the counseling program, and the posttest. The participants consisted of four women and two men aged between 24 and 50 years. The group presented with concerns involving financial responsibilities, family relationships, interpersonal tensions, and other personally significant difficulties. Identifiable information has been omitted from this manuscript.

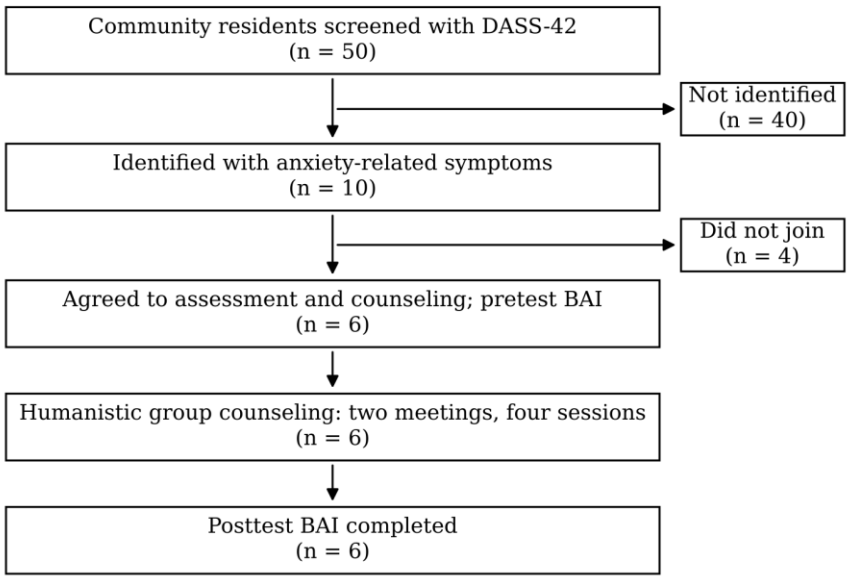

Figure 1. Participant flow from community screening to posttest assessment.

Assessment Instruments

Assessments took place in the village hall. Screening was held on 19 September 2024, and the group interview and observations on 1 October 2024. The pretest BAI was administered on 5 October 2024, before the first counseling session. The posttest BAI was administered during Session IV on 25 October 2024, 20 days after the pretest.

Depression Anxiety Stress Scales (DASS-42)

DASS-42 (Lovibond & Lovibond, 1995) was used for initial screening to identify residents experiencing emotional distress, particularly anxiety-related symptoms. Ten of the 50 residents assessed were identified as requiring further psychological attention because their anxiety levels were moderate or higher, which corresponds to an anxiety subscale score of 10 or above in the DASS manual. Individual scores were available only for the six participants; their anxiety subscale scores ranged from 10 to 23, spanning the moderate to extremely severe bands of the manual (10-14, 15-19, and 20 or above). The screening was not interpreted as a formal psychiatric diagnostic procedure.

Beck Anxiety Inventory (BAI)

The BAI (Beck et al., 1988) was used to assess anxiety symptoms before and after counseling. The instrument consists of 21 self-report items covering subjective and physiological anxiety symptoms over the preceding week, each rated from 0 to 3 for a total score of 0 to 63. The original validation reported an internal consistency of .92 and a one-week test–retest reliability of .75. The present study used the Indonesian-language version of the BAI. Ginting et al. (2013), who translated the BAI following International Test Commission guidelines as a related measure in validating the Indonesian Beck Depression Inventory-II, reported a Cronbach's alpha of .86 and a correlation of $r = .52$ ($p < .01$) with the Indonesian BDI-II. Their study did not constitute a separate comprehensive validation of the BAI. Total scores were obtained by summing the 21 items. Total scores were calculated by summing the responses to all 21 items. The BAI was administered during the pretest and posttest assessments

conducted at the village hall on 5 and 25 October 2024, respectively. The available service documentation did not provide sufficient information to verify whether the instrument was completed individually or collectively, the response format used, or the identity of the person responsible for scoring. These procedural limitations are acknowledged when interpreting the assessment findings. Internal consistency was not calculated in this sample because of its size. The BAI was considered relevant because participants reported physical manifestations of anxiety, including restlessness, palpitations, trembling, and bodily tension. Previous group intervention research has used the BAI to measure anxiety outcomes (Engelhardt et al., 2026; Noviana et al., 2022; Roberge et al., 2022). In the present study, the BAI provided paired numerical scores for evaluating short-term changes following counseling. The original psychological service report classified five participants (scores of 22 to 28) within the moderate anxiety category and one (score of 36) within the high category. These labels were retained as descriptions from the original report rather than independently validated diagnostic classifications.

Semi-Structured Interviews

Semi-structured interviews were conducted to explore participants' anxiety experiences, perceived stressors, interpersonal difficulties, and existing coping strategies. The discussions addressed financial concerns, family responsibilities, emotional reactions, and expectations regarding psychological improvement. The interviews provided contextual information to complement the quantitative assessment.

Behavioral Observations

Behavioral observations focused on emotional expression, nonverbal behavior, social interaction, participation in discussion, and responses to psychologically demanding topics. The original service documentation described tense posture, restlessness, limited eye contact, hesitation when speaking, and visible emotional discomfort among some participants. The observations supported psychological understanding and intervention planning.

Counseling Intervention

The intervention consisted of humanistic group counseling organized into two meetings comprising four sessions, based on group counseling stages described by Corey (2012). The counseling emphasized empathy, emotional acceptance, supportive communication, self-awareness, relaxation, and adaptive coping. The sessions were facilitated by the first author, a student in the Professional Psychology Education Program at Universitas Mercu Buana Yogyakarta, as part of a supervised practicum under a faculty supervisor and an external supervisor, both psychologists. Table 1 summarizes the procedure. The first meeting took place on 5 October 2024 and the second on 25 October 2024, an interval of 20 days. The intervention was organized into two meetings held on 5 and 25 October 2024, comprising four structured counseling sessions. According to the documented schedule, the sessions were allocated 30, 90, 30, and 60 minutes, respectively, totaling 210 minutes. The intervention incorporated emotional exploration, empathic communication, supportive group interaction, breathing-based relaxation, brief mindfulness exercises, and reflection on adaptive coping strategies. A discrepancy was identified in the original scheduling records for Session III, which was initially planned for 60 minutes but scheduled for 30 minutes. The precise duration and frequency of the relaxation exercises, as well as the consistency of their delivery across participants, could not be independently established from the available documentation. The recorded schedule totaled 210 minutes; Session III was planned for 60 minutes but scheduled for 30.

Table 1. Humanistic group counseling procedure.

Session	Duration	Main activities	Intended objectives
Meeting 1, Session I: Group formation	30 min	Introduction, counseling orientation, confidentiality agreements, and identification of participant expectations	Establish psychological safety and readiness
Meeting 1, Session II: Transition and working	90 min	Sharing experiences, empathic listening, mutual feedback, relaxation and mindfulness, and discussion of stressful circumstances	Encourage emotional expression, interpersonal support, and adaptive coping
Meeting 2, Session III: Reflection and closure	30 min	Reflection on counseling experiences and formulation of personal action plans	Consolidate learning and identify manageable behavioral changes
Meeting 2, Session IV: Evaluation and follow-up planning	60 min	Group reflection, posttest BAI assessment, and identification of continuing needs	Examine short-term changes and encourage continued support

BAI = Beck Anxiety Inventory.

During group formation, the facilitator introduced the counseling objectives and established expectations regarding confidentiality, voluntary participation, and respectful interaction, and participants wrote down their expectations, anticipated obstacles, and intended efforts. During the working phase, participants explored their emotional experiences and discussed difficulties involving financial obligations, family responsibilities, and interpersonal relationships. Group members were encouraged to listen empathically and provide supportive feedback. Breathing-based relaxation and brief mindfulness exercises were introduced to help participants recognize and manage physical tension associated with anxiety. The reflection phase encouraged participants to identify useful experiences and develop practical plans for managing future difficulties. The evaluation phase involved reviewing participants' perceived changes and administering post-intervention BAI assessments.

Data Analysis

Quantitative analysis involved descriptive statistics and the Wilcoxon signed-rank test. Descriptive statistics included pretest and posttest means, standard deviations, medians, and individual score differences. The percentage reduction in the group mean was calculated using: Percentage reduction = $[(Pretestmean - Posttestmean)/Pretestmean] \times 100$. The Wilcoxon signed-rank test was used to evaluate differences between paired BAI scores at a two-sided .05 level. The exact two-sided p value was treated as the primary result because the asymptotic approximation is less suitable for six pairs; the asymptotic result in the original service report ($Z = -2.207, p = .027$) is shown for completeness. The paired effect was summarized with the Hodges-Lehmann median of the paired reductions and its exact confidence interval, together with the Wilcoxon effect size r = $|Z|/\sqrt{n}$. Qualitative information was organized descriptively into five domains: emotional expression, social support, anxiety management, family communication, and problem solving. These domains were identified through a descriptive review of the documented group interview, facilitator observations, and participant reports. The categorization was intended to summarize recurring psychological and interpersonal experiences rather than to conduct a formal thematic analysis. No independent review of the domain classification was documented; therefore, the qualitative findings were interpreted as descriptive observations rather than independently validated changes in psychological constructs.

Ethical Considerations

The original psychological service included an informed consent procedure outlining the counseling activities, voluntary participation, confidentiality, and participants' right to withdraw. The informed consent documentation was prepared as part of the professional psychology practicum and primarily covered participation in psychological services and the use of documentation for institutional reporting. Participant identities and personally identifiable information have been omitted from the manuscript to maintain confidentiality.

A separate research ethics clearance was not obtained at the time of service delivery because the activities were originally conducted as part of a supervised professional psychological-service practicum rather than as a prospectively designed research project. The practicum report subsequently underwent academic evaluation and formal examination as part of the requirements for completing the General Psychologist Professional Education Program. Nevertheless, this academic examination is not considered equivalent to independent research ethics approval. As the present manuscript involves the secondary use of confidential psychological-service data, additional institutional authorization, an applicable ethics determination, and publication-specific consent or an authorized waiver remain matters requiring clarification before publication.

4. Results and Discussion

This section presents participants' initial conditions, paired BAI scores, the Wilcoxon analysis, and descriptive qualitative changes, and then discusses their interpretation, implications, and limitations.

Initial Psychological Conditions

Interviews revealed psychological concerns associated with financial obligations, family responsibilities, interpersonal difficulties, and uncertainty about personal circumstances. Several participants reported excessive worry, sleep disturbances, emotional tension, and physical anxiety symptoms. Behavioral observations indicated that some participants initially demonstrated restlessness, tense posture, hesitant speech, and discomfort when discussing emotionally demanding experiences.

The baseline BAI scores ranged from 22 to 36, with a mean of 27.33 and a standard deviation of 4.80. These findings indicate that participants entered counseling with measurable anxiety symptoms and diverse psychosocial concerns. The contextual circumstances are consistent with broader research identifying associations between financial pressure, social environments, and psychological distress (Friedline et al., 2021; Safari et al., 2026; Sunarti et al., 2024). Nevertheless, the study did not measure the independent contribution of these stressors to anxiety severity.

Changes in Anxiety Scores

The primary quantitative evaluation compared BAI scores before and after counseling.

Table 2. Beck Anxiety Inventory scores before and after humanistic group counseling.

Participant	Pretest BAI	Posttest BAI	Score reduction
P1	25	20	5
P2	25	21	4
P3	28	20	8
P4	28	21	7
P5	22	20	2
P6	36	28	8
Mean (SD)	**27.33 (4.80)**	**21.67 (3.14)**	**5.67 (2.42)**
Median	**26.5**	**20.5**	**6.0**

BAI total scores can range from 0 to 63; higher scores indicate more anxiety symptoms. SD = sample standard deviation.

As shown in Table 2, all six participants obtained lower BAI scores following counseling. The pretest mean was 27.33 (SD = 4.80), while the posttest mean was 21.67 (SD = 3.14). The average reduction was 5.67 points, equivalent to approximately 20.7% of the baseline mean. Individual score reductions ranged from two to eight points. The median score decreased from 26.5 to 20.5. These results show a consistent direction of change across participants. However, the magnitude of change varied, and some participants continued to report psychological difficulties after intervention. This brief interval does not demonstrate durability, clinical remission, or causation. Therefore, the observed reductions should not be interpreted as evidence that participants had fully recovered from anxiety or resolved the circumstances contributing to psychological distress.

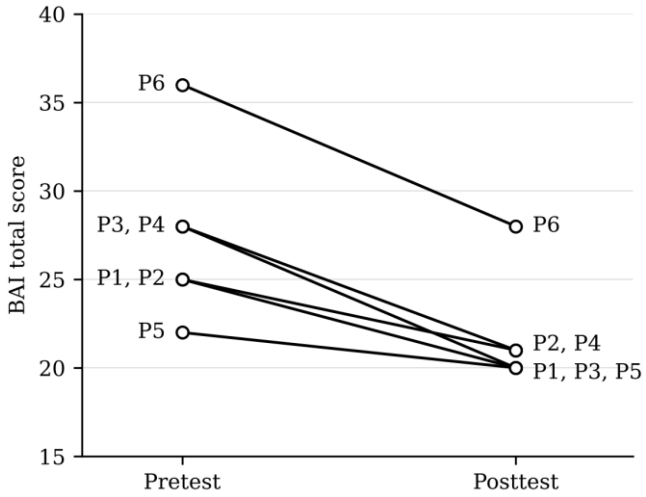

Figure 2. Individual pretest and posttest BAI scores (n = 6). P1 and P2 share a pretest score of 25, and P3 and P4 share a pretest score of 28.

Wilcoxon Signed-Rank Test

The Wilcoxon signed-rank test was employed to examine differences between pretest and posttest anxiety scores (Table 3).

Table 3. Wilcoxon signed-rank test results for paired BAI scores (n = 6).

Statistical indicator	Result
Negative ranks (posttest < pretest)	6
Positive ranks (posttest > pretest)	0
Ties	0
Wilcoxon W	0
Exact two-sided p	.03125
Asymptotic Z	−2.207
Asymptotic two-sided p	.027
Hodges-Lehmann median reduction (exact 96.9% CI)	6.0 (2.0–8.0)
Wilcoxon effect size r	.90

All six paired differences were in the same direction, giving an exact two-sided p of .03125 (BAI mean 27.33 to 21.67; n = 6). The asymptotic result in the original report was Z = −2.207, p = .027. Both values indicate a statistically detectable within-group difference at the conventional .05 threshold. However, statistical significance does not independently establish causality. The evaluation did not include a comparison group, and several alternative explanations remain possible, including natural fluctuations in symptoms, changes in participants' circumstances, expectancy effects, and repeated measurement. No control group or long-term follow-up was used. Consequently, the findings show a change in anxiety scores following counseling rather than evidence of intervention-specific effectiveness.

The Hodges-Lehmann median reduction was 6.0 points (exact 96.9% CI 2.0 to 8.0), and the Wilcoxon effect size was r = .90. With six selected participants, these estimates are imprecise and should not be read as the effect of the intervention. The posttest was completed at the final meeting, 20 days after the pretest, so testing, regression to the mean, and immediate post-session relief remain plausible contributors.

Qualitative Psychological Changes

The qualitative documentation provided descriptive information regarding participants' emotional experiences, interpersonal interactions, and coping-related responses during the counseling process. These observations are summarized in Table 4.

Table 4. Descriptive changes documented following counseling.

Domain	Initial condition	Reported changes
Emotional expression	Reluctance to discuss personal concerns	Greater willingness to share experiences
Social support	Feelings of isolation and limited emotional disclosure	Increased perceptions of being understood
Anxiety management	Persistent worry and physical tension	Greater awareness of triggers and relaxation strategies
Family communication	Difficulty discussing household expectations	Attempts to communicate concerns more openly
Problem solving	Difficulty identifying manageable responses	Greater willingness to consider practical actions

These findings were derived from the group interview conducted on 1 October 2024, facilitator observations, and participant reports documented during the two counseling meetings. The information was organized descriptively into five domains: emotional expression, social support, anxiety management, family communication, and problem solving. The classification was based on recurring psychological and interpersonal experiences identified in the original service documentation. No formal thematic analysis was conducted, and an independent review of the domain classification was not documented. Therefore, these findings should be interpreted as descriptive observations rather than independently validated changes in psychological constructs.

Emotional Expression and Self-Awareness

During early group interactions, several participants demonstrated hesitation when discussing personal experiences. As counseling progressed, some participants became more willing to describe concerns associated with financial obligations, family expectations, and interpersonal difficulties. This development may reflect the importance of a supportive counseling environment. Izzatti et al. (2025) similarly described increased emotional openness and self-awareness during humanistic group counseling. The opportunity to express feelings without immediate judgment may help individuals recognize previously unspoken concerns. Nevertheless, emotional expression was not measured with a standardized instrument in the present study. Therefore, it cannot be concluded that increased emotional expression independently caused the reduction in anxiety scores.

Perceived Social Support

Participants reported feeling more understood after listening to other group members' experiences. Recognition of shared difficulties appeared to encourage supportive interpersonal exchanges. These observations correspond with the potential benefits of group counseling described by Nufus et al. (2025). Siyamti et al. (2024) and Prajayanti and Sari (2020) also examined support-based interventions associated with favorable anxiety outcomes in different populations. However, international research demonstrates that supportive engagement and symptom reduction are not necessarily equivalent outcomes. Ugarte et al. (2023) identified improvements in help-seeking and online engagement without significant differences in anxiety reduction between intervention conditions. Keyan et al. (2025) similarly found no significant between-group advantage of a structured psychological intervention over supportive counseling. The present findings therefore suggest that perceived support was a meaningful aspect of participants' experiences, while its independent contribution to symptom changes remains untested.

Relaxation and Coping Strategies

Participants were introduced to relaxation exercises intended to help manage physical symptoms associated with anxiety. Some participants subsequently reported using relaxation practices when experiencing worry or bodily tension. These experiences are compatible with findings reported by Noviana et al. (2022), who examined group-based relaxation among pregnant women experiencing anxiety. Setiawati et al. (2024) also identified relaxation techniques as potentially useful approaches for managing anxiety and stress. International reviews have documented favorable anxiety outcomes associated with mindfulness-based interventions (Goyal et al., 2014; Hofmann et al., 2010). However, the present intervention incorporated relaxation within a broader counseling process. The effects of relaxation cannot

therefore be separated from the possible contributions of emotional exploration, interpersonal support, or other activities.

Family Communication and Problem Solving

Participants also described attempts to communicate personal and family concerns more constructively. Some considered discussing financial responsibilities, clarifying household expectations, and identifying manageable responses to stressful circumstances. These observations are relevant because participants' anxiety frequently occurred alongside unresolved interpersonal and economic difficulties. Khairunnisa et al. (2023) examined group counseling among individuals experiencing anxiety associated with domestic violence and emphasized the importance of psychological support for managing difficult interpersonal experiences.

Ramadhana et al. (2023) also reported favorable outcomes from group counseling incorporating problem-solving strategies. Although the intervention approaches and populations differed, these studies support further investigation of practical coping and communication as possible components of group psychological support. The present evaluation did not independently measure family functioning or objectively verify long-term behavioral changes. Consequently, reported improvements in communication should be interpreted as preliminary observations.

Interpretation of the Findings

The combined quantitative and qualitative findings indicate that participants reported lower anxiety scores and described several favorable psychological changes following counseling. The quantitative findings showed a consistent reduction in BAI scores. The qualitative findings suggested increased emotional expression, perceived interpersonal support, and greater awareness of coping strategies. These findings are broadly compatible with previous studies reporting favorable outcomes from group counseling. However, the present evaluation differs substantially from controlled psychotherapy research in its small sample, brief intervention, and absence of a comparison condition.

Roberge et al. (2022) demonstrated favorable outcomes from transdiagnostic group cognitive behavioral therapy in community mental health services. Williams et al. (2018) similarly identified improvements following community-based psychological group intervention. These studies offer stronger evidence regarding intervention outcomes because of their randomized designs. The present evaluation therefore contributes contextual and descriptive information rather than comparable evidence of treatment efficacy. From a humanistic perspective, the counseling environment may have helped participants feel accepted and supported during the exploration of personal difficulties. Nevertheless, the intervention included several components. It is not possible to determine whether changes were primarily associated with empathic communication, group interaction, relaxation, personal reflection, or changes in external circumstances. Future studies should include standardized assessments of therapeutic processes to investigate these possibilities.

Financial Stress as a Contextual Factor

Financial difficulties were among the important concerns identified during counseling. Participants described anxiety associated with household obligations, debt responsibilities, and uncertainty about family financial conditions. Safari et al. (2026) demonstrated that online borrowing can be accompanied by psychological distress and social pressure. Sunarti et al. (2024) also emphasized the interconnected roles of economic pressure, financial management, and family support. These findings provide contextual support for understanding participants' experiences. However, the present study did not measure debt levels, income, or financial functioning before and after counseling. Therefore, the evaluation cannot establish that participants' economic circumstances improved. Humanistic group counseling may help participants manage emotional reactions and communicate personal concerns, but it cannot be expected to directly resolve economic instability. This distinction suggests the importance of integrating psychological assistance with appropriate social and economic resources when necessary.

Implications for Community Mental Health Services and Human Resource Practice

The findings suggest several practical considerations for community psychological services. Mental health screening may help identify individuals requiring further assessment and support. Group counseling may provide an accessible setting for emotional expression and

supportive interpersonal interaction. Intervention content should be responsive to participants' circumstances, including economic responsibilities and family relationships. Psychological outcomes should be assessed through appropriate instruments and supplemented by careful clinical observation. Continued monitoring is important because short-term score changes do not establish sustained recovery. Singla et al. (2017) emphasized the importance of adapting psychological services to local contexts and available resources. Williams et al. (2018) demonstrated the relevance of community-based intervention delivery, while Engelhardt et al. (2026) illustrated the value of including follow-up assessments. Future community programs may benefit from integrating psychological counseling, referral resources, and longer-term monitoring.

These considerations are also relevant to human resource and well-being practice. Service documentation indicated that some participants balanced paid work with family responsibilities and described difficulties with concentration, energy, and scheduling. Accessible group-based psychological support may therefore be useful to consider alongside employee assistance, referral, and financial-education services for working-age adults. However, this study did not sample employees or measure occupational outcomes such as performance, absenteeism, or engagement, so no conclusion about workplace effects can be drawn.

Study Limitations

Several limitations should be acknowledged. (1) The sample was very small and highly selected: six self-selected adults from one village, which limits statistical precision and generalizability. (2) There was no comparison group or long-term follow-up, so causal attribution, durability, and clinical remission cannot be established. Undated, non-standardized monitoring notes were not treated as follow-up data. (3) Lower posttest scores may reflect repeated testing, regression to the mean among residents selected for elevated scores, natural fluctuation, expectancy effects, or relief immediately after the final session. (4) Perceived social support, family communication, and coping were not assessed with validated measures. Qualitative findings came from routine service documentation rather than a formal qualitative protocol. (5) The intervention combined several components, some participants attended late, and concurrent medical circumstances were reported for some participants, so their separate influences could not be isolated. (6) The first author facilitated the counseling and was involved in data collection, so assessment was neither blinded nor independent.

Accordingly, the findings describe a short-term within-group change in BAI scores and cannot be attributed to the intervention alone.

5. Comparison

Comparison with previous investigations helps clarify the characteristics and contribution of the present evaluation (Table 5).

Table 5. Comparison of the present study with previous investigations.

Study	Design and participants	Intervention	Main findings
Wijaya (2014)	Intervention development involving 10 students	Existential-humanistic group counseling	Reported anxiety reduction
Junilia & Hidayah (2021)	Pretest–posttest evaluation involving 6 older women	Client-centered group counseling	Mean anxiety scores declined; significance reporting inconsistent
Noviana et al. (2022)	Qualitative study supported by BAI involving 5 pregnant women	Group-based relaxation	Reported lower anxiety categories
Sjaefarhan & Urbayatun (2022)	One-group pretest–posttest involving 7 students	Supportive group therapy	Reduced academic anxiety, $p = .018$
Roberge et al. (2022)	Randomized clinical trial involving 231 adults	Transdiagnostic group CBT	Greater improvement than treatment as usual
Keyan et al. (2025)	Randomized controlled trial involving 183 young adults	Structured intervention versus supportive counseling	No significant between-group difference in anxiety or depression

Study	Design and participants	Intervention	Main findings
Engelhardt et al. (2026)	Randomized comparative study involving 106 participants	Online group positive psychotherapy	Anxiety improved over time; no significant group-by-time difference
Present study	**One-group pretest–posttest involving 6 adults**	**Humanistic group counseling**	**Mean BAI decreased from 27.33 to 21.67; exact p = .03125**

BAI = Beck Anxiety Inventory; CBT = cognitive behavioral therapy.

The present study differs from previous research in several respects. First, the participants were adult community residents rather than students or patients recruited from a specialized clinical setting. Second, the psychological concerns involved interconnected financial, family, and interpersonal circumstances. Third, the intervention emphasized humanistic principles and supportive group interaction rather than a manualized cognitive behavioral protocol. Fourth, the evaluation considered numerical anxiety changes alongside descriptive observations of participants' psychological experiences. It is therefore best understood as a small, preliminary community-based evaluation rather than as a controlled test of humanistic counseling. Nevertheless, the methodological limitations remain substantial. Compared with randomized controlled trials, the present study provides weaker evidence concerning intervention-specific effectiveness. The findings therefore should not be interpreted as establishing that humanistic group counseling is superior to other psychological treatments. Rather, the contribution lies in documenting the application and short-term outcomes of a supportive counseling program within community mental health services.

6. Conclusions

This study examined changes in anxiety symptoms following humanistic group counseling among six adult residents in Yogyakarta, Indonesia. Initial screening identified ten residents with anxiety-related symptoms among 50 individuals assessed, six of whom voluntarily participated in further assessment and counseling. All participants obtained lower BAI scores after counseling. The mean decreased from 27.33 to 21.67, representing an average reduction of 5.67 points. Wilcoxon signed-rank analysis indicated a statistically detectable within-group difference, with an exact two-sided p value of .03125 (asymptotic p = .027). These observations describe a short-term within-group BAI reduction (n = 6), not treatment efficacy.

Qualitative documentation suggested increased emotional openness, perceived social support, awareness of anxiety triggers, and attempts to use more adaptive coping strategies. These observations support further study of humanistic group counseling as a supportive community service, but they do not show treatment effectiveness. The highly selected sample, uncontrolled design, absence of long-term follow-up, and lack of validated measures of perceived support limit any inference. Future studies should employ larger samples, comparison conditions, standardized outcome measures, and longitudinal follow-up to clarify the potential benefits of humanistic group counseling. Overall, this evaluation contributes preliminary practice-based evidence regarding psychological support for adult community residents experiencing anxiety associated with financial and family-related difficulties, with possible relevance to well-being services for working-age adults that requires separate testing.

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