
INDIVIDUAL COUNSELING SYSTEMATIC DESENSITIZATION TECHNIQUES TO REDUCE PHOBIA TO CANDY

Ayu Wandira*¹, Yeni Karneli²

*^{1,2} FIP Guidance and Counseling, Padang State University, Padang, Indonesia

* ayuwandiramdn27@gmail.com

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Abstract

This article discusses individual counseling of systematic desensitization techniques to reduce candy phobia. The client is a 23 year old woman who has a specific phobia of sweets. The methods used in this individual counseling are clinical interviews and observation. The results of clinical interviews at the first counseling meeting, the client was identified as having irrational thoughts about sweets. The client considers that candy is a dirty and disgusting object, the client also experiences excessive anxiety and fear when seeing, holding, touching the candy. The last time the client ate sweets was when he was 5 years old. This is due to the client's bad experience with candy. The client's parents strictly forbid the client not to eat sweets because the client often has problems with teeth, the client's parents scare the client about sweets which causes the client to develop bad thoughts about candy. Another thing that makes the client's fear and anxiety grow, the client's relatives often frighten the client and throw candy at the client, this makes the client (screaming, crying, holding his hands and running away from candy). The intervention given in this individual counseling was Systematic Desensitization which was carried out for 11 sessions. The purpose of this intervention is that the client is able to reduce anxiety and fear of candy and can respond naturally when seeing, holding, touching and eating candy. The results of the intervention the client was able to respond naturally when seeing, touching and holding candy, the client was also able to control anxiety and fear of candy.

Keywords– Individual counseling; Desensitization; Specific phobia

1. Introduction

Fear is a human reaction that is biologically a protective mechanism for a person in the face of danger. Fear is an emotional condition that arises when a person faces a threat that is considered to be endangering the dynamics of his life. Fear is considered a warning sign to someone to avoid a frightening condition. Faced with a scary situation, then people's reactions will be different and depend on the extent to which people interpret fear. When we find someone's fear to be something real, we are said to be right and that reality is seen in everyone. But if we find that the fear he feels is irrational, excessive, and causes extraordinary anxiety, it can be said that this person has a phobia (Herri Zan Piefer, et al, 2011: 193).

Phobia comes from the Greek which means an unnatural fear or abnormal fear. The definition of a phobia is a neurotic fear of showing an emotional reaction that is disproportionate to the cause. The object or situation that is the cause is irrational and not worth the risk when faced with the danger or stimulus (Dian Noviyanti, 2014: 135). A phobia is an excessive fear of something or a phenomenon. Phobias can interfere with the lives of people who have them. For some people, the fear of a person with a phobia is difficult to understand. That's why, the sufferer is often used as a monthly month by his friends around him. A phobia is an uncontrollable, irrational, and persistent fear of a particular object, situation, or activity. It can be concluded that a phobia is an irrational fear of something specific. In the case of a phobia, the fear is triggered by a stimulus that is not really scary or threatening to one's safety. Meanwhile, if the stimulus is really dangerous or threatening, this is not a phobia anymore, but a natural fear.

In general, a phobia is a strong (excessive) fear of an object, situation, or event, which is characterized by a desire to stay away from something that is feared. If it is severe, the sufferer can panic when he sees the thing he is afraid of. Shortness of breath, nervousness, cold sweat, shaking, even unable to move his body (Tri Hanato, 2021: 187).

From this explanation, it can be concluded that a phobia is an irrational excessive fear and anxiety of an object, situation, animal, medical action, or

abstract things that usually people with phobias tend to avoid these situations. In this case Based on the counseling interview, the client has a specific phobia of sweets. The client's phobia arose as a child when the client's parents strictly forbade the client not to eat sweets by scaring the client, because the client often had toothache. Because of this prohibition the client develops irrational thoughts that candy is disgusting, dirty and uncomfortable when looking at candy. Another thing that makes the client more afraid and anxious, the client is also often bullied by his brother because he sees the client's strange behavior when seeing, holding or touching candy even the client never wants to eat candy, when he is pelted with candy or scared by candy the client screams in fear, cries, runs and holding his hands tightly, when accidentally touched by candy, the client immediately washes his hands. All of these things trigger the emergence of excessive anxiety and fear in clients when seeing, holding, touching and eating sweets. As a result, the client's fears and anxieties persist to this day. The client has a phobia caused by the client's own experiences.

Based on the client's case, it can be concluded that the client has a specific phobia of candy, the client avoids situations dealing directly with sweets and the phobia has appeared since the client was small. Where, a specific phobia is an irrational fear caused by the presence of an obvious situation or object, which is actually harmless. In the 2016 Mega Crithina study entitled the effect of REBT therapy in reducing acrophobia in early adulthood, specific phobia is the third highest prevalence of all types of mental disorders with a percentage of 10-12%. Meanwhile, in Agus Prayetno's 2020 study entitled the effectiveness of systematic desensitization to reduce the level of specific phobia, specific phobia is a common disorder in the population in the world in Europe with specific phobias of 7.7%-15.3%.

Based on the problems experienced by the client and based on these data the counselor plays a very important role in helping the client to reduce his anxiety and fear of the specific phobias that you experience in this case the counselor conducts individual counseling, where individual counseling is a counseling service carried out by counselors and clients in order to alleviate

client problems. This individual counseling is carried out in a face-to-face atmosphere between the client and the counselor to discuss various problems experienced by the client (Prayitno, 2017: 107). Specific phobias experienced by clients can be reduced by providing desensitization techniques. This technique was developed by Wolpe who suggested that all neurotic behavior is an expression of anxiety, and that responses to anxiety can be eliminated by finding antagonistic responses. In this technique, the client is encouraged to relax and connect the relaxed state by imagining experiences that are worrying, upsetting or disappointing (Agus Sukirno, 2015: 74). Desensitization is a kind of reverse conditioning when someone who experiences fear or anxiety is repeatedly faced with things that cause fear or anxiety (Yustinus, 2020: 48). This technique has proven to be effective in the treatment of phobias, In a study conducted by Ahmad Masrur Fahrosad,

From the explanation above that the client's specific phobia of sweets can be reduced by desensitization techniques, the client will be given training to remain calm even though situations arise that can cause anxiety and fear. This will be done gradually, the client will imagine or visualize the thing that the client is afraid of, namely candy and then the client is asked to stay relaxed until the most worrying condition. This individual counseling is carried out as a form of the counselor's efforts to assist clients in reducing the client's anxiety and fear of sweets. The method used by the counselor in collecting data is interviews and observation. The interview used by the counselor is a clinical and in-depth interview to find out and identify the client's previous experience of the client's fear of sweets. Then the counselor also made observations during the counseling interview at the first meeting and other counseling sessions took place to see the client's phobic behavior on sweets.

2. Result and Discussion

Results

Based on the results of the counseling interview at the first meeting, the case of the client's specific phobia of sweets is more appropriate to use the

desensitization technique. The goal to be achieved is to reduce the client's anxiety and fear of sweets. In this technique always begins with relaxation so that the client is able to overcome the stimulus that makes the client uncomfortable, the client will also imagine or visualize the anxiety and fear gradually. The implementation of the desensitization technique was carried out as many as 11 counseling sessions, as follows:

Counseling Session 1: Counseling Interview

In this session the counselor and client conduct counseling to identify the problems experienced by paying attention to the client's problems and the factors that influence them. At this stage the counselor also determines what type of assistance or counseling technique will be used to assist the client in alleviating the problem.

In session 1 counseling the client's problems can be identified, that the client:

1. Phobia of sweets.
2. The phobia appears from the age of 5-6 years, because the client's parents forbid the client to eat sweets by scaring the client.
3. The client once came to the dentist, then the doctor gave the client candy and seemed to force the client to eat the candy, then after that the client had a fever.
4. The client is also often frightened by his brother by throwing candy at him which makes the client even more afraid of candy.
5. Always avoid looking, touching, handling and eating candy.
6. Fear and anxiety when candy is thrown at, holding or touching candy.
7. Have the thought that candy is a dirty and disgusting thing.

Counseling Session 2: Description of Systematic Desensitization Activities

At this stage the counselor explains beforehand to the client what the systematic desensitization technique is, that is, in this technique the client is confronted or will visualize what the client is afraid of (candy). After explaining the technique, the counselor asks for the client's approval to carry out further counseling with the technique

Counseling Session 3: Implementation of Systematic Desensitization Techniques

Before the implementation of desensitization begins, the counselor provides relaxation techniques first. The goal is that the client is able to reduce the anxiety and tension that arises when visualizing what the client is afraid of (candy). The client is able to follow the direction of relaxation from the counselor well and is able to do it independently. After doing relaxation the counselor begins to guide the client to start visualizing what the client is afraid of (candy).

Counseling Session 4: Systematic Desensitization stage 1

In the early stages the counselor asks the client to visualize if the client is within 10 meters of candy, while visualizing the counselor continues to give instructions by staying focused on the breath while saying "calm down...stay calm... it's just candy won't hurt you". When visualizing the client a little restless and a little grimace. Then the counselor continues to say "calm...stay calm..." and gives instructions to keep breathing. At this stage the client has started to get used to it and is calm enough to visualize the 10 meter distance between the client and the candy.

Next the counselor gave instructions to visualize if the distance between the candy and him was 5 meters. It turns out that the closer the candy the client responds by saying "ouch I'm afraid", while stomping his foot and holding his hand tightly. The counselor continued to say "calm down....stay calm..." and gave instructions to keep breathing. At this stage the client had time to open his eyes while visualizing because the client was afraid, but the counselor but gave praise for the client's courage and continued the session. After about 30 minutes of visualizing the client begins to calm down and is getting used to visualizing the 5 meter distance between the client and the candy.

Counseling Session 5: Systematic desensitization stage 2

In this session the counselor again gives instructions to the client to visualize if the client is within 3 meters of candy. The client looks tense, restless and shouts "aaahh..... Fear..." then gripped his hand tightly. The counselor continues to give instructions to "calm down....stay calm..." and focus on the breath. When visualizing the client opening his eyes and looking like he wants to

cry, the counselor first gives the client a drink so that he can calm down and return to relaxation. After a 5 minute break, the client asks to visualize again. After 60 minutes of visualization session, the client is a little calmer, not tense or nervous. The client has begun to be able to properly control his anxiety and fear of sweets.

Counseling Session 6: Systematic Desensitization stage 3

In the 3rd visualization session the counselor asks the client to visualize if the candy is right in front of the client. The counselor continues to help the client by directing to focus on the breath and saying "calm.... Keep calm...".

The client opened his eyes several times while visualizing in this session, because the client was very uncomfortable, felt disgusted and wanted to cry. The counselor still gives praise to the client, for having the courage to fight fear and control his anxiety about candy so far. The counselor gives the client time to relax, to be calmer. After that the client asked to return to do the visualization.

The client looks very scared, with a grimace on his face, frowning forehead, holding his hand tightly, saying "I'm really scared" "I can't seem to do it". But the counselor still directs the client to focus on the breath and keep saying "calm calm ...". This session is carried out repeatedly, until the client is able to control anxiety, fear and responds naturally when he sees candy.

Counseling Session 7 : Systematic Desensitization stage 4

After going through 3 stages of visualizing the client, and the client has begun to be able to control his anxiety and fear by responding naturally. The counselor begins to do desensitization in Vivo where the client will be faced directly with a situation that causes the client's fear and anxiety, namely the client is faced with direct candy. After obtaining consent from the client, the counselor initiates in Vivo Desensitization. The client asks to see the candy from afar first, the distance from the client to the candy is approximately 2 meters. The client still looks scared, holding his hand tightly and occasionally averting his gaze, then the client also covers his face occasionally peeking from his batik hand. After getting used to the client smiling, because they feel great they can see and respond naturally when they see candy.

Counseling Session 8 : Systematic Desensitization stage 5

In this session, the client looks excited because he is happy that his anxiety and fear of candy has started to decrease. This cal session the candy will be placed on the table right in front of the client. The client responds "wow, it's not that scary" although occasionally the client seems to shudder but has started to dare to stare at the candy for quite a long time. The counselor gives the client praise because the client's level of anxiety and fear of sweets is decreasing.

Counseling Session 9 : Systematic Desensitization stage 6

In this session the counselor gives instructions for the client to hold the candy directly with the client's own hand. Initially the client was a little afraid, but after relaxing and giving himself strength, the client began to try to hold the candy. The client said that when holding the candy there was still a sense of fear, which could also be seen from the client's hand which was slightly shaking. The client also wants to immediately throw the candy from his hand, but the counselor still gives instructions "keep calm... Calm ..." and stay focused on the breath. In the end the client has calmed down by saying "Oh my God... I've been brave with candy".

Counseling Session 10 : Systematic Desensitization stage 7

At this stage the counselor gives instructions for the client to eat candy, but at this stage the client is not ready to eat directly but the client is getting bolder with the client's candy without hesitation holding the candy and opening it.

Counseling Session 11 : Follow Up

Follow-up is done after the entire counseling process is complete. After doing 10 counseling sessions the client was able to control his anxiety and fear of candy, the client was also able to respond naturally when seeing, holding, touching and if someone scared him with candy. It's just that the client can't and isn't ready to eat the candy directly. From the counseling process carried out as many as 11 sessions, the desensitization technique was able to reduce the client's anxiety and fear of sweets. The client is able to respond naturally to seeing, touching and holding candy. Clients can get rid of irrational thoughts that candy is dirty and disgusting.

Discussion

Specific Phobias

In the Diagnostic and Statistical Manual (DSM) IV-TR states, phobic disorders are characterized by fear or anxiety that can cause physiological reactions such as: wet hands, chills, palpitations, and avoidance of situations that can cause fear to arise and affect individual behavior in life. daily. This occurs in both children and adults. The initial symptoms of specific phobias usually appear in childhood or early adolescence and can occur in younger women than men. In general, phobias develop in childhood, but can also develop in adults.

For some people who do not understand the existence of phobias themselves, sometimes it is difficult to understand the feelings of fear experienced by people with phobias. That's why people with phobias are often the subject of conversation for those around them. The emergence of an absurd and irrational fear and usually associated with traumatic experiences, which is deeply suppressed is one of the causes of the occurrence of phobias. Phobias have a great impact on the lives of individuals who experience them. The individual response that is most often done is to avoid the stimulus in the phobia. While the fear is reasonable, the individual will be able to cope with the ability of self-defense mechanisms in the face of the conflict experienced. However,

People with a phobia when faced with situations that other people consider normal, while according to him it is a difficult situation and full of fear. Thus, individuals experience a sense of panic which results in low self-esteem, shame, and inability to function properly. In situations of excessive fear, it can interfere with activities that should be carried out. This, of course, cannot be ignored and it is necessary to find a solution or attempt to cure the phobia experienced. Phobias can be reduced or even eliminated in various ways, including drug therapy and psychotherapy. Drug therapy used to reduce phobias is generally similar to drug therapy for anxiety.

Specific phobic disorders (Specific phobia disorder) in DSM V (The Diagnostic and Statistical Manual of Mental Disorders -V) are included in anxiety disorders, namely irrational, strong, persistent and excessive anxiety or

fear that occurs persistently towards certain objects or situations perceived by individual as something that is scary and has the potential to pose a threat (Laila, et al, 2020: 132-134).

APA (American Psychiatric Association), suggests that there are five types of specific phobias, including fear of animals (animal phobias) such as fear of spiders, cats, cockroaches, insects, dogs, etc., fear of natural conditions (natural phobias) such as heights, water, storms, etc., fear of blood injection injuries or medical actions (Medical phobias) such as medical procedures in the form of injections, syringes, blood tests, or invasive medical procedures, fear of certain situations (Situational phobias) such as closed spaces, elevators, driving, or airplanes, fear of abstract things (abstract phobias) such as fear of being alone, fear of marriage, fear of happiness, fear of love, fear of failure, fear of vomiting and others.

People with phobias have a high level of fear and physiological reactions when faced with the phobic object. This condition encourages individuals to avoid or escape from the feared stimulus. Providing a diagnosis of a phobia requires that it significantly affect a person's lifestyle, daily life or functioning. That is the operational definition of a specific phobic disorder (Asis, 2021: 17-18). From this explanation, it can be concluded, specific phobias are anxiety and excessive fear of an object or situation. When faced with what the individual fears, the individual tends to avoid and respond unnaturally, even if the phobia is left unchecked it can interfere both personally and socially.

Specific Phobia Criteria

Specific phobia is an anxiety disorder characterized by excessive and intense fear of specific objects or situations such as fear of closed spaces, fear of heights or fear of disgusting things. According to (Vishnu, 2022: 19-20), the characteristics of specific phobias are:

1. Marked fear or anxiety about certain objects or situations (eg, flying, heights, animals, receiving injections, seeing blood). Note: In children, fear or anxiety may be expressed by crying, tantrums, freezing, or clinging.

2. The phobic object or situation almost always causes immediate fear or anxiety.
3. The phobic object or situation is automatically avoided or experienced with intense fear or anxiety.
4. Fear or anxiety is disproportionate to the danger posed by a particular object or situation and to the socio-cultural context.
5. Persistent fear, anxiety, or avoidance, usually lasting 6 months or longer.
6. Fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
7. The disorder is not better explained by symptoms of another mental disorder.

Types of Specific Phobias

Specific phobias are excessive fear of certain situations or objects, such as animals, insects, heights (acrophobia), or enclosed spaces (claustrophobia). People with agoraphobia are afraid of traveling to open places or going out in public (Jeffrey, 2018: 1002).

1. Phobias of the natural environment (Natural phobias)

This phobia is influenced by natural factors such as water/ pools of water/ lakes/ waterfalls/ rain (aquaphobia), fear of heights (acrophobia), fear of lightning (astraphobia), fear of storms (nephophobia).

2. Animal phobias (Animal phobias)

Animal phobia is a specific type of phobic disorder, called Zoophobia, in which an irrational fear of animals causes strong physical and emotional reactions. Unlike a reasonable fear associated with real-life dangers, a phobia creates an exaggerated and irrational fear that interferes with a person's daily life. Even if a person recognizes that the fear is irrational, the intense physical response to the animal is very real, and includes other symptoms such as panic, tremors, shaking, shortness of breath and distancing. General animal phobias, including fear of dogs, spiders, snakes, cockroaches, butterflies, caterpillars, chickens, cats and other rodents.

3. Situational Phobias

This phobia is triggered by a particular situation or environment that frightens you. For example, being afraid of public speaking is a situation that you may find very scary. Other situational phobias, such as being in a crowded place, make a person feel panicky and heavy. This type of phobia can limit a person from what to do or where they go. Examples are: fear of public speaking (glossophobia), fear of flying in airplanes (aerophobia), fear of crowds (agoraphobia).

4. Medical Phobias (Medical phobias)

Medical phobia is a fear of things or objects related to medical activities, such as fear of injections (trypanophobia), fear of blood (hemophobia), fear of dentists (dentophobia), fear of hospitals (nosocomophobia) and fear of germs. (mysophobia).

5. Abstract (Abstract phobias)

Abstract phobia is a fear based on something intangible. Such as fear of love (philophobia), fear of failure (atychiphobia), fear of self (monophobia), fear of happiness (cherophobia), fear of vomiting / choking (emetophobia).

Causes of specific phobias

In general specific phobias do not have a single cause but a number of potentially contributing factors have been identified:

1. Traumatic experience

Individuals who have had traumatic experiences in childhood are more likely to make associations with related situations or objects in adulthood. For example, someone who is bitten by a dog as a child may develop a fear of dogs later in life or in adulthood.

2. Learned behavior

The family environment may be the cause of the specific phobia. This means being around a family environment where siblings have a particular fear or dealing with anxiety about something by responding to something in a certain way, is thought to affect children and can contribute to the onset of a phobia.

3. Genetics

Some individuals may be genetically predisposed to having an anxious personality, making them more prone to phobias.

4. Fear of response

Having a panic attack or fear response in certain situations can cause the feeling of fear to repeat itself in the same episodes in the future, then accumulate over time so that it can lead to a phobia.

5. Stress

Long-term stress can cause feelings of anxiety, depression and an inability to cope with certain situations. Things like this can cause a phobia (Asis, 2021: 19-21).

From this explanation it can be concluded that specific phobias are influenced by several factors, namely: traumatic experience, learned behavior, genetics, fear of response and stress.

Clinical Symptoms of Phobia

Perception : people with specific phobias will show symptoms of perceiving specific objects, events, or situations perceived as a threat

Cognition : the person with a specific phobia believes that contact with the phobic object or entering into a phobic situation will lead to terrible disaster.

Affection : people with specific phobias experience intense fear and anger when they come into contact with the phobic object or situation that provokes fear

Arousal : people with specific phobias will experience arousal or sleep problems

Behavior Tendency to avoid and stay away from the phobic object or situation

Interpersonal adjustment: if the individual has a simple phobia then interpersonal problems are limited by the phobic situation (Triantoro, 2121: 59). So, it can be concluded that the clinical symptoms of patients with specific

phobias greatly affect many things, namely perception, cognition, affection, arousal, and interpersonal adjustment. Therefore, specific phobias must be cured immediately, especially if they interfere with daily life.

Desensitization

Desensitization comes from the word sensitive in the sense of a person's sensitivity to something. This sensitivity is concerned with something that causes fear. Therefore, the sensitivity level needs to be blunted so that it is not too sensitive. This reduction or slight dulling of sensitivity is called desensitization. In this case, the desensitization technique means an attempt to reduce or blunt the sensitivity that causes fear to certain objects. Like fear of blood, fear of graves, fear of the dark, and so on.

The desensitization technique is a technique that is often used in behavioral therapy. This technique is used by combining several techniques, including thinking about something, calming yourself down and imagining something. Desensitization is a technique to help clients reduce, reduce or accumulate excessive sensitivity to a particular stimulus. For example, disgust, fear, excessive anxiety about certain situations, situations or objects.

Desensitization is given to individuals who experience anxiety in dealing with various situations, such as anxiety, fear of facing exams, generalized fears, neurotic anxiety, fear of seeing blood, flying airplanes and so on. Anxiety and fear experienced by individuals bring many difficulties in behaving normally in certain situations. For example, the client is afraid to face the exam, becomes shaking, nervous and breaks out in a cold sweat when entering the exam room. This situation clearly makes it difficult for the client to answer the exam well. By being given desensitization to this client, it is hoped that the results will be able to take the exam fairly.

To relieve these neurotic anxieties the client is trained to casually associate the situation with the anxiety-producing experiences that are paid for or visualized. Situations are presented in a series from very less "threatening" to very "threatening". The level of the anxiety-causing stimulus is repeatedly paired

with a relaxed state-producing stimulus until the anxiety-producing and anxiety-responsive are erased (Taufik & Yeni, 2021: 166).

The measure of anxiety and fear experienced by individuals so that this technique needs to be used is that fear or anxiety is unnatural so that the client's response to something is also unnatural, and the fear or anxiety is disturbing after the counselor knows the stimulus or learning experience that causes the client to be afraid or anxious that is not fair to something.

According to (Taufik & Yeni, 2021: 168) there are several steps and several considerations that need to be considered in carrying out this technique. Considerations that need to be taken include:

1. Desensitization should be used for clients who experience fear or anxiety about one particular situation. Such as fear of blood, fear of worms, fear of dark places, fear of graves, fear of facing goals and so on.
2. The counselor must explain to the client thoroughly the desensitization process, and give confidence to the client that he or she can successfully relieve anxiety or fear if the client believes and strives for it.
3. In ranking the level of statements of fear or anxiety, the counselor must rank the fear or anxiety level from the lowest level to the level most feared or worried by the client. Making a sequence of levels of this fear statement should be done together with the client.
4. Every time you desensitize to one level or level of fear, the client must really be in a relaxed state, after that an evaluation is carried out to find out whether the client is really able to accept the feared stimulus fairly.
5. Desensitization may take some time for certain clients, as it may require repeated practice.

Steps and Conditions for Implementing Desensitization

The steps for implementing this desensitization technique are as follows:

1. Explain to the client the need for a desensitization technique to be performed. The explanation includes the importance of desensitization

techniques performed on the client and an explanation of the meaning, purpose, procedure and method of desensitization carried out.

2. Together with the client the counselor makes a list of levels of fear or anxiety. The order of the level of fear or anxiety is arranged from the least feared to the most feared event. The words used should be positive verbs.
3. Simple sedation exercises, so that the client is in a relaxed state.
4. Carry out desensitization, by ranking the first level of anxiety.
5. Conduct an evaluation regarding the client's feelings of fear and follow-up.

To find out the client's impressions and feelings about the exercise that has just been carried out, it is necessary to evaluate it by asking the client about his impressions and feelings after undergoing the exercise. If the client is able to receive the stimulus given at the time of exercise in a reasonable manner, it can be followed up with exercises for the statement in order of the next level of fear. But if the client has not been able to receive the stimulus that is trained properly, then the exercise is repeated again, until the client can really accept the stimulus properly. If so, the exercise can be continued in the next step. And so on, until all sequences of events are arranged and can be accepted fairly. If the client is able to receive a reasonable stimulus, then the exercise can be terminated.

Conditions for the Implementation of the Desensitization Technique. Before deciding to use the desensitization technique, the counselor should pay attention to the following conditions (Taufik & Yeni, 2021):

1. Counselors should fully understand the steps for implementing desensitization.
2. The counselor masters the client's problems, namely how the fear is experienced by the client.
3. Counselors do not experience the same types of fears as clients experience
4. The counselor has sufficient time to desensitize. Thus desensitization cannot be done in a hurry.

3. Conclusion

Anxiety or fear is a feeling that we experience every day, the point of anxiety and fear is normal when it is an act of protecting ourselves from situations that threaten our safety. Anxiety and fear can be categorized as an abnormality when the situation they face is not threatening but causes a very excessive reaction in addition to excessive fear and anxiety followed by physical reactions such as increased heart rate, shaking, shortness of breath, cold sweats, avoiding the object of fear. and shouted. So it can be said that the individual has a phobia in this case the client experiences excessive anxiety and fear of an object, namely candy, this is referred to as a specific phobia. The factors that cause specific phobias are numerous in this case factors of traumatic experiences in childhood. For this reason, the counselor needs to help the client to reduce anxiety and excessive fear of sweets because this has interfered with the client's social life and work.

To reduce the client's excessive anxiety and fear of sweets, in this case the counselor provides assistance with individual counseling services with systematic desensitization techniques. Where this technique is able to reduce excessive anxiety and fear, in this technique the client will be confronted or visualized what the client is afraid of, until the client is able to respond naturally to what the client is afraid of.

Some suggestions that can be put forward as implications for the implementation of individual counseling using this systematic desensitization technique include: the client, after reducing the client's excessive fear and anxiety towards candy, the client is able to carry out his social life and work better. For counselors, they can provide counseling services for individuals who need and learn more counseling techniques that are appropriate to the client's problems, and the community environment so that they care more about those around them and don't look down on people who have phobias.

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