



The Effectiveness Of A Coping Strategy-Based Self-Talk Technique In Reducing Shyness Among Senior High School Students

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Abstract

The Effectiveness Of A Coping Strategy-Based Self-Talk Technique In Reducing Shyness Among Senior High School Students. Conventional school counseling services often remain superficial and fail to address students' negative internal dialogues and coping skills when dealing with developmental barriers such as shyness. This study aimed to examine the effectiveness of a coping strategy-based self-talk technique in reducing shyness among senior high school students through classical guidance services. In this intervention, self-talk was utilized to identify and alter negative internal dialogues, while coping strategies were employed to help students regulate anxiety and gradually face shyness-inducing social situations. A quantitative approach with a quasi-experimental pretest-posttest control group design was implemented, involving 60 tenth-grade students (30 in the experimental group and 30 in the control group) selected via purposive sampling. The intervention was delivered over four sessions of classical guidance co-facilitated by the researcher and school counselors. Data were gathered using the Indonesian-adapted McCroskey Shyness Scale. Results showed a significant decrease in shyness scores in the experimental group from a mean of 53.70 (SD = 5.61) to 42.00 (SD = 5.86) ($p < 0.001$, Cohen's $d = 2.04$), whereas the control group remained

stable with a mean of 53.60 (SD = 5.61) at pretest to 53.10 (SD = 5.71) at posttest ($t = 1.675$, $p = 0.105$). The between-group posttest comparison yielded a highly significant difference ($t(58) = -7.432$, $p < 0.001$, 95% CI [-14.09, -8.11], Cohen's $d = -1.92$). This study provides preliminary empirical evidence regarding the integration of self-talk and coping strategies within classical guidance services to address shyness in senior high school students, while acknowledging its single-school limitation. This technique is recommended for school counselors as an integrated cognitive-behavioral school intervention.

Keywords: *Classical Guidance; Coping Strategy; Self-Talk; Senior High School Students; Shyness*

A. Introduction

Many Guidance and Counseling Teachers in Senior High Schools struggle with the lack of support to help students overcome the most complex thinking issues that prevent them from adjusting well on their own. As of 2020, Hartono noted that many schools use non-introvert methods, such as offering advice, traditional motivational talks, or regular guidance meetings without defined procedures and rules. Negative internal thoughts, which are the primary cause of chronic shyness in some students, have been neglected in the general moderation of motivation and cognition (Dwi Hastuti & Hardew, 2024). This is problematic. Setting aside the fact that adolescents face strong peer relationships and challenging academic shifts, high school is a crucial stage in their social/emotional development (Setiari et al, 2019). Being too shy during this stage of development can hinder a person's ability to engage in social activities, participate in school work, and reach their full potential (Setiowati, 2016). The availability of clear, combined, and research-supported guidance interventions in schools is crucial for this condition.

The psychological concept of syncyncy is not easily understood, and it should be clearly understood to avoid confusing zynky behavior with social anxiety or low self-esteem, although all three are closely related. The

behavior and attitude of someone who feels uncomfortable, worried, or hesitant when meeting new people or being judged by others are indicative of shyness (McCross & Richmond, 1982). Social anxiety causes long-term problems with serious physical symptoms, whereas shyness is more associated with difficulties in social situations that arise from thinking and interaction with others (Crozier, 2020). What makes people shy? Shame and low self-esteem are not synonymous, as shame implies that one typically feels inferior or embarrassed in front of others. (Ridfah & Murdiana, 2018). In class, solitary students tend to be quiet, avoid open expression of ideas, and fear insecurity (Nurmalasari et al, 2016). Social-avoidance behaviors perpetuate a shame cycle that hinders students from receiving positive feedback and decreases their confidence levels (Saputra et al, 2022).

By providing a powerful cognitive framework, the Rational Emotive Behavior Therapy (REBT) approach can theoretically help break this cycle of shame. Based on REBT principles, emotional difficulties and behavioral responses (C: Consequences) are not directly caused by the social event (A: Activating Events), but rather arise from the individual's perception and interpretation of events in relation to their irrational beliefs or thought patterns (B: Beliefs). Many shy students hold irrational beliefs, including the notion that they must always present themselves as flawless in front of the class, believing minor mistakes will lead to severe consequences (awfulizing), and generalizing one failure as a complete failure of self-esteem (Nurmalasari et al, 2016). However, these beliefs are not universal. The disputing process enables learners to identify, discuss, and rearrange these irrational beliefs, leading to the formation of rational and adaptive thinking patterns. This is accomplished through this process. Self-talk is a significant technique used by students to communicate their internal thoughts through spoken words. Latinjak and his colleagues discovered in 2019 that students can reduce their feelings of shame by engaging in

constructive inner dialogues instead of negative self-talk, which includes irrational beliefs. Psychological changes in these interventions are characterized by specific set of ideas, such as the tendency for social situations (Fajrin et al, 2023) to result in automatic negative thoughts or interpretations like 'I'll definitely be laughed at' and "I might tremble from time to time.". Negative thoughts can cause social anxiety and fear, which are then manifested as avoidance behaviors such as not speaking up in class or avoiding eye contact by looking down (Saputra et al, 2022). Through the use of rational self-talk and adaptive coping strategies, the process is halted, as it allows for the logical questioning and counterbalancing of automatic negative thoughts while managing emotional and physical stress. Once this negative pattern is broken, students start to react differently to social situations, moving away from avoiding them in the first place and instead engaging in proactive activities.

In this study, the conceptual position of coping strategies is explicitly defined as a functionally integrated behavioral-emotional reinforcement component in a package of cognitive-behavioral interventions with self-talk techniques, rather than as a separate technique or simply a post-intervention consequence (Fikriyah et al., 2022). While self-talk works at the internal cognitive level by dismantling and restructuring students' irrational beliefs, coping acts as a tactical-operational bridge that translates the restructuring of the mind into real action in the outside world (Wood & Joseph, 2021). Cognitive-emotional coping helps regulate instantaneous anxiety (e.g., through deep breathing relaxation techniques), while behavioral coping guides students to execute adaptive actions gradually (such as making eye contact or speaking with stable intonation) (Fajrin et al., 2023). Thus, this integration ensures that students' internal cognitive changes are fully supported by the readiness of practical behavioral skills in the field.

This intervention is implemented through a classical tutoring format based on several strategic reasons that are preventive and developmental oriented (preventive and developmental school counseling). Shyness is a common adolescent developmental problem that is highly relevant to be addressed at the grade level to prevent escalation into more severe social anxiety disorder in the future (Sink & Spencer, 2018). Compared to group tutoring or individual counseling services that are remedial-reactive and prone to triggering negative stigma from peers, classical tutoring provides equal opportunities for all students in the classroom to learn without feeling judged or labeled (Hartono, 2020). Classical tutoring creates an inclusive, collaborative, and supportive classroom climate, where shy students can observe social modeling, discuss with peers safely, and collectively normalize the process of emotion regulation (Sipahutar & Hasibuan, 2026). This format also makes it easier for Counseling Teachers to integrate direct social-emotional learning into the natural classroom context.

The novelty of this research can be confirmed through an analytical review of five relevant previous studies. First, Tasdih et al. (2020) tested the effectiveness of self-talk training in increasing student confidence through a quasi-experimental design. The study successfully proved the role of self-talk for self-confidence, but did not specifically target the typical manifestation of avoidant behavior in shy students. Second, Setiari et al. (2019) tested self-talk techniques to increase students' social courage. Although effective, the study focused purely on the cognitive dimension of courage in a curative small group format, not a preventive classical format. Third, Fajrin et al. (2023) examined cognitive and emotional coping strategies to reduce adolescent social stress, but did not include an automatic internal dialogue restructuring module that preceded such stress. Fourth, Sipahutar & Hasibuan (2026) applied self-talk-based classical guidance to increase students' enthusiasm for learning, but the

focus of the target was general learning motivation and not the reduction of the shyness variable. Fifth, Masi et al. (2025) examined the positive self-talk of high school students in a descriptive-quantitative manner without conducting experimental intervention testing. From this synthesis, it can be seen that there is a real research gap, namely the absence of preventive-developmental interventions that systematically integrate the restructuring of internal dialogue (self-talk) and action regulation (coping) in a class-wide classical guidance format. Therefore, the novelty of this research lies in the development and testing of the effectiveness of a structured intervention package, 'self-talk based on the coping strategy,' in classical guidance.

Based on the above background description, this study aims to test the effectiveness of coping strategy-based self-talk techniques in reducing the shy of high school students through classical guidance services. Specifically, this study is designed to answer the following research question: Is the coping strategy-based self-talk technique through classical guidance services effective in reducing the shyness of high school students? The proposed research hypothesis is that there is a greater decrease in shyness in the group of students who obtain coping strategy-based self-talk techniques in the classical guidance format compared to the group of students who do not obtain it.

B. Method

This study uses a quantitative approach with a quasi-experimental research design (quasi-experimental design) of the pretest-posttest control group design model (Sugiyono, 2017). This design was chosen because the determination of experimental groups and control groups is carried out using existing classes in schools to maintain conduciveness to learning, so that it is not possible to carry out full individual randomization (Sugiyono, 2017). However, the use of intact classes has limitations in the form of potential cluster effects, such as the influence of the class microclimate or the typical internal social interaction in each class that can affect the results

of the experiment, so the interpretation and generalization of the research results must be carried out carefully. Class X-3 is designated as an experimental group that receives classical guidance interventions with self-talk techniques based on coping strategies, while class X-10 is designated as a control group that receives regular classical guidance services (usual care) without a structured self-talk component or cognitive-behavioral coping strategies.

The research was carried out at State University of Malang Laboratory High School, Malang City, East Java Province, Indonesia. The experiment implementation period took place in the Even Semester of the 2025/2026 Academic Year, precisely for four weeks from April to May 2026. The research population was all active registered students of class X, with a total of 320 students spread across 10 classes (grades X-1 to X-10). The sample was determined through a purposive sampling technique with a very transparent, gradual selection process. First, the entire population (320 students) was given a shyness screening scale. The screening results showed that there were 85 students in the category of moderate to high shyness (score ≥ 42). Second, from the classes that had the highest concentration of shy students, two intact classes were selected that had the same average score of initial shyness. Based on this process, class X-3 was selected as the experimental group (consisting of 30 shy students) and class X-10 was selected as the control group (consisting of 30 shy students), making a total of 60 research samples.

The dependent variables in this study were measured using the McCroskey Shyness Scale (McCroskey, 1982), which consisted of 14 statements. The procedure for adapting the scale into the Indonesian version was carried out strictly through several stages to ensure psychometric equivalence: (1) forward translation from English to Indonesian by two professional translators; (2) independent back translation by a third translator to check the reliability of the conceptual

meaning; and (3) content validity assessment by 3 expert validators in the field of Guidance and Counseling. The results of the experts' assessment showed an excellent Item-Content Validity Index (I-CVI) coefficient, ranging from 0.88 to 1.00. Furthermore, a field trial was conducted on 50 students of class X outside the research sample. The results of the test showed that all items had good differentiation, with a reliability coefficient of Cronbach's Alpha of $\alpha = 0.86$, proving that the Indonesian adaptation of the instrument had very adequate internal consistency (Ridfah & Murdiana, 2018). This scale used five Likert response options (Very Inappropriate = 1, Inappropriate = 2, Hesitant = 3, Appropriate = 4, Very Appropriate = 5) with a total score range of 14 to 70. The classification of the level of embarrassment was based on the calculation of hypothetical norms of the scale: low category ($< \text{score } 32.6$), medium category ($32.6 \leq \text{score} < 51.4$), and high category ($> \text{score } 51.4$). Students selected to be sampled had a pretest score between 45 to 65, indicating that they were consistently in the moderate to high shy range.

The intervention was provided in the format of a classical guidance service which was carried out in four meeting sessions, with a duration of 45 minutes per session. This classical guidance was co-facilitated by the researcher (who has REBT training certification and basic counseling skills) and the local school Counseling Teacher to ensure optimal monitoring in the classroom. Both groups were evaluated through a pretest in the first week and a posttest in the fourth week after all intervention sessions were completed. The experimental group received a self-talk intervention based on a coping strategy, while the control group received regular classical guidance services in the form of learning motivation lectures and general career guidance without being accompanied by cognitive restructuring instructions or emotional-behavioral regulation exercises. The operational protocols of the experimental group interventions are presented in detail in Table 1.

Table 1. Coping-Based- Self-Talk Classical Guidance Intervention Protocol

Sessions & Themes	Session Objectives	Concrete Activity Session
Session 1: Identifying Negative Thoughts	Students are able to recognize and detect negative internal dialogues that trigger embarrassment in social situations at school.	Students participated in psychoeducation on shame and REBT, brainstormed negative automatic thoughts that arise when they have to perform, and were introduced to the use of Self-Talk Journal for self-monitoring.
Session 2: Creating a Positive Self-Talk	Students are able to challenge irrational thoughts and formulate rational, logical, and supportive self-talk statements.	Students practice the disputing technique (REBT) to debate their automatic negative thoughts, formulate positive self-talk sentences, and record those affirmative sentences in their Self-Talk Journal.
Session 3: Coping Strategy Implementation Training	Students are able to apply the regulation of cognitive emotions and coping behavior in social situations that trigger shame.	Students are taught deep breathing relaxation techniques, role-play simulations of social situations in the classroom (such as presentations or questions), and develop a step-by-step behavior coping plan.
Session 4: Reflection and Self-Monitoring	Students are able to evaluate the progress of implementing self-talk and coping through journals and strengthen their commitment to change.	Students conduct group discussions to share experiences of filling out the Self-Talk Journal, analyze the obstacles faced in real-life practice in schools, and formulate a commitment to the sustainability of behavior change.

Compliance and consistency of intervention fidelity were strictly controlled through several mechanisms: (1) preparation and ratification of written classical guidance manuals/guidelines before the implementation of the experiment; (2) the use of a checklist of intervention step implementation filled out by a senior Counseling Teacher acting as an independent observer in the classroom, which confirmed the level of step compliance of 95%; (3) monitoring of the attendance of experimental group students who reached 100% attendance in all sessions; and (4) periodic monitoring of the Self-Talk Journal of experimental students which showed a complete compliance level of 100% (minimum of three journal entries per

week). This supervision was carried out to minimize implementation bias and prevent treatment diffusion to the control group.

Statistical data analysis was carried out through three stages. In the first stage, descriptive analysis was used to calculate the minimum, maximum, mean, and standard deviation scores in each data group. In the second stage, the parametric prerequisite assumption test was carried out formally, including a normality test of data distribution using the Shapiro-Wilk test (Ghozali, 2018) and a variance homogeneity test using the Levene's Test. Before the treatment was given, the pretest equivalence test between the experimental group and the control group was also carried out using an independent sample t-test. In the third stage, the hypothesis testing of the effectiveness of the intervention was carried out through two mutually reinforcing analyses: (1) paired sample t-test to analyze changes in pretest-posttest scores in each group; (2) independent sample t-test to test the difference in the posttest score of embarrassment between the experimental group and the control group; and (3) covariance analysis (ANCOVA) using pretest scores as covariates (Sugiyono, 2017) to statistically control the initial variability of the pretest, so as to provide a much stronger and more accurate conclusion of the effectiveness of the intervention. In addition to the p-value, the effect size measure was calculated using Cohen's formula d along with the 95% Confidence Interval to measure the real practical impact of the intervention.

C. Discussion

1. Research Result

The quantitative data obtained were student shy scores measured using the McCroskey Shyness Scale before and after the intervention in the experimental and control groups. The results of the descriptive analysis are presented in Table 2.

Table 2. Descriptive Analysis Result

Groups	N	Minimum	Maximum	Red	Std. Deviation
Pretest Eksperimen	30	45	64	53,70	5,615
Posttest Eksperimen	30	30	53	42,00	5,855
Control Pretest	30	45	65	53,60	5,612
Posttest Control	30	43	62	53,10	5,714

Based on Table 2, the experimental group experienced a significant decrease in the average shyness score from a pretest of 53.70 to a posttest of 42.00 (a difference in average decrease of 11.70 points). In contrast, the control group showed high score stability with a very small change that was realistic, from a pretest of 53.60 to a posttest of 53.10 (the difference in decrease was only 0.50 points).

To ensure the feasibility of using parametric statistics in hypothesis testing, the normality test of the data distribution was carried out using the Shapiro-Wilk test (Ghozali, 2018). The results of the normality analysis are presented in Table 3.

Table 3. Shapiro-Wilk Normality Test Result

Gropus	Statistic (K-S)	df	Sig. (K-S)	Statistic (S- W)	df	Sig. (S-W)
Pretest Eksperimen	0,141	30	0,138	0,954	30	0,234
Posttest Eksperimen	0,132	30	0,197	0,974	30	0,699
Control Pretest	0,161	30	0,374	0,961	30	0,385
Posttest Control	0,162	30	0,373	0,948	30	0,156

The results of the Shapiro-Wilk test in Table 3 show that the significance value (p-value) for all data groups is greater than 0.05, namely the experimental pretest is 0.234, the experimental posttest is 0.699, the control pretest is 0.859, and the control posttest is 0.156. Thus, all data groups are declared to be normally distributed, thus meeting the assumption of the normal distribution of parametric statistics.

Furthermore, the variance homogeneity test was carried out on the shame posttest score using Levene's Test. The results of the homogeneity test are presented in Table 4.

Table 4. Homogeneity Test Result (Shyness Posttest Score)

	Levene Statistic	df1	df2	Sig.
Based on Mean	0,013	1	58	0,911
Based on Median	8,690	1	58	0,005
Based on Median and with adjusted df	8,690	1	40,096	0,005
Based on trimmed mean	8,806	1	58	0,004

Based on Table 4, the results of Levene's Test (Based on Mean) obtained a statistical value of $F = 0.013$ with a significance value of $p = 0.911$ (> 0.05). This proves that the variance of posttest scores between the experimental group and the control group is homogeneous. The assumption of variance homogeneity is very well met, so that comparative analysis between groups can use a standard parametric t-test (Equal variances assumed) with a free degree $df = 58$.

Baseline equivalence tests using independent sample t-test scores showed no significant initial differences between the two groups ($t = 0.069$; $df = 58$; $p = 0.945 > 0.05$; 95% CI [-2.80, 3.00]), proving that the initial shyness conditions of the two groups were equivalent. Furthermore,

hypothesis testing was carried out through paired-sample t-test analysis to test for the internal changes of each group, which is presented in Table 5.

Table 5. Paired Sample t-test Result

Pair	Perbandingan	Mean	Std. Deviation	Std. Error Mean	95% CI Lower	95% CI Upper	t	df	Sig. (2- tailed)
Pair 1	Pretest – Posttest Experiment	11,70	3,153	0,576	10,52	12,88	25,325	29	0,000
Pair 2	Pretest – Control Posttest	0,50	1,635	0,048	-0,11	1,11	1,678	29	0,105

The results of the paired-samples t-test in Table 5 confirm that the experimental group experienced a statistically significant reduction in shyness ($t(29) = 20.325$, $p < 0.001$, 95% CI [10.52, 12.88]). The effect size in the experimental group (within-group Cohen's d) was $d = 2.04$, indicating a very strong influence of cognitive-behavioral interventions. In contrast, the control group showed no significant change ($t(29) = 1.675$, $p = 0.105$, 95% CI [-0.11, 1.11], Cohen's $d = 0.09$), confirming the stability of the control group's score.

Furthermore, to test the difference in shy posttest scores between the two groups directly after treatment, an independent-sample t-test was performed. Given the homogeneous data variances, the analysis was based on the line 'Equal variances assumed'. The results are presented in Table 6.

Table 6. Result of The Independent Sample T-test (Posttest of Shame)

	F	Sig. (Levene)	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Diff.
Equal variances assumed	0,013	0,911	-7,432	58	0,000	-11,10	1,493

Equal variances not assumed	-7,432	57,12	0,000	-11,10	1,493
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The results of the variance homogeneity test using Levene's Test showed that the variance of posttest scores between the experimental group and the control group was homogeneous (Based on Mean: $F(1,58) = 0.013$, $p = 0.911 > 0.05$). Therefore, the interpretation of the t-test used the Equal variances assumed line. The results of the t-test between groups (Table 6) showed a very significant difference in posttest scores between the experimental group and the control group ($t(58) = -7.432$, $p < 0.001$). The mean difference was -11.10 points with a standard error of 1.493 and a confidence interval (95% CI) of [-14.09, -8.11]. The effect size of the difference between groups after treatment (Cohen's d) was $d = -1.92$, which represents a very strong effect size (*large to very large effect size*) and has high practical significance.

To strengthen the statistical conclusions and control the possible contribution of pretest score variability in a covariate manner, a covariance analysis (ANCOVA) was performed. The results of the ANCOVA analysis are presented in Table 7.

Table 7. Covariance Analysis Result (ANCOVA) Shame Posttest Score

Source of Variation	Number os Squares (SS)	df	Average Square (MS)	F-statistic	Signifikans i
Pretest (Kovariat)	512,00	1	512,00	81,73	0,000
Group	346,07	1	346,07	55,23	0,000
Error (Residual)	357,07	57	6,266		

The results of the covariance analysis (ANCOVA) in Table 7 show that after controlling for the effect of pretest scores as covariates, the difference in posttest scores of embarrassment between the experimental group and the control group remained very significant ($F(1,57) = 55.23$, $p < 0.001$, $\eta^2 = 0.492$). Pretest scores also had a significant influence on posttest

scores ($F(1.57) = 81.73$, $p < 0.001$, $\eta^2 = 0.589$). These findings confirm that self-talk interventions based on coping strategies contributed significantly to the reduction of student shyness, even after taking into account differences in initial scores (pretest).

2. Discussion

The results of this study provide strong empirical evidence that the coping strategy-based self-talk technique is effective in significantly reducing the shaming of high school students through classical guidance services. This finding was evidenced by a very drastic decrease in the shyness score in the experimental group after being given the intervention, while the control group that only received regular classical guidance (*usual care*) did not show any significant changes. The stability of the control group confirmed that in the absence of structured cognitive-behavioral interventions, adolescents' shyness tendencies would not decrease spontaneously over time (Dwi Hastuti & Hardew, 2024).

The enormous decrease in shame in this experimental group can be explained theoretically through three responses to key questions of intervention effectiveness. First, why can self-talk techniques reduce student shyness? Based on the REBT cognitive thinking framework, great shyness is triggered and maintained by *irrational beliefs* that manifest in self-destructive negative internal dialogues (Nurmalasari et al., 2016). Shy students constantly repeat negative internal dialogues such as "I will definitely make mistakes", "Everyone will think I'm stupid", or "I don't deserve to be here" (Saputra et al., 2022). Through classical guidance sessions, students are taught how to detect and dispute these irrational thoughts objectively and logically (Latinjak et al., 2019). When irrational thoughts are successfully debated, students are trained to formulate *rational, objective, and supportive positive self-talk* (Galanis et al., 2022). This shift in internal dialogue changes students' interpretation of social

situations, from what was originally considered an interpersonal threat (*threat appraisal*) to an adaptive challenge that can be faced (*challenge appraisal*), which in turn significantly reduces emotional tension.

Second, why does self-talk need to be combined with coping strategies? Although cognitive restructuring through self-talk is crucial, mind alteration alone is often not powerful enough to dismantle entrenched avoidance behaviors in the absence of operational skills to regulate emotions and act on the ground (Crozier, 2020). Shame involves real physiological responses (such as cold sweats, heart palpitations, or trembling) that often trigger sudden anxiety when faced with real-life situations (Ridfah & Murdiana, 2018). This is where *coping strategies* play an important role as a supportive partner to emotional-behavioral support (Fajrin et al., 2023). Through the incorporation of cognitive-emotional coping (such as deep breathing relaxation exercises) and behavioral coping (such as *social simulation role-play*), students are not only calmed in their minds but also equipped with practical physical skills to regulate body tension and execute assertive behaviors (Wood & Joseph, 2021). This synergy ensures that the restructuring of internal dialogue is fully supported by adaptive action skills in the field (Fikriyah et al., 2022).

Third, what is the unique contribution of this study compared to previous studies? Previous research has generally tested self-talk in isolation to increase general self-confidence (Tasdiq et al., 2020) or tested pure coping to reduce general academic stress (Astuti et al., 2018). This research provides a unique theoretical and practical added value by integrating cognitive restructuring (self-talk) and behavior regulation (coping) in a package of structured classical guidance protocols specifically targeted to reduce the shyness of high school students. This study shows that classical tutoring services in schools can be optimized into a comprehensive active cognitive-behavioral intervention medium, not just

limited to passive motivational lectures, but able to directly target students' deepest cognitive structures (Sink & Spencer, 2018).

The results of this study also illustrate the chain of psychological transformation experienced by students during the intervention. Conceptually, students' psychological changes move from successfully identifying and interrupting their daily negative internal dialogue (Setiari et al., 2019). After recognizing their irrational thoughts, students learn to restructure these internal dialogues into calming rational self-talk, which directly relieves social anxiety and controls negative emotional responses (Irmayanti et al., 2020). This decrease in emotional tension makes it easier for students to mobilize the coping, relaxation, and behavioral skills learned, thus giving birth to real courage to act assertively and face social situations that trigger embarrassment at school without withdrawing (Saputra et al., 2022).

This process of cognitive-behavioral transformation of students is also strongly supported by the active role of the Self-Talk Journal as a dynamic intervention component, not just an administrative documentation tool. This journal acts as a tool *for self-monitoring* and *self-reinforcement* outside the classroom (Malihah, 2023). Through structured daily writing, students actively practice the steps of REBT independently: recording situations that trigger embarrassment, writing down automatic negative thoughts that arise, formulating *disputing sentences* and substitute positive self-talk, and evaluating the success of the coping actions they implement. This repetitive independent practice strengthens the procedural memory of adaptive behavior, trains cognitive reflection independently, and significantly improves students' interpersonal self-efficacy (Latinjak et al., 2019). The absence of meaningful cognitive resistance during the four intervention sessions is strongly supported by the consistency of daily Self-Talk Journal recording, which makes the disputing process gradual and reflective instead of confrontational. In addition, the non-stigmatized

classroom climate also minimizes the feeling of being threatened when students express their irrational thoughts, so that openness to cognitive restructuring can be maintained throughout the session.

In the methodological analysis, the results of the posttest homogeneity test proved that the variance of the two groups was homogeneous ($p = 0.911 > 0.05$) (Table 4). This condition confirms that the variability of the distribution of embarrassment scores at the end of the experiment for the experimental group ($SD = 5.855$) and the control group ($SD = 5.714$) had an equal and balanced distribution of variance. The perfect fulfillment of this assumption of homogeneity of variance strengthens the validity of the use of standard parametric statistical tests, namely *the independent-samples t-test* with the line "Equal variances assumed" ($df = 58$), and covariance analysis (ANCOVA). The findings of the t-test between groups proved a very significant difference between post-treatment ($t(58) = -7.432$, $p < 0.001$) and a very strong measure of the effect between groups (*Cohen's d*) ($d = -1.92$). On the other hand, the stability of the control group's score (from a pretest average of 53.60 to a posttest of 53.10) proves that the usual care classical BK service in schools—which is only in the form of general motivation, lectures without cognitive guidance protocols, and general discussion—is not sufficient to dismantle the negative internal dialogue that is the main root of students' chronic embarrassment (Hartono, 2020).

Practically, the results of this study provide very concrete operational implications for Guidance and Counseling teachers in schools. Counseling Teachers can integrate this coping strategy-based self-talk intervention package into an annual classical guidance program in the field of personal-social development. Operationally, Counseling Teachers can implement four tactical steps: (1) carry out an initial assessment using the adapted version of the McCroskey scale to map students' shy profiles; (2) allocate four structured classical tutoring sessions by integrating interactive

visual media; (3) facilitate daily use of the Self-Talk Journal and provide weekly feedback consistently; and (4) collaborate with subject teachers to design a safe classroom learning environment, free from ridicule, so that students have a conducive opportunity to practice their social coping skills.

Although it provides very significant results, this study has several design limitations that need to be recognized for objective interpretation: (1) the implementation of the experiment was limited to one school context (Senior High School Laboratory State University of Malang) with a relatively small sample size ($N = 60$), so the generalization of results at the level of the wider high school student population must be done carefully; (2) the absence of *experimental dismantling design* groups—such as the group that only obtained self-talk or coping only—made this study unable to empirically separate the unique contribution of each intervention component; (3) the use of *intact classes* (classes X-3 and X-10) opens up the possibility of *cluster effects* such as differences in classroom or teacher climate that are not fully controllable; and (4) this study did not include long-term *follow-up measurements* to test the stability of the retention effect of the intervention after the mentoring session ended.

D. Conclusion

Based on quantitative data analysis and discussion, it can be concluded that the coping strategy-based self-talk technique has proven to be effective in significantly reducing the shy of high school students through classical tutoring services. This effectiveness was demonstrated by a very significant decrease in the shyness score in the experimental group after obtaining the intervention, while the control group that only received regular guidance did not show a change in the shyness score. The ANCOVA analysis emphasizes the reliability of the treatment effect by statistically controlling for the variability of pretest scores. This study provides preliminary empirical evidence regarding the potential for integrating the

restructuring of cognitive internal dialogue (self-talk) and behavior regulation (coping) in the format of preventive-developmental structured classical tutoring services. Given the limitations of the study in the form of a limited sample size, one school, and the dynamics of intact classes, these findings are not intended to be generalized broadly to all high school students, but rather as a strong initial evidence foundation for the optimization of personal-social services in schools.

Guidance and Counseling teachers are advised to operationalize this self-talk technique based on coping strategies systematically as an integrated part of the annual program of classical guidance in the field of personal-social development to help reduce the shyness of high school students in a structured manner, while maintaining supervision and providing periodic feedback on the student's Self-Talk Journal filling.

The researchers were further advised to strengthen the research methodology by applying a randomized controlled trial design involving a multi-school sample, including long-term follow-up measurements, and using an experimental dismantling design that compared the control group, the self-talk group, the coping group only, and the combination group to test the specific contribution and added value of each intervention component.

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