THE EFFECT OF MINDFULNESS BASED COGNITIVE THERAPY (MBCT) IN REDUCING ANXIETY IN UNEMPLOYED PILOT SCHOOL GRADUATES

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ABSTRACT

This study aims to determine the effect of Mindfulness Based Cognitive Therapy (MBCT) in reducing anxiety in unemployed pilot school graduates. The research method used in this study is to use an experimental research design. The research design that will be used in this study is a one-group pretest-posttest design. The population in this study were 9 graduates of the 2019 class of BIFA pilot school, while the sample was 3 graduates of the 2019 class of BIFA pilot school who were not yet working. And the results of this study state that there was a decrease in anxiety of 55% for the first subject, 32% for the second subject, and 51% for the third subject. This means that there is a change in reducing the level of anxiety in unemployed pilot school graduates after being given MBCT. Also MBCT is also able to reduce negative or dysfunctional thoughts. Aspects that decreased included aspects of labelling, catastrophizing, regret orientation, what if, mind reading, and should-must.

KEYWORDS	*Mindfulness Based Cognitive Therapy, Anxiety, Unemployed Pilot School Graduates*

INTRODUCTION

After the pandemic, the economy in Indonesia was paralyzed because many jobs were forced to stop or experienced a massive decline in performance, one of which was the pilot profession. The unemployment rate for aviation graduates increased dramatically and many young pilots were laid off (Fourianalistyawati, 2017). Along

with various issues that threaten the survival of the pilot profession in Indonesia, aviation graduates who initially felt confident about their future began to experience psychological problems. Psychological problems are usually triggered by employment status. One of the main factors triggering mental disorders is socioeconomic problems such as unemployment (Kurniawan & Sulistyarini, 2016). Working individuals derive their identity from work. They lose a part of themselves and self-esteem when unemployed (Rahmadiani, 2020). In addition, unemployment can also cause various adverse consequences for individuals, namely psychological distress (Neff & Germer, 2018).

Based on the above phenomenon, the researcher conducted an initial study on 13 graduates of the 37th batch of Bali International Flight Academy (BIFA) flight school who graduated in 2019. BIFA is one of the flight schools that entered the ranks of the top ten most favorite pilot schools 2021 in Indonesia (Wulandari & Gamayanti, 2014). The purpose of this initial data collection is quite diverse. Starting from knowing their employment status after 3 years of graduating from flight school, to knowing what psychological problems they feel. The following are the results of the initial study:

Table 1. Initial Study on 2019 Pilot School Graduates

No.	Name (Gender/Age)	Status	Current view of the pilot profession	Feelings after graduating from flight school (current feelings, whether regret or not)	Efforts made to get a job (if not yet working)	Complaints experienced at this time
1.	MD (L/24)	Work, airasia pilot	The career path in aviation in the future is actually good, it's just that because of this pandemic the flight situation is not yet stable enough.	Happy, no regrets	-	Anxious, tired, bored
2.	J (P/ 23)	not working	not yet stable, airlines do not yet need workers, and job openings as an aviator are very few	It's nerve-wracking to enter the world of work which is definitely harder, a little regretful	applied to one of the airlines, then waited for 3 years without any news. and in	Saturation, anxiety, confusion, uselessness, failure

No.					2021 I started college.	
3.	RS (L/24)	working as a pilot at lion air	good if capable in doing their work	Happy, no regrets	Already working	Tired
4.	JH (L/22)	Not working	aviation graduates will be difficult to absorb which results in a large number of unemployed aviators in Indonesia.	a vigilant attitude, more careful in determining future steps, regretful	focus on self-development	Saturated, Restless, anxious, Confused, useless, failed, worthless
5.	MR (L/24)	Not working	It is quite worrying that during this pandemic many jobs have been lost, one of which is aviation, with a large number of graduates while there are not too many jobs,	Happy because it feels like the dream is in sight, regretful because you spent a lot of money without results	Taking a bachelor's degree (on going) Try to apply to several companies	Saturated, Worthless, Embarrassed, Anxious, Regretful, Tense, Fearful, Insecure, Restless, Tired, Confused, helpless, failed
6.	F(P/23)	freelance media company	Still need to process	Proud, no regrets for entering the flight because of Dad	Dabbling in other things	Saturated, Tired, Confused, anxious
7.	C (L/24)	Not working	It depends. If you have a relationship, you'll work faster	Pessimistic, regretful feeling that there is no future	Apply at airlines and keep looking for contacts	Saturated, Tired, failed, useless
8.	AN (L/24)	Not working	Indonesian airlines have yet to pay attention and consider the	Happy, quite sorry because it is difficult to work, spending up to billions	Apply to several airlines, meet several people who	Regret, Tired, anxious, failure,

			turnover of pilots,		have the power to give slots	helplessness, uselessness
9.	CN (L/23)	Not working	Improving if the aviation industry is growing	Happy, a little regretful for not working yet	Waiting for the airline oprec while helping the family business	Tired, useless, anxious
10.	BD (L/22)	Not working	During the pandemic it will remain difficult to find work	Worrying about starting a new challenge, regretting knowing that I'd be studying in a certain field.	Apply-apply	Worthless, Want to cry, Scared, Restless, Tired, anxious, useless
11.	AA (L/22)	Work, Dkppu and calibration	Most only graduate unemployed	Ordinary, no regrets, resigned because it has happened	-	Saturated, Insecure, Tired
12.	HJ (L/ 23)	Not working	employment is very limited, especially with unfair competition due to nepotism.	There is a president and anxiety about how to work, quite sorry	Establish relationships with senior pilots	Useless, failure, meaningless, anxiety, fear, worry, restlessness, boredom
13.	AN (L/ 23)	Not working	Worrying. pilot schools are still operating but many companies are cutting existing jobs in addition to the long service period of a pikit.	Proud, but worried about the future. Regretted that I wanted a secure job	Joining the bootcamp while waiting for the airline to open	

Based on the results of table 1, data can be obtained that there are 9 or more than half of aviation graduates who are still unemployed, 2 people have jobs but not as pilots, and 2 people work as pilots. As for the symptoms of psychological problems felt by them, the majority experience negative emotions such as fear, worry, anxiety,

anger, sadness, when thinking about their future. The majority considered themselves a failure because after spending a lot of money, it was difficult to get a job. They felt helpless because their efforts to get a job outside the pilot were limited, leading to regret. There is a feeling of uselessness because even though the pandemic has slowly subsided, aviation graduates continue to increase every year while getting into the airline is difficult and more dependent on insiders, feeling burdened by their current social status, where parents have high expectations for their future, and feeling embarrassed because they graduated from flight school but have not become pilots. In the long run, they don't know what the future holds. The subjects also explained that there are often physical symptoms such as difficulty sleeping, dizziness, and frequent heart palpitations. If you look at the symptoms experienced by the respondents, you can indicate symptoms of *anxiety* or anxiety.

Then, to prove and retrace the level of anxiety in unemployed aviation graduates, researchers conducted a follow-up study in the form of administering a questionnaire adapted from Hamilton's questionnaire scale. This follow-up study was conducted on aviation graduates with the criteria of not yet having a job or who chose to return to college outside the aviation department. The results of the follow-up study showed that almost all unemployed aviation graduates had high levels of anxiety, whether they chose to return to college or not. Then only one person was in the medium anxiety level, and one person was in the low anxiety level.

Table 2: Further Studies Related to Anxiety in Unemployed Pilot School Graduates

Aviation graduates who are unemployed and not going back to college			Unemployed aviation graduates who returned to college		
Low anxiety	Moderate anxiety	High anxiety	Low anxiety	Moderate anxiety	High anxiety
0%	14,3%	85,7%	50%	0%	50%
-	1	6 people	1	-	1 person

Based on the explanation above, it can be concluded that the respondents showed symptoms of anxiety or GAD (Generalized Anxiety Disorder). The respondents' anxiety is an accumulation of feelings of fear that are unclear and not supported by the situation. Anxiety does not have a clear stimulus that can be identified (Hanifah et al., 2020).

Reviewing the theory put forward by Nevid, Rathus, & Greene (2014), anxiety in individuals includes physical, behavioral, and cognitive aspects. Physically, graduates experience a situation where they are easily sleepy but have difficulty sleeping, sweating easily and heart palpitations, especially when meeting other people, nausea and even tightness if they see social media, to a body that is often weak (Nevid et al., 2013).

Based on the results of previous research, there are several interventions in overcoming anxiety. Starting from Rational Emotive Therapy, which is a psychotherapeutic system that teaches individuals how their belief system determines what they feel and do at various events in life (Aherne et al., 2016). One of the studies that is effective in reducing anxiety using Rational Emotive Therapy is research conducted by Sinaga (2018), namely "Rational Emotive Therapy in Handling Death Anxiety in a Resident in Sukoreju Village, Gresik". The results of this study state that Rational Emotive Therapy is able to deal with death anxiety in a resident in Sukorejo Gresik Village, which can be said to be quite successful with a percentage of 62.5%.

In CBT, although it is able to reduce anxiety, it turns out that not all symptoms completely disappear. Among them are symptoms of physical pain and irritability, this is because there are still emotional aspects that dominate so that negative thoughts still exist (Corey, 2009). Physical symptoms and emotional aspects are things that dominate the condition of the subjects, so there is a need for treatment development that can overcome these complaints.

One of the therapies that can increase individual mindfulness and reduce anxiety is MBCT. MBCT is an adaptation of Mindfulness-Based Stress Reduction (MBSR) developed by (Hair et al., 2013; Segal et al., 2018). MBCT integrates aspects of BT with MBSR and is also offered in a group format of eight sessions over 8 weeks. MBCT teaches mindfulness meditation as a core therapeutic practice with cognitive techniques to target specific symptoms of psychological dysfunction (Musawwamah, 2022). The mindfulness program combined with cognitive behavior therapy or MBCT has been found to reduce excessive worry, negative emotions, sleep problems, and can improve the quality of life between physical and psychological (Kaviani, 2016).

According to Day (2017) this form of combination makes MBCT more effective in helping to accelerate the process of increasing awareness of changing patterns of thoughts, emotions and body sensations that tend to occur automatically. MBCT can also change negative automatic thoughts and dysfunctional behavior (Ritonga, 2019). Clients are trained to understand that there are situations that cannot always be forced to make changes but are faced by realizing and accepting so that increased anxiety and depression can be stopped (Day, 2017). MBCT can also change negative automatic thoughts and dysfunctional behaviors (Vahia, 2013).

The results of this study support the results of previous research from Hofman, et al (2010) which proves that mindfulness-based interventions can improve symptoms in anxiety disorders (Ghufron & Suminta, 2010).

The hope with the provision of MBCT is that pilot school graduates who are now still unemployed will be able to improve their negative automatic thoughts, be able to see positive opportunities or situations they face, have self-acceptance, and stop considering themselves failures and have no future so as to create positive perceptions and emotions in themselves. Then, it is also expected that MBCT can reduce anxiety in aviation graduates who experience anxiety.

Although evidence from Western countries shows convincing results regarding the benefits of mindfulness on adolescents' psychological state, so far researchers have not found any research with a similar theme in Indonesia.

Based on the explanation above, the researcher wants to formulate a problem that arises based on this phenomenon is; "How Influential is Mindfulness Based Cognitive Therapy (MBCT) in Reducing Anxiety in Pilot School Graduates?"

RESEARCH METHOD

This study uses an experimental research design. Experimental research is a research method used to seek the effect of certain treatments on others in controlled conditions (Sugiyono, 2010). The research design that will be used in this study is a one-group pretest-posttest design, which will see the difference before and after treatment. The results of the treatment can be known more accurately because it can be compared with the situation before being treated (Marotta, 2013).

The population in this study were 9 graduates of the 2019 batch of BIFA pilot school, while the sample was 3 graduates of the 2019 batch of BIFA pilot school who had not yet worked. Sampling was carried out using purposive sampling technique. Purposive sampling is a sampling technique with certain considerations or criteria.

Measurement Tools

The measuring instrument used to measure anxiety is a measuring instrument designed based on three aspects of anxiety according to Nevid, et al (2013). There are 31 questions with a rating range of 1 - 4. There are 16 questions that lead to cognitive aspects, 7 questions lead to behavioral aspects, and 8 questions lead to physical aspects.

Table 3. *Blue print of* Anxiety scale

Aspects	Fav	unfav	amount
Cognitive	2	5	2
Psychological	1,3,8,20	7, 15, 19	7
Physical	4,6,7,9,10,11, 12, 14, 15, 16, 17, 18	13	11
Total			20

Meanwhile, the measuring instrument used to measure the subject's mindfulness is the Five Facet Mindfulness Questionnaire (FFMQ) from Baer, Smith, Hopkins, Krietemeyer, & Toney (2004). The FFMQ consists of five dimensions, namely observing, describing, acting with awareness, nonjudging inner experience, and nonreactivity to inner experience. This scale consists of 39 items with Likert scale alternatives with the following ranges; 1 (Never), 2 (Rarely), 3 (Sometimes), 4 (Often), 5 (Very Often).

Table 4. Blue print of Mindfulness scale

Aspects	Fav	Unfav	Total
Observing	1, 6, 11, 15, 20, 26, 31	-	8
Describing	2, 7, 27, 32, 37	12, 16, 22	8
Acting with Awareness	-	5, 8, 13, 18, 23, 28, 34, 38	8
Nonjudging inner experience	-	3, 10, 14, 25, 30, 35, 39	7
Nonreactivity in Inner Experience	4, 9, 19, 21, 24, 29, 33	-	7

Validity and Reliability Test of Measuring Tools

The results of the instrument validity test in research on anxiety anxiety for a sample size of 20 respondents obtained an r table value of 0.444. The results of the reliability test on the anxiety variable obtained a reliability value of 0.908 higher than the previous reliability test value of 0.870 so that the questions are said to be reliable (Nevid et al., 2013). This means that the measuring instrument has strong strength and can be used in research.

Data Collection Technique

This research is also supported by the use of Facet Mindfulness Questionnaire (FFMQ), workbook, and evaluation sheet. The type of scale used is Likert scale. Likert scale is a scale used to measure perceptions, attitudes, and opinions of a person or group (Sugiyono, 2010).

Table 5. Assessment Score Criteria

Category	Favorable	unfavorable
SS (Strongly agree)	4	1
S (Agree)	3	2
TS (Disagree)	2	3
STS (Strongly Disagree)	1	4

Data Analysis Technique

The data analysis technique uses descriptive statistical analysis techniques. Descriptive analysis method is a technique that aims to organize and analyze data, numbers, in order to provide an organized, concise, and clear description, regarding a symptom, event or situation, so that certain understanding or meaning can be drawn. (Sholikhah, 2016; Sugiyono, 2010)
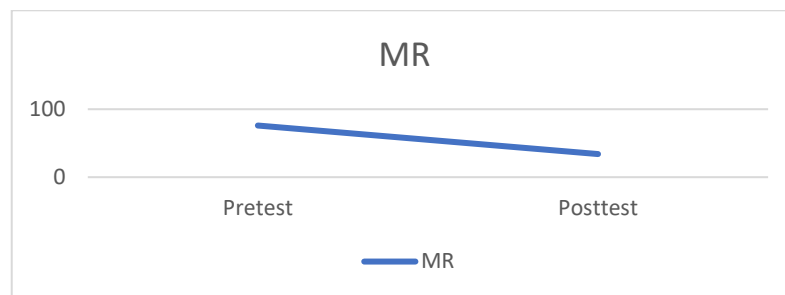
RESULT AND DISCUSSION

Subject Anxiety Measurement Results MR

Data on the results of measuring the anxiety level of MR subjects will be described through the following tables and graphs:

Table 6: Data on Changes in Anxiety Level of Subject MR

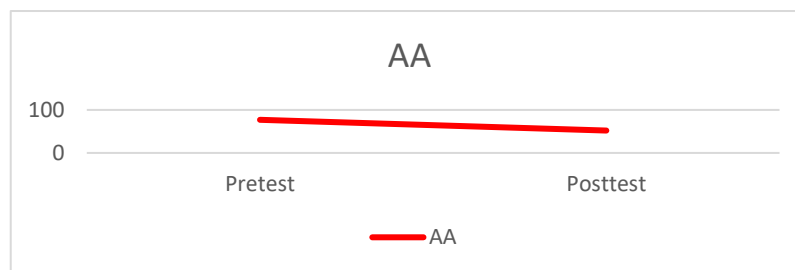| Subject MR	Pre	Category	The post	Category	% Decrease
Anxiety Level	76	Very Heavy	34	Lightweight	55%

Changes in Anxiety Level of Subject MR

Based on the table and graph above, the overall anxiety of subject MR in the pre-therapy measurement (pretest) is a score of 76 with a very severe anxiety category. Based on these results, subject MR has a decrease in anxiety score, meaning that there is an influence after being given Mindfulness Based Cognitive Therapy on reducing the anxiety level of subject MR.

Anxiety Measurement Results of Subject AA

The data on the results of measuring the anxiety level of subject AA will be described through the following tables and graphs:

Table 7. Data on Changes in Anxiety Level of Subject AA

Subject D	Pre	Category	The post	Category	% Decrease
Anxiety Level	77	Very Heavy	52	Medium	32%

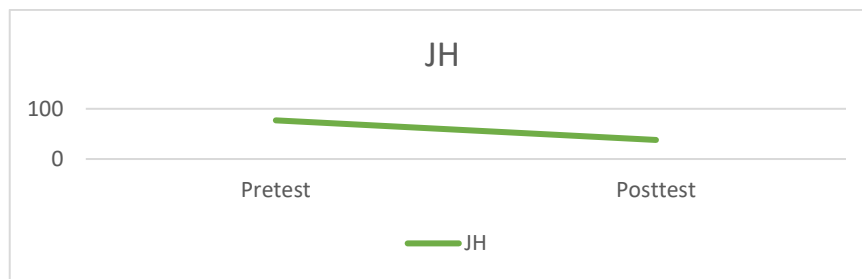**Changes in Anxiety Level of Subject AA**

Based on the table and graph above, the overall anxiety of subject AA in the pre-therapy measurement (pretest) is a score of 77 with a very severe anxiety category. Based on these results, subject AA has a decrease in anxiety scores, meaning that there is an influence after being given Mindfulness Based Cognitive Therapy on reducing subject AA's anxiety level.

Anxiety Measurement Results of Subject JH

The data on the results of measuring the anxiety level of subject JH will be described through the following tables and graphs:

Table 8. Data on Changes in Anxiety Level of Subject MR

Subject MR	*Pre*	Category	*The post*	Category	% Decrease
Anxiety Level	77	Very Heavy	38	Lightweight	51%

Change in Anxiety Level of Subject JH

Based on the table and graph above, the overall anxiety of subject JH in the pre-therapy measurement (pretest) is a score of 77 with a very severe anxiety category. Based on these results, subject JH has a decrease in anxiety scores, meaning that there is an influence after being given Mindfulness Based Cognitive Therapy on reducing the anxiety level of subject JH.

Discussion

The condition of not working, especially for the three subjects who are pilot school graduates, causes a health crisis both cognitively, physically, and psychologically. From the results obtained from the preassessment, it can be seen that the three subjects are in a very severe level of anxiety, especially from the psychological and cognitive aspects. The more severe the level of anxiety the subjects have, the less their coping skills are.

The decrease in anxiety level scores on psychological, cognitive, and physical aspects decreased in each session. Each subject also showed different responses in each session in dealing with anxiety. During the preassessment, the three subjects still showed symptoms of severe anxiety. It can be seen from the behavior shown supported by the *pre-test* results which indicate very severe anxiety in the three subjects. The reason is that there is no understanding of how to deal with anxiety. This is in line with

Ohman's (2000) explanation that anxiety is a cognitive and emotional response based on perceived threats related to specific *fight or flight* behavior as a determinant of the emergence of defensive actions or even avoidance of these threats.

During the first session, there was only a significant decrease in one subject (MR), where the anxiety score decreased by 10 points and the anxiety category decreased to moderate. This is because in the first session the *eating mindfulness treatment* was given, which is an activity that for MR is not a threat. According to Spielberger, anxiety can decrease if individuals are faced with situations that do not contain threatening meanings for themselves, besides that the appreciation and assessment of something will affect the intensity of this anxiety. In contrast to the other two subjects, especially subject AA who does have a tendency to avoid other people because of anxiety related to his current condition. In the first session, subject AA still needed an adaptation process and could not fully trust the therapy activities so that he still considered it a threat. The decrease in scores in this session is also supported by the purpose of the session, which is to provide an understanding to the three subjects about the importance of realizing their current condition associated with the physical experience.→ awareness theory inkin

During the second session, there were two subjects whose anxiety category had decreased to moderate, namely MR and JH, while subject AA was still at a very severe level. The supporting factor for the decrease in scores on MR and JH was a therapy session that focused on providing an understanding of cognitive distortions and how they identify responses that arise both emotionally, cognitively, and behaviorally when facing a situation. Both MR and JH were able to immediately map the conditions so that they realized the various negative automatic thoughts that were the main triggers of their anxiety. As for MR, there was a slight increase in scores compared to the previous session because physically he was experiencing fatigue. This understanding of negative automatic thoughts is not immediately effective in every individual. This is because not everyone is able to immediately realize anxiety based on rational and irrational thoughts. This is in line with the explanation (Adler & Rodman in Suharto & Elyn Putri, 2019), that one form of irrational thought is catastrophic failure. Individuals think that something bad will happen to them so that individuals are unable to overcome their problems. This factor also occurs in subject AA so that the second session has not been fully internalized and he is still at the level of severe anxiety even though his anxiety score has decreased.

During the third session, the three subjects had not experienced significant changes in their anxiety levels, where subject AA was still at a severe level while MR and JH were still at a moderate level. However, although there was no change in the anxiety category, there was a decrease in the anxiety score of the subjects. Session three which focuses on how subjects gather scattered thoughts is linked to breathing exercises so that when subjects are faced with anxiety-provoking situations, they are able to reduce them with basic breathing exercises. This session has not been very significant for the three subjects because the reactions that arise while doing breathing exercises plus the physical sensation when the body touches the floor cannot

immediately make the subject feel comfortable. According to Cannon in *Physiological Response Theory,* physiological responses to stressful situations can cause feelings of discomfort or even pain.

Then, in the fourth session, subjects JH and AA experienced a decrease in anxiety levels, where JH's anxiety became mild while AA became moderate, while subject MR remained in the moderate category. In the fourth session, besides being given breathing exercises again, the subjects were trained to be able to identify unpleasant experiences that are the source of anxiety. As a result, subjects JH and AA turned out to be able to better map the current anxiety condition after first validating unpleasant experiences in the past. Thus, when accompanied by breathing exercises, the subjects were able to control more because they had practiced validating their unpleasant experiences.

During the fifth session, subject MR had experienced a decrease in anxiety level to mild, while AA remained in the moderate position and JH in the mild position. In the fifth session, walking mindfulness exercises and understanding how to let go and accept experiences that cause anxiety were given. The anxiety level in MR was able to decrease because MR was able to associate the experience that made him anxious with mindful walking. Thus, by moving his whole body accompanied by breathing exercises, MR was able to focus more on the mind to accept and let go of the problems he felt. Meanwhile, in the case of AA and JH, whose conditions have not changed significantly. In JH's case, JH's unstable physical condition due to a messy sleep schedule triggered JH to have difficulty focusing on being able to let go and accept his current condition, as well as AA.

In the sixth session, the three subjects were still in the same category as the previous session. However, there was a decrease in the anxiety score. This indicates that the provision of the movie "Umbrella" was able to evoke insight in the subjects. Providing film reviews as an analogy is able to internalize *mindfulness* attitudes which will also help in the process of moving towards a *mindful* self or even help bring up positive emotions (Irawati, 2019).

Then, in the seventh session, subjects AA and JH had experienced a decrease in anxiety levels where AA's anxiety level became mild and JH's anxiety condition was at a mild level. This is because if the previous sessions focused on how the subjects realized and accepted their current condition in order to know the source of their anxiety, in this seventh session the subjects had gained an understanding of how to find effective ways to deal with the anxiety they felt by developing and planning solutions if they experienced a relapse. Regarding subject MR who did not experience a change in category but experienced a decrease in anxiety level, it indicates that even though he has gained *insight* regarding what to do, MR still needs to apply it directly so that the session can be more effective. As mentioned by Iyus (2016), the more training experience a person gets, the easier it is for someone to repeat the same action. Adequate experience causes an individual to easily resolve their psychological problems, including anxiety.

In session eight, subject MR had experienced a change in anxiety level to mild like JH, while AA remained at a mild level. This indicates that the three subjects have internalized and applied consistently from the previous sessions. The subjects have been able to control negative thoughts that are the source of their anxiety triggers. This also indicates that the three subjects have also found effective *coping* related to their problems. Adaptive coping mechanisms can support the function of integration and learning growth in achieving goals. A person with adaptive coping mechanisms is characterized by being able to initiate conversations with others, can solve problems effectively, and can carry out activities constructively even under pressure. Meanwhile, maladaptive coping mechanisms can inhibit integration functions, reduce autonomy and tend to control such as overworking or avoiding work and losing control more easily (Stuart, 2013).

Finally, at termination, after the final data was taken, the subjects were still consistently applying what they received and were more skillful in managing their anxiety. Subjects MR and JH have experienced an ideal condition where their anxiety level is in the mild category. So they are able to be more adaptive in managing their anxiety related to this unemployment condition. Especially in JH's case, the role of vitamin consumption greatly affects his *mood* and mental conditions, so that after receiving the session he minimizes the consumption of drugs, making him more stable in his daily life. As for the problem with AA, whose score decrease is the least among the other two subjects, because AA has social problems so that before being adaptive related to his unemployment condition, AA must be able to manage his problems related to negative thoughts about the social environment→ why people with social problems are more anxious.

The theory of *Mindfulness Based Cognitive Therapy* is a therapy that combines *mindfulness* and *cognitive therapy*, so that changes in mindset or cognitive errors related to anxiety become the main focus in this intervention. Exercises in therapy can help reconstruct negative thoughts through observing thoughts, describing the thoughts that arise, acting consciously when thoughts arise, accepting everything that exists without judgment, and behaving mindfully.

Based on the measurement results, the five aspects have improved at different levels. The aspect that improved less significantly than the other aspects was the *description* aspect. This is because they are not used to validating the emotions and thoughts that are the source of their anxiety, so it is difficult for them to describe concretely the anxiety they feel, and what tips they can do. This is supported by several times when doing *homework* related to conceptual diagram charts they had difficulty in describing their daily experiences.

Meanwhile, the aspects with the most significant improvement in both MR, AA, and JH are *acting with awareness* and *nonjudging experiences.* The three subjects were able to realize their strengths and weaknesses and attributed them to their condition despite their unemployment status (seen from working on the *florish and depleting self*). When developing things that trigger relapse and how to overcome them, the subjects have also been able to map them even though they have not been

fully described. The subjects' skills in *acting with awareness* can also be seen from how their responses continue to improve every time they do physical exercise, where at the beginning of the session they felt uncomfortable sensations, now they are more accustomed to doing it even outside of formal sessions. The subjects have also been able to focus more on controlling their thoughts when doing the exercises (relapse prevention).

A significant improvement in the aspect of *nonjudging experiences* can be seen from the *homework* related to *unpleasant experiences* where when the subjects recounted the experience, there was an improvement where at the beginning of the session they seemed to blame their choice to go to pilot school. However, by the end of the session they were able to accept their past choices, and not dwell on regrets that eventually triggered their anxiety.

During the eight sessions, their dominating complaint was anxiety based on feelings of uneasiness, insecurity, distress, and worry. Based on observations, measurements, and discussions, almost all subjects had emotions of fear, helplessness, and self-failure. They said that they always felt sad and did not know what to do in facing the current situation. They also feel afraid if they see the achievements of others and then compare themselves with themselves who are no better and useless. Demands from the environment and embarrassment also put pressure on them to get out of this unemployment situation.

The provision of *mindfulness* training helps them to be more accepting of the situation so that they feel calmer, less burdened, and focused on the problems they are currently facing, especially when these anxious feelings arise in themselves. Thus, it can be concluded that *Mindfulness Based Cognitive Therapy* (MBCT) has an influence in reducing the anxiety of pilot school graduates.

Then, regarding evaluation, the subjects gave varying scores. MR gave a score of 8 while AA and JH gave a score of 9 regarding the benefits obtained after attending the series of sessions. This therapy is considered to be able to help them learn to map the negative thoughts that they have been exaggerating, so that they can control these thoughts that affect their feelings. When they are more skillful in controlling this, they are more able to find solutions to problems, be grateful for what they have and their current condition, their mood does not change quickly, insomnia levels are reduced, as well as the consumption of drugs to sleep (in certain subjects). When these aspects are fulfilled, the anxiety they have felt so far gradually decreases.

CONCLUSION

Based on the results of research and analysis that has been carried out by researchers, it can be concluded that there is a decrease in anxiety of 55% for the first subject, 32% in the second subject, and 51% in the third subject. This means that there is a change in reducing the level of anxiety in unemployed pilot school graduates after being given MBCT. Also MBCT is also able to reduce negative or dysfunctional thoughts. Aspects that decreased included aspects of *labelling, catastrophizing, regret*

orientation, what if, mind reading, and should-must.

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