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Effectiveness of the heart technique (THT) therapy on students' emotional disorders

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ABSTRACT

Students' emotional disorders are still a source of problems in the world of education. This emotional disorder will influence their future and their adolescence itself. The other researcher has been done some therapy, but it doesn't work enough to pretend the teenager's emotional disorder. This research aims to offer a solution to the problem of emotional disorders, especially depression, anxiety, and panic disorders. The solution in question is an emotional therapy called The Heart Technique, which is part of hypnotherapy. The method used is a quantitative method with a quasi-experimental approach. The subjects of this research were Class XI SOS students at RK Serdang Murni Lubuk Pakam Private High School. SOS 1 class is the experimental class and SOS 2 class is the control class. Data processing was carried out using Excel and SPSS applications. The results of data processing show that the heart technique therapy is effective in reducing students' emotional disorders.



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Introduction

Mental health condition is a big enough part of global problem in adolescence. According to Satgas (Rachmawati et al., 2023), emotional mental problems which not resolved well, it will provide a bad impact to the adolescent's development, especially to the character maturation and it can trigger the emotional mental development problems. And this emotional mental development problems, can trigger the behavior problems in the next day of adolescence. Previous research shows that the prevalence of emotional mental problems which shown by the depression symptoms and anxiety for the age up to 15 is reach 6,1 percent from all of Indonesian or equal to 11 million people (Dewi & Dewi, 2021; Purborini et al., 2021).

The issue of emotional and behavioral disorders in teenagers has been covered in a number of earlier studies (Jiao et al., 2020). Addresses the issue of emotional and behavioral disorders among teenagers attending Semarang City's middle and high schools (Kismini et al., 2020). According to the research, teenagers with emotional and behavioral disorders could have issues with thinking, thinking disorders, physical complaints, social relationship problems, or breaking school rules. It is also suggested that intervention should be carried out as a preventive and curative measure.

The factors that can caused social anxiety are parenting patterns, social environment, traumatic experiences, biological and psychological factors (Norton & Abbott, 2017; Wong & Rapee, 2015). In addition, emotional and behavioral disorders such as anxiety occur because individuals develop cognitive distortions

that have an impact on maladaptive behavior (Kuru et al., 2018; Panourgia & Comoretto, 2017). People with anxiety disorders will give rise to symptoms such as anxiety, fear, cold sweat, irritability, difficulty concentrating, difficulty sleeping, fatigue, and heart palpitations (Era Catur et al., 2023; Fritzsche, 2020). Subjects also have maladaptive behavior, namely irritability towards other people, even teenagers (Einollahi, 2016; Stringaris et al., 2018). The anxiety experienced by the subject cannot be separated from the field of phenomena or events that have occurred in the past. The complaints felt by teenagers are also felt by their environment where teenagers often withdraw and often refuse friends' invitations. Teenagers are aware of the problems they are experiencing, and teenagers also hope that the subject will be able to control their emotions and not get angry easily in any situation.

According to WHO estimates, one in seven youngsters globally between the ages of 10 and 19 suffers from mental illness. It is further stated that the primary causes of sickness and impairment among teenagers are emotional disorders, anxiety, and depression. For those between the ages of 15 and 29, suicide ranks as the fourth most common cause of death (Tri Mukaromah & Nuryanti, 2020; Vasileva et al., 2021). One in three Indonesian teenagers (10–17 years old) reported having mental health issues, and one in twenty people reported having mental disorders in the year prior, with major depressive disorder accounting for 1.0% of all cases, according to the Indonesian National Adolescent Mental Health Survey (INAMHS) (Kaligis et al., 2021). The data presented above demonstrates the psychological effects of depression on adults, teens, and the elderly.

On the other hand, the American Anxiety & Depression Association (ADAA) highlights that illogical and chronic anxiety problems exacerbate situations over time and impede with day-to-day functioning (Antony & Swinson, 2017; Koch & Rumrill Jr, 2016). The DSM-V defines anxiety disorders as an emotional response to a perceived future threat. Even though the source of the fear is frequently unreal, tense muscles and high attentiveness are more frequently associated with anxiety (Ngor et al., 2023; Williams & Poijula, 2016). The article continues by defining anxiety as a state marked by concern, tension, uncertainty, insecurity, and fear of an upcoming occurrence that is perceived as posing a threat from an undetermined genuine source. These somatic symptoms cause the autonomic nervous system to become overactive (Akbar et al., 2022; Brosschot et al., 2016; Müller et al., 2021).

Unexpected panic attacks that repeat are referred to as panic disorder. A panic attack is characterized by a sudden, powerful wave of fear or discomfort that peaks in a matter of minutes and is accompanied by a variety of cognitive and somatic symptoms (Ngor et al., 2023). Additionally, being a typical occurrence in the general population, panic attacks are characterized as times of great dread or discomfort accompanied by a succession of (bodily) symptoms, such as palpitations, sweating, or shortness of breath (Wideburg et al., 2024). The American Psychiatric Association [APA], in 1994, a panic attack is defined as an abrupt, intense wave of fear or discomfort that is diagnostically marked by a range of physical and cognitive symptoms, including palpitations, shortness of breath, paresthesia, trembling, derealization, and fear of dying, losing control, or going insane (Lim et al., 2015; Perna et al., 2016; Wolf et al., 2020). Fear and anxiety that is unbearable and overwhelming are brought on by sudden and recurrent panic attacks. Physical symptoms of panic attacks can include a racing heartbeat, sweating, chills, shivering, difficulty breathing, dizziness or weakness, tingling or numbness in the hands, nausea, stomach discomfort, and chest pain (Islam, 2022).

Look back to the other technique like The Affect Bidge Therapy, which have to do some repetition of future pacing to see how effective the therapy is. It will take too much time to make sure that the client got the effect of this treatment. So that's why, we need to introduce The Heart Technique which can help the client especially the teenagers to knowing, managing, and changing the negative emotions become the positive one. The Hearth Technique therapy can also help the teenagers to increase the confidence, optimism and psychological well-being. The Hearth Technique therapy considered as one of holistic therapy, it means that this therapy not only reach the surface of the problem but also down to the subconscious (Grof & Grof, 2023; Sabel et al., 2018). This therapy, which lasts between 20 and 30 minutes, was created expressly to balance the client's emotions. In addition to working alone, clients in this therapy can also work in groups or even engage in self-therapy (Kazantzis et al., 2017; O'Malley, 2018).

The previous researchers that using The Hearth Technique as their therapy to increase the anxiety of pregnant women (Ebrahimi & Ghodrati, 2020). This research shows that this therapy can make pregnant women became enjoy their pregnancy and it also can increase the risk of preterm birth, besides pregnant women with high anxiety when pregnant will increase the risk of hypertension in pregnancy (Bernard et al., 2019). The risk of hypertension can be in the form of stroke, seizures, and even death in the mother and fetus (Adekomi et al., 2019). If this is allowed to happen, the mortality and morbidity rates in pregnant women will increase. On this research, shown that the average of pregnant women's anxiety before therapy is 42,71,

besides the average after therapy is 38,18. Because of that result, we can conclude that there is reduction of the anxiety number after doing the therapy.

According to the background and the last researchers was done, it is suitable with the purpose of this research which to see the number of students of class XI SOS 1 SMA RK Serdang Murni Lubuk Pakam who has emotional disorders like stress and anxiety, and to see the effectiveness of The Hearth Technique to solve those emotional disorders.

Method

THT generally consists of five basic stages: problem identification, body-mind release, emotional release, and closure (Northrup, 2020). The first stage involves preparing the subconscious for transformation. Below is an explanation of each step: 1) During the problem identification phase, the client is asked to identify, if possible, in silence, one traumatic experience that left him feeling extremely unpleasant emotions and that he wants to get over. The client is then led to experience these strong unpleasant feelings at this particular moment. Even more, the client is instructed to feel a location on the area of his body that hurts right now. This discomfort is induced to a great degree, on a scale of 1 to 10; 2) The client is asked to consider responding to several basic questions during the stage of priming the subconscious for change, such as how long the problem has been present, what losses it has caused, what will happen if the problem is not resolved, why the problem needs to be solved, and what future changes are anticipated; 3) The therapy procedure moves into the Body-Mind Release stage once the client responds to these questions. There are four things the client does at this point: a) The vagus nerve (a). Here, the client unwinds mentally and physically to let go of any tension; b) Mental and physical education. Here, the client is assisted in recalling joyful or positive experiences from the past while being directed through specific breathing exercises that promote deeper relaxation. This happy feeling reached a level of intensity of 1 on a scale of 10; c) Reset K-27: To reset the body's energy channels, simultaneously tap two K-27 spots while inhaling deeply through your nose and exhaling powerfully through your mouth. For best energy pathway results, tap firmly (without causing pain) on the K-27 point. Perform 5 X; d) Tracing. Finger position: the middle and ring fingers are curved inward, but the thumb, index finger, and thumb are straight. Put it against your chest. The client is given words to repeat from the therapist. These recommendations include self-motivation to create happy feelings within oneself and move past bad emotions. The client assesses the amount of residual negative feelings at the conclusion of this session: 4) The stage of emotional release comes next. At this point, it is recommended that the client use their right hand to suction any residual unpleasant emotions onto their chest. The client is instructed to visualize a heart—possibly shaped like love—wrapped in their favorite color and placed into the chest. According to therapists, a heart enveloped in this color draws all bad vibes and energies towards it. Then, with his hand on his chest, the client's body absorbs all of his feelings and vitality like a vacuum cleaner. The client then directs all of their emotions into the bag on the back of their hand. This procedure is continued until the customer is at ease and experiencing no negative emotions.

In conclusion. As therapy comes to an end, the client is asked to assess his feelings. The client is urged to think back on a happy occasion when he has had enough. It is advised that the enjoyment experienced at that precise instant permeate every part of the body. After that, happiness is increased to a level of 10. The client closes THT and opens his eyes in this happy state.

A quasi-experimental approach is taken in this study. Instead of selecting individuals at random, the quasi-experimental method makes use of pre-existing groups (White et al., 2016). In addition, a pre-test post-test control group strategy is used in this study. When comparing two independent groups—the control group and the intervention group—a parallel design is employed (Best et al., 2018).

Technically, the pretest-posttest control group design approach is a type of quasi-experimental design involving two groups, namely the experimental group and the control group, where the sample is selected non-randomly from the same population. These two groups were given a pretest (initial measurement) using questionnaires to determine the level of emotional disturbance before treatment (Proeve et al., 2018). Then, the experimental group was given treatment once in the form of The Heart Technique Therapy, while the control group was not given any treatment. After that, both groups were given a posttest (final measurement) to determine the level of emotional disturbance after treatment. The difference in average posttest scores between the two groups was tested using appropriate statistical tests to test the research hypothesis. This design can be described as follows:

In order to get a general idea of the subject's emotional disturbance condition, a test technique for gathering quantitative data was employed (Nardi, 2018). A questionnaire developed based on emotional disorders issues found in the DSM 5 book serves as the format for the exam questions (Loewenthal & Lewis, 2020). These

indications were modified so that 16 items, one for each facet of emotional illnesses, could be found. With a five option Likert scale (Strongly Agree=SS, Agree=S, Somewhat Agree=AS, Disagree=TS, Strongly Disagree=STS), the 16 items in the depression, 16 items in the anxiety, and 16 items in panic are the aspects of emotional illnesses to be examined. The scores for each option are as follows: SS=5, S=4, AS=3, TS=2=STS=1. This indicates that the subject's emotional disorder is correlated with their score: the higher their score, the higher the disturbance, and the lower their score, the lower the emotional disorder.

The researcher tested the instrument's reliability before moving forward with additional study. The test results yielded the following information:

Table 1. Reliability Test Result

Variable	Alpha Coefficient	Decision
Depression	0.907	Reliable
Anxious	0.932	Reliable
Panic	0.932	Reliable

Table 2. The Differences of Group Design

Group	Pretest	Therapy	Posttest
Eksperiment	O ₁	X	O ₂
Control	O ₃	-	O ₄

The second table shown the differences between both of group design which pretest will give to control and experiment group by using some question to see how their emotional condition is. Then the experiment group will get THT beside the control group don't. At the end of the test, both of group will get some question again to see how effective the therapy is.

Test is said to be reliable if it gives consistent results when tested many times, a test is said to be reliable if the test results show certainty (Serinaldi & Kilsby, 2015). So a test is said to have high reliability if the test is reliable, consistent and productive. Testing the reliability of the test, researchers used the SPSS-20 software program. The research will be held in odd term of 2023/2024 on Senior High School Serdang Murni Lubuk Pakam.

Data Analysis Technique

The data analysis technique used in this research is the t test technique. The t test is used to determine the average difference between two related or paired samples (paired sample t-test). Through this test, the significance of the difference in the averages of two related sample groups can be determined. If significance is > 0.05 then H_0 is accepted. If significance < 0.05 then H_a is accepted. Data analysis techniques can be calculated using formulas. The t-test requirements are that the two groups are homogeneous and distributed normal. Before testing homogeneity and normal distribution, then the research instrument was tested for validity and reliability.

Results and Discussions

Findings and Discussion

Table 3 illustrates that the distribution of pretest data in the experimental group and control group is known to be normal based on the results of the normality test.

Table 3. Normality Test Results of Pretest Scores for Control Group and Experimental Group

Group	p-value	Alpha	Conclusion
Experiment	0.72	0.05	Normally distributed data
Control	0.874	0.05	Normally distributed data

Similarly, table 4 displays the post-test data distribution for both the experimental and control groups.

Table 4. Posttest Score Normality Test Results for Control Group and Experimental Group

Group	p-value	Alpha	Conclusion
Experiment	0.962	0.05	Normally distributed data
Control	0.995	0.05	Normally distributed data

The average pretest findings for the experimental group and the control group were then subjected to a comparison test.

Table 5. Comparative Analysis of Experimental Group and Control Group Pretest Means

Group	Mean	SD	N	Mean Difference	t count	t table	Conclusion
Experiment	213.17	52.07	30	-0.50	0.039	-2,002	Ho accepted: not significantly Different
Control	212.67	47.78	30			and 2,002	

Table 5 shows that there is no statistically significant difference between the experimental group's and the control group's average pretest scores. This indicates that prior to receiving therapy, the two groups' levels of emotional distress were somewhat similar. According to the above table, the Pretest-Experiment data group obtained a minimum value of 112 and a maximum value of 309, with an average value of 213.17 and a standard deviation (SD) of 52.17. In contrast, the Pretest data group -Control obtained a minimum value of 142 and a maximum value of 355, with an average value of 212.67 and a standard deviation (SD) of 47.78.

Table 6: Average Posttest Scores on Emotional Disorders: Comparison Test (Overall)

Group	Mean	SD	N	Mean Difference	t count	t table	Conclusion
Experiment	168,73	29,003	30	35,50	-3,711	-2,045	H _a accepted: significantly Different
control	204,23	43,64	30			and 2,045	

The table indicates that there is a true difference or at least a relative difference in the average posttest data score on emotional disorders (overall) between the Control and Experimental Groups. This indicates that the two are at different average values after receiving treatment (treatment tailored to each group). The average comparison is explained in full in the descriptive statistics that follow.

Table 7. Descriptive comparison of posttest-control and posttest-experimental data

Posttest Group	X _{Min}	X _{Maks}	Mean	SD	n
Experiment	98	221	168,73	29,003	30
Control	112	304	204,23	43,64	30

As can be seen from the above table, the average value in the Posttest-Experiment data group was 168.73 with a standard deviation (SD) of 29.003, while in the Posttest-Control data group it was achieved. The range of values is from 112 to 304, with an average of 204.23 and a standard deviation (SD) of 43.64. The increasing of the average is caused by the point that the students got after receiving THT on the experimental group and no action for the control group. After that treatment both of group will be tested by some question again and table 7 is the result of the differences between both group after test.

Additionally, it is evident from the comparison of the posttest average emotional disturbance scores of the experimental and control groups—that is, after receiving treatment—that the experimental group received THT therapy, while the control group did not get therapy. The experimental posttest value is 168.73, whereas the control posttest value is 204.23. When the two average emotional disturbance scores were compared after the treatments were administered, it was discovered that the Experimental Group had produced lower posttest ratings for emotional disturbance than the Control Group.

Table 8. Comparison of Pretest-Posttest Data for Experimental Class for each Indicator

Aspect	Experiment Class	N	Mean	Mean difference	t-hitung	p-value (Sig.)	Description
Depresi	Pretest	30	2,57	0,442	4,512	0,000	Significantly Different
	Posttest	30	2,13				
Kecemasan	Pretest	30	2,70	0,694	4,856	0,000	Significantly Different
	Posttest	30	2,01				
Panik	Pretest	30	2,73	0,652	4,840	0,000	Significantly Different
	Posttest	30	2,08				

The experimental class's mean Pretest-Posttest scores are compared in each area in the above table for the same set of subjects—30 total. All comparison tests indicate, overall, that there is a substantial difference, with mean differences in each element, between the pre- and post-test results. The mean difference is 0.442 for the depression component, 0.694 for the anxiety aspect, and 0.652 for the panic aspect.

The following control class's comparison of pre- and post-test data reveals different things:

Table 9. Comparison of Pretest-Posttest Data for Control Class for each Aspect

Aspect	Control Class	N	Mean	Mean different	T-hitung	P-Value (Sig.)	Description
Depression	Pretest	30	2,650	0,015	0,297	0,769	Not significantly different
	Posttest	30	2,635				
Anxiety	Pretest	30	2,715	0,046	1,237	0,226	Not significantly different
	Posttest	30	2,669				
Panic	Pretest	30	2,740	0,017	0,821	0,419	Not significantly different

Table 9 demonstrates that not all aspects of the difference between the control class's pre- and post-test averages are statistically significant. There is very little anxiety (0.046), very little despair (0.015), and very little panic (0.017). Thus, it is evident that the variations in pre-test and post-test scores were significantly impacted by the THT intervention in the experimental class. In the meantime, there was no discernible difference in the control class's pre- and post-test results due to the lack of THT intervention. The t-test findings, which show that the p-value is less than $\alpha = 0.05$ (the 5% margin of error), confirm this. The probability of error / p-value = 0.000 (table 4). The two data groupings differ statistically significantly as a result. This indicates that the worth of emotional disorders in all respects is greatly impacted by the provision of THT Therapy treatment.

For further information, refer to the following figure, which shows the variations in the pre- and post-test results for each facet between the experimental group and the control group:

Depression

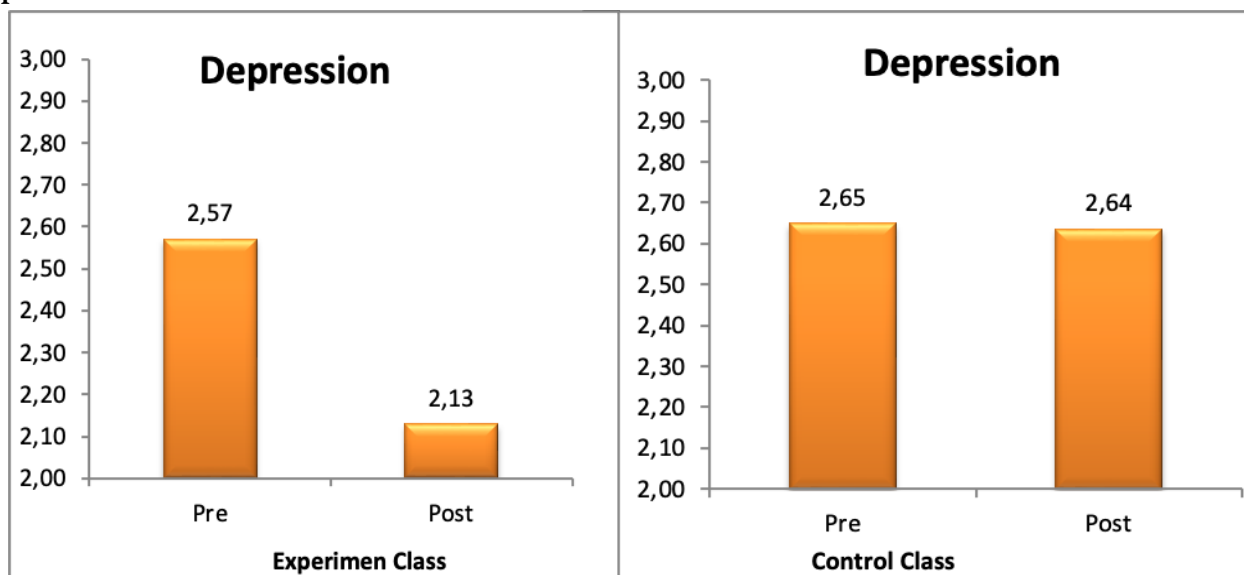


Figure 1. Pre-post comparison of experimental class and control class on Depression aspect

As seen in the image above, the average emotional disorder scores for the depression component of the experimental class and the control class are compared before and after therapy. The average pretest score in the experimental class was 2.57, whereas the average posttest score was 2.13. In the control class, the average pretest score was 2.65, and the average posttest score was 2.64. As a result, the pre- and post-test scores differ significantly in the experimental class, but the depression component differs insignificantly in the control group.

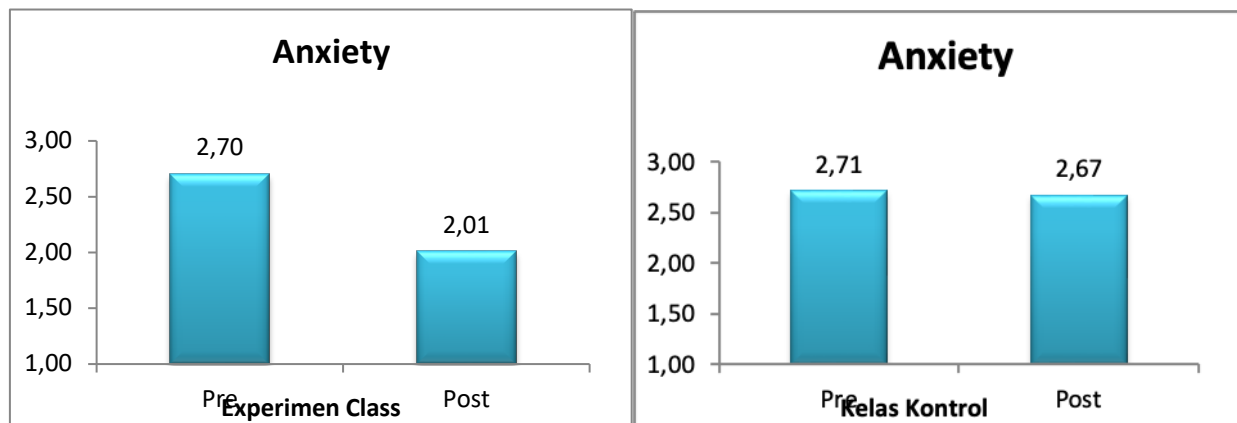
Anxiety

Figure 2. Pre tes-post test comparison between Experimental class with control class on Anxiety aspect

It is evident from the image above that the average emotional disturbance ratings for the depression component of the experimental class and the control class were compared before and after treatment. The average pretest score in the experimental class was 2.70, whereas the average posttest score was 2.01; in the control class, the average pretest score was 2.71, and the average posttest score was 2.67. As a result, the experimental class's pre- and post-test scores differ significantly, but the anxiety component of the test results in the control group differs very slightly.

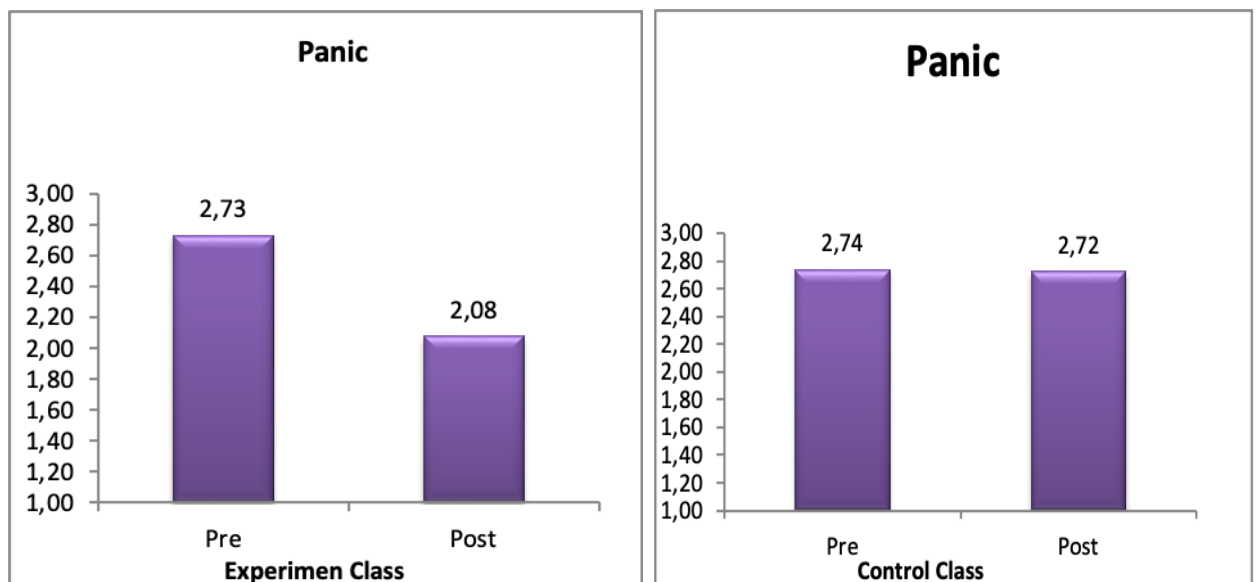
Panic

Figure 3. Pre tes-post test comparison between Experimental class with control class on Anxiety aspect

It is evident from the image above that the average emotional disturbance ratings for the depression component of the experimental class and the control class were compared before and after treatment. The average pretest score in the experimental class was 2.73, whereas the average posttest score was 2.08; in the control class, the average pretest score was 2.74, and the average posttest score was 2.72. Consequently, the experimental class shows a substantial difference in pre- and post-test scores, while the control group shows an insignificant difference in the panic component.

Drawing from the preceding description, it can be inferred that the experimental group's reduction in depression, anxiety, and panic scores was significantly influenced by the THT therapy intervention when compared to the control group. These outcomes offer compelling evidence that the intervention was successful in lowering psychological symptoms.

In light of this, the following is the response to the minor hypothesis about the impact of THT Therapy intervention in the experimental group relative to the control group, with an emphasis on each indicator: 1)

First, when depression was measured, it was discovered that the experimental group's depression scores significantly decreased following the intervention, with the difference reaching statistical significance ($p=0.000$ /significant). However, there was no discernible variation in the control group's depression scores between the pretest and posttest ($p=0.769$ /not significant); 2) Secondly, following the intervention, the experimental group's anxiety indicator results demonstrated a statistically significant difference ($p=0.000$ /significant) in comparison to the control group's lack of a meaningful difference ($p=0.226$ /not significant); 3) Third, the same is true for the panic indicator, where the experimental group's posttest scores significantly decreased ($p=0.000$ /significant) in comparison to the control group's ($p=0.419$ /not significant) lack of a significant difference between the pretest and posttest.

THT treatment has also been shown in a number of earlier studies to be effective in treating a range of emotional issues (Holmes et al., 2018; Nathan & Gorman, 2015). The goal of THT therapy is to modify the client's subconscious mind through recommendations in order to alter their feelings, thoughts, and unwanted behavior (Gupta, 2019). THT therapy is a type of counseling that incorporates components of affirmation, relaxation, relaxation, psychoeducation, and forgiveness. The goal of this technique is to empower the client and enhance their quality of life, particularly in the areas of mental and emotional well-being.

Furthermore, studies on the general advantages of hypnotherapy were published by (ESUNG & RUMAGIT, 2018). The study describes the effects of therapy on emotional disorders and demonstrates how important a role therapy can have in easing these disorders' symptoms. The same is true of research, which offers a thorough summary of the data pertaining to hypnotherapy's efficacy in treating anxiety disorders (Trumm & Hyp). The findings imply that hypnotherapy may be a useful tool for lowering anxiety levels in people. a method that effectively lowers emotional disorders.

In conclusion, THT therapy, when combined with hypnosis, has been shown to be successful in treating a range of psychological issues, including affective, conative, and cognitive disorders. THT therapy can assist clients in identifying, controlling, and substituting positive emotions for negative ones. Additionally, THT therapy can support clients in developing greater optimism, self-assurance, and psychological health. Hence, THT treatment can be viewed as a holistic therapy that targets the client's subconscious mind to find the source of the issue in addition to treating its outward manifestations.

According to the result of this study, the author believes that THT will be effective to decrease the number of stress, anxiety and panic disorder especially to a teenager. It's supported by the last researcher with the title "The Effectiveness of The Heart Technique to Decrease Anxiety of Pregnant Women" (Beddoe & Lee, 2008). It's also shown that THT is effective to decrease women's anxiety on their pregnancy. The therapy is also done once without any repetition and it can done by women itself.

This research is already shown that THT is effective, and it also already supported by the previous research, but this study also have an limitation which is the implementation just done in a small scale. It can be a suggestion to the next researcher or the reader to do THT on a bigger scale so it can represent more teenagers.

Conclusions

There are significant reductions of the emotional disorders which happen to the class XI SOS SHS RK Serdang Murni Lubuk Pakam after using The Hearth Technique as a therapy to decrease the anxiety, stress, and panic number. It shown comparison of the average emotional disturbance scores of the experimental and control groups before and after receiving the therapy. There is reduction of emotional disorder number of experimental group which receive the therapy, besides the control groups wasn't receive it. That's why THT is an effective therapy to decrease the number of emotional disorders.

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