

The Effect of Self-Healing Butterfly Hug on Anxiety Levels

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ABSTRACT

Background: Tension refers to sensations of discomfort, anxiety, and fear, often linked to internal or external threats. Final-year students frequently encounter anxiety when working on their thesis, which can become problematic due to the intense anxiety that may negatively impact both physical and mental health. Lowering anxiety levels can be accomplished through Self Healing with the Butterfly Hug technique.

Purpose: The purpose of this research was to determine the effect of Self-Healing Butterfly Hug on students anxiety levels.

Methods: The DASS questionnaire was used as the measurement tool. The study employed a Quasi-Experimental design with a One Group Pretest-Posttest Without Control format. The research sample comprised nursing students from Kendal Health Sciences College who met the specified criteria, with a total of 22 respondents selected through purposive sampling. Statistical analysis was performed using the Wilcoxon test.

Results: The research results indicate that the average age of the respondents is 22 years. The majority of respondents are female, totaling 17 (77.3%). Out of the 22 respondents, the most prevalent anxiety level before the intervention was severe anxiety, reported by 12 respondents (54.5%). After the intervention, most respondents experienced moderate anxiety, with 14 respondents (63.3%). This demonstrates the impact of the Self-Healing Butterfly Hug technique on anxiety levels, as severe anxiety prior to the intervention was reduced to moderate anxiety afterward. The Wilcoxon statistical test yielded a p-value of 0.000 ($p < 0.05$), indicating a significant reduction in anxiety following the intervention.

Conclusion: The findings of this study indicate a notable decrease in anxiety levels after applying the Self Healing Butterfly Hug technique.

Keywords: anxiety, butterfly hug, self healing, students

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BACKGROUND

Anxiety is a feeling of uneasiness about something bad that is going to happen, accompanied by discomfort as if there is a threat, causing physical symptoms such as heart palpitations, cold sweats, and trembling hands (Keliat, 2011). Anxiety is a normal response that depends on the intensity and duration of an individual's coping ability (Widianti E, 2013). The anxiety experienced can be interpreted as a vague sense of fear associated with uncertainty and helplessness, influenced by several factors, namely predisposing and precipitating factors, including biological, psychological, and social aspects (Stuart, 2013). Anxiety is a subjective experience of mental tension that causes feelings of restlessness as a general reaction and an inability to cope with problems or a sense of insecurity within an individual (Ghufron, 2012). It is an uncomfortable feeling, an indistinct worry accompanied by an autonomic response with no specific source, a fear of anticipating danger that serves as a warning signal alerting the individual to a potential threat and prompting them to take action in response to the perceived danger (NANDA, 2018).

The prevalence of anxiety disorders is significantly high. According to WHO data in 2015, 3.6% of the global population, or 264 million people, suffered from anxiety (World Health Organization, 2017). In Indonesia, anxiety prevalence reaches 20% of the global population, with 47.7% of teenagers experiencing anxiety, and over 450 million people worldwide living with mental disorders (Risksedes, 2013). The prevalence of anxiety disorders in Indonesia is 9.8%, with the highest rates recorded in Central Sulawesi (19.8%), while Jambi has the lowest prevalence (3.6%). Among teenagers in Central Java, anxiety prevalence was recorded at 7.71%, increasing from 4.7% in 2013, showing a rise of approximately 3.01% (Risksedas, 2018). Among university students in Indonesia, anxiety levels range between 36.7% and 71.6% (Fitasari, 2011). Previous studies on student stress levels reported data ranging from 38% to 71% (Habeeb, 2010; Koochaki, 2009). A survey conducted by Usman et al. (2021) found that a significant number of students experience anxiety during their thesis writing process, with 65 out of 90 students (72%) reporting anxiety, while 25 students (23%) stated that they did not experience anxiety. The main sources of student stress during the completion of their final project include worry, fear, and anxiety, which significantly impact their mental well-being.

The phenomenon of anxiety among final-year students facing their thesis can hinder the goals they aim to achieve. Anxiety triggered by uncontrolled mental conditions, feelings, and motor behaviors can obstruct students' progress. Cognitive and affective manifestations of anxiety can lead to tense thoughts and a sense of impending doom, while uncontrolled motor behaviors due to anxiety can cause students to become nervous during exams, especially for those in their final semester (Maisaro & Falah, 2011). Previous research conducted by Casmi, Anggraeni, & Santoso (2017) on students' anxiety levels before the national exam found that 29 out of 40 respondents (72.5%) experienced mild anxiety, while 11 respondents (27.5%) experienced moderate anxiety. The majority of respondents experienced mild anxiety. The most common physical responses reported were increased heart rate (palpitations), dizziness, nervousness, unexplained fear, and feelings of irritability or panic. Another study by Patimah, Suryani, & Nuraeni (2015) found a difference in anxiety levels before and after the intervention of relaxation through dhikr. When experiencing anxiety, the body's system activates the sympathetic nervous system, leading to physiological changes in bodily responses. Additionally, research by Mulyani, Anggraeni, & PH (2020) on students' anxiety responses during online learning in the Covid-19 pandemic found that 276 students (54%) experienced mild anxiety. PH, Susanti, and Arisanti (2018) examined students' anxiety levels while writing their thesis and found that severe anxiety was the most

common category, affecting 51.5% of respondents. The severe anxiety response was attributed to the pressure of proposal defense exams or final thesis defenses. Stuart (2013) stated that anxiety is a condition in which individuals tend to focus on detailed and specific aspects without considering other factors.

Anxiety experienced by individuals can be addressed through several methods. For example, the study by Hastuti and Arumsari (2015) explored the use of five-finger hypnosis, a form of self-hypnosis, to reduce anxiety among students preparing their theses at STIKES Muhammadiyah Klaten. This technique induces high relaxation effects on the body, creating a sense of comfort and calm that can alleviate anxiety. Another method is complementary therapy with Self Healing, investigated by Ardianty (2017), which examined its impact on anxiety during final exams for students at SMA Negeri 8 Palembang. The study on Self Healing using the Butterfly Hug method found a significant difference in average anxiety scores before and after the complementary therapy, with a mean score of 24.00 and a p-value of 0.00. This indicates a significant relationship between complementary Self Healing therapy and reduced anxiety.

Self Healing, as described by Artigas, Jarero, Mauer, López Cano, & Alcalá (2000) and detailed in Francine Shapiro's EMDR Text (2001), notes that the Butterfly Hug technique has been successfully used to treat groups of children experiencing trauma in refugee camps in Mexico, Nicaragua, and Kosovo (Shapiro, 2001). Observations and reports indicate that internal triggers of anxiety, such as nightmares, intrusive thoughts, or ongoing external stressors, can lead to high levels of anxiety (SUD=6-10/10). In some cases, this calming technique may not work quickly enough or may be ineffective for certain clients (Jarero, Artigas & Luber, 2011). The study conducted by M.A. Ardiansyah & D. Rahayu (2017) titled *The Influence of Hug Therapy on Children's Emotional Intelligence Improvement* found that among 15 student respondents, hug therapy had an effect on improving emotional intelligence in children. Cognitive intelligence only contributes 20% to an individual's success, while the rest depends on emotional intelligence. Emotional intelligence helps individuals manage their emotions, such as learning to identify, express, and assess emotional levels, controlling emotions, reducing emotional pressure, and distinguishing between feelings and actions. Physical contact, such as touch, caressing, and hugging, triggers the release of the hormone oxytocin in the body, making the individual feel happy and reducing anxiety. Self Healing Butterfly Hug is a self-acceptance method that involves giving suggestions to oneself through self-hugging, aiming to make the individual feel better. This method can address anxiety by allowing individuals to cope with problems without the need for help from others, through self-hugging, listening to calming words, and incorporating a meditation concept focused on the individual with breathing and soothing words (Arviani, 2021). The Self Healing technique using Butterfly Hug as a self-administered dual attention stimulus can act as a desensitization mechanism, gradually providing stimuli that reduce the anxiety experienced, as explained by working memory accounts (Maxfield, Melnyk, & Hayman, 2008).

Self Healing refers to the process of self-healing, where the word "healing" itself is defined as "a process of cure," which refers to a healing or therapeutic process. Self-healing is a process of recovery that is carried out by oneself through the process of belief, supported by the environment and external factors (Carane & Ward, 2016). The Self Healing method is closely related to belief because the concept of Self or the individual becomes the most important element in motivating self-confidence. In addition, Self Healing is also related to intrapersonal communication, as it involves an internal dialogue within the self. The Self can be defined as "the individual known to the individual," which includes a number of

components and processes that can be identified, such as cognition, perception, memory, desires, motivation, awareness, and conscience (Beck et al., 2002). Self Healing is a method of healing from illness not through medication, but by releasing suppressed feelings and emotions within the body. It is a process of self-improvement aimed at expressing delayed emotions, unresolved anger, and even long-held painful memories that disturb the individual's mind. Self Healing is also referred to as a series of practical exercises that are done independently for 15-20 minutes, ideally twice a day (Redho et al., 2019). Self Healing is a process that helps individuals cope with emotional difficulties, driven by a strong desire to move away from suffering, without the help of others or external media, with the goal of understanding oneself through self-healing. When self-healing is performed, individuals will try to accept their difficulties and imperfections in doing something, which is an effort to reduce the anxiety within themselves (Ersyafiani, 2018).

The benefits of this relaxation technique, according to Sari & Subandi (2015), include reducing anxiety and replacing it with positive changes through relaxation training. One form of Self Healing intervention, in the form of relaxation, helps calm the heart and mind while also relaxing the body, alleviating anxiety and sadness experienced by individuals. The Butterfly Hug method is capable of improving one's feelings, and it has become a standard practice used by psychologists, therapists, and doctors to address anxiety in patients. The psychological health benefits of applying the Butterfly Hug include reducing stress, anxiety, and panic, which can be done independently. The burdens of problems faced can be reduced by practicing this technique, minimizing the risk of excessive anxiety, as it is managed through the calmness and strength that result from the Butterfly Hug. This technique helps maintain psychological health and prevents physical health problems (Kurniadita, 2021). Heidi (2021) states that the Self Healing Butterfly Hug is a method of self-acceptance, where individuals give suggestions to themselves by hugging themselves with the goal of feeling better. This method can address anxiety by helping individuals with various problems without needing external help. The process involves hugging oneself, listening to calming words, and applying a meditation concept that focuses on the individual, incorporating breathing and the words they hear. The basic technique of Self Healing Butterfly Hug consists of two components: abdominal breathing and the Butterfly Hug movement, both of which can be performed independently without assistance. Most individuals can do this technique, as it only involves simple breath control and hand movements. This method can help someone stabilize their emotions or manage feelings of anxiety (Kemenpppa, 2019). Kurniadita (2021) and Sulastri (2021) explain that the steps in the Butterfly Hug technique can be done independently.

OBJECTIVE

General Objective: To determine the effect of the Self Healing Butterfly Hug on the anxiety levels of students. **Specific Objectives:** To identify the characteristics of respondents, including age and gender; to identify anxiety levels before the Self Healing Butterfly Hug is administered to students; to identify anxiety levels after the Self Healing Butterfly Hug method is applied to students; and to analyze the differences between pre-test and post-test results of the Self Healing Butterfly Hug method on students' anxiety levels.

METHODS

This study employs a pre-experimental design with a one-group pretest-posttest approach. The intervention aims to reduce anxiety levels using the Self-Healing Butterfly Hug technique. The sampling method used in this study is purposive sampling, where participants are selected based on inclusion criteria. Based on calculations, the required

sample size is 22 respondents, with the following inclusion criteria: Students enrolled in a thesis course who are willing to participate as respondents; Students experiencing anxiety at mild, moderate, severe, or panic levels; Students willing to participate in the intervention activities as per the research protocol, with anxiety levels previously assessed using the Depression Anxiety Stress Scale (DASS). Meanwhile, the exclusion criteria include: Students who did not complete the consent questionnaire; Students who do not experience anxiety; Students who do not follow the research procedures as required. The instruments used in this study consist of a respondent characteristics questionnaire and an anxiety scale instrument. The respondent characteristics questionnaire includes information such as age and gender. The anxiety scale instrument is based on the Depression Anxiety Stress Scale (DASS) 42, developed by Lovibond (1995). Anxiety Measurement Using DASS, The DASS measures anxiety levels through 14 statements, covering various symptoms such as: dry mouth; breathing difficulties (rapid breathing, shortness of breath); weakness in body limbs; excessive anxiety in specific situations that subsides once the situation ends; fatigue; sweating (e.g., sweaty hands) without physical exertion or temperature-related stimulation; unexplained fear; difficulty swallowing; changes in heart rate and pulse without physical activity; easily panicked; fear of being hindered by unfamiliar tasks; fear and worry about situations where one might panic and feel embarrassed; restlessness. Each statement in the DASS is rated on a 0 to 4 scale, with a maximum total score of 56. The interpretation of scores is as follows: 0–7: Normal (No anxiety), 8–9: Mild anxiety, 10–14: Moderate anxiety, 15–19: Severe anxiety, ≥ 20 : Panic (Argolla & van-Lill, 2017). Several validity and reliability tests have been conducted to confirm the accuracy of the DASS instrument. This scale demonstrates a high reliability level ($\alpha = 0.91$) and validity values ranging from 0.678 to 0.954 (Susanti et al., 2016).

In this study, the Self-Healing Butterfly Hug intervention was conducted over three sessions, with one session per week, each lasting 30 minutes. The study was carried out among nursing students enrolled in a thesis course at Sekolah Tinggi Ilmu Kesehatan Kendal. Respondents who met the inclusion criteria were first provided with an explanation of the research procedures and informed consent. The intervention was conducted once a week for three consecutive weeks, with each session held in the morning at 09:00 WIB on campus. The sessions were supervised by an observer (the researcher), following a pre-prepared protocol. According to Sulastri (2021), the Self-Healing Butterfly Hug technique consists of three phases: A. Orientation Phase: Greet respondents with a therapeutic salutation, Open the conversation with a general topic. B. Working Phase: Relax the body as much as possible; Close the eyes; Sit cross-legged in a comfortable position. If available, use aromatherapy (such as essential oils, favorite perfumes, or floral scents) to create a calming atmosphere; Once seated comfortably, cross both hands over the chest, with fingertips resting on the shoulders, mimicking the shape of butterfly wings; Move the elbows and hands forward and backward, imitating a butterfly flapping its wings, while inhaling and exhaling slowly. This movement should continue for 30 seconds or longer, until a sense of calmness is achieved; While performing the movement, repeat positive affirmations, such as: "I am okay." "I can do this." "Thank you, self." These affirmations should be repeated continuously until a sense of tranquility is felt. Observe any mental and physical responses, such as images, sounds, smells, emotions, or physical sensations, without suppressing, altering, or judging them. Throughout the therapy, maintain a joyful state of mind to help the body release anxious or stressful thoughts that could lead to mental distress. Minimize negative thinking, and focus on the belief that everything will be okay. Remind yourself that after the rain comes the rainbow; Stop the exercise once you feel calmer and more relaxed; Repeat the technique

whenever anxiety arises. C. Termination Phase: Evaluate the respondent's feelings; Appreciate the respondent's participation; Confirm the time and place for the next session; Close the session with a farewell. After completing all three sessions of the Self-Healing Butterfly Hug, the researcher reassessed the respondents' anxiety levels using the DASS instrument. This study received ethical clearance from the Ethics Committee of Sekolah Tinggi Ilmu Kesehatan Kendal. The data analysis used consists of: Univariate analysis: Frequency distribution with percentage formulas. Bivariate analysis: Wilcoxon test, used to compare pre-test and post-test scores, measuring the effectiveness of the Self-Healing Butterfly Hug in reducing anxiety levels.

RESULTS

Table 1 shows that the average age of the respondents is 22 years. Table 2 indicates that the majority of respondents are female, with a total of 17 (77.3%). Table 3 reveals that, of the 22 total respondents, the most common anxiety level before the intervention was severe anxiety, with 12 respondents (54.5%). After the intervention, the majority experienced moderate anxiety, with 14 respondents (63.3%). Table 4 demonstrates the effect of the Self-Healing Butterfly Hug technique on anxiety levels; severe anxiety before the intervention was reduced to moderate anxiety after the intervention. The Wilcoxon statistical test resulted in a p-value of 0.000 ($p < 0.05$), indicating a significant reduction in anxiety following the intervention.

Table 1. Age Characteristic (n=22)

Variable	Mean	Mode	SD	Min-Max	CI 95%
Age	22,00	22,00	,535	21-23	21,76-22,24

Table 2. Gender Characteristic (n=22)

Gender	F	%
Male	5	22,7
Female	17	77,3

Table 3. Anxiety Levels (n=22)

Anxiety Levels	Pre		Post	
	F	%	F	%
Not Anxious	-	-	-	-
Mild Anxiety	-	-	8	36,4
Moderate Anxiety	4	18,2	14	63,6
Severe Anxiety	12	54,5	-	-
Panic	6	27,3	-	-

Table 4. Changes in Anxiety Levels Before and After *Self Healing* (n=22)

Anxiety Levels	Pre		Post		P value
	F	%	F	%	
Not Anxious	-	-	-	-	
Mild Anxiety	-	-	8	36,4	
Moderate Anxiety	4	18,2	14	63,6	0,000
Severe Anxiety	12	54,5	-	-	
Panic	6	27,3	-	-	

DISCUSSION

Characteristics of Respondents Based on Age

The research results indicate that the average age of respondents is 22 years, with ages ranging from 21 to 23 years. These findings align with previous research by PH, Susanti, and Arisanti (2018), which reported that students experiencing anxiety while writing their theses were generally between 21 and 22 years old. This age range corresponds to early adulthood, a period commonly associated with stress and anxiety disorders. Supporting this, a study by Hastuti and Arumsari (2015) found that many students experiencing anxiety were also in the 21-22 year age range, with 7 students (38.9%) falling into this group. At this stage, anxiety and stress are prevalent due to underdeveloped coping mechanisms, which can impair decision-making and contribute to persistent anxiety.

Characteristics of Respondents Based on Gender

The research findings show that a majority of the 22 respondents were female, with 17 respondents (77.3%). This aligns with the results reported by Hastuti and Arumsari (2015), who also found that most respondents were female, with 14 respondents (77.8%). It is noted that females generally experience higher levels of stress or anxiety compared to males. This increased stress can stimulate the endocrine system to release epinephrine, which affects glycogenolysis in the liver. Research by PH, Susanti, and Arisanti (2018) indicates that most anxious students are female, totaling 50 respondents (73.5%). There is a noted difference in anxiety levels between genders; females are often more sensitive, expressive about their emotions, and highly perceptive, whereas males are typically more dominant, rational, and less expressive. Another study by Vellyana, Lestari, and Rahmawati (2017) suggests that gender significantly influences an individual's anxiety level, with females being more susceptible, accounting for 97 respondents (56.7%). This can be attributed to differences in cognitive patterns and hormonal influences, which contribute to higher anxiety levels in females compared to males.

The Level of Anxiety Before the Application of the Self Healing Butterfly Hug Technique

The research results on the anxiety levels of final-year students before the Self-Healing Butterfly Hug intervention showed that 4 students (18.2%) experienced moderate anxiety, 12 students (54.5%) experienced severe anxiety, and 6 students (27.3%) were in a panic state. These results indicate that the majority of students experienced severe anxiety. According to Anggit (2019), anxiety is defined as an uncontrollable emotional response to an unknown source, whether internal or vague. Anxiety differs from fear, which is a response to a known and identifiable external threat that is clear or conflict-related. Meanwhile, NANDA (2018) defines anxiety as a feeling of discomfort and vague worry accompanied by an autonomic response, where the specific source is unknown. It involves a fear of anticipating danger, serving as an alert signal that warns the individual of potential threats and prompts action in response to the perceived danger. According to Devine & Kylen (as cited in Safitri, 2011), there are four main sources of academic anxiety: Academic reputation, Self-perception of competence and abilities, Concerns about achieving learning goals, and worries about uncertainty.

The results of this study indicate that respondents experienced moderate, severe, and panic-level anxiety. According to the anxiety response range explained by Sutejo (2018), Direja (2011), Kusmawati & Hartono (2010), Yusuf, PK, & Nihayati (2015), and Videbeck (2013), anxiety levels are classified into mild, moderate, severe, and panic, each of which has distinct responses. Moderate Anxiety a total of 4 respondents (18.2%) experienced moderate anxiety, which aligns with theoretical explanations stating that individuals with moderate

anxiety tend to focus their attention on an object they consider important while ignoring other aspects. This selective attention allows for more directed actions. Physical responses: palpitations, increased heart rate and respiration, cold sweats, and somatic symptoms such as gastrointestinal disturbances and dilated headaches. Cognitive responses: focus on a specific stimulus, reduced perception field, and selective attention. Emotional responses: easily irritable, emotionally unstable, and experiencing discomfort. Individuals experiencing moderate anxiety send signals indicating a need for more attention. Panic anxiety a total of 6 respondents (27.3%) experienced panic-level anxiety. According to theoretical concepts, individuals at this level may lose control, become disoriented, feel terrorized, and struggle to follow directions. Behavioral reactions: Increased motor activity, impaired social interactions, distorted perception, and loss of rational thinking. Those experiencing panic may fail to recognize their surroundings and lose touch with reality. Common behaviors: Screaming, pacing, aggressive outbursts, withdrawal, or even hallucinations. Physical responses: fluctuating vital signs, muscle tension, dilated pupils, gaping mouth, and insomnia. Cognitive responses: illogical thinking, personality disorganization, inability to solve problems, and extreme self-focus. Emotional responses: hopelessness, burdened feelings, irritability, intense fear, and heightened startle response. These findings highlight the need for early intervention to prevent severe anxiety from escalating into panic levels, which can severely impact an individual's well-being.

The majority of respondents in this study experienced severe anxiety, with 12 individuals (54.5%) falling into this category. Individuals with severe anxiety experience a narrowed perceptual field, tending to focus on specific details while struggling to think about other matters. Their behavior is directed toward reducing the tension they feel, requiring significant guidance to shift their attention to another focus. Severe anxiety makes it difficult for individuals to understand their surroundings, solve problems, and may even lead to confusion and disorientation. Responses to Severe Anxiety, physical responses: hyperventilation, muscle tension, excessive sweating, rapid speech with a high-pitched tone, clenched jaw, pacing, hand-wringing, and even screaming. Cognitive responses: inability to assess situations, problem-solving difficulties, and impaired thinking ability. Emotional responses: fear, confusion, self-doubt, denial, and a strong desire to escape perceived threats. These findings are supported by research from PH, Susanti & Arisanti (2018), which found that 51.5% (35 respondents) of final-year students writing their thesis experienced severe anxiety. This was primarily due to the burden of proposal defense and final thesis examination. Factors contributing to anxiety in thesis-writing students according to Widigda & Setyaningrum (2018), psychological factors such as pressure, demands, and frustration contribute to anxiety in students writing their thesis. Symptoms associated with this condition include: persistent worry, increased irritability, frequent headaches, memory issues, insomnia, and difficulty concentrating. These findings highlight the significant impact of academic stress on students' mental health, emphasizing the need for interventions and support systems to help manage anxiety during their academic journey.

The Level of Anxiety After the Application of the Self Healing Butterfly Hug Technique

The research findings revealed that following a 3-week intervention using the Self Healing Butterfly Hug technique, with 5 sessions conducted independently whenever the respondents felt anxious, the majority experienced moderate anxiety, with 14 respondents (63.6%), while the remainder experienced mild anxiety. These results are in line with Stuart's theory (2013), which suggests that moderate anxiety is a common, mild condition linked to everyday tensions and can enhance a person's awareness and motivation. This type of anxiety can drive personal growth and creativity, contributing to positive development. Symptoms of

moderate anxiety include a furrowed brow, shortness of breath, slight hand tremors, restlessness, difficulty concentrating, and elevated blood pressure. The study indicates that the Self Healing Butterfly Hug intervention effectively reduced anxiety levels among final-year students preparing their theses, shifting from severe and panic levels to moderate and mild anxiety. These results support Crane and Ward's theory (2016), which posits that Self Healing is an effective technique for reducing stress, anxiety, and other emotional symptoms and is a valuable emotional management tool for specific professions, including healthcare workers and nursing students. A related study by Hongo et al. (2018) demonstrated that a pilot intervention involving Self Healing was successful in reducing stress and emotional fatigue among nurses and patients.

The Impact of the Self Healing Butterfly Hug Technique on Anxiety Levels

Based on the statistical analysis using the Wilcoxon test, a p-value of 0.000 ($p < 0.05$) was found, indicating a significant effect of the Self Healing Butterfly Hug technique on managing anxiety levels among final-year students. The data show a clear reduction in anxiety levels before and after the intervention. Supporting research by Bachtiar and Faletahan (2021) on Self-Healing as a method for emotional control found that while 87.5% of respondents still frequently experienced emotional outbursts and 22.5% occasionally did, the Self Healing intervention had a notable impact on some students.

These findings align with Ardianty's (2017) study on the effects of complementary therapy with Self Healing on anxiety levels among students preparing for final exams at SMAN 8 Palembang. The study observed a significant decrease in anxiety after the intervention, as demonstrated by the difference between pre-test and post-test scores. However, it is noted that this method may not be equally effective for everyone, as various factors can influence the effectiveness of the Self Healing Butterfly Hug technique in reducing anxiety.

One finding from the research indicated that some participants in the Self Healing Butterfly Hug training continued to struggle with controlling their thoughts and emotions, and faced difficulties in decision-making even after the treatment. Despite not fully achieving self-control, these respondents did manage to improve in other areas, such as reducing anxiety, restlessness, frustration, negative thoughts, and concentration difficulties, and they became more adept at expressing humor.

Research suggests that emotional outbursts can be unpredictable and are often driven by internal impulses and mood swings (te Brinke et al., 2021). Individuals may experience sudden emotional outbursts linked to anxiety. Studies also show that anxiety and stress, along with the added cognitive load from parallel working memory tasks, can disrupt the decision-making process (Gathmann et al., 2014; Pabs et al., 2013).

CONCLUSION

The characteristics of the respondents based on age show that they are 22 years old, with the majority being female, accounting for 17 respondents (77.3%). The level of anxiety among final-year students before the intervention with the Self Healing Butterfly Hug was categorized as severe anxiety in 12 respondents (54%) and panic in 6 respondents (27.3%). After the Self Healing Butterfly Hug intervention, the levels of anxiety among final-year students were reduced to mild anxiety in 8 respondents (36.4%) and moderate anxiety in 14 respondents (63.6%). There was a significant difference in anxiety levels after the Self Healing Butterfly Hug intervention.

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