Overcoming Sleep Problems in Senior College Students with Hypnotherapy: A Trial

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Abstract - This study aims to determine the effectiveness of hypnotherapy in reducing insomnia scores in final year students. This study uses a quasi-experimental single design method and one group pretest experimental design, posttest design, namely the research design used to influence an effect (intervention) in a single case. The methods that used data collection are in the form of observation, unstructured interviews, and measurements through the Pittsburgh Rating Insomnia Scale. The collection of assessment data refers to the author. These results indicate that there is a difference in the level of insomnia between before and after a visual hypnotherapy intervention. From the existing insomnia rate scores, the results show a decrease in the pre, post, and follow-up scores on the insomnia rates seen by the subjects.

Keywords **:** *Hypnotherapy, Insomnia, final year students.*

1. INTRODUCTION

One of the basic human needs to maintain health is sleep. Sleep can add energy, physical well-being, and appearance to a person. It prepares the body for daily activities. In addition, sleep also functions to reduce stress and anxiety, as well as to improve and enhance memory in an individual. However, for some people who have difficulty sleeping, it usually happens because the individual is anxious, so they feel unsatisfied with their sleep because they stay awake until the early hours. Sleep also can control the rhythm of daily life. If lacking sleep or experiencing sleep disturbances, the days will become slow and less energetic. Conversely, sufficient and quality sleep will help individuals have energy and enthusiasm in carrying out daily activities. Because every human being spends a quarter to a third of their life sleeping (Prijosaksono, A dan Sembel 2002).

Menurut Guyton & Hall (Nashori and & Wulandari 2017) Sleep is one of the blessings that Allah SWT has bestowed upon all living beings. Humans need sleep to simply rest from activities, or more than that, to restore the body's condition, both physiologically and psychologically. Sleep can be considered as a protection for the body to avoid harmful health effects caused by lack of sleep. During rest and sleep, the body undergoes a recovery process to restore body stamina to an optimal condition. Good and regular sleep patterns have a positive effect on health. Menurut Philips & Gelula Research shows that during sleep, the body will repair itself, as many cells demonstrate increased protein production needed for cell growth and repair of damage from stress and ultraviolet rays (Nashori and & Wulandari 2017)

According to the National Sleep Foundation (NSF), sleep disorders can have several effects on humans. When lacking sleep, a person will think and work more slowly, make many mistakes, and have difficulty remembering things. This results in a decrease in work productivity and can cause accidents. Another effect on workers is that they become more easily angered, impatient, restless, and suffer from insomnia. These problems can disrupt work and family relationships, as well as reduce social activity. Lack of sleep in workers is the main cause of decreased productivity, absenteeism, and accidents in the workplace. In 2010, 11.7% of the Indonesian population experienced insomnia (Nurdin Yusuf 2018).

Sleep disorder is often referred to as insomnia, which is the inability of an individual to fall asleep during the intended period. Meanwhile, adults on average require more than eight hours of sleep

per day, and only 35% of adults in America consistently meet this sleep requirement. Individuals who suffer from insomnia tend to experience one or more sleep disturbances such as difficulty falling asleep at night, waking up too early in the morning, or frequently waking up during the night. A survey conducted in America indicated that at least one in three people in America experience insomnia, but only 20% of them are concerned about the situation (Debusk 2001).

Certain groups of people have a higher risk of experiencing insomnia, including the elderly, students, shift workers, people with chronic illnesses, pregnant women, and women going through menopause. Meanwhile, sleep disturbances are surprisingly common among college students or young adults. Young adults typically need between six and a half to eight hours of continuous sleep every day (Lanywati 2008).

Research shows that lack of sleep not only affects physical health, but also academic performance among college students, with effects similar to being under the influence of alcohol and drugs. A recent study found that college students who experience sleep disturbances every night were associated with a 0.02-point decrease in their cumulative grade point average (GPA). The results of the study were opposite for students who got enough sleep. Additionally, sleep-deprived students were 10 percent more likely to skip class than those who were not. "Someone who regularly gets good rest has a GPA advantage of 0.14 over someone who is always sleepy," said the study's lead author, J. Roxanne Prichard, who is the scientific director at the Center for College Sleep at the University of St. Thomas in the United States, as quoted by Reuters. Prichard explained that students who get enough sleep can learn and solve problems more efficiently, while sleep deprivation can cause anxiety, insomnia, and other illnesses that can interfere with learning effectiveness. These findings were obtained after analyzing 55,322 college students in the United States who were surveyed in 2009. On average, students had a GPA of 3.21 and experienced difficulty sleeping for 2.4 nights. The study also found that senior students were the most vulnerable to sleep deprivation that could affect their GPA (cnn-Indonesia.com)

Based on the research results, it is known that out of 54 respondents, the majority who experienced insomnia were 37 respondents (68.5%), while those who did not experience insomnia were 17 respondents (31.5%). The research shows that final-year students of the Regular Midwifery Educator Program at 'Aisyiyah Yogyakarta University experience the most insomnia, with 37 respondents (68.5%). Insomnia itself is a condition where a person experiences difficulty sleeping, especially at night, and feels insufficient or poor quality of sleep, even though they have had enough sleep, which can result in feeling lethargic upon waking up from sleep (Susilo 2011). In final-year students, insomnia is caused by stress factors, which is in line with the theory proposed by (Potter, & Perry 2006) that insomnia can be caused by psychological factors such as stress, anxiety, insomnia, and excessive brain stimulation. This is also supported by (Amirta 2009) which found that final-year students who experience insomnia from mild to severe categories are burdened with the preparation of their thesis. They perceive this as a final task, as they struggle to work on revisions to their thesis. Additionally, students are still burdened with unfinished coursework. When this happens, the excessive burden can disrupt their sleep and lead to stress in students. The symptoms of insomnia include difficulty falling asleep or achieving restful sleep. This condition can last throughout the night and for days, weeks, or even longer. Individuals may feel tired when waking up and not experience a sense of refreshment. They may often not feel like they slept at all, experience headaches in the morning, have difficulty concentrating, feel easily irritated, have red eyes, and feel drowsy during the day (Amirta 2009). Insomnia experienced by students will result in a loss of focus during study and increased stress. This is supported by the theory proposed by (Rafknowledge 2004), which states that the impact of insomnia includes a loss of focus when driving, a lack of concentration when studying, reduced concentration due to lack of sleep, worsened physical health conditions, increased stress, aged-looking skin, forgetfulness, and obesity. According to (Duke, J. A. 2004) students are generally categorized as individuals between the ages of 18 and 26 and belong to the late adolescent and early adulthood group. Furthermore, students have an irregular schedule and often believe that sleeping for four to five hours per night and napping briefly during the day or night is sufficient. This is not true. Although it is acceptable to sleep during the day or night, in order to achieve effective sleep, it is necessary to maintain a consistent and good sleep pattern (Duke, J. A. 2004)

An example encountered by the researcher is a student named KH, a 12th-semester student at a state university in Palembang. KH experienced insomnia in the form of difficulty starting to sleep, which kept KH awake until early morning. Although in the morning, she had to go to campus for guidance, she claimed to be very tired with this condition and not concentrating during guidance. Furthermore, a student named KH, a final semester student in the SI SAINTEK study program at UIN Raden Fatah Palembang, has been experiencing difficulty sleeping for approximately a month due to working on their thesis. According to the SI lecturer, the student is active in class, but when working on their thesis, KH appeared less enthusiastic and lacked energy in completing the thesis.

From the description above, one of the groups at risk for insomnia is college students or early adulthood, Students complain about their sleep, especially about insomnia, and there are many factors that cause insomnia among students. Some of these causes include when students feel upset or interested in something, or when they are under stress (Mulyana 2016). In addition, high levels of anxiety and pressure on students (Bailey 2005) also cause them to experience insomnia. Situational causes include socializing every night, excessive alcohol consumption, not maintaining a consistent sleep schedule, unhealthy diets, and procrastination on assignments (Bailey 2005). Insomnia management generally includes pharmacological and non-pharmacological therapy. Non-pharmacological therapy generally includes improving biological feedback, sleep hygiene, cognitive therapy, and relaxation techniques (Potter, & Perry 2006). One of the relaxation techniques is hypnotherapy. Hypnotherapy is the application of hypnosis to treat mental disorders and alleviate physical problems (Arter D. 2014). Hypnosis can alter sensations, perceptions, thoughts, feelings, or behaviors after suggestion (B.Y., Ng 2008). The brain that has been influenced by suggestion will directly instruct the central nervous system to decrease its activity, which will result in the release of serotonin from specific cells in the pons and brainstem, called the bulbar synchronizing region (BSR) (Tarwoto & Wartonah 2011). When the client is in a relaxed state, the RAS activation decreases, and the BSR takes over, causing the client to fall asleep (Potter, & Perry 2006). Based on the phenomenon above, the researcher deems it necessary to conduct further research on how effective hypnotherapy is in reducing insomnia scores in final year college students who experience insomnia.

The aim of this study is to determine the effectiveness of hypnotherapy in reducing the level of insomnia in final year university students, and the benefit of this study is to provide additional information for clinical psychologists regarding hypnotherapy as a psychotherapy to reduce insomnia in clients. The hypothesis of this study is that the post-intervention insomnia score of hypnotherapy in final year university students at UIN Raden Fatah Palembang is lower than their pre-intervention insomnia score.

2. METHOD

The research method in this chapter includes identifying variables and operational definitions of research variables, research subjects, experimental design, manipulation of independent variables, data collection methods, and data analysis techniques. Data for this study were collected using data collection methods such as observation, unstructured interviews, and measurement through the Pittsburgh Rating Insomnia Scale. Data collection assessments referred to by (Hadi 2004) include:

a. Observation

Observation was carried out to collect data on daily behavior patterns that could be observed as symptoms of insomnia, such as facial expressions, subject interactions with their environment, and subject behavior when facing problems. To prevent obstacles in gathering information and research data, non-participant observation was used. As explained by (Hadi 2004), non-participant observation was used to minimize obstacles that occurred during data collection.

b. Unstructured Interviews

Unstructured interviews were used to understand the complexity of subject behavior without any categories or priorities that could limit the richness of data that could be obtained by the researcher. According to (Sugiono 2010), unstructured interviews can be used to qualitatively explore data about the experiences felt by the subjects during the therapy process, the benefits felt after participating in therapy, as well as factors that support and inhibit the implementation process in daily life, especially related to the symptoms experienced by the subjects.

c. The Pittsburgh Rating Insomnia Scale (PIRS) is a tool consisting of 65 items designed to assess the severity of insomnia.

PIRS has three parts: Part B (46 items) is the distress score, Part C (10 items) is the sleep parameter score, and Part D (9 items) is the subjective quality of life score. Part B contains 46 questions that must be answered on a Likert scale of 0-3 (0: not at all disturbed, 1: slightly disturbed, 2: moderately disturbed, 3: very disturbed). All scores in Part B are then summed up to obtain the distress score. Part C contains 10 questions that must be answered on a Likert scale of 0-3, with varying answers depending on the question. The score for this part is the sum of all items in Part C, referred to as the sleep parameter score. Part D contains 9 questions that must be answered on a Likert scale of 0-3 (0: very good, 1: good, 2: fair, 3: poor). The final score is calculated by adding up all answers and the three components. The minimum score is 0 (good) and the maximum score is 195 (poor). Respondents are asked to rate their condition for the past week(Nashori and & Wulandari 2017).

The Pittsburgh Rating Insomnia Scale (PIRS) was published in Indonesia and then translated by the Study Group of Biological Psychiatry Jakarta - Insomnia Rating Scale (KSPBJ-IRS). The dimensions or components of PIRS are the same as KSPBJ-IRS, but the sentences and items included in the tool are based on expert judgment agreement. KSPBJ-IRS asked for expert judgment, namely three clinical psychology professors in Indonesia who understand insomnia issues and one psychiatry professor at the University of Pittsburgh(Nashori and & Wulandari 2017).

According to Iskandar & Setyonegoro In (Lanywati 2008) the following are the eight modified questions from KSPBJ-IRS and the scoring values for each item chosen by the subject: sleep duration, dreams, sleep quality, time to fall asleep, waking up at night, time to return to sleep, early morning awakening, and feeling upon waking up. KSPBJ-IRS has established that scores above 10 can be classified as non-insomnia. A previous study by (Ahmad 2018) found that KSPBJ-IRS has a reliability coefficient of 0.83 and a validity of 0.89, which was tested on 30 elderly people at the Panti Tresna Werdha Ciparay Bandung.

According to Buysse in (Lumbantobing 2004) , KSPBJ-IRS was developed to measure sleep quality and divided into several degrees, starting from the category of non-insomnia (11-19), mild insomnia (20-27), severe insomnia (28-36), and very severe insomnia (37-44). Setyoadi's study (2014) also states that KSPBJ-IRS has more applicable questions when used in the elderly population and that KSPBJ-IRS has 11 questions that are less challenging for the elderly to answer compared to the Pittsburgh Sleep Quality Index (PSQI), which contains many questions.

A. Variable Identification & Operational Definition of Research Variables

The variables in this research are:

1. Dependent Variable: Level of Insomnia Insomnia is a condition in which an individual experiences sleep disturbances with complaints of difficulty falling asleep, insufficient sleep time, and poor sleep quality (Nashori and & Wulandari 2017). The level of insomnia is measured using the KSPBJ-IRS (Jakarta Biological Psychiatry Study Group - Insomnia Rating Scale) instrument, which was published in Indonesia and translated by the Jakarta Biological Psychiatry Study Group. The dimensions or components in PIRS are the same as in KSPBJ-IRS, where sentence and item replacement in this instrument are based on expert judgment agreement. KSPBJ-IRS asks for expert judgment from three clinical psychology lecturers in Indonesia who understand insomnia issues and one psychiatry lecturer from the University of Pittsburgh (Radiani 2017)

According to Iskandar & Setyonegoro (Nashori and & Wulandari 2017)the following are the eight modified questions from KSPBJ-IRS and the scoring values for each item selected by the subjects: sleep duration, dreams, sleep quality, sleep onset latency, waking up at night, time to sleep again, early morning awakening, and perceived waking time. The measurement results obtained by KSPBJ-IRS determine that a score above 10 can already be classified as non-insomnia. Previous research conducted by Ahmad (2013) shows that KSPBJ-IRS has been tested and has a reliability coefficient of 0.83 and a validity of 0.89 which was performed on 30 elderly people at Panti Tresna Werdha Ciparay Bandung. Buysse (in Sijabat, 2019) developed KSPBJ-IRS to measure sleep quality and categorized it into several levels starting from no insomnia (11-19), mild insomnia (20-27), severe insomnia (28-36), and very severe insomnia (37-44).

Setyoadi's research (2014) also states that KSPBJ-IRS has more applicable questions when used in the elderly population, and KSPBJ-IRS has 11 questions that are considered easier for the elderly to answer compared to the PSQI (Pittsburg Sleep Quality Index) instrument which has many questions.

The measurement tool used in this study is the Pittsburgh Rating Insomnia Scale (PIRS), which consists of 65 items designed to assess the severity of insomnia. PIRS has three parts: Part A (46 items) is the distress score, Part B (10 items) is the sleep parameter score, and Part C (9 items) is the subjective quality of life score. Part A has 46 questions that must be answered on a Likert scale of 0-3 (0: not at all bothered, 1: slightly bothered, 2: quite bothered, 3: very bothered). The scores for all items in Part A are added up and referred to as the distress score. Part B has 10 questions that must be answered on a Likert scale of 0-3 with various answer options depending on the question. The score for this section is the sum of all items in Part B and is referred to as the sleep parameter score. Part C has 9 questions that must be answered on a Likert scale of 0-3 (0: very good, 1: good, 2: fair, 3: poor). In addition to all answers, a final score is given, which is referred to as the quality of life score. Part D is about comments that the patient wants to include but are not included in the scale. The final score is the total sum of all three components. The minimum score is 0 (good) and the maximum score is 195 (poor). Respondents are asked to rate their condition for the past week.

2. Independent Variable: Hypnotherapy

The Pittsburgh Rating Insomnia Scale (PIRS) was published in Indonesia and was then translated by the Biological Psychiatry Study Group in Jakarta to become the Insomnia Rating Scale (KSPBJ-IRS). The dimensions or components of PIRS are the same as KSPBJ-IRS, but the wording and items included in the measurement tool are based on expert judgment approval. For KSPBJ-IRS, expert judgment was sought from three clinical psychology lecturers in Indonesia who understand insomnia issues and one psychiatry lecturer from the University of Pittsburgh (Nursamsu 2015)

Hypnotherapy is a branch of psychology that studies the benefits of suggestion for dealing with problems related to thoughts, feelings, and behaviors. Hypnotherapy can also be described as a technique for mental therapy and healing that uses hypnotic methods to provide suggestions or positive commands to the subconscious mind for the treatment of psychological disorders or for improving thoughts, feelings, and behaviors (Ahmad 2018), Therefore, it can be concluded that hypnotherapy is a state of focused attention on a physical object or specific mental image that is marked by an increase in suggestibility as a result of cooperative behavior with others. The focus of attention does not have to be a physical object (such as a watch or pendulum), but can also be a mental object such as metaphors or stories that can activate the client's subconscious. In order to reach a trance state, the client needs to increase their suggestibility and the therapist needs to know good techniques for providing suggestions, and all of these processes will work well if there is rapport (trust) between the therapist and the client.

3. RESULTS AND DISCUSSION

Data Description

Based on the research results, the description of the research data is as follows:

Table 1. Description of the mean insomnia scores on pretest, posttest, and follow up in subjects

Subjects	Pretest	Postest	Follow up
KH	30	23	9
LA	32	21	10
IW	28	19	8
IL	33	24	11

Based on Table 6, it can be seen that before receiving treatment in the form of hypnotherapy, the average score for the four subjects who experienced insomnia was 30.75. After receiving hypnotherapy treatment or posttest, the average score for the four subjects was 21.75. The average score for the four subjects during follow up was 9.50.

3.1 Data Analysis Results

Data analysis is the last stage before drawing conclusions. In general, experimental research uses statistical techniques to analyze data descriptively to obtain a clearer picture of the intervention results, which can be presented in the form of graphical images. According to Kazdin (Radiani 2017), statistical analysis in research with multiple subjects (groups) usually reflects the group's performance as a unit with characteristic data, namely the mean and variance. This will result in uncertainty about how an intervention will affect individuals, and group performance cannot describe the intervention's effect on each subject individually. Therefore, data evaluation in single-case research can use visual inspection. The steps that can be taken in analyzing data are to calculate the measurement results of the KSPBJ-IRS scale data after the intervention and then measure again after six days to determine the effectiveness of the intervention. The measurement results will be presented in graphical images that explain the data analysis between conditions before the intervention, after the intervention, and follow-up. At the same time, to determine the effect or influence of the intervention on the symptoms of insomnia that will be reduced. Based on the insomnia scores on the pretest, posttest, and follow-up, the KSPBJ-IRS scale data provides the following description:
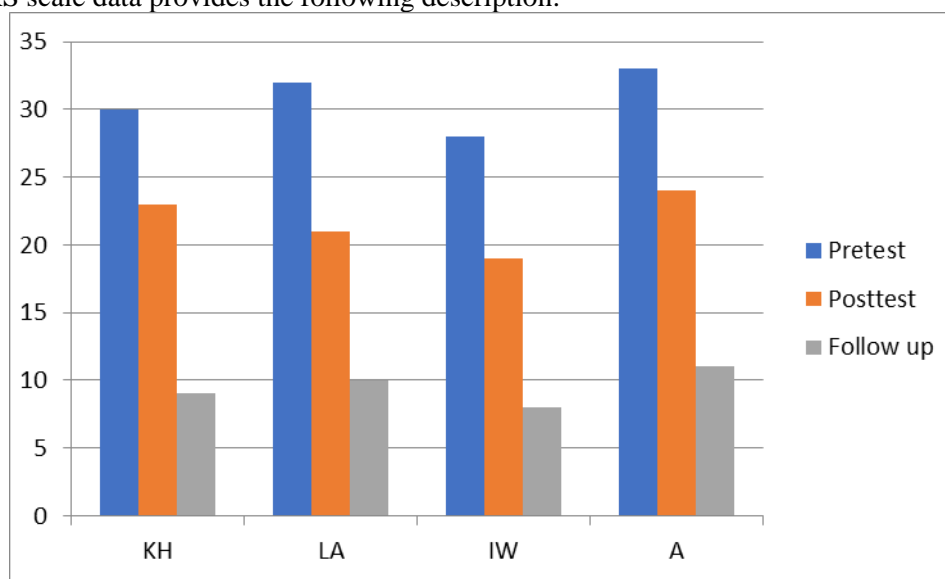

Figure 1. Graph showing the decrease in insomnia scores in pretest, posttest, and follow-up.

Based on the insomnia scores in the pretest, posttest, and follow-up, the graph above shows that in subject KH, the insomnia score was 30 in the pretest, which is in the severe category. After being given hypnotherapy intervention, the insomnia score decreased to 23, which is in the low category. After a week of measurement (follow-up), the insomnia score decreased further to 9, which is in the minimal category. In subject LA, the insomnia score was 32 in the pretest, which is in the severe category. After being given hypnotherapy intervention, the insomnia score decreased to 21, which is in the low category. After a week of measurement (follow-up), the insomnia score further decreased to 10, which is in the minimal category. In subject IL, the insomnia score was 33 in the pretest, which is in the severe category. After being given hypnotherapy intervention, the insomnia score decreased to 24, which is in the low category. After a week of measurement (follow-up), the insomnia score further decreased to 8, which is in the minimal category. In subject IW, the insomnia score was 28 in the pretest, which is in the severe category. After being given hypnotherapy intervention, the insomnia score decreased to 19, which is in the low category. After a week of measurement (follow-up), the insomnia score increased slightly to 11, which is still in the minimal category. Therefore, it can be concluded that there is a decrease in insomnia scores in KH, LA, IW, and IL after being given hypnotherapy intervention.

3.3 Interview Results

The interview was conducted because each individual has different characteristics and scores. In this interview process, counseling, sharing, lectures, and discussions were conducted. Here are the

self-reporting results of subjects KH, LA, IW, and A: a. KH (24 years old) KH, an early adult aged 24 years old who is currently finishing his studies in the SI SAINTEK program. Subject KH has a height of ± 158 cm and weight of ± 55 kg, and is the second child of four siblings. KH has problems with his family since he was a child, where he always saw his parents arguing. The client currently appears lazy to date or pursue any other activities, causing him to feel empty and hopeless about his life. He simply goes through his days and follows the flow. KH's father is very strict with him, while his mother spoils him, leading to different parenting styles between his parents. Even though KH is already 24 years old, his behavior is still childish. He still likes to watch cartoons for hours, and his bedroom is very messy because he is too lazy to fold his clothes. When the researcher conducted a home visit to KH's house and met with his family, everything seemed normal, and there was nothing unusual about his family. However, when the researcher interviewed KH's older sister, she mentioned that KH has not yet completed his thesis even though he is in his 13th semester. She revealed that KH always has many excuses and is a lazy person, so it's no wonder that his thesis is not finished. Although KH has a lot of support from his family, for example, his older sister always reminds him to complete his thesis and has asked if there are any obstacles, KH stated that there were no obstacles, but he often feels compared to his sister by their parents. KH also stays up late watching the cartoon series "NARUTO" until late at night. When asked by the researcher why he watches it until late at night, he revealed that he is curious about the next episode, so he gets used to watching until he falls asleep, and only then does he stop watching.

a. LA (23 th)

LA is an early adult who is 23 years old and currently studying in the SI department of the SAINTEK faculty. LA is approximately 155 cm tall and weighs around 43 kg, and is the second child of three siblings. LA has an older and a younger brother, which makes her the house servant at home. LA's problem is that she has a hidden pain because she feels discriminated against by her mother, even though she is also her mother and father's biological child, just because she is the only daughter in the family, she is assigned as the house servant. LA feels like screaming and rebelling, but she cannot do that, so she just keeps her feelings inside. Due to frequently repressing her feelings and problems, LA has difficulty sleeping. When LA has trouble sleeping, she usually watches Korean dramas, which causes her to stay up late at night. This is the reason why LA has not completed her thesis yet because during the day she feels tired and exhausted, and Mrs. LA always tells her to do all the household chores.

b. IW (24 th)

IW is a 24-year-old early adult who is studying at SI SAINTEK. IW's height is approximately 158 cm and weight is approximately 58 kg. IW is the first child of two siblings. IW is a very lazy person, lazy in everything, spending most of their time playing games until late at night. IW admits that their parents are not strict, so they feel safe with their behavior so far. IW currently lives with their mother's brother. The problem faced by IW is that they are currently feeling upset because their partner broke up with them. IW's partner broke up with them because IW does not have a job and has not graduated from college yet. Even though IW and their ex-partner have been in a long-term relationship for almost 5 years, IW's ex-partner is a graduate of midwifery. When asked why they often stay up late, IW said in a soft voice that they were just broken up by their partner and their ex-partner already has a replacement, so IW channels their emotions by playing games until late at night. As a result, IW's thesis has not been completed even though they are already in their 13th semester. IW lives in Palembang with their uncle who does not pay much attention to them, so it is up to IW to decide what they want to do without any monitoring or guidance from their family. When asked by the researcher about what they will do in the future, IW just bowed their head and softly said "Just go with the flow," without any definitive answer.

c. IL (23 th)

IL is a 23-year-old female student who is currently pursuing her education at SI SAINTEK. The subject stands at approximately 165 cm tall and weighs around 59 kg. She is the eldest of three siblings, all of whom are girls. IL currently works to support herself because her parents are considered less fortunate. She has been supported in her studies by her aunt, but IL felt uneasy about it and decided to work from semester 5 until now. When asked why IL experiences insomnia, she said it's because she has difficulty sleeping and sometimes experiences headaches because she worries

about her future. As the eldest child, IL wants nothing more than for her parents and younger sisters to be happy and not to experience shortages. However, IL can only work as an admin at a supermarket in Palembang, but she is grateful because by working, she can reduce the burden on her parents and help provide for her younger siblings. IL also expressed a desire to marry someone wealthy so that she can quickly help her family's economy and not have to feel tired of chasing after every penny just to meet daily needs. Occasionally, IL sheds tears and takes deep, slow breaths. She wants to finish her studies, but finds it difficult to balance her work and studies, as IL struggles to let go of her job that provides a decent income to meet her needs.

4. CONCLUSION

The analysis showed that there was a difference in the level of insomnia between pretest and posttest as well as between posttest and follow up. During posttest and follow up, the insomnia scores obtained by the subjects decreased ($Xpre = 30.75$; $Xpos = 21.75$; $Xfu = 9.50$). Therefore, the hypothesis of the study was proven. There was a difference in the level of insomnia before and after the application of hypnoterapy intervention through visual analysis. Furthermore, a decrease in insomnia scores was observed in all four subjects. During pretest, posttest, and follow up, the insomnia scores obtained by subject KH decreased (pretest = 30; posttest = 23; follow up = 9). The same trend was observed for subject LA, with insomnia scores decreasing from pretest (32) to posttest (21) and follow up (10). Similarly, subject IW also showed a decrease in insomnia scores during pretest, posttest, and follow up (pretest = 28; posttest = 19; follow up = 8). Finally, subject IL showed a decrease in insomnia scores during pretest, posttest, and follow up (pretest = 33; posttest = 24; follow up = 11).

5. RESEARCH SUGGESTION

Other researchers can explore the use of hypnotherapy as a therapeutic tool for similar cases to this study, but with different symptom profiles or even for different conditions such as phobias or trauma. This can contribute to further enriching the research findings related to the effectiveness of hypnotherapy as a therapeutic intervention.

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