

# “Bungan Sandat”: A Therapy for Youth Anxiety Disorder

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Every teenager has experienced anxiety while at school. To deal with their anxiety, among others, teenagers will vent with friends, find alcoholic or caffeinated drinks, enjoy vape or pop songs, and their favourite shows, and even consume narcotics or illegal drugs. Unlike the teens in Petang, teenagers in Bali enjoy the “Bungan Sandat” song to deal with their anxiety. There is a relationship between the Bungan Sandat song, and the level of overcoming anxiety among teenagers in Petang, Bali. This type of research is quantitative, with a pre-experimental one-group pretest-posttest design. A sample of 30 teenage students experiencing anxiety was selected through a total sampling method. The data was analysed using the Wilcoxon Signed Rank Test. The average anxiety level before being given the Bungan Sandat therapy was 36.90 or ‘severe anxiety’, and after being given the ballad Wargasari therapy, the average became 23.00 or ‘moderate anxiety’. The value of the p-value is  $0.001 < \alpha (0.05)$ , which means there is a significant influence of the Bungan Sandat therapy upon anxiety. The results of this study are used as adjunctive therapy in the handling of anxiety in adolescent girls.

**Key words:** *Girls, Adolescent, Bungan sandat, Anxiety.*

## Introduction

Education is a very important part of human life, and humans need intrinsic knowledge of wisdom in life (Pradana, 2017a; Pradana & Arcana, 2020). Wisdom, skills, spiritual, and intellectual elements are needed in shaping quality human resources, which among them can be built through education. Education can be passed informally (Karmini et al., 2019; Karmini et al., 2020). In a formal context, schools are the appropriate place to develop actively, and independently, and to actualise one’s abilities and potentials.

Success in achieving educational goals is inseparable from the implementation of the learning process in schools (Karmini et al., 2019a). Learning is a process carried out by

individuals to obtain optimal results from a change in behaviour, and they must be passed as a whole, as the experience of the individual itself in the interaction with the environment (Surya, 2013). Change is a process, which is built from a patterned shift, and results in differences in internal or external characteristics (Pradana, 2019). The learning process in schools has formally led each class of students to change their characteristics gradually through new classes, subjects, and evaluations. Every student who attends an education at school will always face an evaluation of their learning outcomes. One evaluation of the learning process at school is usually carried out by a test or exam to measure the extent of eligibility to receive new subjects, and even shift towards a new class. The results of the learning process are reflected in the process itself, and the learning achievements, which can be measured from the achievement of graduates' competency standards.

Factors which support the success of the learning process include an atmosphere that is not boring, and learning activities that make students happy (De Porter et al., 2014). The learning process should match the needs and expectations of students. This can be reflected in the smooth form of the learning process, a high interest, the learning achievement of students, and avoiding feelings of stress, anxiety, and boredom in the learning process.

Feelings of boredom and accompanied by the anxiety and stress of students in adolescence, tends to haunt adolescent perceptions, behaviours, and attitudes. As one of the social groups, adolescents experience the most rapid changes in perception, behaviour, and attitudes (Pradana, 2012). Erickson in Santrock (2016) explains that adolescence is a time of change in search for the principles of life, and the purpose of life for maturity. Any changes in the demands of maturity, amid the habits of these children, and the desire to explore freely, often makes adolescents experience self-conflict. Moreover, the learning process at school also makes teenagers become stressed because of the many expectations and demands that must be met in the school, peer-group, and family environments. The demand to obtain a good test score will affect the individual perceptions of the cognitive assessment of the situation or stimulus, and as a potential, it is dangerous or detrimental. When someone recognises or interprets a situation as a potential that harms, endangers or threatens oneself, anxiety will arise (Spielberger, 2015; Sani Ibrahim, 2012).

Anxiety is an obscure and pervasive concern related to feelings of uncertainty and helplessness. This emotional state has no specific object. Anxiety is experienced subjectively and is communicated interpersonally (Stuart, 2012). It can be done in two ways, namely pharmacology, and non-pharmacology. Pharmacological management can indeed help temporarily, and it is dependent (Katzung, 2004). Meanwhile, students' perceptions in facing an exam may cause anxiety that originates from within, making the exam difficult to approach, leaving them unable to complete it well. Additional reasons that may make students feel anxious includes feeling unsure of being able to answer every item, being afraid

of the wrong answers, grades or achievement dropping, fear of not passing the exam or being scolded by parents, and shame if the grade drops.

Nevid et al. (2015) state that anxiety is an emotional state which is comprised of characteristics such as physiological arousal, unpleasant tense feelings, and feelings of worry that something bad will happen in the future. The characteristics of anxiety can be known physically, behaviourally, and cognitively. Regarding the physical characteristics, a person experiencing anxiety is characterised by nervousness, trembling hands or limbs, sweaty palms, dry mouth or throat, difficulty speaking, difficulty breathing, increased heart rate, fingers or limbs become cold, dizziness, feeling weak, stomach aches, nausea, chills, frequent urination, feeling sensitive and irritable, and neck or back feeling stiff, among others. In the instance of this study, anxiety occurs when the subject population is thinking about dealing with matters relating to the National Examination. The subjects feel their bodies become weak when thinking that the National Examination will be faced soon. Whereas, in behavioural characteristics, an anxious person is characterised by avoidance, and dependency or clinging behaviour. In cognitive features, anxious people are usually worried about something, have disturbing feelings of fear or beliefs about something terrible happening, carry a fear of being unable to cope with problems, and think about disturbing things over and over. Their mind feels restless, along with a difficulty concentrating and an inability to cope with it. In the days approaching the exam, the subject is difficult to focus upon, as the mind is overshadowed by not passing the National Examination in the future.

The anxiety which is experienced when facing exams will differ from one student to another student. Such anxiety in students can cause problems in living their life, if it is not conditioned properly. To overcome their anxiety, among other things, they talk with friends, find alcoholic drinks or caffeinated drinks, enjoy vape, pop songs or their favourite shows, and even consume narcotics and illegal drugs to significantly reduce their anxiety levels. At a low anxiety level, the anxiety will be a test. Meanwhile, facing exams with a high level of anxiety will not produce optimal results. Adolescence is a period of vulnerability, falling into the negative. Adolescents usually cannot be accounted for because they tend to want to be free and not restrained, so it requires the implementation and understanding of this *Bungan Sandat*.

To break the cycle of anxiety and prepare students for exams, they may listen to the *Bungan Sandat*. As one of the distinctive Balinese songs, the *Bungan Sandat* holds several Balinese hopes which are conveyed through interesting music. Something interesting can be caused by the aesthetics, ethics, and important messages (Pradana, 2018; Pradana, 2018a; Ruastiti et al., 2018; Ruastiti & Pradana, 2020). The important message in the *Bungan Sandat* is suitable for students in their teens to be able to maintain their dignity.

It is interesting to discover that many girls at the *SMA Negeri 1 Petang, Tegallalang, Badung* like to listen to the *Bungan Sandat* song before taking their final exam. They claim the song can reduce tension and fear in facing the final exam. Interestingly, combined causes and responses can make ordinary circumstances become states that have meaning (Pradana, 2018b). A form can result in a calm and peace in every listener when the song is appreciated and accepted by the listener as a song, and which is easily understood with a very gentle rhythm, such as the *Bungan Sandat*.

The *Bungan Sandat* is a song that baffles young women to look after themselves. If a teenager is unable to take care of herself, then she is likened to a hibiscus flower. In Balinese, it is called a 'Sandat' flower. This flower is very beautiful but when it is picked, it will quickly wither, and it cannot be used anymore. Thus, it will eventually be discarded. However, if she can take care of herself well, and she can maintain her value as a woman, she is likened to a 'Sandat' flower, which is a very fragrant flower, even if it has withered and dried. The flower has remained fragrant and useful. The values which are accompanied by moral forms can add meaning (Arniati et al., 2020). This song must be understood by all its verses, in order to take the meaning and messages contained in this song, and to be able to practise them.

The meaning of the *Bungan Sandat* has had a positive effect on the level of readiness of the girls at the *SMA Negeri 1 Petang, Tegallang, Badung*, when facing their final exams, as culture can positively influence the achievement of the level of effort (Tejayadi et al., 2019). The *Bungan Sandat* also seems to have a significant effect on the level of anxiety of adolescent girls to address and respond to the final exam at *SMA Negeri 1 Petang, Tegallalang, Badung, Bali*.

## Literature Review

According to Stuart and Laraia (2005), a physiological response will occur when someone is experiencing anxiety. It consists of an array of symptoms, including:

- a. **Cardiovascular:** increased blood pressure, palpitations, palpitations, increased pulse rate, decreased pulse pressure, and shock.
- b. **Respiration:** rapid and shallow breathing, feeling of pressure in the chest, and feeling of suffocation.
- c. **Skin:** hot or cold feeling on the skin, pale face, sweating all over the body, burning sensation on the face, sweaty palms, and itching.
- d. **Gastrointestinal:** anorexia, stomach discomfort, epigastric burning, nausea, and diarrhea.

- e. **Neuromuscular:** increased reflexes, shock reactions, virtual flickering, insomnia, tremors, convulsions, tense faces, and slow movements.
- f. **Behaviour:** restlessness, tremors, nervousness, fast-talking, limited coordination, withdrawing, and avoidance.
- g. **Cognitive:** attention distraction, lost concentration, forgetfulness, misinterpretation, blocking, confusion, decreased perception field, excessive self-awareness, excessive worry, decreased objectivity, and fear of accidents or death.
- h. **Affective:** impatient, tense, neurosis, tremors, extraordinary nervousness, and very agitated.

Moreover, according to Stuart and Sundeen (2008), several theories suggest factors supporting anxiety include:

- a. **Psychoanalytic:** according to the psychoanalytic view, anxiety occurs because of the conflict that occurs between the emotional elements of the personality, namely, identification, the ego, and the super ego. Identification represents instinct, the super ego represents the conscience, and the ego represents the conflict that occurs between the two conflicting elements, adding danger to the ego element.
- b. **Interpersonal:** according to the interpersonal view, anxiety arises from the feelings of fear of the absence of interpersonal acceptance and rejection.
- c. **Behaviour:** based on the theory of behaviour, anxiety is a product of frustration, which is everything that interferes with one's ability to achieve their desired goals.
- d. **Family Perspective:** family studies show patterns of interactions that occur within the family, and anxiety indicates the presence of non-adaptive interactions in the family system.
- e. **Biological Perspective:** biological health of a person is a predisposing factor for the emergence of anxiety.

### Factors that Affect the Level of Anxiety

At this time, hormone production is often unstable with the level of anxiety. The level of anxiety is influenced by several related factors including the following:

- a. **Potential Stressors:** psychosocial stressors are any conditions or events that cause changes in a person's life, so that the person is forced to make adaptations or adjustments to cope.
- b. **Maturation:** mature individuals are those who have a personality maturity, so it will be more difficult to experience interference due to stress because mature individuals have a great adaptability to stressors which arise. Conversely, individuals who are

immature will depend upon, and are sensitive to stimuli, therefore, they are susceptible to interference due to stress.

- c. **Educational Status and Economic Status:** the low educational and economic statuses of a person may cause the person to experience stress compared to those with a high educational and economic status. The parents' socioeconomic status is very influential in meeting the needs of daily life. Humans, as social beings, have the potential and personality that allows them to be accepted in association with other individuals. Each individual will channel their potential to certain interests, then other individuals can accept and acknowledge it. On this basis, they will obtain status in the group. According to Mulyanto (1986), "social words have received a lot of interpretation, however people think these words achieve reciprocal behavior or behavior is interdependent and interdependent of humans to each other". A socio-economic status is a condition or position that is socially regulated in certain positions in the structure of society. This position is accompanied by a set of rights and obligations that are only fulfilled by the status bearer. For example, income, employment, and education (Soekanto, 2003).
- d. **Knowledge Level:** a low level of knowledge in a person will cause that person to be easily stressed. Knowledge or information is an important function to help reduce anxiety. Knowledge is the result of knowing, and this happens after people gain an understanding of subjects. The more knowledge one has, the more a person will know the mechanism that will be used to overcome his or her anxiety (Notoatmodjo, 2003).
- e. **Physical Condition:** individuals who experience physical disorders, such as injuries, bodily diseases, surgeries, and physical disabilities, are more prone to stress. Moreover, people who experience physical fatigue will also be more likely to experience stress.
- f. **Personality Type:** individuals with personality type A are more susceptible to interference due to stress from individuals with personality B. The characteristics of individuals with personality A includes being impatient, competitive, ambitious, desire to be perfect, feeling rushed all the time, very loyal or excessive towards work, aggressive, easily agitated, unable to calm, easily hostile, easily offended, and muscles easily tense. Whereas, individuals with personality type B have characteristics that are opposite to the personality type A.
- g. **Socio-Cultural:** the way of life of individuals in society greatly influences the onset of stress. Individuals who have a very organised way of life, and have a clear philosophy of life, generally find it more difficult to experience stress. Likewise, religious beliefs can influence the onset of stress. The environment or situation of individuals which is considered unfamiliar, will be more likely to experience stress.
- h. **Age:** although it is argued that the younger age factor is more prone to stress than old age, several academics argue otherwise. According to Nursalam (2001), age is the age of an individual from the time of birth and until the time of his birthday. The greater

the age, the maturity level and strength of someone will be greater in thinking and working. In terms of public trust, someone who is more trusted than someone who is not, has a high maturity. This is because of the experience and maturity of his or her soul. Someone who has a younger age is more likely to experience anxiety disorders than someone who is older, however, some argue otherwise (Stuart, 2006).

- i. **Gender:** generally, women are more prone to stress, however, the life expectancy of women is higher than men.

### Factors that can Reduce Anxiety

- a. **Repression:** is an act to divert or forget things or desires that are not by the conscience. Repression can also be interpreted as an effort to calm down or reduce themselves, so as not to arise encouragement which does not follow one's heart (Prasetyono, 2007).
- b. **Relaxation:** is adjusting the sleeping position and not thinking about problems. Relaxation and recreation can reduce anxiety by getting enough sleep, listening to music, laughing, and deepening religious knowledges. Additional methods that can be used for relaxation include self-hypnosis, and *pranayama yoga*.
- c. **Nurse communication:** is communication delivered by nurses to patients by providing complete information from the first time a patient is encountered. It is achieved by establishing a contract for professional relations, starting from the orientation phase to the termination or what is called 'therapeutic communication' (Tamsuri, 2006).
- d. **Psychopharmacology:** is a treatment for anxiety by using drugs, such as diazepam, bromazepam, and alprazolam, which are effective in restoring the function of neurotransmitter disorders or nerve conductive signals in the central nervous system or limbic system (Hawari, 2013).
- e. **Psychotherapy:** is a psychiatric therapy by providing motivation, enthusiasm, and encouragement so that the patient concerned does not feel hopeless and provides them with confidence (Hawari, 2013).
- f. **Psycho-religious:** achieved with prayer and dhikr. Prayer is emptying the heart and asking God to fill it with everything one needs. Through prayer, people look for strength that can multiply energy which is only limited in themselves, and through the relationship with prayer, it creates a deep relationship between humans and God (Prasetyono, 2007). Medical therapy which is not accompanied by prayer and dhikr is not complete. On the contrary, prayer and dhikr alone and without medical therapy are not effective.

## Clinical Manifestations

Anxiety can be expressed directly through physiological, and behavioural changes, and directly through the onset of symptoms to fight anxiety. The behavioural intensity will increase in line with rising anxiety levels. The following signs and symptoms are based on the classification of anxiety levels that arise in general:

- a. **Physical signs:** lightly anxious-trembling, shock, sense of shake, muscle tension, shortness of breath, hyperventilation and easily tired, medium anxiety associated with often being surprised, autonomic hyperactivity, a red and pale face, shortness of breath, hyperventilation, sweating, hands often feel cold, panicking, diarrhoea, dry mouth or xerostomia, urinating frequently, paresthesia or tingling of the feet and hands, and difficulty swallowing.
- b. **Psychological symptoms:** anxious; worried; have bad feelings; afraid of one's thoughts; easily offended; feeling tense or uneasy or restless; easily shocked; limited concentration; hypervigilance or excessively alert; fear of being alone; afraid of crowds and lots of people; disorders of sleep patterns, tense dreams, impaired concentration, and memory; libido decreases; pain in the throat; and nausea in the stomach.

## Anxiety Level

Anxiety is highly related to feelings of uncertainty and helplessness. Such conditions are experienced subjectively and are communicated in interpersonal relationships. Anxiety is different from fear, which is an intellectual assessment of something dangerous (Kusumawati, 2011). Anxiety is an emotional response to an assessment. The capacity to be anxious is essential to survive, but severe levels of anxiety are not in line with life (Stuart & Sundeen, 2008). According to Stuart and Sundeen (2008), anxiety can be divided into four levels relevant to the anxiety response range:

- a. **Mild anxiety:** this anxiety is related to insanity in daily life and causes a person to be alert and increase the area of his or her perception. Anxiety can motivate learning and produce growth and creativity. This anxiety is normal in life because it increases motivation in making individuals ready to act. External stimuli are ready to be internalised, and at the individual level, it can effectively solve problems, such as someone facing a final exam, individuals who will continue their education to a higher level or adult couples who will enter the marriage stage.
- b. **Medium anxiety:** is allowing a person to focus on the important factors and put aside others, so that someone who experiences selective attention, can do something more directed. The manifestations that occur at this level are increased fatigue, increased

muscle tension, fast-talking at a high volume, narrowed perception, the ability to learn but it is not optimal, a decreased concentration ability, selective attention and focus on stimuli that do not increase anxiety, and can be easily offended, impatient, forgetful, angry, and cry. In this condition, individuals can still learn from other people's directions. Stimulus from the outside is not able to be internalised properly, and individuals are very concerned about things that are at the centre of attention.

- c. **Severe anxiety:** severe anxiety greatly reduces the perception of people who tend to focus on something detailed, and specific, and cannot think about anything else. All behaviours are shown to reduce tension. A person requires a lot of direction to be able to focus on another area. The field of individual perception is very narrow. The focus is upon small details and not thinking about other things. All behaviours are intended to reduce anxiety and require a lot of commands or directions to focus on other areas, such as individuals who have lost property, and loved ones due to natural disasters, and individuals in captivity. The manifestations that appear at this level are complaining of dizziness, headaches, nausea, being unable to sleep, frequent urination, diarrhea, palpitations, narrowed perception, not wanting to learn effectively, focussing on oneself, and a desire to eliminate high anxiety, feeling of helplessness, confusion, and disorientation.
- d. **Panic:** panic is related to shock, fear, and terror due to losing control. The individuals who experience panic are not able to do anything, even with direction. The manifestations in this condition are difficulty breathing, dilated pupils, palpitations, being pale, diaphoresis, incoherent speech, inability to respond to simple commands, screaming, hallucinating, and being delusional.

## Research Method

This research is a pre-experimental study with a one-group pretest-posttest design, in which the characteristic of this type of research is to reveal the causal relationship by involving a group of subjects. The position and relationships between the subjects requires knowledge (Pradana, 2017). Knowledge can clarify the position of the group (Atmaja et al., 2019). To clarify the existence of the subject groups, a direct intervention is needed, namely through observation, which is followed by intervention, and is evaluated directly and thoroughly, and is resolved by the intervention (Nursalam, 2016). Based on a preliminary study on Friday, 11 January 2020, direct interviews were conducted with ten girls. Of the ten people interviewed, eight respondents experienced anxiety with complaints such as feeling tired quickly, muscles feeling tense, and being scared. In total, the researchers used 30 samples from all the populations. The measuring instrument used was the Hamilton Rating Scale for Anxiety (HAM-A).

The anxiety level can be measured using the HAM-A, which was developed by the

Jakarta Biology Psychiatry Group (KPBJ), and in the form of the Anxiety Analog Scale (AAS). The validity of the AAS was measured by Yul Iskandar in 1984, in his study, which obtained a sufficient correlation with the HAM-A ( $r = 0.57 - 0.84$ ). Anxiety can be measured by measuring the level of anxiety according to an anxiety meter called the HAM-A. The HAM-A scale is a measurement of anxiety, which is based on the appearance of the symptoms in individuals experiencing anxiety (Notoadmodjo, 2012).

According to the HAM-A scale, there are 14 symptoms that appear in individuals who experience anxiety. Each item observed is given a five level score between zero or 'zero symptoms present' to four or 'severe'. The HAM-A scale was first used in 1959, which was introduced by Max Hamilton. It has become a standard in measuring anxiety, especially in trial clinic research. The HAM-A scale has been proven to have a high enough validity and reliability to measure anxiety in trial clinical studies of 0.93, and 0.97. This condition indicates that the measurement of anxiety using the HAM-A scale will obtain valid and reliable results.

The HAM-A, as cited by Nursalam (2001), consists of 14 anxiety assessment items, including:

- a. **Feelings:** anxious foreboding, fear of one's own mind, and easily offended.
- b. **Tension:** feels tense, restless, trembling, easily disturbed, and lethargic.
- c. **Fear:** fear of the dark or strangers if left alone and being afraid of large animals.
- d. **Sleep disorders:** difficulty starting to sleep, waking up at night, sleeplessness, and nightmares.
- e. **Impaired intelligence:** decreased memory, easy to forget, and difficulty concentrating.
- f. **Feelings of depression:** loss of interest, decreased pleasure in hobbies, sadness, and unpleasant feelings throughout the day.
- g. **Somatic symptoms:** pain in the muscles and stiffness, gnashing of teeth, unstable voice, and twitching of the muscles.
- h. **Sensory symptoms:** the feeling of being pricked, blurred vision, red and pale face, and feeling weak.
- i. **Cardiovascular symptoms:** tachycardia, pain in the chest, hardened pulses, and heartbeat disappears instantly.
- j. **Respiratory symptoms:** feeling depressed in the chest, feeling of suffocation, often taking deep breaths, and shortness of breath.
- k. **Gastrointestinal symptoms:** difficulty swallowing, obstipation, weight loss, nausea and vomiting, stomach pain before and after eating, and heartburn.
- l. **Urogenital symptoms:** frequent urination, unable to hold urine, amenorrhea, and weak erection or impotence.

- m. ***Vegetative symptoms:*** dry mouth, easy sweating, red face, standing hair, and dizziness or headache.
- n. ***Behaviour during an interview:*** restlessness, fingers trembling, frowning of forehead, tense faces, increased muscle tone, and short, rapid breathing.

To extract the clients' even answer choices from each question number, the below areas should be followed:

- a. If there are no symptoms at all = 0.
- b. One symptom of the choices = 1.
- c. Half of the symptoms = 2 (for questions with an odd number of choices, the method of calculation is no half score).
- d. More than half of the symptoms = 3.
- e. All symptoms = 4.

After that, the sum of the fourteen questions is summarised, and subsequently classified to assess the level of anxiety, as follows:

- a. There is no anxiety if the score is 0–13.
- b. There is mild anxiety if the total score is 14–20.
- c. There is moderate anxiety if the total score is 21–27.
- d. There is severe anxiety if the total score is 28–41.
- a. There is panicking if the score is 42–56.

## Result

### *Characteristics of Respondents*

Teenagers in the *SMA Negeri 1 Petang, Tegallalang, Badung, Bali* were the research respondents. Among them, the girls admitted that they liked the *Bungan Sandat*, and often listened to it in preparation for school exams. It is known that adolescence is one period of human development. This period is a period of change or transition from childhood to adulthood, which includes biological changes, psychological changes, and social changes. Teenagers are often defined as a transition period between childhood to adulthood or a teenage age or someone who shows certain behaviours, such as being unruly, and having easily aroused feelings.

### *Age Limits for Teens*

There are age limits in adolescence that are focussed on the efforts to abandon childish attitudes and behaviours to achieve the ability to behave in adulthood. According to Kartini Kartono (1995: 36), such age limits are divided into three categories:

**a. *Early adolescence (12–15 years)***

At this time, adolescents experience very rapid physical changes, and intensive intellectual development. The child's interest in the outside world is significant and teenagers do not want to be considered as children anymore, but cannot leave their childish patterns. In adolescence, children often feel lonely, doubtful, unstable, dissatisfied, and disappointed.

**b. *Mid-teens (15–18 years)***

The personality of adolescents at this time is still childish. However, in adolescence, new elements emerge, namely an awareness of the personality, and physical life itself. Adolescents begin to determine certain values and reflect on philosophical and ethical thinking. Thus, from the feelings of doubt that arise in early adolescence and make children vulnerable, will also arise a stability within themselves. Having confidence in adolescents raises the ability of them to make an assessment of their behaviour. In addition, during this period, adolescents find themselves or their true identity.

**c. *Late teens (18–21 years)***

In this phase, adolescents are stable. Teenagers already know themselves and want to live a lifestyle. Teenagers begin to understand the direction of their lives, and realise their purpose in life. Teenagers already have a certain stance based on a clear pattern, which has just been discovered.

**Table 1:** Characteristics of the Respondents by Age in *SMA Negeri 1 Petang, Badung*

<b>Age</b>	<b>Frequency</b>	<b>Percentage</b>
	(f)	(%)
16	15	50
17	13	43.3
18	2	6.7
20	0	0
<b>Total</b>	30	100

Based on the table above, it can be seen that the 30 respondents were aged 16 years at a rate of 50 per cent, 17 years at a rate of 43.3 per cent, and 18 years at a rate of 6.7 per cent.

## Univariate Data Analysis

### *Average Anxiety in Adolescent Girls Before and After Given Bungan Sandat Therapy*

**Table 2:** Average Anxiety in Adolescent Girls Before and After Given *Bungan Sandat* in SMA Negeri 1 Petang, Badung

Classification	Average	Standard Deviation
	(f)	(%)
Dismay		
Before Anxiety	36.90	6.860
After Anxiety	23.00	3.029

In the table above, it can be seen that the respondents have an average of the top-level before being provided the *Bungan Sandat* Therapy, which is 36.90, and with a standard deviation (SD) of 6.860. Meanwhile, the average level after being provided with the *Bungan Sandat* therapy is 23.00, with a SD of 3.029.

## Bivariate Data Analysis

### *Overcoming Anxiety in Adolescents Before Examinations by Listening to the Bungan Sandat at SMA Negeri 1 Petang*

**Table 3:** The Influence of *Bungan Sandat* Therapy Against Anxiety in Girls at SMA Negeri 1 Petang, Badung

Classification of Teenage Anxiety					
	N	Average	Average Difference	SD	P
Pre-Test	30	36.90	13.90	6.680	0.001
Post-Test	30	23.00		3.029	

In the table above, it can be seen the average before being given the *Bungan Sandat* was 36.90, with a SD of 6.860. Meanwhile, the mean after being given the hymn *wargasari* was 23.00, with a SD of 3.092. The mean difference was 13.90, with a p-value of 0.001, which means the value of  $p < 0.05$ , indicating that  $H_0$  was rejected, and  $H_a$  was accepted. Therefore, it can be concluded that there was a significant influence of the lung's humble culture upon anxiety in adolescent students at the *SMA Negeri 1 Petang*.

## Discussion

### *Average Anxiety Before Bungan Sandat Therapy at SMA Negeri 1 Petang, Badung*

This study utilised 30 respondents within the age ranges of 16 years, with 15 people at a rate of 50 per cent; 17 years, with 13 people at a rate of 43.3 per cent; and 18 years, with two people at a rate of 6.7 per cent. In table 2, it can be seen that the 30 respondents had an average level of anxiety before the *Bungan Sandat* of 36.90, with a standard deviation of 6.860. As we get older, there is a decrease in bodily functions, both physical, and physiological.

Anxiety disorder can be interpreted as a tension that peaks, resulting in anxiety and a loss of control due to the subjective assessment of the interpersonal communication process. This can also be interpreted as an uncertain feeling of helplessness (Nasir, 2011). Non-pharmacological treatment can be used as an alternative to solving anxiety problems, such as music therapy, and breathing relaxation. As a non-pharmacological method, the *Bungan Sandat* song can reduce the anxiety experienced by someone because singing can make a person calmer. As confirmed by Rai et al. (2019), art is essential for human life.

### *Average Anxiety After Bungan Sandat Therapy at SMA Negeri 1 Petang, Badung*

After *Bungan Sandat* therapy was administered, an average level of anxiety of 23.00 was obtained, with a standard deviation of 3.029. This shows a decline in the average value of anxiety after the *Bungan Sandat* song was provided.

### *Analysis of the Influence of Bungan Sandat Therapy Against Anxiety in Adolescent Girls at SMA Negeri 1 Petang, Badung*

In Table 3, the Wilcoxon Signed Rank Test statistic results obtained a p-value of 0.001, at  $\alpha$  (0.05) p-value  $< \alpha$ . This indicates that there is a significant influence of the *Bungan Sandat* therapy upon anxiety in teenage girls;  $p$  (0.001)  $< \alpha$  (0, 05).

When singing the *Bungan Sandat* song, there will be a transfer of brain waves from alpha waves to theta waves. This enables the body to release endorphins that make someone feel happy. This hormone will restore the effects of the hormone cortisol, so that any feelings of anxiety become reduced or disappear (Aprillia, 2016).

## Conclusion

The average anxiety before being given the *Bungan Sandat* song was at the level of severe



anxiety or 36.90. The average anxiety of female students after being given the *Bungan Sandat* song was at a moderate level of anxiety or 23.00. There is a significant influence of *Bungan Sandat* therapy singing upon anxiety in teenage students of the SMA Negeri 1 Petang, with a p-value of 0.001, meaning  $p < 0.05$ .

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## REFERENCES

- Aprilia, Y. (2010). *Hipnoterapi Rileks Nyaman dan Aman saat Hamil dan Melahirkan*. Jakarta: Gagas Media.
- Arniati, Ida Ayu Komang, Gede Marhaendra Wija Atmaja, Gede Yoga Kharisma Pradana, (2020). Moral and Religious Values in The Geguritan Dharma Prawerti Song in Bali. *International Journal of Innovation, Creativity and Change*, Vol. 12, No. 1, pp. 432-446.
- Atmaja, Gede Marhaendra Wija, Ida Ayu Komang Arniati, Gede Yoga Kharisma Pradana, (2019). Implications of The Enactment of Law Number 6 of 2014 on The Position of Villages in Bali, Indonesia. *Asia Life Sciences*, Vol. 28, No. 2, pp. 295-310.
- De Porter, Bobbi., Mark Reardon and Sarah Singer-Nourie. (2014). *Quantum Teaching: Mempraktikkan Quantum Learning di Ruang-Ruang Kelas*. Bandung : Kaifa.
- Hawari, D. (2013). *Manajemen Stress, Cemas Dan Depresi*. Jakarta: FK UI
- Karmini, Ni Wayan, Ni Made Ruastiti, Gede Yoga Kharisma Pradana, (2019). Tumpek Uduh Ceremony as an Education Medium in The Preservation on Natural Environment in Bali : A Case Study in Canggu Village, Kuta Utara District, Badung Regency, Bali-Indonesia. *Asia Life Sciences*, Vol. 28, No. 1, pp. 115-139.
- Karmini, Ni Wayan, Ni Made Ruastiti, Gede Yoga Kharisma Pradana. (2019a). Discursusing of The Zonation System in Accepting New Student in 2018 : Case Study in Denpasar City, *The Proceeding of Possibilities and Probabilities in Higher Education of Asia*. Denpasar : UNHI Press.
- Karmini, Ni Wayan, Ni Putu Dyatmikawati, Gusti Ayu Suasthi, Ni Ketut Sri Kusuma Wardhani, Gede Yoga Kharisma Pradana. (2020). Objek Wisata Pura Tirta Empul Sebagai Media Pendidikan Multikultural Bagi Generasi Milenial Pada Era 4.0. *Ganaya : Jurnal Ilmu Sosial Humaniora*, Vol. 2, No. 2-3, pp. 21-29.
- Kartini Kartono. 1995. *Psikologi Anak*. Bandung : CV. Mandar Maju.
- Katzung, Bertram G. (2004). *Histamine, Serotonin & The Ergot Alkaloids*. Singapore : The McGraw-Hill Companies, Inc.
- Kusumawati. (2011). *Buku Ajar Keperawatan Jiwa*. Jakarta : Salemba Medika.
- Mulyanto, S. (1986). *Kemiskinan dan Kebutuhan Pokok*. Rajawali: Jakarta.



- Nasir, A. (2011). *Dasar-dasar Keperawatan Jiwa Pengantar dan Teori*. Jakarta : Salemba Medika.
- Notoatmodjo, Soekidjo. (2003). *Pengembangan Sumber Daya Manusia*. Jakarta : PT. Rineka Cipta.
- Notoatmodjo. (2012). *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta.
- Nursalam. (2001). *Dokumentasi Keperawatan*. Jakarta: EGC.
- Nursalam. (2016). *Metodologi Penelitian Ilmu Keperawatan (4)*. Jakarta: Salemba Medika.
- Pradana, Gede Yoga Kharisma, Komang Trisna Pratiwi Arcana. (2020). Balinese Traditional Homestay in Sustainable Tourism Entering Millennial Era. *Journal of Xi'an University of Architecture & Technology*, Vol. 12, No. 3, pp. 4208-4217.
- Pradana, Gede Yoga Kharisma. (2013). Diskursus Fenomena Hamil di Luar Nikah Dalam Pertunjukan Wayang Joblar. *Online Journal of Cultural Studies*, Vol. 1, No. 2, pp. 11-27.
- Pradana, Gede Yoga Kharisma. (2017). Deconstruction Powers of Relations Behind The Shadow Puppet Performance For Tourism in Ubud Village, Bali, *The Proceeding of Building Collaboration and Networking in Globalized World*. Denpasar : UNUD Press.
- Pradana, Gede Yoga Kharisma. (2017a). *Filsafat Ilmu Pariwisata*. Denpasar : STPBI.
- Pradana, Gede Yoga Kharisma. (2018). Implications of Commodified Parwa Shadow Puppet Performance For Tourism in Ubud, Bali. *Journal of Business on Hospitality and Tourism*, Vol. 4, No. 1, pp. 70-79. DOI: <http://dx.doi.org/10.22334/jbhost.v4i1.103.g111>.
- Pradana, Gede Yoga Kharisma. (2018a). Innovation in Cenk Blonk Performance : A Strategy of Empowering Local Language Through Balinese Shadow Puppet. *The Proceeding of The International Conference on Local Language*. Denpasar : UNUD Press.
- Pradana, Gede Yoga Kharisma. (2018b). The Meaning of Makotek Tradition at The Munggu Village on The Global Era, *The Proceeding of The International Bali Hinduism, Tradition and Interreligious Studies*. Denpasar : UNHI Press.
- Pradana, Gede Yoga Kharisma. (2019). *Sosiologi Pariwisata*. Denpasar : STPBI Press.
- Prasetyono, Sunar Dwi. (2007). *Membedah Psikologi Bermain Anak*. Jogjakarta: Think.



- Rai, I Wayan, Made Gde Indra Sadguna, I Gde Agus Jaya Sadguna, Gede Yoga Kharisma Pradana. (2019). Tifa From The Land of Papua : Text and Context. *Asia Life Science*, Vol. 28, No. 2, pp. 335-354.
- Ruastiti, Ni Made, Gede Yoga Kharisma Pradana, I Gusti Ketut Purnaya, Komang Shanty Muni Parwati. (2018). The Royal Dinner Party Puri Anyar Kerambitan Tabanan : A Sustainable Cultural Tourism Attraction Based on Local Community, *The Proceeding of The 1st International Conference on Social Science : Advances in Social Science, Education and Humanities*. Nusa Dua : Atlantis Press, <https://doi.org/10.2991/icss-18.2018.305>.
- Ruastiti, Ni Made, Gede Yoga Kharisma Pradana. (2020). The Ideology Behind Sesandaran Dance Show in Bali. *Journal of Sociology and Social Anthropology*, Vol. 11, No. 2, pp. 78-85.
- Sani Ibrahim, Ayub. (2012). *Panik Neurosis dan Gangguan Cemas*. Edisi pertama.
- Santrock, J. (2016). *Essentials of Life-Span Development*. New York : Mc Graw-Hill.
- Soekanto, Soerjono. (2003). *Memperkenalkan Sosiologi*. Jakarta: Rajawali Press.
- Spielberger, Stephanie. (2015). *Effect of an Expressive Writing Intervention Aimed at Improving Academic Performance and Reducing Test Anxiety (Dissertation)*. New York : Syracuse University.
- Stuart, G. W. & Sundeen, S.J. (2008). *Buku Saku Keperawatan Jiwa (3)*. Jakarta: EGC.
- Stuart, G. W. (2006). *Buku Saku Keperawatan Jiwa (Kelima)*. Jakarta: EGC.
- Stuart, G., and Laraia, M. (2005). *The Principle and Practise of Psychiatric Nursing*. St. Louis Missouri : Elsevier Mosby.
- Stuart, G.W. (2012). *Buku Saku Keperawatan Jiwa (5)*. Jakarta : EGC.
- Surya, Dharma. (2013). *Manajemen Kinerja : Falsafah Teori dan Penerapannya*. Yogyakarta : Pustaka Pelajar.
- Tamsuri, Anas. (2006). *Konsep dan Penatalaksanaan Nyeri*. Jakarta: EGC.
- Tejayadi, I Putu Windhu, I Nengah Laba, Gede Yoga Kharisma Pradana. (2019). The Effect of Organizational Culture on Employee Satisfaction in Mercure Resort Sanur Bali Hotel. *The International Journal of Green Tourism Research and Applications*, Vol. 1, No. 1, pp. 63-72.