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Development Model of Subconscious Mind Therapy (SMT) In Students Addicted to Gadgets and Online Games to Restore Self-Regulation and Task Commitment

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Abstract

Many gadgets and online games are used inappropriately, especially for students. So many students are addicted to gadgets and online games, that students forget their duties as students, instead of carrying out lecture assignments and positive activities to support their success in studies, these students only play gadgets and online games. For this reason, we need a way to restore self-regulation and commitment to college assignments by developing a subconscious mind therapy (SMT) development model. The research used is the Borg and Gall model of research and development. This research used five main steps, namely: (a) preparation of an initial instrument draft (stage one), (b) limited trial at two universities, (c) evaluation and revision stage one, (d) wider trial at five twelve universities, and to (e) evaluation and revision stage 2. results of feasibility tests from experts, limited trials and wide-scale trials. The results of the feasibility test by experts showed that all experts stated that the draft SMT model developed by the researchers was suitable for use. A few experts suggested the need for improved design and more attractive illustrations as well as simplifying the sentences in the draft SMT Model. The expert's suggestions are used as positive input by the researcher who then makes revisions or improvements according to the expert's suggestions. Subconscious mind therapy (SMT) development model for students at 5 universities, both state and private, who are addicted to gadgets and online games to restore students' self-regulation and task commitment. This is based on the results of individual tests of subconscious mind therapy (SMT) developed by researchers that contain practicality. The results of this trial show that to restore self-regulation and task commitment for students who are addicted to gadgets and online games, they are treated using the subconscious mind therapy (SMT) model. Limited trials and extensive trials from students show that a model for developing subconscious mind therapy (SMT) has been produced for students addicted to gadgets and online games to restore students' self-regulation and task commitment. This is based on the results of limited tests and extensive trials, namely on students, showing a significant increase in self-regulation and task commitment. The different test (t-test) on limited trials produced a t count of self-regulation and task commitment of 11.667 with a significance of 0.000 and a t count of self-regulation and task commitment of 11.208 with a significance of 0.000, also produced a t count of interpersonal intelligence of 10.434 with a significance of 0.000, t count intrapersonal intelligence was 12.658 with a significance of 0.000 and t calculated naturalist intelligence was 20.013 with a significance of 0.000. The results of the t count above show that this development research has produced a model for developing subconscious mind therapy (SMT) for students addicted to gadgets and online games to restore students' self-regulation and task commitment.

Keywords: *Developing, Subconscious Mind Therapy, Self-Regulation, Task Commitment*

INTRODUCTION

The need for internet-based technology is very large in the hands of gadgets as a communication and social tool, with just a few clicks all the information and knowledge is in your hands. Gadgets are modern electronic devices connected to the internet either with 4G or 5G technology (Widada and Triyono, 2016: 127). For students, gadgets with an internet connection can be helpful, and can even be said to be a source of information and knowledge that supports the study process in college. But in reality, only a few students can use it they tend to use gadgets for unproductive things or only for entertainment and playing online games.

The APJII survey (2010) showed that the number of active online game players in 2010 was six million people, but in 2013 it is predicted that it will reach more than nine million people. In 2017, www.duniaku.net conducted a survey regarding online games with the results that 12% of online game players were under 13 years old, 70% were 13-24 years old, 10% of players were 25-34 years old, and the rest were over 34 years old. years, with an

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average of 19.4 years. In other words, this age is a student or student. This data shows that the majority are occupied by students, where currently many lectures are using an online system which will also trigger a high level of online gaming (Ancok, 2007). Internet-based virtual services make it very easy for students, where with just a click they can complete campus academic affairs. For some students, this convenience is used as a counter-productive thing for playing online games (Ancok, 2007).

Declining academic achievement for students is another impact of online games. Sebastian (2010), online games have defeated learning activities for students which has an impact on reducing academic grades, as well as delaying students' study periods. Wibisono (2009) said that online games cause students to be lazy about studying, and lectures are messy so that academic achievement decreases. Apart from that, concentration on education and work decreases, as well as a lack of responsibility which results in absenteeism from college (Young, 1999).

Khairunnisa (2012) stated that students who are addicted to online games do not have a goal to improve their academic condition and have difficulty implementing their plans to reduce the frequency of playing. Razali, et al (2004) stated that one of the factors of task commitment is the existence of needs and hopes, where needs are the motivation for achievement and hopes are the direction of behavior. A student can be said to be actively playing online games if he plays more than 40 hours per month, but no more than 38 hours per week so he can only be said to be an active user.

Based on the existing problems, it is necessary to develop a subconcise mind therapy (SMT) development model to restore self-regulation and task commitment, so that students can carry out their functions as learners.

LITERATURE REVIEW

Subconscious Mind Therapy (SMT)

The mind is divided into three parts in clinical hypnotherapy: conscious, subconscious, and unconscious (Kappas, 1999). Each mind has a specific function and role. Many figures and writers discussed this issue, such as Krebs (1957), Elman (1964), Hilgard (1965, 1968), Erickson and Rossi (1981), Tebbetts (1985), Sheehan and McConkey (1996), Banyan and Kein (2001), McGill (2005), Watkins and Barabasz (2008), Fromm and Shor (2009), Wise (2009), and Churchill (2012). According to these experts, the subconscious mind (PBS) is always active, never resting or never stopping working. everything that happens in PBS, in this case, the thoughts and emotions felt by individuals, must always be realized in the physical body (Pert, 1997, 2005).

When certain emotions occur, the brain produces chemical neuropeptides. In simple terms, neuropeptides can be compared to a flash drive that contains information about a person's thoughts and emotions at the same time. In addition, these neuropeptides spread throughout the body and reach body cells. On the outer wall of the cell there is a receptor as a "docking" site for neuropeptides. After the neuropeptide attaches to the receptor, the information it carries is transmitted to the inside of the cell until it reaches the cell nucleus and influences gene action (Pert, 1997; Lipton, 2008). Scaer (2005, 2007) and Levine (2005, 2010) state that someone who has a traumatic experience can experience one of three possibilities: fight, flight, and freeze. All three reactions involve intense emotions. If emotions are successfully removed from the ego (psycho/body) system, there will be no problems. However, if the emotions arising from a traumatic experience are not completely released, residues of these emotions remain in the body, disrupting the body's functioning and causing dysfunction or disease (Levine, 2000; Shapiro, 2006; Van der Kolk, 2014).

Human Thought System

Humans are the most perfect creatures because they have brains. The brain is the center of human intimacy which influences all human activities. When part of the brain is damaged, there are certainly systems in the human body that cannot function properly. The brain and mind are the driving force for all human activities, which are translated through verbal (spoken) and non-verbal (body language). Thinking well means we have good language (Rijal, 2015: 2)

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work together in the brain to carry out the functions of organs in the human body (John, 2009:65), namely: a) Conscious mind, or what is called the conscious mind, b) Subconscious mind, or what is usually known as the subconscious mind. c) Unconscious mind commonly known as the unconscious world.

Gadget and Online Game Addiction Concept

Gadget Addiction

The term addiction was originally used primarily to refer to the use of alcohol and drugs. Addiction is a persistent and compulsive dependence on a behavior or substance. Addiction to gadgets and online games is characterized by the extent to which a person plays gadgets and games excessively which can hurt the game player (Weinsten, 2010).

A person who is addicted usually spends 2-10 hours per day (Kusumadewi, 2012), even 39 hours a week (Young, 1998), or an average of 20-25 hours a week (Chen & Chou, et.al, 2005). Addiction to gadgets and online games is a result of the high intensity of individuals playing gadgets and online games rather than doing other work. Price (2011) stated that game addiction causes a person to be unable to develop their abilities or skills in relating to other people, thus making their social relationships and interactions with family, friends, and people around them less good and unable to gain knowledge or experiencing declining academics.

Osland (2013:57) A cellphone or gadget is a telecommunications device that has the same basic capabilities as a conventional fixed-line telephone, but can be taken anywhere or is called a portable mobile, which means it does not need to be connected to a telephone network using a cable. Nowadays, humans cannot be separated from the use of information technology which is growing every day. Communication access is growing more rapidly, and this is coupled with the range of space and time that can be traveled using just a cell phone or gadget.

Ilham (2011:93) argues about the positive impact of using gadgets, the biggest positive impact is as a communication tool to stay connected with friends or family who are far away. Following its initial function, and apart from the above functions, this cellphone can be useful for increasing knowledge about technological advances and for expanding networks, this cellphone can also be a stress reliever because of the various features of cellphones such as cameras, games, mp3, video, radio, television even internet networks such as Yahoo, Facebook, Twitter, etc. (Sudjana & Rivai, 2013: 138).

With the use of gadgets, children can do various things, such as an example of use in general, namely as a communication tool between 2 or more people who are quite far away (Laksmitha, 2016: 121). However, along with progress and sophistication, gadgets are more likely to be used to play online games. Using gadgets properly and correctly can achieve the goals of development and growth of social character in children, but on the other hand, if you cannot use gadgets properly, children will experience many negative impacts.

Online Game Addiction

Games that use electronic media are multimedia entertainment that is made as attractive as possible so that players can get something that they achieve inner satisfaction. The following is the definition of games (Ayunita, 2012: 188). The definition of online games is a type of video game that can only be run if the device used to play the game is connected to an internet network or is called online, Laksmitha (2016:152) There are currently many online games that offer features for their users. , most importantly offering offline and online multiplayer to provide inner pleasure for those who play and able to make the players addicted and forget about many things, especially the boredom that is currently engulfing them, when playing this game the players will easily be immersed in the storyline, the 3-dimensional display of the game is stunning. If someone wants to play online games, the device that must be used is a device that has a connection or is connected to an internet network. If it is not connected to an internet connection, likely, online games cannot likely be played, or in other words, the game is offline, this statement is quoted from the book (Darmawan, 2012: 186).

Pasiak (2012:233) playing online games is now considered normal with increasingly sophisticated technological developments. Addiction to the online games being played, in this case, the child will prioritize his time playing these games. Meanwhile, they will ignore their time for studying and socializing with people around them. So children will feel addicted or dependent on games, even though at their age they are not allowed to play cellphones excessively compared to studying, but they don't care about this anymore, (P Asiak, 2012:245-247).

Self Regulation Concept

Pintrich and Schunk (2002) argue more deeply by defining self-regulation as an active, constructive process for setting student learning goals and then monitoring, regulating, and controlling student cognition, motivation, and behavior based on the goals achieved (Lasmanawati, 2021).

Wolters et al (2003) assume four aspects related to self-regulated leadership. The first assumption is an assumption related to active and constructive aspects. Students are active and constructive participants in the learning process, whether they actively construct understanding, goals, or strategies from information and experiences available in their environment and their minds. The second assumption is an assumption related to self-regulated learning as a potential for control. Students can monitor, control, and regulate certain aspects of cognition, motivation, and behavior according to environmental characteristics if possible (Waheed et al., 2010). The third assumption is the assumption of goals, criteria, or standards. This assumption is used as an assessment when several criteria or standards change so that the process to be standardized can be continued or not. The fourth assumption is the assumption that activities in self-regulated learning are mediators between personal and context characteristics and actual achievement or performance. Self-regulation is a mediator of the relationship between person, context, and even achievement for an individual's cognitive space, motivation, and behavior.

Task Commitment Concept

Task commitment is another word for motivation which is applied in binding oneself to a task. Task commitment itself can simply be interpreted as a commitment to carrying out tasks. Munandar (2004, 25) commitment to tasks (task commitment) is the internal motivation that encourages people to be diligent and tenacious in carrying out tasks, even though they experience various kinds of obstacles or obstacles, to complete tasks that are their responsibility, because they have committed themselves to these tasks. of his own will. Renzulli (Nawantara and Arofah, 2016:166) commitment to a task (task commitment) is intrinsic motivation that is integrated into the act of doing a task which includes persistence, endurance, hard work, self-confidence, and perspective or interest. A person who is committed to a task has an inner motivation to engage in an activity, especially for its own sake. When someone feels good about self-determination and competence in carrying out a task, motivation will emerge and lead to action.

The characteristics of people who have a high commitment to their tasks are: 1) Tough and tenacious (do not give up easily); 2) Independent and responsible; 3) Set realistic aspirational goals with moderate risk; 4) Likes to learn and has a high task orientation; 5) Good concentration; 6) Have the desire to improve yourself; 7) Have the desire to work as well as possible; 8) Have the desire to succeed in academics. Hawadi (2002:140) task commitment is divided into 5 dimensions, namely: 1) An attitude of being tough, tenacious, and not easily bored; 2) independence, which does not require external encouragement and is responsible; 3) Setting realistic aspirational goals with moderate risk; 4) Like learning and have the desire to improve themselves and 5) Have the desire to succeed in the academic field.

METHOD

This research uses research and development (R&D). Research and development methods are research methods used to produce self-assessment instrument products in the affective domain (spiritual domain and social attitude domain) and test the effectiveness of these products. Borg and Gall (1983: 771) stated "The purpose of R & D is to bridge the gap that often exists between educational research and educational practice"

Trials

Referring to the research and development model procedures above, the design for a trial of the subconscious mind therapy (SMT) development model for students addicted to gadgets and online games to restore students' self-regulation and task commitment in this research uses five main steps, namely: (a) preparation of initial instrument draft (stage one), (b) limited trial at two universities, (c) evaluation and revision stage one, (d) wider trial at fifteen universities, and (e) evaluation and revision stage 2.

Test Subjects

The instrument trial subjects consisted of lecturers and students at 2 universities, namely UIN Prof. K.H. Saifuddin Zuhri Purwokerto and STAIS Majenang Kab. Cilacap. Each has the status of a state university and a private university.

The second phase of the trial was carried out at 8 higher education institutions, namely Muhammadiyah University Purwokerto, Harapan Bangsa University, Amikom University, UNUGHA Cilacap, STKIP Darussalam Karangpucung Cilacap, STKIP Ma'arif NU Majenang Cilacap, Institut Bhakti Negara Slawi Tegal and STIT Pemalang. This is based on consideration of the representation of the status of tertiary institutions, namely state and private, universities or institutes or high schools as well as considerations of the location/location of tertiary institutions, namely in city areas and suburban areas.

Data Type

The data in this research consists of qualitative and quantitative data. Qualitative data concerns model validation with validation instruments, implementation of subconscious mind therapy (SMT) devices, and interviews. Meanwhile, quantitative data is in the form of a questionnaire instrument to measure students' self-regulation and task commitment regarding variables that will be a benchmark for success in research and development goals.

Data Collection Instrument

Data collection techniques in this research are interviews, observation, questionnaires, and learning outcomes tests. The data collection instruments used were interview guides, observation sheets, questionnaires, and academic achievement tests. For the pre-test and post-test, questionnaires were given for assessing subconscious mind therapy (SMT) and student academic achievement tests respectively.

When the instrument trial was carried out, researchers made observations of lecturers and students and randomly interviewed lecturers and students to find out their opinions about the SMT model being developed. The instrument is equipped with an official report which must be filled in by the lecturer during the trial.

Instrument Analysis Techniques

Instrument analysis was carried out twice, namely analysis of phase I trials and analysis of phase II trials. The aim of the first trial which is also said to be a preliminary try out is directed at:

Know face validity. This validity is the type of validity with the lowest significance because it is only based on an assessment of the appearance format of the instrument. If the appearance of the instrument is convincing and gives the impression of being able to reveal what is to be measured, then it can be said that this validity has been fulfilled (Azwar, 2010: 46).

Check the possibility that there are instruments whose meaning is unclear to instrument users (teachers and students), both because of the structure of the sentences and in the presentation of the main idea as the core of the statement or question.

Check the possibility that some foreign words or terms are not understood by the user of the instrument. Likewise, it is not impossible that there are words that allow for various interpretations and there may even be statements/questions that have a sentimental tone and lead users to tend to choose certain answers.

Check the possibility that there are instruments that are too shallow in expressing indicators of achievement, in the sense that the information collected with the instrument only touches the outside and does not reveal the essence or deepest essence of the information needed, it is even possible that there are instruments that do not yet contain the required indicators. should be revealed.

Check the possibility that there are instruments that are not relevant to the information you want to reveal as well as indicators of expected learning outcomes. The information obtained from the instrument may not be able to be processed or if it is forced to be processed it may turn out to have nothing to do with the main information to be obtained.

Based on the objectives of testing the instrument above, the implementation of the trial does not only require model users (lecturers and students) to unto fill in or answer the instruments being developed, but also ask for suggestions and discuss with SMT model users to improve and perfect the model.

Analysis of trial results in principle refers to obtaining a valid and reliable SMT model to measure self-regulation and task commitment. The SMT model for measuring self-regulation and task commitment is said to be valid and reliable when it has high validity and reliability. The validity or accuracy of an instrument is demonstrated by the ability of the SMT model to "measure what it is intended to measure". A valid SMT model means that the measuring instrument used to obtain data (measure) is valid, meaning that the SMT model can be used to measure what it should measure. The SMT model to measure valid self-regulation and task commitment is very necessary in research activities, both of these activities emphasize obtaining valid data.

Data Analysis Technique

The product development process begins with knowing the level of suitability of the product for testing. The data analysis steps carried out are as follows:

1) Tabulate all data obtained from the validator for each component and assessment item available in the instrument. Calculating the total average score for each component is calculated using a formula.

2) Change the average score into a value with five scale criteria with response categories, namely very good (5), good (4), quite good (3), not good (2), not good (1).

According to Sukardjo (2010: 101), the scores obtained are then converted into five-scale qualitative data (interval data). In this research, a product suitability score of at least "B" was determined, with the criteria "Good."

RESULT AND DISCUSION

Product Effectiveness

The analysis of the subconscious mind therapy (SMT) model is then continued with statistical tests, including:

Research Results and Discussion Normality test, to test whether the data is normally distributed or not, the One-Sample Kolmogorov Smirnov test is used in the Statistical Product and Service Solutions (SPSS) 16.0 program. Obtaining test results with the following conditions: sample data is normally distributed if the significance is > 0.05. However, if the significance is <0.05 then the sample data is not normally distributed.

Homogeneity test (similarity of variants) to determine whether or not a randomly selected sample from the population is homogeneous, so the F test (Levene's Test) is used. Sample data is homogeneous if the significance gain is > 0.05. Conversely, if the significance is <0.05 then the sample data is not homogeneous.

Analysis of the second phase of the trial using paired sample t-test analysis, namely looking at the effectiveness of subconscious mind therapy (SMT) based on the results of the pre-test and post-test to test the hypothesis

Initial Model Development Results

The product developed is a subconscious mind therapy (SMT) model for students addicted to gadgets and online games to restore students' self-regulation and task commitment, in the form of a subconscious mind therapy (SMT) model.

The initial product or developed preliminary form of product that is being developed is temporary (hypothesis). The product made is subconscious mind therapy (SMT), with the following steps:

Steps to overcome addiction to gadgets and online games are:

Pre-therapy

Before carrying out therapy, there are several steps taken by the therapist, namely:

The therapist asks about the client's condition first.

Therapists gather information from clients about how high the level of online game addiction is to learning and other activities.

The therapist decides the level of addiction

Therapists offer therapy to reduce addiction to gadgets and online games

Therapeutic process

After carrying out pre-therapy activities, the therapist then offers therapy to the client.

Therapy begins with prayer

The therapist asks the client to sit with legs straight and hands-on open thighs facing upwards

The therapist asks the client to close his eyes

The therapist sits to the left of the client

The therapist asks the client to be sincere and not fight

The therapist places his right hand on the client's spine and his left hand on the client's left shoulder

The therapist guides the client to relax and relax even more

The separated right hand is prepared to guide the client when he has entered the subconscious

After the client is in the supine position, the therapist gives affirmations to the client

The time for therapy is around 10-15 minutes.

Post therapy

The therapist asks about changes that have occurred

The amount is approximately how much the change is.

Product Trial Results

Four further research steps must be carried out until the model developed can be disseminated and used as therapy, namely: 1) validation or review by experts to ask for suggestions, improvements, and input from experts, 2) individual trials and trials limited to students at 2 universities, namely UIN SAIZU Purwokerto and STAIS Majenang Kab. Cilacap, 3) field trials or extensive trials (field trial evaluation) involving more universities and in a wider scope, 4) revisions if any, revisions can be made based on the results of feasibility tests from experts, trial results are limited, and results of wide-scale trials.

The results of feasibility tests from experts, small-scale or limited trials, and wide-scale trials are as follows:

Model Feasibility

The implementation and results of the feasibility test can be explained in detail as follows:

Results of expert studies (expert review)

Feasibility testing to experts is carried out by distributing validation instruments in the form of questionnaires to experts. The results of the answers from the experts are then analyzed using the following analysis steps:

Tabulate all data obtained from the validator for each component/aspect and assessment item available in the instrument.

Calculate the score for each component/aspect. Change the score into a value with five scale criteria with response categories, namely very good (5), good (4), quite good (3), not good (2), and not good (1).

Calculate the value using five scale criteria for each component/aspect using a percentage formula.

Next, the validity of the experts' assessments was analyzed using the Aiken formula (Aiken, 1985) to calculate the content-validity coefficient which is based on the results of an assessment by a panel of 5 experts on an item in terms of the extent to which the item represents the construct being measured. After conducting a feasibility test by experts, study results or feasibility test results were obtained from experts in the fields of psychology, learning design, and learning evaluation.

b. Subcouncius Model Therapy (SMT) feasibility test results

The results of the feasibility test from experts on the content of self-regulation and task commitment in the initial draft of the Subcouncius Model Therapy (SMT) model developed by researchers were declared valid because the V Aiken value of 0.797 was greater than 0.7. In this way, the initial draft of the Subcouncius Model Therapy (SMT) model developed by researchers, and reviewed by students, can be declared to meet the feasibility and can be continued in the next test without revision. This can also mean that the draft Subcouncius Model Therapy (SMT) model on self-regulation content can be: 1) Planning phase (Forethought), there are 2, namely: a) Task analysis (Task Analysis): Task analysis includes determining goals and planning strategies; b) Self-motivation beliefs: Task analysis and strategic planning are the basis for self-motivation beliefs which include self-efficacy, outcome expectations, intrinsic interest or assessment (valuing), and goal orientation. 2) There are 2 phases of performance (Performance/Volitional control), namely: a) Self-control: Self-control processes such as self-instruction, comparison (imagery), focusing attention, and task strategies help individuals concentrate on the task at hand and optimize efforts to achieve predetermined goals; b) Self-observation: The self-observation process refers to an individual's tracking of specific aspects of the performance displayed, the surrounding conditions, and the resulting consequences. Goal setting carried out in the planning phase makes self-observation easier because the goal is focused on the specific and events around it. 3) There are 2 phases of self-reflection, namely: a) Self-judgment: Self-judgment includes self-evaluation of the performance displayed by the individual to achieve goals and explaining significant causes of the results achieved. Self-evaluation refers to efforts to compare information obtained through self-monitoring with standards or goals that have been set in the planning phase; b) Self-reaction: The second process that occurs in this phase is self-reaction which continuously influences the planning phase and often has an impact on the performance shown in the future towards the goals that have been set.

Likewise, the content of task commitment is divided into 5 dimensions, namely: 1) An attitude of being tough, tenacious, and not easily bored; 2) Independent, does not require external encouragement and is responsible; 3) Set realistic aspirational goals with moderate risk; 4) Like to learn and have a desire to improve themselves and, 5) Have a desire to succeed in the academic field

Based on input or suggestions from psychologists and therapy experts on the student Subconscious Mind Therapy (SMT) model above, researchers need to revise or improve the design of the Subconscious Mind Therapy (SMT) model. This can be interpreted as meaning that the draft Subconscious Mind Therapy (SMT) model developed by researchers can be continued for limited trials.

Trial Results Are Limited

Individual test results

Individual tests were carried out on 4 lecturers from 2 universities (2 lecturers from UIN SAIZU Purwokerto and 2 lecturers from STIT Pemalang), and small groups of students from 2 universities, namely 20 students

from UIN SAIZU Purwokerto and 20 students. STIT Pemalang students. This individual test was carried out by filling out a questionnaire distributed by the researchers after the lecturers had read and examined draft 1 of the Subconscious Mind Therapy (SMT) model being developed.

b. Trial results are limited

The limited-scale trial took the form of a small group trial on students from UIN SAIZU Purwokerto and STIT Pemalang including students from 2 universities, namely 20 students from UIN SAIZU Purwokerto and 20 students from STIT Pemalang. The trial for students is a trial of the Subconscious Mind Therapy (SMT) model for students which includes self-regulation and task commitment content.

Limited trials for students are carried out with the following steps:

Conduct pre-therapy for students

Researchers conducted pre-therapy with students to find out how self-regulation and task commitment work. Before carrying out therapy, there were several steps taken by the therapist, namely: a) The therapist asked the client's condition first; b) The therapist gathers information from the client about how high the level of online game addiction is to learning and other activities; c) The therapist decides the level of addiction; d) Therapists offer therapy to reduce addiction to gadgets and online games. After the first pre-therapy is carried out, it will be compared with the second pre-therapy developed by the researcher.

2) Carrying out therapy to students

After carrying out pre-therapy activities, the therapist then takes the following steps: a) Therapy begins with prayer; b) The therapist asks the client to sit with legs straight and hands-on open thighs facing upwards; c) The therapist asks the client to close his eyes; d) The therapist sits to the left of the client; e) The therapist asks the client to be sincere and not fight; f) The therapist places his right hand on the client's spine and his left hand on the client's left shoulder; g) The therapist guides the client to relax and relax even more; h) The separated right hand is prepared to guide the client when he has entered the subconscious; i) After the client is in the supine position, the therapist gives affirmations to the client; j) Time for therapy is around 10-15 minutes. After the first therapy is carried out, it will be compared with the second therapy developed by the researcher.

3) Post-therapy for students

In the final part of the subconscious mind therapy (SMT) model, the next steps are: a) The therapist asks about the changes that have occurred; b) Approximately how many changes. After the first post-therapy is implemented, it will be compared with the second post-therapy developed by the researcher.

4) Do the second therapy

Researchers conducted a posttest on students to find out how students' self-regulation and task commitment were, which were developed by researchers. The posttest was carried out by giving the same questionnaire to students to answer, namely the student self-regulation and task commitment questionnaire. After the questionnaire has been filled out, it is then submitted to the lecturer for assessment, and later it will be compared with the pretest score to find out whether there is an increase in scores which indicates an increase in student self-regulation and task commitment.

The Results Of The Pretest And Posttest Conducted On Students Are As Follows

Results Of The Pretest And Posttest Of Student Self-Regulation And Task Commitment

Results Of Student Self-Regulation Pretest

The pretest was carried out before students received subconscious mind therapy (SMT) from a therapist developed by researchers. The Subcouncius Model Therapy (SMT) model on self-regulation content can be: 1) Planning phase (Forethought), there are 2, namely: a) Task Analysis: Task analysis includes determining goals and planning strategies; b) Self-motivation beliefs: Task analysis and strategic planning are the basis for self-

motivation beliefs which include self-efficacy, outcome expectations, intrinsic interest or assessment (valuing), and goal orientation. 2) There are 2 phases of performance (Performance/Volitional control), namely: a) Self-control: Self-control processes such as self-instruction, comparison (imagery), focusing attention, and task strategies help individuals concentrate on the task at hand and optimize efforts to achieve predetermined goals; b) Self-observation: The self-observation process refers to an individual's tracking of specific aspects of the performance displayed, the surrounding conditions, and the resulting consequences. Goal setting carried out in the planning phase makes self-observation easier because the goal is focused on the specific events around it. 3) There are 2 phases of self-reflection, namely: a) Self-judgment: Self-judgment includes self-evaluation of the performance displayed by individuals in their efforts.

Likewise, the content of task commitment is divided into 5 dimensions, namely: 1) An attitude of being tough, tenacious, and not easily bored; 2) Independent, does not require external encouragement and is responsible; 3) Set realistic aspirational goals with moderate risk; 4) Like to learn and have a desire to improve themselves and, 5) Have a desire to succeed in the academic field

The student self-regulation questionnaire consists of 20 items and the student's task commitment consists of 15 items consisting of positive and negative statements. The questionnaire was prepared using a scale of 1-4 with a gradation of answers to positive questions/statements, namely strongly agree (SS) score 4, agree (S) score 3, disagree (KS) score 2, disagree (TS) score 1. Meanwhile, the gradation of answers to negative questions/statements, namely strongly agree (SS) score 1, agree (S) score 2, disagree (KS) score 3, disagree (TS) score 4.

After conducting a pre-test on students at the campus which was the location for the limited-scale field trial, the results were as presented in the table below.

The data from the pre-test results above shows that students' self-regulation before being carried out by the subconscious mind therapy (SMT) model developed by researchers was relatively high. Furthermore, student task commitment before the subconclusion mind therapy (SMT) model developed by researchers was carried out was relatively high.

b) Results of student self-regulation posttest

The post-test is carried out after students receive the subconscious mind therapy (SMT) model developed by researchers. The post-test questionnaire is the same as the questionnaire used for the pre-test, namely about student self-regulation and student task commitment which consists of positive and negative statements, using a scale of 1-4 with gradations. answers to positive statements are strongly agree (SS) score 4, agree (S) score 3, disagree (KS) score 2, disagree (TS) score 1. Meanwhile, the gradation of answers to negative statements is strongly agree (SS) score 1, agree (S) score 2, disagree (KS) score 3, disagree (TS) score 4.

The posttest data above shows that students' self-regulation after carrying out the subconscious mind therapy (SMT) model developed by researchers can be said to be very high. Furthermore, student task commitment after carrying out the subconscious mind therapy (SMT) model developed by researchers can be said to be very high. c) Differences in student self-regulation and task commitment after subconscious mind therapy (SMT)

After conducting a pretest and posttest on students, an analysis of the data was then carried out to find out whether there were significant differences in the data on self-regulation and task commitment of students who experienced an increase after carrying out subconscious mind therapy (SMT) which was developed by the researcher. After analyzing the data using the pair sample test with the help of SPSS VERSION 26, the results are as follows:

Table 1. Results of Subconclusive Mind Therapy Trials for Students

Student character	t-count	Sig.	Explanation
posttest selfregulation - pretest selfregulation	11.667	0,000	real different
posttest task comittmen- pretest task committmen	11.208	0,000	real different

Source: processed primary data, 2022

From the data above, it is known that the calculated t value from the results of the difference test of self-regulation before subconclusive mind therapy (pretest) and after subconcise mind therapy (posttest) is 11.667 greater than the t table, namely 2.228 with a significance value of 0.000 which is smaller than 0.05. These values show that self-regulation after subconclusive mind therapy (posttest) is significantly different or significantly different from students' self-regulation before subconclusive mind therapy (pretest), where the posttest score is higher than the pretest score.

The calculated t value from the results of the different task commitment tests before subconclusive mind therapy (pretest) and after subconclusive mind therapy (posttest) is 11.208, greater than the t table, namely 2.228 with a significance value of 0.000, smaller than 0.05. These values show that the task commitment after subconclusive mind therapy (posttest) is significantly different or significantly different from the student's task commitment before subconclusive mind therapy (pretest), where the posttest score is higher than the pretest score.

Based on the results of limited trials, namely individual and small group tests on students at 2 universities, namely UIN Saizu Purwokerto and STIT Pemalang as described above, where the results of the feasibility test of the sub-conclusive mind therapy (SMT) model were carried out by lecturers through tests individuals who are declared eligible,

Results Of Wide-Scale Trials

Individual Test Results

The individual test aims to test the feasibility of the subconscious mind therapy (SMT) model developed by the researcher. This individual test was carried out by filling out a questionnaire distributed by the researcher after the lecturers had read and studied the subconscious mind therapy (SMT) model developed by the researcher.

The pretest subconscious mind therapy (SMT) model feasibility test was carried out before students received subconscious mind therapy (SMT) from a therapist developed by the researcher. The Subcouncius Model Therapy (SMT) model on self-regulation content can be: 1) Planning phase (Forethought), there are 2, namely: a) Task Analysis: Task analysis includes determining goals and planning strategies; b) Self-motivation beliefs: Task analysis and strategic planning are the basis for self-motivation beliefs which include self-efficacy, outcome expectations, intrinsic interest or assessment (valuing), and goal orientation. 2) There are 2 Performance/Volitional control phases, namely: a) Self-control: Self-control processes such as self-instruction, comparison (imagery), focusing attention, and task strategies help individuals concentrate on the task at hand and optimize efforts to achieve predetermined goals; b) Self-observation: The self-observation process refers to an individual's tracking of specific aspects of the performance displayed, the surrounding conditions, and the resulting consequences. Goal setting carried out in the planning phase makes self-observation easier, because the goal is focused on the specific and on events around it. 3) There are 2 phases of self-reflection, namely: a) Self-judgment: Self-judgment includes self-evaluation of the performance displayed by the individual in an effort to achieve goals and explaining significant causes of the results achieved. Self-evaluation refers to efforts to compare information obtained through self-monitoring with standards or goals that have been set in the planning phase; b) Self-reaction: The second process that occurs in this phase is self-reaction which continuously influences the planning phase and often has an impact on the performance shown in the future towards the goals that have been set.

Likewise, the content of task commitment is divided into 5 dimensions, namely: 1) An attitude of being tough, tenacious, and not easily bored; 2) Independent, does not require external encouragement and is responsible; 3) Set realistic aspirational goals with moderate risk; 4) Like to learn and have a desire to improve themselves and, 5) Have a desire to succeed in the academic field

The student self-regulation questionnaire consists of 20 items and the student's task commitment consists of 15 items consisting of positive and negative statements. The questionnaire was prepared using a scale of 1-4

with a gradation of answers to positive questions/statements, namely strongly agree (SS) score 4, agree (S) score 3, disagree (KS) score 2, disagree (TS) score 1. Meanwhile, the gradation of answers to negative questions/statements, namely strongly agree (SS) score 1, agree (S) score 2, disagree (KS) score 3, disagree (TS) score 4.

The results of the feasibility test for the subconscious mind therapy (SMT) model are as follows:

Feasibility test results of the subconscious mind therapy (SMT) model

The feasibility of the content to get a grade from the lecturers on average is 5 or very good. These results indicate that the feasibility of the subconscious mind therapy (SMT) model developed by researchers from the content or content of the material is very good, so it is suitable to be used for subconscious mind therapy.

Presentation of feasibility test results

The feasibility of presenting a score from the lecturers on average is 5, meaning it is very good. These results show that the feasibility of subconscious mind therapy (SMT) developed by researchers in terms of presentation is very good, so it is suitable to be used as a subconscious mind therapy (SMT) model.

Results of the feasibility test for treatment after therapy

The feasibility of treatment after therapy received an average score from the lecturers of 5, meaning very good. These results can indicate that the feasibility of post-therapy treatment used in the draft model of subconscious mind therapy (SMT) developed by researchers is very good, so draft 1 is suitable for use as a model of subconscious mind therapy (SMT). The results of the feasibility test of the draft subconscious mind therapy (SMT) model for students include the contents of student self-regulation and task commitment, which are as follows:

Self-regulation load test results

Each self-regulation content indicator received an average score of 4.5 from the lecturers, which can be interpreted as very good. These results indicate that the content of self-regulation in the draft subconscious mind therapy (SMT) model developed by researchers is very good, so this draft is suitable for use.

2) Task Commitment load test results

Each indicator of task commitment content received an average score of 4.6 from the lecturers, which can be interpreted as very good. These results indicate that the content of Task Commitment in the draft sub-conscious mind therapy (SMT) model developed by researchers is very good, so this draft is suitable for use.

Results Of Wide-Scale Trials Of The Subconscious Mind Therapy (SMT) Model On Students

Field trial 2 was carried out face-to-face at 5 universities with a limited number of students, namely 25 students. Trials on students are carried out with the following steps:

Conduct a pretest on students

A pre-test was carried out on students to determine students' self-regulation and task commitment, at the beginning, namely before being given the developed sub-conscious mind therapy (SMT) model for students. The pre-test is carried out by giving students a questionnaire to answer. These questionnaires are the self-regulation questionnaire and the task commitment questionnaire. After the questionnaire is filled out, it is then handed over to the lecturer for assessment, and later it will be compared with the post-test scores after the sub-conscious mind therapy (SMT) model has been developed.

2) Carrying out therapy activities for students

The sub-conscious mind therapy (SMT) model was tested on students using the sub-conscious mind therapy (SMT) model for students which was developed. Lecturers carry out therapy according to the model developed by researchers. Student activity and student responses during the therapy process were very good. All students were actively involved in the therapy activities.

Carrying out post-therapy activities

Post-therapy activities were carried out to determine the extent to which the effectiveness of implementing therapy activities can restore students' self-regulation and task commitment which can reflect the extent of the effectiveness of the sub-conscious mind therapy (SMT) model for students who are addicted to online games and gadgets in the field. Post-therapy activities using instruments developed by researchers. The instrument is carried out by students and then submitted to the lecturer for correction and assessment by the teacher.

Conduct a post-test

Researchers conducted a posttest on students to find out how the subconscious mind therapy (SMT) model could restore students' self-regulation and task commitment, at the end, namely after applying the subconscious mind therapy (SMT) model to students which was developed by the researcher. The posttest was carried out by giving students the same questionnaire to answer, namely the gadget and online game addiction questionnaire, and the self-regulation and task commitment questionnaire. After the questionnaire is filled out, it is then handed over to the lecturer for assessment, and later it will be compared with the pretest score to find out whether there is an increase in scores which indicates a return to self-regulation and task commitment in students.

The results of the pretest and posttest regarding the return of self-regulation and task commitment carried out on students are as follows:

Test results return self-regulation and task commitment

The results of the self-regulation and task commitment return test for students who are addicted to gadgets and online games at UIN Prof. K.H. Saifuddin Zuhri Purwokerto

The test results for returning self-regulation and task commitment for students who are addicted to gadgets and online games from each of the above universities show that the results of the students' self-regulation and task commitment tests are high. The test results for the return of self-regulation and task commitment of students who are addicted to gadgets and online games 1 are high, where the lowest score is 80 and the highest score is 100. The results of the test for the return of self-regulation and task commitment of students who are addicted to gadgets and online games 2 are high, where many students got a very high score, namely 100. The results of the self-regulation and task commitment return test for students who were addicted to gadgets and online games 3 were very high, where the lowest score was 90, as many as 10 students out of the 125 students who were respondents, 17 students got a score. very high, namely 95 and the remaining 98 students got the highest score, namely 100. So in the results of the return test for self-regulation and task commitment, students were addicted to gadgets and online games and gadget 3, namely draft sub-conscious mind therapy (SMT), most of the students got very high scores.

Differences In Self-Regulation Of Students Addicted To Gadgets And Online Games After Being Treated With The Subconscious Mind Therapy (SMT) Model

After conducting a pre-test and post-test on students, an analysis of the data was then carried out to find out whether there was a significant difference in the self-regulation data of students addicted to gadgets and online games after being treated with the subconscious mind therapy (SMT) model developed by researchers. After data analysis was carried out using the paired sample test with the help of SPSS version 26, the results for each university were as follows:

(1) Different tests of self-regulation at UIN Prof. K.H. Saifuddin Zuhri Purwokerto

Table 3. Results of Student Self-regulation t test

Student Self Regulation	t-count	Sig.	Explanation
Post-test - pre-test	24,181	0,000	real different

Source: processed primary data, 2022

From the table above it is known that the t value was calculated from the results of the different tests before being given therapy with the subconscious mind therapy (SMT) model (pre-test) and after being given therapy with the subconscious mind therapy (SMT) model (post-test) is 24.181 greater than t table, namely 2.131 with a significance value of 0.000 which is smaller than 0.05. These values show that the self-regulation given therapy with the subconscious mind therapy (SMT) model (post-test) is significantly different or significantly different from the self-regulation of students before being given therapy with the subconscious mind therapy (SMT) model (pre-test), where the post-test value is higher. higher than the pre-test score.

(2) Differential student self-regulation test at IBN Slawi Tegal

Table 4. Results of Student Self-regulation t test

Student Self Regulation	t-count	Sig.	Explanation
Post-test - pre-test	20,222	0,000	Real Different

Source: processed primary data, 2022

From the table above it is known that the t value was calculated from the results of the different tests before being given therapy with the subconscious mind therapy (SMT) model (pre-test) and after being given therapy with the subconscious mind therapy (SMT) model (post-test) is 20.222 greater than t table, namely 2.131 with a significance value of 0.000 which is smaller than 0.05. These values show that the self-regulation given therapy with the subconscious mind therapy (SMT) model (post-test) is significantly different or significantly different from the self-regulation of students before being given therapy with the subconscious mind therapy (SMT) model (pre-test), where the post-test value is higher. higher than the pre-test score.

(3) Different Student Self-Regulation Test at UNUGHA Cilacap

Table 5. Results of Student Self-regulation t-test

Student Self Regulation	t-count	Sig.	Explanation
Post-test - pre-test	39,222	0,000	Real Different

Source: processed primary data, 2022

From the table above, it is known that the t value was calculated from the different test results before being given therapy with the subconscious mind therapy (SMT) model (pre-test) and after being given therapy with the subconscious mind therapy (SMT) model (post-test) is 39.220 greater than t table, namely 2.131 with a significance value of 0.000 which is smaller than 0.05. These values show that self-regulation after being given therapy with the subconscious mind therapy (SMT) model (post-test) is significantly different from the self-regulation of students before being given therapy with the subconscious mind therapy (SMT) model (pre-test), where the post-test value higher than the pre-test score.

(4) Different tests of student self-regulation at STIT Pemalang

Table 6. Results of Student Self-regulation t-test

Student Self Regulation	t-count	Sig.	Explanation
Post-test - pre-test	25,726	0,000	Real Different

Source: processed primary data, 2022

From the table above, it is known that the t value was calculated from the different test results before being given therapy with the subconscious mind therapy (SMT) model (pre-test) and after being given therapy with the subconscious mind therapy (SMT) model (post-test) is 25.726 greater than t table, namely 2.131 with a significance value of 0.000 which is smaller than 0.05. These values show that self-regulation after being given therapy with the subconscious mind therapy (SMT) model (post-test) is significantly different from the self-regulation of students before being given therapy with the subconscious mind therapy (SMT) model (pre-test), where the post-test value higher than the pre-test score.

(4) Different Student Self-Regulation Test at STAIS Majenang

Table 7. Results of Student Self-regulation t test

Student Self Regulation	t-count	Sig.	Explanation
Post-test - pre-test	28,720	0,000	Real Different

Source: processed primary data, 2022

From the table above it is known that the t value was calculated from the different test results before being given therapy with the subconscious mind therapy (SMT) model (pre-test) and after being given therapy with the subconscious mind therapy (SMT) model (post-test) is 28.720 greater than t table, namely 2.131 with a significance value of 0.000 which is smaller than 0.05. These values show that self-regulation after being given therapy with the subconscious mind therapy (SMT) model (post-test) is significantly different from the self-regulation of students before being given therapy with the subconscious mind therapy (SMT) model (pre-test), where the post-test value higher than the pre-test score.

Differences In Student Task Commitment After Therapy with The Subconscious Mind Therapy (SMT) Model for Students Addicted To Gadgets And Online Games

After conducting a pre-test and post-test on the students, an analysis was then carried out on the data to find out whether there was a significant difference in the students' task commitment data which indicated an increase in the return of students' task commitment after being treated with the subconscious mind therapy (SMT) model developed by the researcher. After data analysis was carried out using the paired sample test with the help of SPSS version 26, the results for each university were as follows:

(1) Different Student Task Commitment Tests at UIN Prof. K.H. Saifuddin Zuhri Purwokerto

Table 8. Results of Student Task Commitment t-test

Student Task Commitment	**t-count**	**Sig.**	**Explanation**
Post-test - pre-test	28,720	0,000	Real Different

Source: processed primary data, 2022

From the table above, it is known that the calculated t value from the test results of the difference in task commitment values before giving therapy using the subconscious mind therapy (SMT) model (pre-test) and after giving therapy using the subconscious mind therapy (SMT) model (post-test) is 53,500 greater. from the t table, namely 2.131 with a significance value of 0.000 which is smaller than 0.05. These values show that the task commitment of students who are addicted to gadgets and online games after being given therapy with the subconscious mind therapy (SMT) model (post-test) is significantly different or significantly different from the task commitment of students before being given therapy with the subconscious mind therapy (SMT) model (post-test), where the post-test score is higher than the pre-test score.

(2) Test different Student Task Commitments at IBN Slawi Tegal

Table 9. Results of Student Task Commitment t test

Student Task Commitment	**t-count**	**Sig.**	**Explanation**
Post-test - pre-test	40,564	0,000	Real Different

Source: processed primary data, 2022

From the table above, it is known that the calculated t value from the test results of the difference in task commitment values before giving therapy using the subconscious mind therapy (SMT) model (pre-test) and after giving therapy with the subconscious mind therapy (SMT) model (post-test) is 40.564 greater. from the t table, namely 2.131 with a significance value of 0.000 which is smaller than 0.05. These values show that the task commitment of students who are addicted to gadgets and online games after being given therapy with the subconscious mind therapy (SMT) model (post-test) is significantly different or significantly different from the task commitment of students before being given therapy with the subconscious mind therapy (SMT) model (post-test), where the post-test score is higher than the pre-test score.

(3) Different Student Task Commitment Tests at UNUGHA Cilacap

Table 8. Results of Student Task Commitment t-test

Student Task Commitment	**t-count**	**Sig.**	**Explanation**
Post-test - pre-test	38,158	0,000	Real Different

Source: processed primary data, 2022

From the table above, it is known that the calculated t value from the test results of the difference in task commitment values before giving therapy using the subconscious mind therapy (SMT) model (pre-test) and after giving therapy using the subconscious mind therapy (SMT) model (post-test) is 38.158 greater. from the t table, namely 2.131 with a significance value of 0.000 which is smaller than 0.05. These values show that the task commitment of students who are addicted to gadgets and online games after being given therapy with the subconscious mind therapy (SMT) model (post-test) is significantly different or significantly different from the task commitment of students before being given therapy with the subconscious mind therapy (SMT) model (post-test), where the post-test score is higher than the pre-test score.

(4) Test different Student Task Commitments at STIT Pemalang

Table 9. Results of Student Task Commitment t-test

Student Task Commitment	**t-count**	**Sig.**	**Explanation**
Post-test - pre-test	35,872	0,000	Real Different

Source: processed primary data, 2022

From the table above, it is known that the calculated t value from the test results of the difference in task commitment values before giving therapy using the subconscious mind therapy (SMT) model (pre-test) and after giving therapy using the subconscious mind therapy (SMT) model (post-test) is 35.872 greater. from the t table, namely 2.131 with a significance value of 0.000 which is smaller than 0.05. These values show that the task commitment of students who are addicted to gadgets and online games after being given therapy with the subconscious mind therapy (SMT) model (post-test) is significantly different or significantly different from the task commitment of students before being given therapy with the subconscious mind therapy (SMT) model (post-test), where the post-test score is higher than the pre-test score.

(5) Test different Student Task Commitments at STAIS Majenang

Table 10. Results of Student Task Commitment t-test

Student Task Commitment	**t-count**	**Sig.**	**Explanation**
Post-test - pre-test	36,228	0,000	Real Different

Source: processed primary data, 2022

From the table above it is known that the calculated t value from the test results of the difference in task commitment values before giving therapy using the subconscious mind therapy (SMT) model (pre-test) and after giving therapy with the subconscious mind therapy (SMT) model (post-test) is 63.228 greater from the t table, namely 2.131 with a significance value of 0.000 which is smaller than 0.05. These values show that the task commitment of students who are addicted to gadgets and online games after being given therapy with the subconscious mind therapy (SMT) model (post-test) is significantly different or significantly different from the task commitment of students before being given therapy with the subconscious mind therapy (SMT) model (post-test), where the post-test score is higher than the pre-test score.

Based on the results of trials on a large scale which included individual tests on 10 lecturers from 5 HEIs and 25 students from 5 universities each, totaling 125 students, the results of the feasibility test of the subconscious mind therapy (SMT) model were obtained which had previously been passed the field test on a limited scale without revision so it was continued with the second field test, which was declared feasible. Furthermore, the results of tests on a wider group given to students, it was found that students who were addicted to gadgets and online games after being given therapy using the sub-conscious mind therapy (SMT) model were able to restore students' self-regulation and task commitment.

CONCLUSION

This research and development has produced the final product in the form of a subconscious mind therapy (SMT) development model for students addicted to gadgets and online games to restore students' self-regulation and task commitment. These results are based on the results of feasibility tests from experts, limited trials, and trials. try a wide scale. The results of the feasibility test by experts showed that all experts stated that the draft SMT model developed by the researchers was suitable for use. A small number of experts suggested the need for improved design and more

attractive illustrations as well as simplifying the sentences in the draft SMT Model. The expert's suggestions are used as positive input by the researcher who then makes revisions or improvements according to the expert's suggestions.

This research and development has produced a model for developing subconscious mind therapy (SMT) for students addicted to gadgets and online games to restore students' self-regulation and task commitment. This is based on the results of individual tests from teachers and limited trials and extensive trials from students. , this shows that subconscious mind therapy (SMT) developed by researchers contains practicality to use. The results of this trial show that to restore self-regulation and task commitment for students who are addicted to gadgets and online games, they are treated using the subconscious mind therapy (SMT) model.

This research and development has produced a model for developing subconscious mind therapy (SMT) for students addicted to gadgets and online games to restore students' self-regulation and task commitment. This is based on the results of limited tests and extensive trials, namely on students, showing that there is a significant increase in self-regulation and task commitment. The different test (t-test) on limited trials produced a t count of self-regulation and task commitment of 11.667 with a significance of 0.000 and a t count of self-regulation and task commitment of 11.208 with a significance of 0.000, also produced a t count of interpersonal intelligence of 10.434 with a significance of 0.000, t count intrapersonal intelligence was 12.658 with a significance of 0.000 and t calculated naturalist intelligence was 20.013 with a significance of 0.000.

The results of the t count above show that this development research has produced a model for developing subconscious mind therapy (SMT) for students addicted to gadgets and online games to restore students' self-regulation and task commitment.

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