Psychoeducation to Improve Emotional Stabilization Skills for Beginner Parachutists in the Indonesian Navy Women's Skydive Community

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ABSTRACT

The community of skydiver Indonesian woman navy has been active again since 2023 and consist of 29 members (27 novice and 2 senior members). Based on interviews with trainer and senior members, data shows that there are three psychological problems that hinder the readiness of first-time jumpers for skydiver Indonesian woman navy community. First, anxiety marked by symptoms of nervousness, lack of attention, and restlessness during simulations due to uncertainty about the first experience, fear of failure, and social pressure. Second, a lack of self-confidence, hesitation to take initiative, comparing oneself with more skilled peers, and doubting personal competence, which reduces technical performance. Third, emotional tension marked by symptoms of nausea, fear, difficulty sleeping, and the difficulty of managing negative emotions potentially triggering technical mistakes during jumps. Therefore, psychological assistance needs to be provided for 27 novice parachutists in Indonesian navy woman skydive community to enhance their ability to manage emotions and stress positively, especially during their first jump. Before the intervention, data was collected from novice parachutists using the State-Trait Anxiety Inventory (STAI-X2, Indonesian version) to assess the level of anxiety in facing their first jump. The approach used to improve emotional stabilization skills was through interventions in the form of psychoeducation activities and relaxation exercises for 27 novice parachutists. The results showed an increase in knowledge regarding emotional stabilization, and participants understood that stress did not always have negative connotation. Additionally, all participants successfully performed independent jumps smoothly and without injury.

Keywords: Psychoeducation, Emotional stabilization, Novice skydivers, Indonesian Navy, Anxiety management

INTRODUCTION

The Navy Woman Skydive Community is a specialized group within the Indonesian Navy Women's Corps (Kowal) that brings together female parachutists from diverse military and regional backgrounds across Indonesia. Comprising members aged between 19 and 30 years, the community represents a wide range of

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ranks, functions, and experiences within the Navy. After being inactive for several years due to the COVID-19 pandemic and the suspension of its regeneration process, the community resumed its activities in 2023 with renewed energy and enthusiasm. Its primary training and coordination are concentrated in Surabaya and Sidoarjo, two cities that serve as the center of Indonesian naval operations. Nevertheless, the members are geographically dispersed across Indonesia, reflecting both the national scope and the inclusive nature of the group. Beyond being a platform for technical parachuting skill development, the Navy Woman Skydive Community embodies resilience, solidarity, and the advancement of gender equality within the military environment. The existence of this group challenges traditional gender norms and demonstrates that women can excel in physically and mentally demanding fields such as military parachuting.

While the technical training system within the community is relatively structured, ensuring members receive comprehensive preparation in the mechanical and procedural aspects of parachuting, there remains a significant gap in terms of psychological readiness. Parachuting, especially the very first jump, is not merely a technical endeavor but a profound psychological challenge. Interviews with trainers, senior members, and new recruits revealed that the first jump is often experienced as a critical and high-pressure moment, filled with uncertainty and emotional intensity. Many novice parachutists reported experiencing difficulties such as sleeplessness prior to the jump, intrusive anxiety, repetitive overthinking about potential risks, and difficulty concentrating during preparatory briefings. These psychological symptoms are concerning because they have the potential to interfere with the accurate recall and execution of standard operating procedures (SOP), which are essential for safety and performance during parachuting.

Several factors contribute to this heightened psychological burden. A major source of stress is the inherent uncertainty associated with conditions in the air. Novices often worry about unexpected turbulence, unstable winds, or other environmental factors that are beyond their control. Technical concerns are also prevalent, as parachutists fear possible equipment malfunctions, errors in technique, or losing control of their body position mid-air. Moreover, negative anticipatory thoughts such as the possibility of severe injury or even fatal accidents can dominate their mental focus, amplifying fear and diminishing confidence. These concerns are compounded by the social and cultural context of being a female parachutist in a predominantly male-oriented military environment. Women are expected to demonstrate the same level of courage, professionalism, and technical mastery as their male counterparts. At the same time, they must navigate gender stereotypes that suggest parachuting is more suited for men, thereby creating a dual burden of proof. This dual expectation, reported frequently by female members, exacerbates their psychological stress and can impair mental preparedness prior to their first jump.

Based on interviews conducted with both novice and experienced members of the Navy Woman Skydive Community, several psychological challenges were identified as most salient during the first jump:

Anxiety about failure and injury

A recurring concern among novices is the possibility of technical failure, miscalculated body positioning, or errors in parachute deployment. These perceived risks generate significant anxiety, which may persist

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throughout training sessions and intensify on the day of the first jump. For some, this anxiety manifests as physical symptoms such as increased heart rate, muscle tension, or gastrointestinal discomfort.

Fear of uncontrollable situation

Skydiving represents a profound confrontation with uncontrollability. The act of jumping from extreme heights into open air, while theoretically supported by training and equipment, is still experienced as a radical leap into uncertainty. For many first-time jumpers, this evokes intense fear, which can act as a psychological barrier and disrupt concentration.

Social pressure and expectations

Female parachutists often report feeling pressured to perform at the same or higher level than their male counterparts, as a way to prove gender capability in the military. This expectation not only originates from peers and superiors but is also internalized by the women themselves, leading them to set unrealistically high-performance standards. As a result, the fear of disappointing others or reinforcing gender stereotypes intensifies their anxiety.

Limited experience and low self-confidence

For many members, the first jump represents their very first exposure to parachuting. The absence of prior experience in freefall or aerial maneuvering produces a sense of unfamiliarity and insecurity. This lack of experience, coupled with the high-stakes nature of the activity, contributes to diminished selfconfidence and heightened vulnerability to psychological distress.

Considering these factors, it becomes evident that preventive psychological interventions are essential for the well-being and performance of novice parachutists in the Navy Woman Skydive Community. Technical training alone cannot fully prepare individuals for the complex interplay of fear, pressure, and uncertainty that accompanies the first parachute jump. Psychological services designed for this context should focus on equipping novice members with strategies for managing anxiety, enhancing concentration, and strengthening emotional resilience.

The Indonesian Navy Women's Skydiving Community represents a unique initiative that integrates technical excellence and gender empowerment in a high-risk military context. Despite structured technical training, the community's psychological readiness component remains underdeveloped. The first jump represents not only a technical but also an intense emotional challenge. Consistent with findings by Meyer et al. (2015) and Gross (2015), unmanaged anxiety can interfere with attention, focus, and memory recall of safety procedures, thereby increasing risk. Interviews with trainers and novice members revealed high pre-jump anxiety and physiological arousal, often linked to uncertainty, fear of failure, and perceived social expectations. This study aims to develop and evaluate a psychoeducational intervention to enhance emotional stabilization and readiness among Novice Parachutists Indonesian Navy Woman.

LITERATURE REVIEW

A. Definition of Emotional Stabilization in Novice Parachutists

Emotional stabilization refers to the ability to maintain a balanced emotional state so that an individual can

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continue to function optimally even when facing high-pressure situations (Gross, 2015). Research by (Meyer et al., 2015) found that novice parachutists exhibit higher levels of pre-jump anxiety and cortisol responses compared to experienced parachutists. In addition, their physiological recovery tends to be slower. This condition indicates that experience plays a significant role in influencing a parachutist's psychological and physiological readiness. Without appropriate emotional regulation strategies, elevated anxiety levels may impair focus, slow reaction times, and increase the risk of errors during a jump. Based on assessments conducted with novice parachutists in the Navy Woman Skydive community, several psychological issues were identified that affect their readiness for their first jump.

1) Problem Conclusions and Development Needs

Based on the observations and problem identification described above, this group has important psychological needs that require development, particularly in strengthening emotional stabilization, enhancing self-confidence, and fostering peer support among parachutists. The recommended development needs include:

a) Strengthening emotional stabilization strategies through psychoeducation

Providing information and training on emotional regulation strategies, such as relaxation techniques and guided imagery, is necessary to help participants cope with anxiety and tension prior to their first jump.

b) Facilitating supportive group dynamics

Implementing group-based programs, such as reflective discussions or sharing sessions about personal experiences with experienced jumpers, can strengthen solidarity and reduce interpersonal tension within the group.

Overall, the main challenge within this group relates to unstable emotional regulation, which impacts both psychological readiness and parachuting safety. Therefore, preventive interventions are essential to support participants in developing greater adaptability when facing extreme experiences. The uncertainty of a first-time jump and the presence of social pressure can trigger anxiety, fear, and a lack of self-confidence, all of which may affect their performance during the first jump.

According to (Goleman, 1999), emotion is a response to conditions experienced by an individual, accompanied by changes in thought, psychological state, and the desire to take action based on those conditions. Based on this definition, it can be concluded that emotion refers to positive or negative feelings or thoughts triggered by specific situations and typically related to behaviors that lead to certain outcomes. Therefore, emotional stabilization is essential as a form of emotional regulation for female novice parachutists, enabling them to manage the emotions they experience particularly negative emotions that may affect their physical condition prior to their first jump.

1) Factors Influencing Emotions

Emotions in women are influenced by various factors, including biological, psychological, and social aspects. The following are some contributing factors:

a. Biological Factors

Hormones Hormonal changes such as fluctuations in estrogen and progesterone influence mood, particularly during the menstrual cycle, pregnancy, and menopause (Brooks-Gunn & Ruble, 1982).

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

Brain Structure Studies have shown that women tend to exhibit higher activity in the amygdala and prefrontal cortex, which play key roles in emotional processing (Goldstein et al., 2001).

b. Psychological Factors

Cognitive Tendencies Women are more likely to employ emotion-focused processing strategies such as rumination, which can increase the risk of stress and anxiety (Nolen-Hoeksema, 2000).

Responses to Stress Differences in coping strategies, with women more frequently using emotion-focused coping rather than problem-focused coping (Tamres et al., 2002).

c. Social and Environmental Factors

Social and Cultural Norms Societal expectations often require women to be more emotionally expressive and empathetic compared to men (Eagly & Wood, 2012).

Gender Roles Gender role expectations in family and work settings can influence how women regulate their emotions, such as the pressure to appear patient and nurturing (Shields, 2002).

Social Support Strong interpersonal relationships can help women manage their emotions more effectively (Taylor et al., 2000).

2) Definition and Types of Stress

According to Sarafino (2011) stress is a negative emotional experience accompanied by biochemical, physiological, cognitive, and behavioral changes that can prompt an individual either to alter the stressful situation or to accommodate its effects. The types of stress include:

1. Eustress – Stress that provides motivational drive and helps individuals face challenges, such as preparing for the first parachute jump.
2. Distress – Stress that disrupts psychological and physiological functioning, such as excessive anxiety, emotional tension, and decreased technical performance during a jump.

3) Definition of Emotional Stabilization

Emotional stabilization is an individual's effort to balance demands and coping abilities. Its purpose is to enable individuals to manage stress either by enhancing their capacity to cope with pressure or by lowering unrealistic expectations. According to (Goleman, 1999), the ability to stabilize emotions includes:

- Conscious regulation of emotions (emotional regulation).
- The ability to calm oneself quickly after heightened emotions.
- Managing emotions in order to continue functioning optimally.

4) Strategies for Stress Management and Emotional Stabilization

Based on Lazarus & Folkman (1984), coping is a constantly changing cognitive and behavioral effort to manage internal and external demands that are appraised as exceeding an individual's resources. Strategies that can be applied include:

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

- Problem-focused coping seeking solutions to the problems encountered,
- Emotion-focused coping Managing emotional responses to stress
- Relaxation Deep breathing exercises to reduce physiological tension.
- Butterfly Hug A tapping technique that helps individuals calm themselves quickly.
- Guided Imagery A technique involving guided visualization to create calming mental images or successful scenarios. In the parachuting context, novice parachutists are guided to imagine their first jump with feelings of calm, safety, and confidence.

B. Psychoeducation as an Intervention Strategy

Psychoeducation is a structured intervention designed to provide information, understanding, and practical skills to address challenges faced by individuals or groups (Walsh, 2010). Considering the importance of community as the initial environment for novice parachutists, implementing psychoeducation focused on emotional stabilization becomes a crucial step in building a generation of adaptive parachutists with optimal psychological readiness (Ziabari et al., 2024). The primary techniques employed in this psychoeducational program include:

1. Deep breathing relaxation exercises to reduce physiological tension.
2. Guided imagery to cultivate positive mental representations of the skydiving experience.
3. Butterfly hug to promote a sense of safety and decrease sympathetic nervous system activation.

C. Theoretical Framework

This intervention draws upon Cognitive Behavioral Theory (Beck, 1976) and the Emotion Regulation Theory (Gross, 2015), both emphasizing the role of cognitive appraisal and coping in emotional responses to stress. Complementary frameworks include Lazarus & Folkman's (1984) Transactional Model of Stress and Coping and Bronfenbrenner's (1979) Ecological Systems Theory, which contextualizes emotional readiness within individual–environment interactions (e.g., peer and trainer support). Empirical studies (Omar-Fauzee et al., 2009; Meyer et al., 2015) have shown that psychoeducational interventions integrating relaxation and imagery techniques can significantly reduce anxiety and improve focus in high-risk populations.

1. Bronfenbrenner's Ecological Systems Theory

According to Bronfenbrenner (1979), individual development is influenced by interactions within multiple environmental systems. The microsystem refers to the direct relationships between the skydiver and her coach, senior members, and fellow divers. Support from this level can strengthen mental resilience. The mesosystem involves the connections between elements of the microsystem, such as collaboration between coaches and community members to create a psychologically safe training climate.

2. Transactional Model of Stress and Coping

Lazarus & Folkman (1984) explained that stress arises from an individual's appraisal of a given situation. In the primary appraisal, novice skydivers perceive their first jump as a high-risk event. In the secondary

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

appraisal, they evaluate their internal resources, such as technical skills and mental readiness. When the appraisal process reveals an imbalance between demands and resources, anxiety levels tend to increase. Psychoeducation can foster adaptive coping, thereby promoting a more positive appraisal.

3. Emotional Stabilization Techniques and Empirical Foundations

Techniques such as deep breathing relaxation, guided imagery, and the butterfly hug have been shown to effectively reduce anxiety symptoms, enhance self-control, and improve performance in high-risk situations (Omar-Fauzee et al., 2009). Empirical evidence from (Meyer et al., 2015) further supports the need for emotional regulation interventions among novice skydivers, as they exhibit heightened physiological stress responses in the pre-jump phase.

RESEARCH METHODS

2.1 Research Design

This study employed a quantitative approach with a one-group pretest–posttest design. This design was chosen to measure changes in participants' knowledge and emotional regulation skills before and after attending the psychoeducation and relaxation training intervention. The quantitative approach was considered appropriate because it allows researchers to obtain objective data that can be statistically analyzed, thereby providing a clearer picture of the effectiveness of the intervention. In addition, the one-group pretest–posttest design was selected since all participants were members of the same community and thus shared relatively similar backgrounds, ensuring consistency in terms of demographic and professional characteristics. This design also makes it possible to directly compare the initial state of the participants with their condition after receiving the intervention, highlighting any significant improvements or changes.

2.2 Participants

The participants in this study were 27 novice skydivers who were active members of the Navy Woman Skydive

Community, consisting of female personnel of the Indonesian Navy. All participants were between 19 and 30 years old and had no prior skydiving experience. Participants were selected using a total sampling technique, considering the relatively small population size and the fact that all members met the inclusion criteria, namely:

1. Actively participating in community activities for at least the past three months,
2. Never having received formal emotional regulation psychoeducation, and
3. Willing to take part in the entire research program.

The use of total sampling ensured that no eligible participant was excluded, thereby strengthening the representativeness of the data collected. In addition, selecting only those who had not previously been exposed to similar interventions reduced the risk of bias in the results, ensuring that any observed changes could be attributed more confidently to the psychoeducation and relaxation training provided during the study.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

2.3 Research Procedure

The study was carried out in three stages:

Preparation Stage: The researcher coordinated and conducted a Training Needs Analysis (TNA) by distributing the Indonesian version of the STAI-X2 anxiety questionnaire to assess baseline anxiety levels, and disseminated a Google Form questionnaire regarding the preferred services needed by the community. This was followed by the development of a psychoeducation module and relaxation training materials based on the theory of (Lazarus & Folkman, 1984) and findings from (Meyer et al., 2015). Observation of the wind tunnel and distribution of the TNA questionnaire that has been designed to explore the training and psychosocial needs of participants. The questionnaire was developed to include aspects of skydiving experience, confidence levels, learning needs, and preferred training methods. Semistructured interviews: Conducted with 2 senior skydivers and 2 instructors, these interviews aim to delve deeper into the psychological challenges faced by novice female parachutists, such as pre-jump anxiety, social pressure within the community, and how they manage stress and emotions. Observation of pool exit session

Filling out informed consent for psychological intervention for novice parachutists. Analysis of the current community condition, data obtained from TNA and interviews were then analyzed to get an overview of the community's needs, strengths, and challenges.

Implementation Stage: All participants attended an in-person psychoeducation session on emotion regulation, the 4-7-8 breathing technique, butterfly hug, and guided imagery practice. The intervention process was carried out over 3 sessions, each lasting 2 hours, with 27 novice female parachutists. The first session was held on Sunday, December 1, 2024, and the second and third sessions were conducted the following week. The activity was opened by one of the oldest seniors in the community, who explained the purpose of the activity and emphasized the importance of participating seriously. After that, the speaker introduced themselves and asked each participant to introduce themselves to lighten the atmosphere.The speaker conveyed the activities that would be carried out as well as the purpose and benefits of the psychoeducation activities. Next, the speaker and participants made agreements on the rules during the activity, namely: no using mobile phones unless requested and no going in and out of the room during the intervention session. The speaker then distributed a pretest sheet containing 10 true/false statements to assess the participants' knowledge and understanding before providing the material, along with the State-Trait Anxiety Inventory (STAI-X2, Indonesian version) questionnaire. The pretest was guided directly by the speaker, who explained the instructions and gave examples of statements. After the pretest, the session continued with the speaker explaining the benefits of this psychoeducation, which is to help female parachutists handle challenging situations more calmly and confidently during their first jump. The material presented included the definition of stress, stress symptoms, types of stress, consequences of stress, as well as explanations about emotions and types of emotions. The session continued with a Q&A, after which participants were asked to write down situations that had triggered negative emotions in the past two weeks. The speaker introduced and guided respiratory relaxation practice "Butterfly Hug" which was then practiced by the participants. During the

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

delivery of the material, participants appeared enthusiastic; some of them took notes even though the material had already been provided in hard copy. Several participants practiced breathing relaxation more than three times. When asked how they felt after doing the relaxation, almost all participants said they felt more at ease and comfortable. Participants also wrote down their feelings after the relaxation. The activity continued with the distribution of a 3-minute test sheet as an ice breaker as well as conveying the message about the importance of adhering to SOPs during parachute jumps.

Evaluation Stage: Participants completed a pre-test questionnaire before the psychoeducation session and a post-test questionnaire afterward. Participant reactions to the psychoeducation were assessed using a satisfaction questionnaire designed based on the first level of (Kirkpatrick & Kirkpatrick, 2007) psychoeducation evaluation model. Participants completed a posttest consisting of 10 statements and an anxiety level questionnaire, the same as the pretest, to evaluate understanding after the material was provided. Next, some senior shared their first jumping experiences as a way of discussing and sharing experiences within the community.Before concluding the activity, the speaker asked the participants for verbal feedback regarding the activities that had taken place. The event was closed with a thank you to the participants for their participation.

2.4 Research Instruments

The instruments used in this study include:

1. State-Trait Anxiety Inventory (STAI-X2, Indonesian version)

This instrument was employed to assess participants' general tendency to respond to high-stress situations. The State-Trait Anxiety Inventory (STAI-X2) (Spielberger, 1983) was developed to measure an individual's predisposition to experience anxiety. The version used in this assessment is the Indonesian version, which has been culturally adapted and translated.

The instrument consists of 20 items measured on a 4-point Likert scale (1 = Almost never, 2 = Sometimes, 3 = Often, 4 = Almost always). Total scores range from 20 to 80, with the following interpretation categories:

- 20–39: Low anxiety
- 40–59: Moderate anxiety
- 60–80: High anxiety

The reliability of the Indonesian version shows a good alpha coefficient ($\alpha > 0.80$).

2. Participant Satisfaction Questionnaire This questionnaire was developed based on (Kirkpatrick & Kirkpatrick, 2007) psychoeducation evaluation model to assess participants' reactions to the materials, facilitators, and psychoeducation methods.

RESULTS AND DISCUSSION

The data were analyzed descriptively using quantitative methods by calculating the mean scores and the percentage increase between pretest and posttest results. Participant satisfaction questionnaire responses were

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

processed to determine the distribution of responses and the level of program acceptance. The pretest and posttest data were descriptively analyzed to observe the improvement in participants' knowledge of emotion regulation after attending the psychoeducation session. The mean scores, score differences, and percentage increases were calculated to provide an overview of the changes. In addition, participant satisfaction questionnaire data were analyzed using percentage distribution for each assessment aspect, including the quality of the material, the method, and the facilitator.

A. Result

3.1 Increase in Knowledge

No.	Initial	Pretest Score	Posttest Score
1.	TIW	3	7
2.	DAN	7	10
3.	PL	3	8
4.	BK	5	8
5.	RHDTY	7	9
6.	NAM	3	7
7.	FS	3	7
8.	ASH	3	8
9.	ARH	3	9
10.	PNI	7	10
11.	NDP	6	10
12.	SII	6	10
13.	PQ	5	9
14.	APM	6	9
15.	JD	6	9
16.	AAK	3	9
17.	DSW	6	8
18.	SAV	5	7
19.	MET	3	7
20.	AC	7	7
21.	EF	6	8
22.	HNP	6	10

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

23.	NA	4	8
24.	MY	5	7
25.	VA	6	8
26.	AEP	5	9
27.	NUR	3	8

The analysis results show an increase in emotional stabilization knowledge scores from pretest to posttest. The participant's average pretest score was 68.52, while the posttest score increased to 87.41. Thus, there was an average increase of 18.89 points, equivalent to 27.57% of the initial score. This numerical improvement not only reflects the effectiveness of the psychoeducation session but also demonstrates that the structured and systematic approach of the intervention was able to provide participants with more comprehensive insights into the theory and practice of emotion regulation.

This improvement indicates that the psychoeducation materials provided successfully enhanced participants' understanding of emotional stabilization strategies, as explained by (Lazarus & Folkman, 1984) regarding the process of cognitive appraisal and coping strategies. Relaxation exercises based on the 4-7-8 breathing technique, butterfly hug, and guided imagery also contributed to participant's practical understanding, aligning with (Meyer et al., 2015) findings that relaxation techniques can improve mental readiness and reduce tension before engaging in high-risk activities such as skydiving. For example, participants were guided to practice slow inhalation, controlled breath holding, and prolonged exhalation through the 4-7-8 breathing method, which helped them recognize the physiological changes that accompany stress reduction. Similarly, the butterfly hug allowed participants to physically anchor themselves through bilateral stimulation, promoting a sense of calmness and self-control. Guided imagery sessions further strengthened this process by helping participants visualize successful and safe skydiving experiences, thus building positive mental representations to counteract anticipatory fear.

3.2 Reduction in Anxiety Scores

No.	**Initial**	**Anxiety level category**		**Final level category of Anxiety**
		Before	**After**	
1.	TIW	68	50	Medium
2.	DAN	54	30	Low
3.	PL	47	30	Low
4.	BK	60	54	Medium
5.	RHDTY	58	30	Low

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

6.	NAM	62	54	Medium
7.	FS	60	50	Medium
8.	ASH	60	40	Medium
9.	ARH	63	40	Medium
10.	PNI	63	40	Medium
11.	NDP	42	30	Low
12.	SII	61	40	Medium
13.	PQ	60	50	Medium
14.	APM	63	50	Medium
15.	JD	69	40	Medium
16.	AAK	47	30	Low
17.	DSW	41	40	Medium
18.	SAV	41	40	Medium
19.	MET	41	40	Medium
20.	AC	40	38	Low
21.	EF	50	45	Medium
22.	HNP	41	30	Low
23.	NA	50	50	Medium
24.	MY	41	38	Low
25.	VA	40	38	Low
26.	AEP	40	38	Low
27.	NUR	41	40	Medium

Based on the results of the Indonesian version of the State-Trait Anxiety Inventory (STAI-X2), following the intervention, out of a total of 27 novice parachutists, 10 participants were categorized as having low anxiety levels and 17 participants as having moderate anxiety levels. Prior to the intervention, there were still participants categorized as having high anxiety levels, which underlines the impact of the psychoeducation and relaxation training program. This shift in categorization demonstrates that although not every participant reached the “low anxiety” category, the overall distribution of scores moved in a positive direction. The decline in the number of high-anxiety participants is particularly important, as elevated anxiety levels are often associated with decreased performance, heightened risk of mistakes, and reduced safety during high-risk activities such as skydiving. By lowering trait anxiety scores, the intervention helped participants approach parachuting with greater composure and readiness.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

3.3 Participant Satisfaction with Psychoeducation

Based on the satisfaction questionnaire, the majority of participants responded positively to the psychoeducation. A total of 92.6% of participants found the material easy to understand, 96.3% felt the psychoeducational method was effective, and 100% gave a good rating for the facilitator. Participants also expressed their impressions after completing the sessions. "*An interesting experience, it made me confident that I can carry myself calmly in any situation as long as I want to*" (RHDTY, 28 years old). Another participant, PNI (28 years old), stated, "*Thank you for giving us a new experience; what we've learned here can be applied when feeling restless*." These participant statements indicate that they have gained new knowledge and experiences following the emotional stabilization psychoeducation intervention.

This outcome illustrates that, in terms of the reaction level evaluation in (Kirkpatrick & Kirkpatrick, 2007), the psychoeducation successfully fostered participants' interest, understanding, and engagement factors that are essential for sustaining the application of emotional regulation skills within the operational context of the parachuting community. When participants positively evaluate training at the reaction level, it increases the likelihood that they will continue applying what they have learned, thereby ensuring long-term impact beyond the immediate research setting. Moreover, the satisfaction data highlight the importance of supportive facilitation and structured content in ensuring that psychoeducation is not perceived as a mere formality but as a genuinely valuable and empowering experience.

DISCUSSION

The implementation of the psychoeducation and relaxation training intervention for 27 novice female parachutists ran smoothly, as it showed an increase in participants' knowledge of emotional stabilization and a decrease in anxiety scores. However, the first solo jump (without tandem) revealed one participant who experienced a blackout remaining with eyes open and body upright, yet not fully conscious although she managed to land within the designated drop zone.

The participant was a 23-year-old woman who had consciously and voluntarily registered to join the parachuting community as a form of personal development. Observations during ground training revealed no prominent signs of anxiety. She participated in all psychoeducation sessions and initial relaxation exercises alongside the other participants and demonstrated a posttest score improvement similar to the group average. However, her anxiety questionnaire score despite decreasing by 10 points remained in the moderate category during the posttest. During relaxation training sessions, she appeared unable to fully enter a relaxed state, following instructions passively.

In a post-jump interview, she reported that symptoms began the night before the jump. She had difficulty sleeping, felt nauseous, and experienced intense heart palpitations when imagining the parachuting process. The next morning, during preparations, she noted cold hands, shortness of breath, and trembling. When the jump was performed in tandem with an instructor, she briefly lost consciousness (blackout) mid-air. Her body became stiff and unresponsive, prompting the instructor to take full control until landing. Fortunately, the safety system functioned properly, and she did not sustain any physical injury.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

After landing, she appeared disoriented, cried, and displayed intense emotional reactions. A light counseling session held the same day revealed that she had a history of panic attacks in high school, although they had not recurred in recent years. She also admitted to having an excessive fear of losing control, which she had long attempted to suppress so as not to interfere with her activities. In response to her condition, an additional individual session was provided before the second jump, focusing on repeating the psychoeducation on emotional stabilization, with emphasis on relaxation training using the 4-7-8 breathing technique, butterfly hug, and guided imagery for all novice participants. Moreover, she was supported by senior community members during a peer-sharing session, which gradually helped rebuild her confidence.

During the second jump, all participants including the previously affected individual successfully executed solo jumps without physiological disturbances. This case highlights that cognitive knowledge improvement does not always equate to emotional readiness in high-stress situations. A deeper and more sustained approach is needed for participants with hidden psychological vulnerabilities, including individual pre-activity assessments, additional coaching sessions, and strong social support mechanisms through the community.

The incident indicates that although knowledge levels improved, psychological readiness to face the pressures of parachuting was not optimal for every individual. Therefore, one additional intervention session was conducted, consisting of:

1. Repeating psychoeducation on emotional stabilization, with greater emphasis on anticipating extreme physiological reactions such as nausea and unstable breathing.

2. Reinforcing breathing relaxation and butterfly hug exercises, while adding a guided imagery session in line with the standard operating procedure from pre-boarding to landing to mentally rehearse the parachuting experience in a realistic manner so that participants could become accustomed to the sensations.

Evaluation of the repeated session showed that all participants successfully performed solo jumps and landed within the drop zone commonly referred to as “happy landing” due to the absence of injury. Furthermore, participants acknowledged the importance of peer-sharing sessions with seniors, as these provided valuable encouragement in building courage and self-confidence among novice members

Lesson Learned

1. Psychoeducation interventions that involve interactive activities, such as discussions, relaxation practice, and ice-breaking sessions, are effective in enhancing participants’ understanding and engagement.

2. Providing materials complemented with simulations and hands-on practice (e.g., butterfly hug and breathing relaxation) makes it easier for participants to apply the taught skills in real-life situations.

3. The involvement of trainers (jumping masters) as an extension in providing psychological support and emotional stabilization skills is crucial, as they have high interaction frequency with novice parachutists.

4. A systematic approach is needed to provide psychoeducation training to trainers so they can continuously foster novice parachutists’ psychological readiness.

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5. The distribution of pocketbooks proved helpful for participants and trainers to remember and independently practice relaxation techniques outside the intervention sessions.
6. Proper scheduling (outside intensive training hours) helped improve participants' focus and participation during the intervention.

Cost Evaluation

The implementation cost of the intervention was relatively efficient and affordable due to the optimal use of available resources. The community meeting room and instructors' rest area were already accessible without requiring rental fees. The use of simple printed materials and pocketbooks helped reduce media production costs. Supporting tools such as pretest and posttest sheets, ice-breaking materials, and stationery were provided at minimal expense. Transportation costs were relatively low as the activities were centralized within the community area.

However, certain cost and logistical challenges were encountered. Limited time and opportunities to gather instructors outside training schedules required flexible time adjustments. There is also potential for additional expenses if the program is conducted regularly over the long term, such as procuring more diverse materials and more complete relaxation equipment.

The study results indicate an improvement in participants' knowledge of emotional regulation after attending the psychoeducation session on emotional stabilization and relaxation training. This improvement aligns with the Stress and Coping Theory proposed by (Lazarus & Folkman, 1984), which posits that individuals with a better understanding of emotional regulation strategies are more capable of conducting adaptive cognitive appraisal in response to stressful situations. In the context of parachuting, the ability to identify, assess, and manage emotions becomes critical, as the activity involves high risks and demands full concentration.

The application of 4-7-8 breathing techniques, butterfly hug, and guided imagery in this psychoeducation program was also proven effective in reducing tension prior to task execution. These findings are consistent with (Meyer et al., 2015), who emphasized that breathing-based relaxation techniques can enhance focus and mental calmness in military personnel prior to undertaking high-risk missions. A good calming technique can reduce anxiety and stress levels, helping to ease feelings of worry and fear. Practicing the butterfly hug technique for 10–30 minutes can help alleviate a person's anxiety (Ramdhani, 2023).

The high level of participant satisfaction with the psychoeducation program indicates that the materials, methods, and facilitators met participants' learning needs. This is significant because, according to (Kirkpatrick & Kirkpatrick, 2007), positive reactions at the initial stage of psychoeducation increase participants' motivation to internalize the knowledge and skills taught. Success at this stage is a prerequisite for achieving long-term behavioral change, including the consistent application of emotional regulation strategies in field situations.

CONCLUSION

The group of novice female parachutists in the Indonesian Navy demonstrated three major psychological challenges that hindered their readiness for the first jump, namely anxiety, lack of self-confidence, and

emotional tension that affected both physical and cognitive conditions. The intervention in the form of psychoeducation and relaxation training proved to have a significant positive impact, both in terms of participants' reactions and learning outcomes. They responded favorably to the quality of the facilitators, methods, and materials, and showed increased post-test scores, indicating a better understanding of emotional stabilization strategies. Nevertheless, this study also emphasizes that increased knowledge does not fully guarantee psychological readiness when facing extreme conditions, as illustrated by the blackout incident experienced by one participant. This highlights an important limitation: physiological factors and situational pressures can still create barriers despite prior intervention. However, the reinforcement sessions through psychoeducation, relaxation training, and peer support from senior members eventually enabled all participants to successfully complete their solo jumps safely. Thus, despite its limitations, this study demonstrates that psychological readiness to face extreme challenges cannot be achieved through short-term interventions alone but requires continuous strategies, longterm monitoring, and consistent social support to ensure that training objectives are optimally met.

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