Combination of Thought Stopping Therapy and Progressive Muscle Relaxation to Reduce Anxiety

1st Laili Nur Hidayati  
School of Nursing, Faculty of Medicine and Health Sciences  
Universitas Muhammadiyah Yogyakarta  
Yogyakarta, Indonesia  
laili.ln36@gmail.com

2nd Budi Anna Keliat  
Faculty of Nursing, Universitas Indonesia

3rd Yulia Wardani  
Faculty of Nursing, Universitas Indonesia

Abstract—Clients with physical illness tend to experience anxiety and the condition can worsen their physical condition. In general hospital, nursing intervention still, focuses on the physical problems and gives less attention to the psychological problems. The aim of this study was to determine the effect of thought stopping therapy and progressive muscle relaxation therapy for clients with anxiety. The method is pre-post experimental. A total of 36 anxiety adult clients with physical illness participated in this study. Then they were given intervention (thought stopping therapy and progressive muscle relaxation) for 3-4 times in a meeting. The analysis was conducted based on the signs and symptoms of anxiety clients before and after the nursing intervention. The results of nursing intervention showed a decrease in signs and symptoms of anxiety on all the responses which include cognitive, affective, physiological, behavioral and social responses. The most declining response is the physiological response. This intervention is recommended to overcome anxiety in clients.

Keywords—anxiety, thoughts stopping therapy, progressive muscle relaxation

I. INTRODUCTION

Chronic physical diseases such as cancer, cardiovascular disease, and HIV / AIDS can cause mental health problems [1]. Physical illness experienced by individual can lead to mild to severe anxiety [2]. Based on these data, the psycho social disorder is expected not to develop into a more serious situation if the client can be treated or treated as early as possible in a competent health care center and psychiatric problems arising from physical illness, one of which is anxiety.

The prevalence of anxiety in the United States is 18.1% which is mostly experienced by adults [3]. According to WHO-PPGHC (World Health Organization-Psychiatric Prevalence in General Health Care) anxiety is experienced by patients with physical disorders in which the number is equal to 10.2% of other mental-emotional problems [4]. Based on Hinz et al. [5] study found that patients with physical illnesses, especially cancer, they tended to experience anxiety and this condition can worsen the patient's condition. Based on these data physical illness can cause anxiety from mild to severe levels.

Fernandes, Hamid and Mustikasari [6] state that about 60% of clients with chronic diseases, for example, stroke has experienced anxiety. It is supported by Supriatni, Keliat, Nuraini and Susanti [7] who explained that clients treated with physical complaints will also experience anxiety. Other studies conducted by Fotiou et al [8] explained that anxiety was also experienced by family members as a caregiver during hospital care. Therefore, health services dealing with anxiety based on the above data require effective and efficient management of both clients and families.

Management of clients with anxiety is done and treated medically. Medical management by using anti-anxiety treatment can only be used when symptoms appear and are not used for a long time [9]. Medical treatment cannot be used for a long period so that it requires continued handling simultaneously by a nursing intervention.

A nursing intervention to overcome anxiety, both nursing intervention of general nurses and specialist nurses are given holistically. Nursing intervention is expected to reduce signs and symptoms and improve the ability of clients to overcome anxiety.

Nursing interventions of specialist nurses to overcome anxiety have been proven effective from previous studies, ranging from specialist nurses’ interventions to individuals with thought stopping, progressive muscle relaxation, cognitive therapy; group therapy with supportive therapy and logo-therapy; and family therapy with family psycho-education and triangle. Videbeck [10] said that the example of nursing interventions used to deal with anxiety are by using thought stopping and progressive muscle relaxation.

The combination of thought stopping therapy and progressive muscle relaxation can reduce moderate to mild anxiety levels [7]. Progressive muscle relaxation therapy can be used to relax tense muscles and gradually tighten, hold back then relax a group of muscles, when releasing rhythmic breathing tension [10]. Tobing, Keliat, and Wardani [11] stated that there was a decrease in depression and anxiety and an increase in relaxation skills and the ability to interpret life in cancer clients who received progressive muscle relaxation therapy. Another study conducted by Wade [12] explained that progressive muscle relaxation can effectively reduce anxiety. Moreover Khanolkar, Metgud and Verma
advances in health sciences research, volume 15

208

The medical management efforts provided are still focused on the client's physical disease conditions, while nursing actions are still limited to nurses' actions with deep breathing so that in general health services to overcome anxiety still do not meet client expectations. Therefore, the researchers applied the treatment of users with a complete combination of specialist therapeutic nurses. The actions of specialist nurses provided including thought to stop therapy and progressive muscle relaxation are given to 36 clients. Nursing interventions are carried out together with the general nurses' actions and proceed with the actions of specialist nurses who are adjusted to the response and conditions of the client by the researchers. The results of implementing nursing actions are expected to reduce signs and symptoms of anxiety and increase the ability of clients and families to deal with anxiety. Based on this, the researchers report the application of psychosocial intervention for anxiety clients with physical illness.

The actions given to clients and families are comprehensive not only to deal with physical problems but also psycho social problems experienced by clients who are being treated with physical illness. Therefore, while they are in the hospital, the family system is involved in the care so that we can adapt it to the clients until home care, after returning home. The aim of this study was to determine the effect of thought stopping therapy and progressive muscle relaxation therapy for clients with anxiety.

II. METHODS

This is a pra experimental study. The design used in the study was case analyzes during mental nursing practice in 36 anxiety clients with physical illness at the General Hospital. Technic sampling that used in this study is accidental sampling. Then they were given intervention (thought stopping therapy and progressive muscle relaxation) for 3-4 times in a meeting. The analysis was conducted based on the signs and symptoms of anxiety clients before and after the nursing intervention. The data were analyzed by univariate and bivariate analysis.

Based on table 1, it is explained that the client characteristics for sex are almost the same; 36 clients are (51%) women and 35 clients are (49%) men. The age category that appears the most is adults (38 clients or 54%), the education category is elementary school (28 clients or 39%), the job category is not working (50 clients or 70%), and the marriage status category is of married (49 clients or 69%).

TABLE II. THE EFFECTS OF THOUGHT STOPPING AND PROGRESSIVE MUSCLE RELAXATION ON ANXIETY CLIENT RESPONSES

| Appraisal of stressors | Mean | Difference | SD   | p value |
|------------------------|------|------------|------|---------|
| Cognitive response     |      |            |      |         |
| Pre test               | 9.08 | 1.19       |      |         |
| Post test              | 7.89 |           | 1.60 | 0.00    |
| Affective response     |      |            |      |         |
| Pre test               | 8.72 | 7.72       | 0.93 | 0.00    |
| Post test              | 1.00 |           |      |         |
| Physiologic response   |      |            |      |         |
| Pre test               | 14.44| 13.36      | 1.31 | 0.00    |
| Post test              | 1.08 |           |      |         |
| Behavioral response    |      |            |      |         |
| Pre test               | 5.14 | 4.53       | 0.74 | 0.00    |
| Post test              | 0.61 |           |      |         |
| Social response        |      |            |      |         |
| Pre test               | 4.11 | 3.78       | 0.55 | 0.00    |
| Post test              | 0.33 |           |      |         |

Table 2 shows the average comparison of the effect of the nursing action and specialist nurses (thought stopping and progressive muscle relaxation) on responses to anxiety clients with physical illness. The results of the nursing actions given are decreasing signs and symptoms of anxiety and the greatest decrease is in physiological responses.

IV. DISCUSSION

Anxiety is also related to feelings of uncertainty and helplessness that describe conditions of worry, anxiety, fear, not calm accompanied by physical complaints [9]. Clients feel afraid and worried about the disease and treatment measures that are taken with the emergence of physiological, cognitive, affective, behavioral and social responses.
The results of nursing actions towards the reduction of signs and symptoms in anxiety clients with physical illness still have signs and symptoms remaining, in cognitive, affective, physiological, behavioral and social responses. Analysis of the results of nursing actions on all responses showed a decrease in signs and symptoms but the numbers were still small, this result was in accordance with the research of Agustarika, Keliat and Nasution [14] stating that generalist therapy given before specialist therapy that was able to reduce anxiety with a decrease in all aspects have not decreased evenly.

The nursing intervention is significantly helpful to reduce signs and symptoms of anxiety in all responses with the greatest decrease in physiological response. Nursing intervention actions include deep breathing, distraction, imagination, spiritual guidance and hypnotic 5 fingers. The results of the application of nursing action for nurses and specialist nurses is thought stopping and progressive muscle relaxation showed a decrease, whereas it was seen from the mean signs and symptoms of anxiety that still existed at least in social responses.

The combination of thought stopping therapy is done to overcome the inability to manage negative thoughts, especially in conditional situation. This Research is in line with Supriatin's, Keliat, Nuraeni and Susanti [7] stating that a combination of thought stopping therapy and progressive muscle relaxation is recommended for handling anxiety in the general hospital setting. The results showed a significant decrease in physiological, cognitive, behavioral and affective responses toward anxiety clients. Another study conducted by Pasaribu, Keliat, and Wardani [15] that giving thought stopping therapy to cancer clients at the Dharmais cancer hospital in Jakarta, they were able to reduce signs and symptoms of anxiety and improve the ability to control client's negative thoughts. Thought stopping therapy is effective in reducing stress levels in clients and families during treatment [16]. Stress levels during treatment can trigger anxiety in clients with physical illness. The thought stopping therapy is implemented by decreasing the negative automatic thoughts that interfere, thoughts that make anxiety or unwanted thoughts. The ability that must be achieved by the clients is that they are able to control the disturbing mind because if it is not handled properly, it can reduce client their productivity and psychological discomfort so that it can cause maladaptive behavior.

Based on the study by Naikare et al [16], thought stopping can effectively reduce stress levels can trigger anxiety in various situations. Agustarika, Keliat, and Nasution's [14] study explained that a decrease in anxiety significantly included physiological, cognitive, behavioral and emotional responses after thought stopping therapy was given. Another study conducted by Nasution, Hamid and Daulima [17] revealed that thought to stop therapy was able to reduce the level of family anxiety in children under chemotherapy. Based on these studies it can be concluded that thought stopping can significantly reduce anxiety.

The Analysis of the thought stopping therapy that focuses on the cognitive response needs to be continued with other therapies namely progressive muscle relaxation to overcome the client's physiological response. The most important aspect of progressive muscle relaxation therapy exercises is that the body can feel relaxed and specifically they are given to clients who feel a muscle tension. Clients do exercises to tighten the muscles for 5 to 6 seconds then relax the muscle group for 20 to 30 seconds starting from head to foot. Clients must notice differences when the muscles are tightened and relaxed [18]. Research conducted by Li et al. [19] states that progressive muscle relaxation exercises can improve anxiety, depression and mental health in the quality of life of clients with pulmonary arterial hypertension.

The nursing actions provided are all effective for reducing signs and symptoms of anxiety in clients with physical illness. The first stage was done by the nurses, then they followed the actions of specialist nurses to improve cognitive, affective, physiological, behavioral and social abilities. Nursing actions were given to meet the needs of coping sources from individuals and families. Nevertheless, the need for social support in the form of groups must be developed in the form of supportive therapy so that the client's ability increases. The Evaluation of the implementation of nursing actions was carried out to improve the personal abilities of nurses and provided supporting facilities and infrastructure in the form of nursing care standards and media that can be used to provide education and as a standard of care in providing nursing actions.

V. CONCLUSION

It can be concluded that the application of nursing interventions for nurses and specialist nurses for anxiety clients with physical illness are done by giving action packages to nurses and specialist nurses. Furthermore, thought stopping therapy and progressive muscle relaxation are effective to decrease signs and symptoms in anxiety clients.

The clients are suggested to apply what have been learned about nursing actions from nurses and specialist nurses to overcome anxiety by continuing to do the exercises regularly.

ACKNOWLEDGMENT

The author would like to thanks to Dr. H. Marzoeki Mahdi Hospital Bogor, FIK, supervisors, extended family, friends, clients and other parties who have provided support for this research.

REFERENCES

[1] WHO (2013). Mental Health Action Plan 2013-2020. Geneva: WHO Press.
[2] Wilkinson, R. & Pickett, K. (2010). The Spirit Level: Why Greater Equality Makes Societies Stronger. New York: Bloomsbury Press.
[3] NIMH (2015). Any Anxiety Disorder Among Adults. (n.d.). Retrieved January 16, 2015, from http://www.nimh.nih.gov/health/statistics/prevalence/anxiety-disorder-among-adults.shtml - See more at:
[4] Dirjen Med (2012). World Health Organization- Mental Health Prevalence in General Health Care. Jakarta

[5] Hinz A., Krauss O., Hauss J.P., Höckel M., Kortmann R.D., Stolzenburg J.U. & Schwarz R. (2010) Anxietv and depression in cancer patients compared with the general population. European Journal of Cancer Care Vol 19 Issue 4

[6] Fernandes, F., Hamid, A. Y., & Mustikasari (2013). Pengaruh Acceptence and Commitment Therapy (ACT) terhadap Ansietas Klien Stroke. Tesis. Depok: FIK UI.

[7] Supriatin, L. Keliat., B., A & Nuraeni (2010). Pengaruh Terapi Thought Stopping dan Progressive Muscle Relaxation terhadap Ansietas pada Klien dengan Gangguan Fisik di RSUD Dr. Soedono Madiun. Tesis. unpublished.

[8] Fotiou, C., Vlastarakos, P. V., Bakoula, C., Panazouralisis, K., Bakovannis, G., Darviri, C., & Chrousos, G. (2016). Parental stress management using relaxation techniques in a neonatal intensive care unit: A randomized controlled trial. Intensive & Critical Care Nursing, 32, 20-28. doi:http://dx.doi.org/10.1016/j.iccn.2015.08.006

[9] Stuart, G.W. (2013). Principles and Practice of Psychiatric Nursing. 10th Ed. Canada: Evolve.

[10] Videbeck, SL (2011). Buku Ajar Keperawatan Jiwa. Jakarta: EGC

[11] Tobing, D.L., Keliat, B.A., Wardani., I.Y., (2012). Pengaruh Progressive Muscle Relaxation dan Logoterapi terhadap Ansietas dan Depresi, Kemampuan Relaksasi dan Kemampuan Memaknai Hidup Klien Kanker di RS Kanker Dharmais. Tesis. FIK UI.

[12] Wade, D. (2009). Anxiety, Progressive Muscle Relaxation Training, and Recuperation of A Baseball Pitcher’s Arm. Dissertation. United States: UMI Dissertation Publishing

[13] Khanolkar, T. S., Metegud, S., & Verma, C. (2013). A study on combined effects of progressive muscle relaxation and visual imaerv technique on perceived pain, levels of anxiety and depression in patients with burns. Indian Journal of Physiotherapy and Occupational Therapy, 7(2). 225-228. Retrieved from http://search.proquest.com/docview/1428297324?accountid=17242.

[14] Azustarika, B., Keliat, B. A., & Susanti, Y. (2009). Pengaruh Terapi Thought Stopping terhadap Ansietas Klien dengan Gangguan Fisik. Tesis. Depok: FIK UI.

[15] Pasaribu, J., Keliat, B.A., dan Wardani, I.Y. (2012). Pengaruh Terapi Kognitif dan Terapi Kognitif dan Terapi Penghentian Pikiran terhadap Perubahan Ansietas, Depresi dan Kemampuan Mengontrol Pikiran Negatif Klien Kanker di RS Kanker Dharmais Jakarta. Tesis. FIK UI.

[16] Naikare, V. R., Kale, P., Kanade, A. B., Mankar, S., Pund, S., & Khatake, S. (2015). Thought stömming activity as innovative trend to deal with stresses. Journal of Psychiatric Nursing, 4(2), 63-66. Retrieved from http://search.proquest.com/docview/1728252918?accountid=17242.

[17] Nasution, M. L., Hamid, A. Y., & Daulima, N. H. C. (2011). Pengaruh thought stopping terhadap Tingkat Kecemasan Keluarga (Caregiver) dengan Anak Usia Sekolah yang Menjalani Kemoterapi. Tesis. Depok: FIK UI.

[18] Sadock, B.J., Sadock, V.A. & Ruiz, P. (2015). Kaplan and Sadock’s Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry. (11th ed). New York: Wolters Kluwer.

[19] Li, Y., Wang, R., Tang, J., Chen, C., Tan, L., Wu, Z., . . . Wane, X. (2015). Progressive muscle relaxation improves anxiety and depression of pulmonary arterial hypertension patients. Evidence - Based Complementary and Alternative Medicine, doi:http://dx.doi.org/10.1155/2015/792895.

https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers#sthash.cyr3m01h.dpuf