



## CASE STUDY: OBSERVATION OF DYSMENORRHEA PAIN REMOVAL WITH HYPNOTHERAPY METHOD

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### ABSTRACT

Hypnotherapy is a method of planting suggestions when the brain is in a relaxed state, but that does not mean falling asleep or being unconscious during practice. Hypnotherapy can also be said as a thought therapy and healing technique that uses the hypnotic method to give positive suggestions or commands to the subconscious mind for healing a psychological disorder or to change thoughts, feelings, and behaviors for the better. This case study was conducted on first grade students of Diploma 3 Nursing Study Program, Faculty of Nursing, Jember University. After obtaining permission to conduct a case study, the observer identified respondents with inclusion criteria, gave informed consent. Next, collect primary data, primary data includes observations of pain scales, anxiety scales, fatigue scales, patterns of sports activities. The inclusion criteria that will be used are first grade, do not experience menstrual pattern disorders, experience primary dysmenorrhea on the first day, and are willing to be respondents. The sample in this case study consists of 2 students, college student I and college student A. Age, education and exercise patterns have an effect on the pain felt during dysmenorrhea. Factors associated with dysmenorrhea are pain scale, anxiety scale and fatigue scale, where both patients showed a correlation between pain felt with anxiety and fatigue experienced when dealing with dysmenorrhea.

Keywords: hypnotherapy; dysmenorrhea; observation

### INTRODUCTION

Adolescence is a stage of development that is marked by several signs, namely physical development, cognitive development, social development and emotional development. One of the physical developments and changes in adolescent girls is the appearance of menstruation. Menstruation will occur every month and can cause problems, including dysmenorrhea. Dysmenorrhea is a condition where there is an increase in prostaglandins in the lining of the uterus, this increase in prostaglandins triggers contractions of the uterus (primary dysmenorrhea). The incidence of dysmenorrhea in Indonesia is 64.25% with 54.89% primary dysmenorrhea while secondary dysmenorrhea is 9.36% (Santoso, 2008), in addition to research conducted by Hendrik (2006) 60-75% of young women experience primary dysmenorrhea. In East Java the incidence of dysmenorrhea is 54.89%, and the secondary dysmenorrhea rate is 9.36% (Sophia, Muda & Jemadi, 2013). In general, primary dysmenorrhea occurs 1-2 after experiencing the first menstruation (Progestian, 2010). At the age of 12-15 years, menstruation occurs for the first time (Anurogo, 2008). Based on this, dysmenorrhea will occur at the age of 17-18 years. In the Preliminary Study at the D3 Nursing Study Program, Faculty of Nursing, University of Jember, Pasuruan City, it was found that the number of level 1 female students was 85 people and 53% had dysmenorrhea.

Pain felt during menstruation can interfere with adolescent activities. According to Prawirohardjo (2005) dysmenorrhea can interfere with the daily activities of women and in this situation women will need pain relievers, and this will be able to make the quality of life of women will decrease, for example students at the time of study can be disturbed due to discomfort. Research Nanthan (2005) dysmenorrhea occurs in 30-60% of women, and of these

7-15% do not carry out usual activities such as school or work. This study is in accordance with the opinion of Laszlo, et al. (2008). Dysmenorrhea experienced by women by 30-90%, of which 10-20% experienced severe pain and did not come to school. According to Edmundson (2006), dysmenorrhea complaints can result in adolescents not working and going to school, which is 13-51%.

There are several methods of providing comfort during dysmenorrhea, pharmacologically or non-pharmacologically. One of the non-pharmacological methods is hypnotherapy. Hypnotherapy is a way of giving suggestions when a person's brain is in a relaxed or relaxed state but not in a sleeping or unconscious state (Andriana, 2007). Hypnotherapy also has the meaning of therapy by hypnotizing which aims to give a positive command and also suggestions to the subconscious mind with the aim of therapy for psychological problems and can also change thoughts, feelings, and behavior for the better. How to do hypnotherapy is to influence a person's way of thinking by using the words conveyed or communication (Kahija, 2007). The procedure for doing hypnotherapy is pre-introduction, introduction, depth level test, suggestion, termination and post-hypnotherapy. The results of the study (Mendoza & Capafons, 2009) said that hypnotherapy therapy was better than hypnotherapy.

With drug use, psychological use of placebo or others. The hypnotherapy process does not cause any side effects at all (Subiyanto et al, 2008). Hypnotherapy can change the waves in the brain into alpha and beta states, this can make the patient more relaxed and comfortable and takes a short time to do it. Hypnotherapy costs relatively cheaply because it does not use drugs, so in terms of costs it is also cheap, the equipment used is simple and the process is understood by many people (Aprilia, 2010). From this background, it shows that the incidence of dysmenorrhea from year to year has increased, as well as the risks caused if the dysmenorrhea is not resolved. Therefore, it is necessary to provide a nursing action plan, especially in providing implementation to reduce pain during dysmenorrhea and so that treatment can be given comprehensively in accordance with the latest evidence based.

## **METHOD**

The research was conducted on level 1 students of the D3 Nursing Study Program, Faculty of Nursing, Jember University, Pasuruan City Campus. After obtaining research permission, the researcher identified the respondents based on the inclusion criteria and gave informed consent. After that, they collected data consisting of observations of pain scales, anxiety scales, fatigue scales, and sports activity patterns. The inclusion criteria in this study were grade 1 female students, did not experience menstrual pattern disorders, experienced primary dysmenorrhea on the first day, and were willing to be respondents. The sample in this case study consisted of 2 female students. Student I and Student A.

The measuring instrument uses NRS, VAS and PFS. NRS (Numeric Rating Scale) for measuring pain scale, VAS (Visual Analogical Scale) for measuring anxiety scale, PFS (Piper Fatigue Scale) for measuring fatigue scale. Measurement of pain intensity was divided into 2 categories, namely mild pain with a value of 4, while severe pain 4. The NRS measuring instrument has been tested for validity and reliability by Flaherty (2008) with a value of 0.56-0.90, and interval consistency, Alpha Cronbach 0.75-0.89 which means reliable. Anxiety scale measurement using Visual Analogical Scale. The value range on the VAS is 0-100. If the respondent gets a value of 0, it means that the respondent is in a condition not anxious, relaxed and calm, a score of 10-20 respondents is in a state of worry, starting to get restless, and mild anxiety, a value of 30-70 respondents experiencing moderate anxiety, feelings of restlessness and disturbing feelings of worry. , the value of 80-100 respondents experienced severe anxiety,

there was a feeling of seeing a bad image. Based on research conducted by Kindler, et al. (2000), who compared VAS and STAI (State Anxiety Score Of The Spielberg State-Trait Anxiety Inventory in surgical patients with the result that there was an association between VAS and STAI ( $r= 0.66, p < 0.01$ ). Fatigue in this study was measured by PSF, the PFS scale was modified by Danismaya (2009), there were 10 questions, with a value of 1 being the lowest value and 10 being the highest, with criteria 5 being light fatigue and 5 being severely tired. This question has been tested for validity and reliability (Pearson product moment  $r > 0.444$ ) and (Cronbach's Alpha for reliability with results of 0.887).

**RESULTS**

Respondent 1 (student I) 17 years old, complained of abdominal pain, the respondent seemed to be holding the lower abdomen and waist, the respondent said the pain he felt the pain scale was  $> 4$ , the anxiety level of respondent 1 during dysmenorrhea was scored 70, the adolescent fatigue level was scored 6, Respondent 2 (Student A) 18 years old, said that his lower abdomen was very painful, respondents said the pain felt on the pain scale  $> 4$ , the level of anxiety during dysmenorrhea got a value of 50, the level of adolescent fatigue got a value of 5.

Table 1.

Demographic Data

| Respondent Data | Respondent 1 | Respondent 2 |
|-----------------|--------------|--------------|
| Name            | Student I    | Student A    |
| Age             | 18 years     | 18 years     |
| Education       | D3           | D3           |
| Treatment       | Hypnotherapy | Hypnotherapy |

Table 2.

Factors Associated With Dysmenorrhea

| Respondent Factor | Respondent 1  |                | Respondent 2  |                |
|-------------------|---------------|----------------|---------------|----------------|
|                   | Pre Treatment | Post Treatment | Pre Treatment | Post Treatment |
| Pain Scale        | $>4$          | 3              | $>4$          | 2              |
| Anxiety Scale     | 70            | 30             | 50            | 20             |
| Fatigue Scale     | 6             | 2              | 5             | 3              |

**DISCUSSION**

The case study respondents in table 1 are 2 female students, both respondents are 18 years old. Based on Sigmund Freud, the age of 18 years is a classification of late adolescence which will lead to adulthood (Sarwono, 2006). At this age, adolescents will experience several changes due to hormonal activity by stimulating the composition of the central nervous system. This is in accordance with research. These results are also reinforced by research by Julianti (2012) which states that dysmenorrhea occurs at the age of 16-18 years. Both respondents are currently studying at the Diploma Three level. According to Potter and Perry (2006), the higher the age and level of education, the higher the need for a person to deal with pain and increase comfort.

Treatment for both respondents is hypnotherapy. Pain when present or dysmenorrhea can use pharmacological and non-pharmacological therapy, for non-pharmacological therapy you can use hypnotherapy. Hypnotherapy is a way of giving suggestions when a person's brain is in a relaxed or relaxed state but not in a sleeping or unconscious state (Andriana, 2007). Hypnotherapy also has the meaning of giving therapy by hypnotizing which aims to give a positive command and also suggestions to the subconscious mind with the aim of therapy for psychological problems and can also change thoughts, feelings, and behavior for the better.

Doing hypnotherapy can stimulate the release of endorphins. Endorphine is a neurotransmitter that is produced by the body when conditions are comfortable and can be used to reduce pain. (Wahida, 2015). The intensity of the pain scale in respondents 1 and 2 showed a significant decrease in intensity after being given hypnotherapy by implanting suggestions in the brain to relax the condition, giving suggestions.

Based on the results of observations made, the value of the pain scale in respondent 1 before being given hypnotherapy was  $>4$  and respondent 2 was also  $>4$ . At the time after being given hypnotherapy the pain scale value in respondent 1 decreased to 3 and respondent 2 decreased to 2. These results are in accordance with Oyoh's research (2015) which says there is an effect before and after hypnotherapy is given to junior high school adolescents who experience primary dysmenorrhea with  $p = 0,0001$ . Another study was also conducted by Marfuah in 2010 with the title of differences in pain intensity in respondents who were given hypnotherapy treatment. Based on the observation that respondent 1's anxiety scale was 70 and respondent 2 was 50, after being given hypnotherapy, respondent 1's anxiety scale decreased to 30 and respondent 2 became 20. This result is in line with what Potter and Perry (2006) said that anxiety and pain are related to one another. the other, meaning that when pain increases, anxiety also increases and vice versa.

According to research by Wadhwa et al. (2004) showed that someone who is depressed and anxious will have an effect on the pain felt during menstruation. Likewise with what Reddish (2006) said that there is a relationship between the incidence of dysmenorrhea with somatic disorders and the incidence of depression, where this is an indicator of a person's feeling of anxiety. In the observations made, it was found that the data on the respondent's pain intensity decreased after being given hypnotherapy where this was also followed by a decrease in the anxiety scale felt by the respondent. These results are the same as those of Lemone and Burke (2008) who said that the perception of pain can lead to anxiety and anxiety can also result in the perception of pain. Brunner and Suddarth's (2002) say that a decrease in pain tolerance can result from anxiety and the perception of pain that is felt and can also affect a person's attitude in responding to the pain that is felt as well as dysmenorrhea. Adolescents with mild anxiety will have a more constant emotional status and this will result in effective coping mechanisms. However, when a person's anxiety is heavy or high, they will also experience somatic disorders and vice versa.

The results of the observation that the fatigue scale of respondent 1 is 6 and the fatigue scale of respondent 2 is 5, after being given hypnotherapy the fatigue scale of respondent 1 is 2 and the fatigue scale of respondent 2 is 3. The results of observations carried out according to the opinion of Potter and Perry (2006) that feeling tired or tired This can result in more frequent pain intensity and ineffective individual coping mechanisms. According to Lubkin and Larsen (2007), diseases that can cause pain will cause fatigue in the individual. Fatigue conditions affect the ability of individuals to carry out their daily activities, under certain conditions will also affect social interaction, can lead to social isolation and changes in the quality of life. Based on the observations made by the researcher, it is argued that there are several things that can increase the pain threshold of adolescents when experiencing dysmenorrhea, including anxiety and fatigue. Fatigue and anxiety are subjective individual experiences. If adolescents are in pain and tired and anxious, they will tend to be lazy to do activities and this results in more focusing on the pain they feel, namely dysmenorrhea, so that it will increase the intensity of the pain. Therefore, the importance of hypnotherapy is to relax the mind so that it can make the pain threshold go down so that the end result is that teenagers can carry out their daily activities normally. This is in accordance with Oyoh's research (2015) with the title "The Effect of

Hypnotherapy on Primary Dysmenorrhea in Adolescents of Patriot Bangsa Middle School in Tani Mulya Cimahi Village that there is an effect before and after being given hypnotherapy with the results of t test )  $p = 0.0001$ .

## CONCLUSION

Hypnotherapy is a way of giving suggestions when a person's brain is in a relaxed or relaxed state but not in a sleeping or unconscious state (Andriana, 2007). Hypnotherapy also has the meaning of giving therapy by hypnotizing which aims to give a positive command and also suggestions to the subconscious mind with the aim of therapy for psychological problems and can also change thoughts, feelings, and behavior for the better. Doing hypnotherapy can stimulate the release of endorphins. Endorphine is a neurotransmitter that is produced by the body when conditions are comfortable and can be used to reduce pain. (Wahida, 2009). The intensity of the pain scale in respondents 1 and 2 showed a significant decrease in intensity after being given hypnotherapy by implanting suggestions in the brain to relax the condition, giving suggestions. More about this source textSource text required for additional translation information send feedback side panels.

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