The Effect of Hypnotherapy to the Changes of Stress Level to Odha (person who has been diagnosed HIV/AIDS) in the KDS Friendship Plus Kediri

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A B S T R A C T

Background: Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome (HIV/AIDS) becomes the main problem of global community health in which more than 34 million people die (WHO, 2015). When someone has been diagnosed Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome (HIV/AIDS), he/she will have psychological problems which are signed by feeling rejecting, angry, shocked, and depressed. These psychological symptoms can make the diagnosed person becomes more stress in passing his/her rest life (Depkes. 2014). The burdens of diagnosed AIDS patients both because of the organic effect of AIDS and psychosocial, can cause the feeling of worried, depressed, unconfident, hopeless, and even the desire of committing suicide (Sriati, 2013). Based on the above explanations, the researcher is interested in doing the advanced research about the effect of hypnotherapy to the changes of stress level to ODHA (person who has been diagnosed HIV/AIDS) in the KDS friendship plus Kediri.

Subject and method: This research was experimental research using randomized controlled trial (RCT) design. This strategy was one of many research strategies which made both groups equal by allocating the subjects randomly (randomized) (RCT) (Murti, 2013). According to Rajagopalan (2013), randomized controlled trial (RCT) design was an observation study which the population subject was taken randomly and allocated in groups. The quantity of population was taken 30 persons for intervention group (using hypnotherapy) and 30 persons for control group (without hypnotherapy). The instrument measurement used was questionnaire from Lovinbond, which was done before and after having hypnotherapy. After that, the data was processed by using t-test independent SPSS.

Result: The result showed that p value was 0.962. It meant that there is no effect of hypnotherapy to stress when pretest was done. This research result also showed that the mean were 20.00 for intervention group and 20.07 for the control group. The condition was different when the post test was done, the p value was <0.001. It meant that there is an effect of hypnotherapy to stress.

Summary: from the result explanation, it can be concluded that there is an effect of hypnotherapy to stress level. The person has been suffered HIV/AIDS experienced stress level lowering.

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I. INTRODUCTION

In the late 2014, there is approximately 3,2 -3.7 million people has already lived with HIV. In the same year, 200,000-250,000 new people in all over the world have already infected HIV virus (WHO, 2015). World Health Organization (WHO) has already estimated 9 from 10 person infected HIV from developed country (WHO, 2015).

The first HIV/AIDS case in Indonesia was found in Bali 1987. The total accumulation of HIV patients from 1987 up to September 2014 is 150.296 persons, whereas for AIDS cases are 55.799 persons. The most total accumulation patients infected HIV is Jakarta, that is 32.782 cases.

Nevertheless, East Java takes the second place with 19,249 cases then followed by Papua Province, West Java, Bali, North Sumatera, Central Java, West Kalimantan, Riau Archipelago, South Sulawesi. In East Java, Surabaya is 2,030 cases; it is the first place of infected HIV person. Another cities or residences are Malang (1,058 cases), Jember (750 cases), and the most least is Sampang (4 cases) (Depkes RI, 2015).

In Kediri residence, Jawa Timur, the patients of HIV/AIDS who have already got assistance is 341 persons; male is 153 persons and female is 178 persons. There are some factors of infection risk; they are high risk couples (35%), high risk males (36%), prostitute women (18%), male homosexual (10 %), and transsexual (1%) (Dinkes Kabupaten Kediri, 2014). The same data of person has been infected HIV/AIDS is found in 2014 between Kediri health department and Kelompok Dukungan Sebaya (KDS) Friendship Plus Kediri, that are 341 persons. The ‘new comers’ between 2014 until 2016 and as the active member in Kelompok Dukungan Sebaya (KDS) Friendship Plus Kediri are 74 persons. This research is done in Kelompok Dukungan Sebaya (KDS) Friendship Plus Kediri because Kediri is the third place in Jawa Timur which has had many cases of HIV/AIDS besides Surabaya and Malang.

The result of Untas et.al (2013) research shows that depressed patient who has hemodialysis decreases after doing hypnotherapy. Lu and Lu research (2013) also indicates that hypnosis therapy is able to reduce the worrying level and increase the patient’s calmness when doing acupuncture. From all the result above, it can be concluded that the use of hypnotherapy can help reducing and finding solution in psychological burdens for the person who has been diagnosed HIV/AIDS. Thus, the depression, anxiety and stress for the person can be reduced.

II. THE OBJECTIVE OF THE RESEARCH

Based on the background explanation, the researcher was interested to do the research about the hypnotherapy effect to the changes of stress level to ODHA (person who has been diagnosed HIV/AIDS) in the KDS friendship plus Kediri.

III. THE METHOD OF THE RESEARCH

This research was an experimental research by using randomized controlled trial (RCT) design. This strategy was one of many research strategies which made both groups equal by allocating the subjects randomly (randomized) (RCT) (Murti, 2013). According to Rajagopalan (2013), randomized controlled trial (RCT) design was an observation study which the population subject was taken randomly and allocated in groups. The quantity of population was taken 30 persons for intervention group (using hypnotherapy) and 30 persons for control group (without hypnotherapy). The instrument measurement used was questionnaire from Lovinbond, which was done before and after having hypnotherapy. After that, the data was processed by using t-test independent SPSS.
IV. THE RESULT AND THE DISCUSSION OF THE RESEARCH

A. The result of the research

1. The research subject characteristic

In table 1, the result of research subject characteristic showed 60 research subjects had different distribution. The description of the research variable was explained based on characteristic, criteria, frequency and percentage (%).

Table 1 Research Subject Characteristic

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Criteria</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Man</td>
<td>27</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>Woman</td>
<td>33</td>
<td>55</td>
</tr>
<tr>
<td>Respondents’ age</td>
<td>&lt; 20 year old</td>
<td>8</td>
<td>13.3</td>
</tr>
<tr>
<td></td>
<td>20 – 35 year old</td>
<td>49</td>
<td>81.7</td>
</tr>
<tr>
<td></td>
<td>&gt; 35 year old</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Education</td>
<td>Basic education (low)</td>
<td>37</td>
<td>61.7</td>
</tr>
<tr>
<td></td>
<td>Advance education (high)</td>
<td>23</td>
<td>38.3</td>
</tr>
<tr>
<td>Salary</td>
<td>≥ UMR</td>
<td>25</td>
<td>41.7</td>
</tr>
<tr>
<td></td>
<td>&lt; UMR</td>
<td>35</td>
<td>58.3</td>
</tr>
<tr>
<td>Occupation</td>
<td>Civil servant</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>Merchant</td>
<td>5</td>
<td>8.3</td>
</tr>
<tr>
<td></td>
<td>Entrepreneur</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>Laborer</td>
<td>20</td>
<td>33.3</td>
</tr>
<tr>
<td></td>
<td>Unemployment</td>
<td>31</td>
<td>51.7</td>
</tr>
</tbody>
</table>

Source: Processed Data, 2016

2. Univariat Analysis

The description of research variable by using univariat analysis explained about the general description of research data in each research variable, such as: depression, anxiety and stress to the person who has been diagnosed HIV/AIDS (ODHA).

Table 2. Hypnotherapy Variable Description

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>30</td>
<td>50 %</td>
</tr>
<tr>
<td>Yes</td>
<td>30</td>
<td>50 %</td>
</tr>
<tr>
<td>Sum</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

The result of hypnotherapy description showed that 60 subjects, who have already given hypnotherapy intervention 30 subjects (50%) and the other 30 subjects who haven’t got hypnotherapy intervention.
3. Bivariate analysis

Table 3. Pre intervention bivariate analysis to the effect of hypnotherapy to stress

<table>
<thead>
<tr>
<th>Variable group</th>
<th>PreTes Stress</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Normal</td>
<td>Light</td>
</tr>
<tr>
<td><strong>Hypnotherapy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td>1 (1.7%)</td>
<td>11 (18.3%)</td>
</tr>
<tr>
<td>Non Intervention</td>
<td>1 (1.7%)</td>
<td>11 (18.3%)</td>
</tr>
</tbody>
</table>

In the table 3, it showed that bivariate analysis about hypnotherapy effect on stress was same between control and invention group on pretest.

Table 4. Pre intervention t-test independent analysis to the effect of hypnotherapy to stress

<table>
<thead>
<tr>
<th>Variable group</th>
<th>Mean</th>
<th>SD</th>
<th>p</th>
<th>CI (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Down limit</td>
</tr>
<tr>
<td><strong>Hypnotherapy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td>20.00</td>
<td>5.408</td>
<td>0.962</td>
<td>-2.87</td>
</tr>
<tr>
<td>Non Intervention</td>
<td>20.07</td>
<td>5.458</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4 indicated that the value of p was 0.902. It reflected that there was no hypnotherapy effect to stress when pretest conducted. This research also showed that the mean of intervention group was 20.00 besides the mean of control group was 20.07.

Table 5. Post intervention t-test independent analysis to the effect of hypnotherapy to stress

<table>
<thead>
<tr>
<th>Variable group</th>
<th>Mean</th>
<th>SD</th>
<th>p</th>
<th>CI (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Down limit</td>
</tr>
<tr>
<td><strong>Hypnotherapy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td>7.77</td>
<td>6.366</td>
<td>&lt;0.001</td>
<td>0.49</td>
</tr>
<tr>
<td>Non Intervention</td>
<td>20.30</td>
<td>5.338</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5 had different result. It showed the value of p was <0.001 that indicates there was an effect of hypnotherapy to stress when posttest was done.

B. The discussion of the research

The research result indicated that person who has been diagnosed from HIV/AIDS who has already been given hypnotherapy had lower stress than he/she who hasn’t been given hypnotherapy.

Hypnotherapy relaxation makes our body immune system better. When his/her mind is relaxed and positive, this condition will make hormone level becomes positive, high enzyme, and normal blood pressure. Another benefit of relaxation is relaxation can send many impulses along blood pressure to make someone much better. Many studies have already related relaxation to long life and many advantages for health. Not only to find calmness in our daily routine but also to plan many activities for the future (Rafael, 2015).

Hypnotherapy can help client to relax his/her mind because positive suggestion are able to give brain stimulus so that in relaxed condition the client can focus on things that can make everything much better. Thus the client stress can be controlled and took charge and also make the client becomes calm and positive thinking (Setyadi, et.al 2016). When our brain receives positive response, the hypothalamus will release endorphin and encephalin; the functions are as pain killer and the controller of CRF secretion. When the CRF secretion decrease so ACTH secretion is also stable and under control, in other words, the decreasing of ACTH will stimulate the reducing of cortisol.
production and catecholamine in order to increase immune response (Djauzi dan djoerban, 2011). Emotional response on stress such as: scare, anxiety, happiness, feeling ashamed, angry, depressed, and patient, determined, denial. Behavior response was actually unlimited, depending on the characteristic of the stress itself. Two categories of behavior response were fight the stress or escape from the threatening.

The application of clinical hypnotherapy can reduce the stress disturbance post trauma and help to solve dissociative experience before and after trauma (Gunawan, 2014). According to Kingsbury (2011), hypnosis can reduce stress disturbance pasca trauma or post traumatic stress disorder (PTSD).

Based on Fieldman (1989) quoted Wangsajdaja (2014), stress is a proses of valuing an event as something threatening, defying or even harming and others response the events on physiology, emotional, cognitive and behavior level. Psychosocial problem of person who has been diagnosed HIV/AIDS (ODHA) can decrease the immune condition and make wider physical problems. The decreasing of immune because of psychological disturbances can be explained using psikoneuroimmunneendokrinologi. Psikoneuroimmunneendokrinologi is a relation concept between stress system nerve system, immune system and endocrine system. There is the increasing of hipotalamus-pituitari adrenal (HPA) via CRF for the effect of endocrine system psychosocial and psychological. CRF roles as the response coordinator between nerve cell and others cell to the stress.

V. SUMMARY

It was concluded tha there is an effect of hypnotherapy to stress level. On intervention group, there was the reducing stress level when post test was conducted to person who has been diagnosed HIV/AIDS.

VI. BIBLIOGRAPHY


