

Journal Educational of Nursing (JEN)

Vol. 9 No. 1 January – June 2026 ; page 8- 13

p-ISSN : 2655-2418; e-ISSN : 2655-7630

journal homepage: <https://ejournal.akperrspadjakarta.ac.id>

DOI : 10.37430/jen.v9i1.304

Article history:

Received: November 30th 2025

Revised: December 09th 2025

Accepted: December 24th 2025

Application Of Thought-Stopping Therapy To Reduce Anxiety In Patients With Chronic Diseases At The University Of Indonesia Hospital

Ni Luh Emilia¹, Mustikasari²

Bala Keselamatan Palu College of Health¹

Faculty of Nursing University of Indonesia²

Email: niluhemilia101112@gmail.com

Abstract

Almost the entire world has serious problems with chronic diseases, where in addition to physical illness, patients also experience anxiety, so it is necessary to provide appropriate nursing care. The purpose of this case study is to provide nursing care by applying thought-stopping therapy to reduce anxiety in patients with chronic diseases. The study used a descriptive approach with 8 respondents. Data were obtained through interviews, observations, physical examinations, and measurement tools, which included signs and symptoms as well as anxiety levels. Thought-stopping therapy was conducted during the treatment process with 3 sessions and a schedule of 2 exercises per day in the morning and afternoon. The results showed a decrease in anxiety signs and symptoms with an average pre-treatment score of 50.38% and a post-treatment score of 4.92%, as well as an increase in patient ability from an average pre-treatment score of 12.12% to 46.97%. In conclusion, thought-stopping therapy can be used to reduce anxiety and improve the ability of patients with chronic diseases who experience anxiety. This therapy is recommended for use in nursing care for patients in hospitals. For other researchers, it is suggested to examine how long the effects of this therapy last and the need for trained caregivers to assist clients in performing this therapy at home.

Keywords: *Thought-stopping, Chronic Disease, Anxiety*

INTRODUCTION

Anxiety in patients with chronic diseases such as diabetes mellitus, hypertension, cancer, and heart disease is generally influenced by a combination of biological, psychological, social, and care-related factors. In diabetes, glucose fluctuations, chronic complications, and the burden of self-management trigger excessive worry.[1], [2], [3] In hypertension, physical symptoms such as palpitations and fear of sudden complications such as stroke increase anxiety.[4], [5] Cancer patients often experience anxiety due to uncertainty about prognosis, side effects of treatment,

fear of recurrence, and changes in body image.[6] Meanwhile, in heart disease, experiences of heart attacks, palpitations, and concerns about physical activity trigger hypervigilance and ongoing anxiety.[7], [8] Across conditions, lack of social support, economic burden, history of mental disorders, complexity of treatment regimens, and uncontrolled physical symptoms are major factors that reinforce anxiety in patients with chronic diseases.

The prevalence of anxiety in various chronic diseases also varies greatly, ranging from chronic pain, where anxiety reaches 40.2% of 347,468 individuals,

with the remainder experiencing depression.[9] In a meta-analysis, the prevalence of anxiety symptoms/disorders in cancer patients showed a prevalence of 23%.[10] The prevalence varies between countries among 679 DM patients, many studies found a symptomatic anxiety rate of 34.2% experiencing depression, and 38% experiencing anxiety.[11] Other researchers also stated that overall, 50% of hypertensive patients experience anxiety and depression, which is significantly associated with uncontrolled blood pressure, stage 1/2 hypertension, female gender, and obesity.[4]

If left untreated in patients with chronic diseases, anxiety will lead to a consistent decline in quality of life (daily functioning, social roles, fitness), more severe symptoms, more frequent medical complications, and longer hospital stays, resulting in higher treatment costs.[12], [13] Therefore, nursing interventions other than medication, such as complementary therapy, are necessary, one of which is thought-stopping.[14] Thought-stopping is a brief cognitive technique aimed at helping individuals recognize and stop intrusive or ruminative thoughts through systematic verbal/visual commands (e.g., saying "stop," using hand signals, or shifting attention), then replacing them with more adaptive and effective statements or activities to reduce cognitive distortions and irrational thoughts and effectively manage OCD and HCD caused by negative and maladaptive thoughts. This technique is often used as one component in a broader CBT package and is very attractive for application in primary care or rehabilitation settings due to its simplicity and ease of training.[15], [16]

Empirical evidence regarding the effectiveness of thought-stopping as a single intervention is still relatively limited and mostly comes from quasi-

experimental studies, specific population studies, or combination modules (e.g., thought-stopping + other techniques). Several local and international studies in the last 5 years have reported a decrease in anxiety levels after the application of thought-stopping in certain groups, such as patients with hypertension, COVID-19, obsessive-compulsive disorder (OCD) and compulsive hoarding disorder (CHD), and people with diabetes mellitus .[15], [17], [18], [19], [20] More broadly, meta-analyses and reviews of CBT in chronic diseases show that cognitive-behavioral interventions provide meaningful improvements in anxiety, confirming the rationale for testing CBT components (including thought-stopping) in more rigorous designs.[18] However, there has been no research on single thought-stopping therapy conducted on various diagnoses with chronic diseases to reduce or overcome anxiety. Therefore, the researcher also wants to prove through a case study by providing nursing care with the application of thought-stopping in patients with chronic diseases who experience anxiety.

METHOD

The plan for this contextual analysis exploration is clear, with 8 respondents selected using simple random sampling. The information collection strategy combines meetings and abstract, unbiased perceptions to obtain the information needed for the exploration. The examination instruments used were anxiety signs and symptoms collected and the level of the client's ability with anxiety based on Stuart 2023.[21] Therapy was provided during the hospital care process for 4-8 days with 3 sessions/meetings and a daily schedule during care carried out independently by the patient twice a day, in the morning and afternoon.

RESULTS

Results of pre- and post-therapy thought-stopping in anxiety patients with chronic

illnesses

Table 1. Results of symptoms and signs, as well as pre- and post-therapy thought-stopping ability (n=8)

Patient Initials	Medical Diagnosis	Signs and Symptoms		Ability	
		Pre	Post	Pre	Post
Tn. D	CAD Multivisceral	27	3	5	16
Ny. H	Tumor Mammae	15	2	5	16
Ny. B	Dispepnea + ADHF	15	2	5	16
Ny. S	Cephalgia Primer + Hipertensi	14	0	4	16
Ny. J	Hipertensi + Riwayat CVD-SI	14	0	5	16
Ny. Sr	CHF + Riwayat CAD + Hipertensi	14	4	4	14
Ny. Sa	ADHF + DM tp 2	17	3	2	16
Ny. I	Tumor Mammae Sin Susp Maligna T4 bnomx	17	3	2	14
Average		50,38	4,92	12,12	46,97

The table above shows that after applying thought-stopping therapy to patients with chronic diseases who experience anxiety, there was a significant decrease in anxiety scores and symptoms (average Pre 50.38%, Post 4.92%) and an increase in ability from an average of 12.12% to 46.97%.

DISCUSSION

Nursing care is provided to each patient to achieve optimal healing. Patients with chronic diseases may experience psychosocial symptoms, one of which is anxiety. Anxiety is a feeling of fear or worry that is vague and nonspecific, which arises in response to internal or external threats and is characterized by physical tension, increased alertness, and physiological changes. Anxiety is subjective, not always related to real situations, and can interfere with cognitive, behavioral, and social functioning.[21]

The results obtained during interviews with patients showed that, on average, they were very worried about their own condition and circumstances, having suffered from the disease for a long time, with recurring symptoms, and wondering whether this process would continue for the rest of their lives. In addition, some patients said that they sometimes felt afraid of death. They were worried about their families and felt that they were only causing trouble for them with their current condition. In addition to interviews, the researchers also measured signs and symptoms of anxiety before therapy was administered, with an average result of 50.38%, indicating that all patients experienced anxiety.

Anxiety due to medical conditions is quite normal for every individual. This usually occurs due to a lack of social support, feeling like an economic burden, a history of mental disorders, the complexity of treatment regimens, and uncontrolled physical symptoms.[1], [2], [3], [4], [5], [6] However, if this is left

unaddressed for an extended period, it can lead to consequences such as a decline in daily quality of life, disrupted social relationships, more severe symptoms, more frequent medical complications, and longer hospital stays, resulting in higher treatment costs.[12], [13] This is evidenced by the average patient capacity of 12.2%, indicating that anxiety can exacerbate the condition experienced by patients.

These psychosocial conditions must be immediately detected and treated by a nurse through nursing care. In addition to medication and collaboration with various other health teams, additional therapy is needed to overcome anxiety problems. There are many complementary therapies that can be used to reduce anxiety, such as Benson therapy, progressive muscle relaxation meditation, cognitive behavioral therapy, and thought-stopping.[15], [22], [23], [24] In this study, nursing care was provided with the application of thought-stopping therapy to reduce the anxiety experienced by patients. Thought-stopping therapy is a brief cognitive technique that aims to help individuals recognize and stop intrusive thoughts by saying "stop," using hand signals, or shifting attention.[15]

Cognitive-behavioral therapy works by interrupting repetitive negative thought patterns, thereby reducing cognitive processing of anxiety-triggering thoughts and helping to shift focus to more adaptive thought patterns. Neurobiologically, this interruption is associated with increased cortical control (prefrontal cortex) over limbic emotional responses like the amygdala, which in turn reduces the intensity and frequency of anxiety triggered by those repetitive thoughts.[25] Thought-stopping therapy can be done in two ways: first, by stopping selected intrusive thoughts with regular counting, and second, with varying counts. Here are the steps that

can be taken: take a deep breath and repeat 3-4 times until relaxed, close your eyes, clear your mind, think about/bring up the disturbing thoughts until a certain count (for example: 1 to 5), at the count of 5, say STOP several times, take a deep breath, open your eyes and evaluate positive thoughts, repeat several times. Similarly, with varying counts, simply change the numbers, for example, 3, 5, 7.[26]

The study was conducted during the client's treatment process, starting on the second day of treatment until the last day of treatment, which lasted between 4-8 days. It began with measuring the signs and symptoms of anxiety and the patient's ability to cope with anxiety. Next, the patient was trained in thought-stopping therapy using modeling, role playing, feedback, and transferring techniques (which the patient could do independently). The next stage was to create a prescribed exercise schedule of twice a day, in the morning and afternoon before meals. The therapy was conducted in 3 sessions. From this process, there was a decrease in the signs and symptoms of anxiety experienced by patients from an average of 50.38% before treatment to 4.92% after treatment, which means that there was a decrease in the signs and symptoms of anxiety experienced by patients. Similarly, the client's ability also improved, from an initial average of 12.12% to 46.97%. This means that thought-stopping therapy can reduce anxiety experienced by clients with chronic diseases.

Several studies conducted between 2020 and 2025 support the effectiveness of Thought Stopping (TS) in reducing anxiety in groups with medical or chronic conditions. A study on elderly people with physical illnesses reported that thought-stopping reduced anxiety related to physical illnesses.[27] A study on clients with hypertension showed a

decrease in anxiety from a score of 8 to 3 after three thought-stopping sessions[28] . In patients with Chronic Kidney Disease (CKD) undergoing hemodialysis who have chronic conditions with high stress and anxiety, thought-stopping therapy combined with progressive relaxation and psychoeducation was reported to improve anxiety responses, with patients being able to sleep better, eat well, feel less worried, and socialize more.[29]

CONCLUSION

Nursing care provided with the support of thought-stopping exercises or thought-stopping therapy showed a decrease in signs and symptoms of anxiety and an increase in the ability of clients with chronic diseases who experience anxiety or worry. This can be recommended in the application of nursing care for patients in hospitals. Recommendations for other researchers include examining how long the effects of this therapy last and the need for caregivers who are also trained to assist clients in performing this therapy at home.

ACKNOWLEDGMENTS

The author would like to thank the management of the University of Indonesia Hospital and all the staff on the 10th floor, as well as the respondents who gave their permission, support, and participation so that this research could be completed successfully.

REFERENCES

- [1] O. Albai, B. Timar, A. Braha, and R. Timar, "Predictive Factors of Anxiety and Depression in Patients with Type 2 Diabetes Mellitus," *J. Clin. Med.*, vol. 13, no. 10, 2024, doi: 10.3390/jcm13103006.
- [2] A. Busili, K. Kumar, L. Kudrna, and I. Busaily, "The risk factors for mental health disorders in patients with type 2 diabetes: An umbrella review of systematic reviews with and without meta-analysis," *Heliyon*, vol. 10, no. 7, p. e28782, 2024, doi: 10.1016/j.heliyon.2024.e28782.
- [3] C. I. S. Simsek, Meryem Gamze, "The Relationship Among Diabetes Stigma, Anxiety, Depression, and Diabetes Self-Care in Individuals with Type 2 Diabetes," *Caring Indones. J. Nurs. Sci.*, vol. 6, no. 2, pp. 43–50, 2024, doi: 10.32734/ijns.v6i2.17265.
- [4] G. Kandasamy *et al.*, "Mental health and hypertension: assessing the prevalence of anxiety and depression and their associated factors in a tertiary care population," *Front. Public Heal.*, vol. 13, no. May, pp. 1–10, 2025, doi: 10.3389/fpubh.2025.1545386.
- [5] L. Bubulac, M. Zivari, I. A. Eremia, C. Erena, I. Gheorghe, and V. Tudor, "Stress , Anxiety , and Self-Efficacy in Hypertension : Evidence from a Romanian Case — Control Study," pp. 1–27, 2025.
- [6] D. Ikhile, E. Ford, D. Glass, G. Gremesty, and H. van Marwijk, "A systematic review of risk factors associated with depression and anxiety in cancer patients," *PLoS One*, vol. 19, no. 3 March, pp. 1–23, 2024, doi: 10.1371/journal.pone.0296892.
- [7] G. Civieri *et al.*, "Anxiety and Depression Associated With Increased Cardiovascular Disease Risk Through Accelerated Development of Risk Factors," *JACC Adv.*, vol. 3, no. 9, 2024, doi: 10.1016/j.jacadv.2024.101208.
- [8] J. Zeng *et al.*, "Cardiovascular diseases and depression: A meta-

- analysis and Mendelian randomization analysis,” *Mol. Psychiatry*, vol. 30, no. 9, pp. 4234–4246, 2025, doi: 10.1038/s41380-025-03003-2.
- [9] R. V. Aaron *et al.*, “Prevalence of Depression and Anxiety among Adults with Chronic Pain: A Systematic Review and Meta-Analysis,” *JAMA Netw. Open*, vol. 8, no. 3, pp. 1–14, 2025, doi: 10.1001/jamanetworkopen.2025.0268.
- [10] S. Amiri, “The prevalence of anxiety symptoms/disorders in cancer patients: a meta-analysis,” *Front. Psychiatry*, vol. 15, no. November, 2024, doi: 10.3389/fpsyt.2024.1422540.
- [11] B. N. Maraqa, Z. Nazzal, S. Hamshari, B. Alutt, E. Rishmawi, and A. Qawasmeh, “Prevalence of depression and anxiety among elderly primary care patients in Palestine,” *Front. Psychiatry*, vol. 14, no. September, pp. 1–6, 2023, doi: 10.3389/fpsyt.2023.1291829.
- [12] S. Romanazzo, G. Mansueto, and F. Cosci, “Anxiety in the Medically Ill: A Systematic Review of the Literature,” *Front. Psychiatry*, vol. 13, no. June, pp. 1–12, 2022, doi: 10.3389/fpsyt.2022.873126.
- [13] D. Ren, X. Wang, H. Shen, T. Li, and X. Sun, “The impact of depression and associated anxiety symptoms on clinical outcomes in elderly inpatients with digestive system diseases in Southwest China: a retrospective cohort study,” *BMC Psychiatry*, vol. 25, no. 1, pp. 1–8, 2025, doi: 10.1186/s12888-025-07038-1.
- [14] B. Novrika, “Pengaruh Terapi Thought Stopping Terhadap Ansietas,” *SEHAT J. Kesehat. Terpadu*, vol. 1, no. 1, pp. 106–113, 2022, [Online]. Available: <http://journal.universitaspahlawan.ac.id/index.php/s-jkt/article/view/14833>
- [15] B. Aldahadha, M. K. Aldwakat, and M. A. Alnawiseh, “Effectiveness of Thought-Stopping in Treating Obsessive-Compulsive Disorder and Compulsive Hoarding Disorders,” *Islam. Guid. Couns. J.*, vol. 7, no. 2, 2024, doi: 10.25217/0020247525500.
- [16] A. Sinha and S. Chakrabarti, “The Combination of Thought-Stopping And Exposure and Response Prevention in the Treatment of Predominant Obsessions: A Case Report,” *Cureus*, vol. 14, no. 9, 2022, doi: 10.7759/cureus.29226.
- [17] A. Suseno and N. Nurlinawati, “Application Of Thought Stopping and Psychoeducation Therapy Families Towards Objective Loads And Resilience Family Caregiver In Caring For Clients Hypertension With Anxiety,” *Indones. J. Community Dev.*, vol. 4, no. 1, pp. 1–12, 2024, doi: 10.17509/ijcd.v4i1.70088.
- [18] N. Y. Sari, B. Antoro, and M. S. Alie, “Effects of Thought Stopping Therapy on Anxiety in the Elderly Facing the Covid 19 Pandemic in Elderly Home,” *J. Qual. Public Heal.*, vol. 4, no. 1, pp. 135–139, 2020, doi: 10.30994/jqph.v4i1.128.
- [19] C. P. R. L. Tobing and I. S. M. Wulandari, “Tingkat Kecemasan Bagi Lansia Yang Memiliki Penyakit Penyerta Ditengah Situasi Pandemi Covid-19 Di Kecamatan Parongpong, Bandung Barat,” *Community Publ. Nurs. (COPING)*, p-ISSN 2303-1298, e-ISSN 2715-1980, vol. 8, no. April

- 2021, 2021.
- [20] D. F. Lumenta, N. H. Catharina Daulima, H. Susanti, and I. Y. Wardani, "Penerapan Terapi Thought Stopping untuk Menurunkan Kecemasan pada Klien Hipertensi," *J. Keperawatan Silampari*, vol. 6, no. 1, pp. 132–138, 2022, doi: 10.31539/jks.v6i1.3819.
- [21] G. Wiscarz Stuart, *Prinsip dan Praktik Keperawatan Kesehatan Jiwa Stuart*, 2nd ed., vol. 2. Singapore: Elsevier, 2023.
- [22] J. P. Sanabria-Mazo *et al.*, "A systematic review of cognitive behavioral therapy-based interventions for comorbid chronic pain and clinically relevant psychological distress," *Front. Psychol.*, vol. 14, no. December, 2023, doi: 10.3389/fpsyg.2023.1200685.
- [23] Y. Y. Wu *et al.*, "The influence of mindfulness meditation combined with progressive muscle relaxation training on the clinical efficacy and quality of life of patients with sarcopenia receiving haemodialysis: a randomised controlled trial," *BMC Complement. Med. Ther.*, vol. 24, no. 1, pp. 1–11, 2024, doi: 10.1186/s12906-024-04485-3.
- [24] M. Novita, N. L. Emilia, S. Sabarulin, A. A. Y. Assa, and S. W. Purwanza, "Application of Benson's Relaxation Therapy to Reducing Anxiety in Patients Hypertension: Case Study," *Adi Husada Nurs. J.*, vol. 9, no. 1, p. 37, 2023, doi: 10.37036/ahnj.v9i1.387.
- [25] S. D. K. Bratha, I. Rosyadi, and D. E. Putri, "Thought Stopping Therapy to Anxiety Level on COVID-19 Pandemic ERA," *Neurosci. Int.*, vol. 12, no. 1, pp. 8–13, 2021, doi: 10.3844/amjnsp.2021.8.13.
- [26] B. A. Keliat *et al.*, *Asuhan Keperawatan Jiwa*. Jakarta : EGC: Buku Kedokteran EGC, 2022.
- [27] U. Suryani, G. Guslinda, N. Fridalni, and A. Kontesa, "Pemberian Terapi Thought Stopping untuk Mengatasi Kecemasan Akibat Penyakit Fisik pada Lansia," *J. Peduli Masy.*, vol. 3, no. 1, pp. 33–38, 2021, doi: 10.37287/jpm.v3i1.404.
- [28] E. Purnomo and Z. S. A. Pulungan, "Pemberian Terapi Penghentian Pikiran (Thought Stopping) Menurunkan Kecemasan Klien Hipertensi," *Mando Care J.*, vol. 1, no. 3, pp. 79–85, 2022, doi: 10.55110/mcj.v1i3.103.
- [29] S. A. Wahyuningsih, "Terapi Thought Stopping, Relaksasi Progresif dan Psikoedukasi terhadap Penurunan Ansietas Pasien GSK yang Menjalani Hemodialisa," *J. Keperawatan Silampari*, vol. 3, no. 2, pp. 648–660, 2020, doi: 10.31539/jks.v3i2.1094.