

# IMPROVEMENT IN PATIENTS' ABILITY TO CARE FOR ANXIETY AND IMPAIRED BODY IMAGE: A CASE REPORT OF ACCEPTANCE AND COMMITMENT THERAPY AND FAMILY PSYCHOEDUCATION

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## Abstract

Heart failure and hypertension are non-communicable diseases that are responsible for 70% of deaths worldwide and cause anxiety and impaired body image. Nursing interventions (therapy in general) and acceptance and commitment therapy increase patients' acceptance of the disease and commitment to alleviate anxiety and improve impaired body image. Meanwhile, family psychoeducation improves the family's ability to care for the patient. This case report presents two patients with heart failure and hypertension. The two patients experienced a decrease in symptoms on the cognitive aspects (difficulty concentrating, focusing on self, and decline body changes), affective aspects (worry, shame, and despair), physiological aspects (sleep disorders and appetite), and behavioral aspects (daydreaming, decreased productivity, and social difficulties). Patients who find difficulty enjoying daily activities and increasing their ability and commitment to overcome anxiety and impaired body image should receive nursing intervention, acceptance and commitment therapy, and family psychoeducation as part of nursing services.

**Keywords:** acceptance and commitment therapy, anxiety, family psychoeducation, hypertension, impaired body image

## Abstrak

*Peningkatan Kemampuan Klien Merawat Ansietas dan Gangguan Citra Tubuh: Laporan Kasus Acceptance and Commitment Therapy dan Psikoedukasi Keluarga. Gagal jantung dan hipertensi merupakan penyakit tidak menular yang menjadi penyebab 70% kematian di dunia serta menyebabkan ansietas dan gangguan citra tubuh. Tindakan keperawatan ners dan ners spesialis Acceptance and commitment therapy diberikan pada klien agar dapat meningkatkan penerimaan terhadap penyakit dan komitmen merawat ansietas dan gangguan citra tubuh. Psikoedukasi keluarga dilakukan agar keluarga mampu membantu merawat klien dalam menghadapi penyakitnya. Metode yang digunakan berupa laporan kasus dalam bentuk case series pada dua klien dewasa dengan gagal jantung dan hipertensi. Hasil menunjukkan bahwa kedua klien mengalami penurunan gejala pada aspek kognitif berupa sulit konsentrasi, fokus pada diri sendiri, tidak menerima perubahan tubuh; afektif: khawatir, malu dan putus asa; aspek fisiologis: gangguan tidur dan tidak nafsu makan; perilaku: melamun, penurunan produktivitas; dan sosial: sulit menikmati kegiatan harian serta terjadi peningkatan kemampuan klien dalam menerima penyakit dan komitmen merawat ansietas dan gangguan citra tubuh. Pemberian tindakan keperawatan ners dan ners spesialis acceptance and commitment therapy serta psikoedukasi keluarga perlu dibudayakan dalam pemberian pelayanan keperawatan di unit umum.*

**Kata Kunci:** acceptance and commitment therapy, ansietas, gangguan citra tubuh, hipertensi, psikoedukasi keluarga

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## Introduction

Hypertension and heart failure are non-infectious diseases that cause 70% of deaths in the world (World Health Organization, 2017). The prevalence of hypertension is 25.8%, and it has become one of the 12 healthy family indicators as

a minimum standard of health (Ministry of Health Republic of Indonesia, 2013, 2016).

Hypertension can cause physical disorders and mental health problems that affect the well-being and quality of life of patients (Hsu, Tsao, Chen, & Chou, 2014). About 59% of patients

with hypertension develop anxiety and impaired body image (Fatimah, Maideen, Sidik, Rampal, & Mukhtar, 2014; Hsu et al., 2014). In 2015, the estimated number of people who experienced anxiety reached 264 million, which has increased by 14.9% since 2005 (WHO, 2017).

The symptoms of anxiety and impaired body image are classified as physiological, behavioral, cognitive, and affective responses (Stuart, Keliat, & Pasaribu, 2016). Physiological responses include increased heart rate, hyperventilation, diaphoresis, insomnia, constipation, or diarrhea. Certain behaviors are performed repeatedly in a behavioral response. A cognitive response can be difficulty concentrating or thinking clearly about anything other than worry. Affective responses may include nervousness, anxiety, tension, and feelings of danger, panic, or fear (Legg, 2016).

Acceptance and commitment therapy (ACT) is a specialist nursing intervention that alleviates anxiety and improves impaired body image (Sharp, 2012). ACT focuses on changing the response of patients to stressors and not the unpleasant experience itself, with the eventual goal of the patient reconciling the problem and fostering a positive attitude to achieve life goals (Hayes, Strosahl, & Wilson, 2016).

Research has shown clinical improvement in anxiety disorders after ACT during an 8-month follow-up (Codd, Twohig, Crosby, & Enno, 2011). ACT can also improve the response to body image of patients with eating disorders (Masuda, Ng, Moore, Felix, & Drake, 2016), lowering dissatisfaction with body image and attitude maladaptation after a 1 month follow-up (Walloch, 2015).

Family involvement is important in patient recovery. The family plays an important role in the treatment process and provides moral support (Shields, Finley, & Chawla, 2012). Family psychoeducation is a nursing intervention allowing caregivers to provide appropriate care for patients and care for themselves (Caqueo-Urizar,

Rus-Calafel, Urzua, Escudero, & Gutierrez-Maldonado, 2015). The existence of a caregiver accounted for 61.8% of hypertensive patient compliance (Yeni, Husna, & Dachriyanus, 2016). ACT combined with family psychoeducation increases acceptance and commitment and decreases anxiety and depression in patients with Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS) (Silitonga, Keliat, & Wardani, 2013).

The patients included in the study were those hospitalized in a public hospital ward and suffering from anxiety and impaired body image. Patients were selected using the following criteria: characteristics of the same disease (hypertension), experienced rehospitalization, and had an unpleasant experience. This study examined nurses specializing in ACT and family psychoeducation with the aim to decrease symptoms of anxiety and impaired body image and increase the patients' ability to overcome anxiety and impaired body image.

The nursing process used a modeling approach (Stuart) that describes stress adaptation to the whole disease, signs and symptoms, as well as the ability to form constructive coping strategies (Stuart et al., 2016).

### **Case Illustrations**

This paper describes the cases of two patients with anxiety and impaired body image due to hypertension (the general state of each patient is illustrated in Table 1). The patients received nursing intervention as usual, and specialist nurses used ACT intervention and family psychoeducation for the caregivers to measure signs and symptoms.

Symptoms of cognitive, affective, physiological, behavioral, and social aspects; anxiety; and impaired body image were assessed. The patients' ability to address anxiety, impaired body image, reception, capability and commitment, and family abilities was examined using instruments from Stuart models that have not yet been

tested for validity and reliability.

Nursing interventions included usual and specialist nursing interventions. General nursing interventions for anxiety include 1) teaching the patient how to relax and take a deep breath, 2) management of anxiety with distractions, 3) positive thinking, and 4) management of anxiety with a spiritual technique. The nursing interventions for impaired body image included 1) identifying the healthy parts of the body, 2) identifying the affected parts of the body, 3) training the healthy and injured body parts, and 4) a positive affirmation for body parts.

Normal nursing interventions are given concurrently with specialist nursing interventions. ACT can be performed two to three times per meeting. ACT consists of 4 sections: section 1, reviewing the unpleasant experience; section 2, discussing the patients' response to an unpleasant experience; section 3, identifying together the impact of the response of an unpleasant experience and accepting the incident; and section 4, identifying the patients' values and how to commit and adapt the therapy to achieve the patients' objectives based on a shared value. All sections can be conducted simultaneously in the

first meeting. The objectives of ACT are as follows: 1) to help patients accept an unpleasant experience, including illness; 2) to help patients identify the value and purpose of their life; and 3) to help patients identify ways to achieve their goals, including undergoing treatment, and commit to them.

Family psychoeducation is provided together with family education in as many as six sections or in three or five meetings. Section 1, identification of the health problems faced when caring for family members; section 2, taking care of the patients' health problems; section 3, stress management in the family; section 4, management of the burden on families; section 5, utilizing support systems; and section 6, evaluation of the benefits of family psychoeducation. Family psychoeducation is in accordance with the following functions of the family: 1) recognize family health problems; 2) decide to care for sick members; 3) care for family members; 4) create a therapeutic environment for sick members; and 5) use a health facility to care for sick members.

The assessment and implementation of patients included evaluating the signs and symptoms of

Table 1. Overview of Patient Circumstances

Name (Age)	History
Mrs. T, (57 years old)	Admitted to hospital 3 times for dizziness, blood pressure of 170/110 mmHg, decreased food intake, heartburn, nausea, and vomiting. <i>Medical diagnosis:</i> hypertension, dyspepsia, diabetes mellitus A history of hypertension for 10 years, diabetes mellitus 1 year. The unpleasant experience of the disease is not yet managed, repeated treatments for foot swelling, difficulty walking, invasive tools have been used <i>Nursing diagnosis:</i> pain, nutritional deficits, changes in cerebral tissue perfusion, anxiety, impaired body image <i>Length of stay:</i> 5 days
Mr. R, (21 years old)	Treated at hospital 3 times, for severe headache, blood pressure 160/100 mmHg, fainting and seizures when in the emergency room. <i>Medical diagnosis:</i> hypertension, cephalgia, meningoccephalitis History of the disease for three years, use of drugs Experiences pain and repeatedly hospitalized, frequent fainting, severe headaches, installation of invasive tool for the hospital (intravenous catheters) <i>Nursing Diagnosis:</i> pain, changes in cerebral tissue perfusion, anxiety, impaired body image <i>Length of stay:</i> 5 days

Table 2. Summary of Assessment and Nursing Measures Implementation: Patient 1

Signs and Symptoms	Patient Capabilities	Family Capabilities
<p><i>Cognitive:</i> difficulty concentrating, decreased learning ability, decreased perception field, focused on self, does not accept changes to the body, not satisfied with their health, feels negatively toward their body, helpless, disappointed.</p> <p><i>Affective:</i> worry, feeling of insecurity, fear, sadness.</p> <p><i>Physiological:</i> facial tension, sleep disturbances, pain, blood pressure 170/110 mmHg.</p> <p><i>Behavior:</i> dreamy, reduced productivity, poor eye contact, tell the past about her body, lifestyle changes, refused treatment.</p> <p><i>Social:</i> withdrawn, finds difficulty enjoying daily activities, mostly silent.</p>	<p>Capable of distraction, recognize injured body parts. Cannot relax, think positively, recognize healthy body, accept the body part affected, accept pain, identify values, and goals, or commit.</p> <p>Total capability of Patient: 2</p>	<p>Caregiver: husband has not recognized the problems of anxiety and impaired body image. Cannot make decisions in caring for the patient. Cannot care for the patient, modify the environment to care for the patient, or use health facilities to treat the patient.</p> <p>Total ability of family: 3</p>

Total Signs and Symptoms: 28

Implementation of Nursing Measures				
Meeting (Day)	Nursing Implementation	Σ S	Σ PC	Σ CA
1	<p>Patient:</p> <ul style="list-style-type: none"> <li>a. Validation of the ability to distract and worship; Management of body image: recognize the body is disturbed.</li> <li>b. Relaxation training: take a deep breath and think positively with five-finger hypnosis, identify healthy body parts, training the healthy body parts.</li> </ul> <p>Family:</p> <ul style="list-style-type: none"> <li>a. Identifying the health problems encountered in treating patients and exercising care for hypertension and anxiety.</li> </ul>	22	4	3
2	<p>Patient:</p> <ul style="list-style-type: none"> <li>a. Evaluation of signs and symptoms of anxiety and impaired body image.</li> <li>b. Validation of the ability to relax, distract, think positively, and worship. Body image management: exercise the healthy and injured body parts.</li> <li>c. Positive affirmation exercises.</li> <li>d. Accept changes in the body (leg swelling) and decreased health conditions, using the value that is owned and make a commitment to adhere to treatment.</li> </ul> <p>Family:</p> <ul style="list-style-type: none"> <li>a. Evaluation of family issues in care.</li> <li>b. Validation of the ability to know the problem and the decision to care for hypertension and anxiety.</li> <li>c. Exercise care for impaired body image, stress management through deep breathing, muscle relaxation, and load management with rest.</li> </ul>	11	6	5
3	<p>Patient:</p> <ul style="list-style-type: none"> <li>a. Evaluation of signs and symptoms of anxiety and impaired body image.</li> <li>b. Validation of the ability to relax, distract, think positively, and worship. Body image management: knowing healthy and affected body parts, train healthy and affected body parts, positive affirmations.</li> <li>c. Accept health condition, identify the value and purpose of their life, and be committed.</li> <li>d. Accept changes in the body (the installation of invasive tools), declining health conditions, use values and make a commitment.</li> </ul>	3	10	5

Table 2. Summary of Assessment and Nursing Measures Implementation: Patient 1 (continue)

<i>Implementation of Nursing Measures</i>				
Meeting (Day)	Nursing Implementation	Σ S	Σ PC	Σ CA
3	Family: a. Evaluation of family issues in caring. b. Validation of the ability to know the problem and make the decision to care for the patient, treat hypertension, anxiety, impaired body image, stress and load management, create a therapeutic environment, and use health facilities for treating patients. c. Identify support systems, such as the youngest child, and health care. d. Evaluate the benefits of family psychoeducation.			

Note: S: Signs and Symptoms      PC: Patient Capabilities      CA: Caregiver's Ability

patients and the ability of patients and families before and after the nursing actions, as shown in Table 2.

Patient 1 showed decreased signs and symptoms after the nursing intervention, especially after the second and third interventions. However, at the end of the intervention, the patient showed signs and symptoms of cognitive decline in learning ability. The patient experienced difficulty in absorbing the information because of her age. The signs and symptoms of affective aspects were a feeling of sadness when the patient remembered her son had died, despite being able to accept that her daughter had died. For behavioral lifestyle changes, the patient must follow dietary rules and not eat high-glucose foods, which can increase blood pressure.

The ability of families also increased after nursing actions, and acceptance, capability, and commitment emerged after the third meeting. The patient accepted the pain of heartburn, accepted that her son had died, and received all forms of medical therapy. The caregiver treated her by adjusting her diet for hypertension and diabetes, and motivated the patient to seek treatment.

The signs and symptoms for patient 2 did not appear again after the nursing intervention. At the end of the meeting, the family's ability also

increased. Acceptance of the disease occurred after the second meeting when he accepted his head pain condition. He was able to focus not only on his sick body but also on the healthy parts of his body and commit to the rules for treatment given after the third meeting.

Graphic 1 shows the signs and symptoms, the patients' ability, and the ability of the families after nursing.

## Discussion

Unpleasant experiences before and during hospitalization were factors in anxiety and impaired body image reported by the patients. All patients revealed that the rehospitalization was the most unpleasant thing. The level of rehospitalization on cardiovascular disease was about 30% within a period of 30–90 days (Gheorghide, Vaduganathan, Fonarow, & Bonow, 2013). Rehospitalization causes the patients to experience rejection and boredom in the face of their illness.

The first focus of the intervention is to decrease the signs and symptoms of patients in the form of cognitive, affective, and behavioral aspects after the administration of ACT therapy. Data obtained at the end of therapy showed that the patients had decreased signs and symptoms of anxiety and impaired body image. However, patients with signs and symptoms of cognitive and

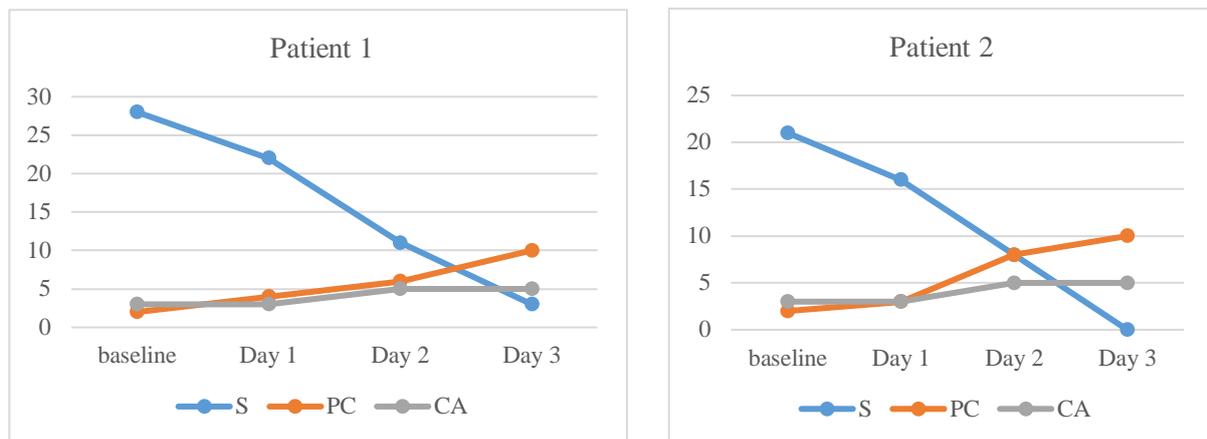
Table 3. Summary of Assessment and Nursing Measures Implementation: Patient 2

Signs and Symptoms	Patient Capabilities	Family Capabilities		
<p><i>Cognitive:</i> difficulty concentrating, decreased learning ability, focused on self, fear, does not accept change in the body, not satisfied with his health condition, powerlessness</p> <p><i>Affective:</i> worry, insecurity, disappointment with their body, sad</p> <p><i>Physiological:</i> facial tension, sleep disturbance, loss of appetite, impaired body functions, gloomy face, blood pressure 160/100 mmHg</p> <p><i>Behavior:</i> alert, decreased productivity, ignoring medical therapy</p> <p><i>Social:</i> finds difficulty enjoying daily activities</p>	<p>Capable of distraction, recognize parts of the body that are disrupted.</p> <p>Cannot relax, think positively, recognize healthy body parts, receive the body part affected, identify values and goals, or commit.</p> <p>Total capability of Patient: 2</p>	<p>Caregiver: parents able to recognize anxiety in patient.</p> <p>Cannot identify issues of impaired body image.</p> <p>Can make a decision to treat.</p> <p>Can perform maintenance by providing a distraction, and invite patient to continue to pray.</p> <p>Can modify the environment in caring for the patient and use health facilities for treating the patient.</p>		
Total Signs and Symptoms 21		Total ability of the family: 3		
Implementation of Nursing Measures				
Meeting (Day)	Nursing Implementation	$\Sigma$ S	$\Sigma$ PC	$\Sigma$ CA
1	<p>Patient:</p> <ol style="list-style-type: none"> <li>Validation of the ability to distract; management of body image; recognize the body is disturbed.</li> <li>Relaxation training: take a deep breath and think positively with five-finger hypnosis, the ability to worship.</li> </ol> <p>Family:</p> <ol style="list-style-type: none"> <li>Identifying health problems encountered in treating patients and exercising care of hypertension and anxiety.</li> </ol>	16	3	3
2	<p>Patient:</p> <ol style="list-style-type: none"> <li>Evaluation of signs and symptoms of anxiety and impaired body image.</li> <li>Validation of the ability to relax, distract, think positively, and worship; management of body image.</li> <li>Identify parts of a healthy body, exercise the body parts affected, practice positive affirmations.</li> <li>Accept declining health conditions, using the value and make a commitment to not misuse drugs again.</li> </ol> <p>Family:</p> <ol style="list-style-type: none"> <li>Evaluation of family issues in caring.</li> <li>Validation of the ability to know the problem and make the decision to care for hypertension and anxiety.</li> <li>Exercise care of impaired body image, stress management, and deep breathing.</li> </ol>	8	8	5
3	<p>Patient:</p> <ol style="list-style-type: none"> <li>Evaluation of signs and symptoms of anxiety and impaired body image.</li> <li>Validation of the ability to relax, distract, think positively, and worship; body image management; know the body, train body parts, positive affirmations, accept health conditions, identify the value and purpose of their life, and commit.</li> <li>Accept changes in the body (the installation of invasive tools) and focus on the conditions experienced, such as headaches; using the value that is owned and making a commitment to comply with treatment procedures.</li> </ol>	0	10	5

Table 3. Summary of Assessment and Nursing Measures Implementation: Patient 2 (continue)

<i>Implementation of Nursing Measures</i>				
Meeting (Day)	Nursing Implementation	Σ S	Σ PC	Σ CA
3	Family: a. Evaluation of family issues in caring for the patient b. Validation of the ability to know the problem and make the decision to care for the patient, treat hypertension, anxiety, impaired body image, stress and load management, create a therapeutic environment, and use health facilities for treating the patient. c. Identify a support system: brother, wife, and health care affordability. d. Evaluating the benefits of family psychoeducation.			

Note: S: Signs and Symptoms      PC: Patient Capabilities      CA: Caregiver's Ability



Graphic 1. Changes in signs and symptoms as well as abilities after nursing implementation

affective aspects still persisted. This occurrence may be influenced by the clinical condition of the illness suffered and the relatively short follow-up time. The implementation of ACT for patients with eating disorders showed a decrease in symptoms and improvement in body image at 3 and 12 months follow-up after ACT (Masuda et al., 2016).

Recent studies on the various forms of psychopathology have indicated that intrapersonal processes, including the avoidance of experience, and interpersonal processes such as difficulty identifying and expressing emotions with others, are correlated with high levels of psychopathology. Results showed that intrapersonal

and interpersonal variables are significant predictors of impaired body image (Callaghan, Duenas, Nadeau, Darrow, Van der Merwe, & Misko, 2012)

The second focus is to increase the patients' acceptance of the pain they are experiencing and commitment to treatments for anxiety and impaired body image. Data showed that ACT and family psychoeducation improved the abilities of patients and families. Patients showed increased acceptance and value in their life, the family, and a social sphere with a motivation and commitment to healing. According to Grumet and Fitzpatrick (2016), values can improve motivation and compliance to engage in treatment.

Work values also contribute to the creation of meaning and purpose that can positively improve the quality of life.

Family psychoeducation therapy provides families with care assistance to patients in accordance with the Orem model of nursing systems. According to Sulistiowati, Keliat, and Wardani (2014), cognitive and psychomotor ability increased significantly in families after family psychoeducation. Family psychoeducation can also increase family psychosocial support for patients with physical health problems (Rahayu, Hamid, & Sabri, 2011). It improves the patients' acceptance of the disease conditions and motivation to comply with a given therapeutic program.

## Conclusions

This case report shows a decrease in symptoms of patients with anxiety and impaired body image in cognitive, affective, physiological, behavioral, and social aspects. The patients' ability to accept pain and commit to treatment for anxiety and impaired body image increased after ACT. The ability of the family to care for patients and to motivate patients and cope with the burden of caring also increased after family psychoeducation. This case report recommends the provision of nursing actions, specialist nurses, ACT, and family psychoeducation as part of nursing services.

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