



**APPLICATION OF AUTONOMOUS SENSORY MERIDIAN RESPONSE  
RELAXATION TO REDUCE PAIN INTENSITY IN POST-HEMORRHOID  
SURGERY PATIENTS**

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**ABSTRACT**

Hemorrhoids are a condition in which the veins in the rectum and anus become swollen and inflamed, causing discomfort and bleeding. If left untreated, hemorrhoids will protrude permanently (grade IV hemorrhoids) and the only therapy for this condition is hemorrhoidectomy. However, excision after hemorrhoidectomy surgery often causes extreme pain. Based on data from the Ministry of Health in 2018, it is estimated that in 2030 there will be 21.3 million people in Indonesia suffering from hemorrhoids. The purpose of this study was to determine the application of autonomous sensory meridian response (ASMR) to reduce pain intensity after hemorrhoid surgery. This type of research is descriptive with a case study approach model. The sample was 3 respondents after hemorrhoidectomy surgery who experienced severe pain. Data is collected by means of observation and measurement. Analysis is carried out in the form of diagnosis and nursing care. In respondents I, II, III before ASMR therapy, the pain scale felt after hemorrhoid surgery was a scale of 8, with severe pain intensity. Then after being given ASMR therapy for 10 minutes, in respondents I-II, the pain intensity felt was severe in the range (7-8) decreased to moderate pain in the range (4-6). However, in respondent III, the pain intensity was felt to be stable, namely the severe pain scale, there was no decrease in pain intensity. The results of this study can be concluded that ASMR relaxation has significant benefits in reducing post-hemorrhoid surgery pain if it is carried out on people with an open attitude towards ASMR therapy, enjoying the videos provided, full concentration and carried out in accordance with the SOP (Standard Operating Procedure).

Keywords: application of autonomous sensory meridian response; hemorrhoid; pain; relaxation

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**INTRODUCTION**

The most common anorectal lesions are hemorrhoids, piles, or what are commonly called piles (Lokananta & Rochadi, 2016). Hemorrhoids are a condition in which veins become swollen and inflamed in the rectum and anus, causing discomfort and bleeding. This condition usually occurs in people aged 45 to 65 years (Hardika et al., 2020). However, the incidence of hemorrhoids can also occur in someone aged 20-50 years (Yunika, 2021). If left untreated, hemorrhoids will protrude permanently (grade IV hemorrhoids) and the only therapy for this condition is hemorrhoidectomy (Jaksa et al., 2023). Hemorrhoidectomy is a surgical procedure performed on grade III and IV hemorrhoids. However, excision after hemorrhoidectomy surgery often causes extreme pain (Yuliyanto et al., 2021). So, this is a serious problem and requires better care. In addition, the consequences if pain is not treated immediately, will affect a person's physical, psychological and behavioral (Novitayanti, 2020).

WHO estimates that hemorrhoid sufferers in 2030 will be 350 million people. According to data from the Ministry of Health in 2018, in 2030 it is estimated that there will be 21.3 million people in Indonesia suffering from hemorrhoids. Data obtained from the West Java Health Office in 2016 alone, there were 326 people with hemorrhoids (Muzdalipah et al., 2018). Meanwhile, currently, data obtained from the Grha Permata Ibu Hospital in Depok, from January to mid-March 2023, there were 16 patients with hemorrhoidectomy with an average patient condition of grade IV.

One of the non-pharmacological therapies that has been echoed in recent years to reduce pain is by using ASMR relaxation therapy (Fathonah, 2015). Autonomous Sensory Meridian Response (ASMR) is a tingling sensation that occurs after certain visual or auditory stimuli. The trigger for this tingling feeling occurs when someone sees or hears audio or visual stimuli that depict whispers, sharp sounds, repeated tapping or slow movements and other ASMR triggers (Cash et al., 2018). This is what makes a person relaxed and comfortable so that people use it as therapy to overcome their problems such as sleep disorders, anxiety and even pain. ASMR also has an effect on chronic pain symptoms in 45 respondents, of which 38 respondents reported that ASMR improved the symptoms of chronic pain they experienced both during and after several hours of watching ASMR videos. However, the remaining respondents were unsure about the effect of ASMR on their pain symptoms. Josephin flockton in 2021, namely research on the effect of ASMR on pain while someone watches ASMR videos. After the survey was conducted, the answers of respondents who had chronic pain were 53 people, the chronic pain experienced was arthritis, back pain, osteoarthritis, fibromyalgia, chronic injuries, and migraines. The conclusion of the survey showed that ASMR therapy was less effective in overcoming chronic pain for most respondents because only about 23 people felt helped out of 53 people with chronic pain (Barratt & Davis, 2015).

In contrast to the results of the study by Wahono et al., (2023) who analyzed the effect of Autonomous Sensory Meridian Response (ASMR) relaxation on students' anxiety levels in facing their thesis in students. The results showed that the majority of respondents were female (86.7%) and the majority of respondents were aged 21-22 years (86.7%). The majority of respondents before being given the intervention were in the mild anxiety category (46.7%) and the majority of respondents after being given the intervention were in the no anxiety category (73.3%). The results of the Wilcoxon test were obtained  $p = 0.001 < 0.05$ , which means that there is an effect of Autonomous Sensory Meridian Response (ASMR) relaxation on final year regular nursing students in compiling their thesis at the University of Indonesia Maju. The duties and roles of nurses in perioperative nursing services, especially in the post-operative phase, are as preventive, promotive, and rehabilitative agents. Preventively, nurses can prevent the severity of symptoms experienced by patients. Promotively, nurses are expected to improve the health of patients to be better. And rehabilitatively, nurses help patients to be able to return to their original function as healthy and prosperous human beings in the community. Given the existing background, the purpose of this study is to analyze the effect of the application of autonomous sensory meridian response relaxation on reducing pain intensity in post-hemorrhoid surgery patients at Grha Permata Ibu Hospital in Depok, West Java.

## **METHOD**

The type of research conducted is qualitative with a case study approach model. This type of research describes the application of ASMR (Autonomous Sensory Meridian Response) relaxation to reduce pain intensity in post-hemorrhoid surgery patients at Grha Permata Ibu Hospital, Depok in 2023. A total of 3 patients participated in this research activity. The

instrument used in this study was a control sheet in nursing care. The data collection technique used interviews. Validity is seen from the results of nursing care that looks at the triangulation technique.

## **RESULTS**

This chapter will describe the results of the study conducted at Grha Permata Ibu Hospital, Depok, West Java, Depok City on April 22-May 25, 2023 with 3 respondents. This study uses a qualitative method with interview techniques, pain assessment, observation and pain diaries to collect data on the application of ASMR relaxation to reduce pain intensity in post-hemorrhoid surgery patients. The following are the research results obtained:

### **First Respondent Assessment (Mr. M, 61 years old)**

Mr. M, is a 61-year-old man, Muslim, married, works as a daily laborer, lives in Depok, West Java. Based on the interview results, the respondent's pain intensity was obtained before ASMR therapy and hemorrhoidectomy. Since 2014, the respondent has known that he has hemorrhoids, but he always postponed treatment and considered that the pain he suffered was not too dangerous. There is no history of hemorrhoids in his family. However, in the past week, the patient began to feel symptoms of unbearable pain, bloody stools dripping, difficulty defecating every 3 days, and felt that defecation was not complete. According to the respondent, he admitted that he had been fond of eating instant food and lacked fiber. So it is believed that this is one of the triggering factors for him to get hemorrhoids. The results of a physical examination of the respondent before the hemorrhoidectomy procedure found a lump on the left side of the anus that protruded 5 cm in diameter, and could not be re-entered into the anus. The doctor diagnosed Mr. M as grade IV internal hemorrhoids.

The results of the acute pain interview after hemorrhoidectomy surgery on May 16, 2023, respondent I felt pain when tilting right and left, and sitting upright. The location of the pain felt was only localized to the anus. The pain felt was throbbing and stinging, the intensity of the pain was very painful according to him, on a scale of 8 and felt for approximately 30 minutes, coming and going. Factors that alleviate and aggravate the pain were that if respondent I only slept on his back it was not too painful, but if he moved a little, it was painful. The respondent did not make any effort to treat the pain before, he just left it alone. The effect of pain on the physical according to respondent I was that the pain in the anus was very excruciating, making it difficult to sleep if it recurred. The patient's general condition is currently moderate, compos mentis consciousness, blood pressure 113/73 mmHg, pulse 79x/minute, temperature 36oC, breathing 20x/minute, height: 160cm, weight: 65kg, body weight: 25.39 (normal). The portion of food consumed was 1 portion, good appetite.

### **Second Respondent Assessment (Mr. S, 49 years old)**

Mr. S, is a 49-year-old man, Muslim, married, works as a customer service in a company. Residing on Jl. Sahabat Cinere, West Java. Based on the results of the interview on May 22, 2023, what was obtained was a description of the intensity of pain in the respondent before ASMR therapy and hemorrhoidectomy. Since 2019, the respondent has known that he has hemorrhoids, so far only using herbal medicines, and hydrocortisone ointment that he bought at the pharmacy. None of his family members suffer from hemorrhoids. However, in the past week, the symptoms felt have gotten worse, when defecating fresh blood of approximately 1 cc came out of his anus, and there was a lump the size of a corn kernel that protruded and could not be put back in. According to the respondent, he admitted that he had been eating foods that were low in fiber and often constipated, and only defecated once every 4 days. In addition, his job as a customer service in a company forced him to sit for a long time at his

workplace, so it is believed that this is one of the triggering factors for him to get hemorrhoids. The results of the interview on acute pain after hemorrhoidectomy surgery on May 23, 2023, respondent II felt severe pain even at rest. The location of the pain felt was only localized in the anus. The pain felt was cutting, the intensity of the pain was very painful according to him on a scale of 8 and was felt continuously. The factors that alleviate and aggravate the pain are if respondent II only lies on his back it is not too painful, but if he moves a little it hurts. The respondent's previous pain management used hydrocortisone ointment. The effect of pain on the physical according to respondent II is that the pain in the anus is very excruciating, making it difficult for him to sleep. The patient's current general condition is moderate, *compos mentis* consciousness, blood pressure 100/70 mmHg, pulse 89x/minute, temperature 36.6°C, breathing 21x/minute, height: 170cm, weight: 79kg, body weight: 27.33 (obese) 1/2 portion of food consumed, poor appetite.

### **Assessment of the Third Respondent (Mr. D, 42 years old)**

Mr. D, is a 42-year-old man, Muslim, married, works as a self-employed person in a company. lives in Kukusan Depok. Based on the results of the interview on May 22, 2023, what was obtained was a description of the intensity of pain in the respondent before ASMR therapy and hemorrhoidectomy. Since 2013, the respondent has known that he has hemorrhoids, so far he has only used laxatives and painkillers that he bought at the pharmacy. No family members suffer from hemorrhoids. However, in the past week, the symptoms felt have gotten worse, pain during bowel movements accompanied by fresh blood and there is a lump the size of a corn kernel that protrudes and cannot be put back in. According to the respondent, he admitted that he had been eating foods that lack fiber, lacked exercise and was often constipated and defecated every 3 days. So it is believed that this is one of the triggering factors for him to get hemorrhoids. The results of the interview on acute pain after hemorrhoidectomy surgery on May 23, 2023, respondent III felt severe pain when moving. The location of the pain felt was only localized to the anus. The pain felt was like being stabbed, the intensity of the pain was very painful according to him on a scale of 8 and was felt continuously. The factors that alleviate and aggravate the pain are if respondent III just stays still it is not too painful, but if he moves a little it hurts. The respondent's previous pain management used laxatives and pain medication. The effect of pain on the physical according to respondent III is that the pain in the anus is very excruciating, making him afraid to defecate, however, respondent III can still fall asleep even though he often wakes up. The patient's current general condition is moderate, consciousness *compos mentis*, blood pressure 120/60 mmHg, pulse 88x/minute, temperature 37°C, breathing 18x/minute, height: 165cm, weight: 75kg, body weight: 27.57 (obese), one portion of food consumed, good appetite.

### **Nursing Diagnosis**

Based on the data analysis of the three respondents, three main nursing diagnoses were obtained, namely acute pain related to inflammation of the anal veins characterized by the client being uncomfortable with anal pain and there being a lump in the anus, the medical diagnosis showing signs of grade IV hemorrhoid symptoms and the second diagnosis is sleep pattern disorders related to pain. And the third diagnosis is impaired physical mobility related to pain. This diagnosis is determined according to the analysis of the data that has been obtained.

### **Nursing plan**

The nursing plan for these three respondents is to implement ASMR relaxation for 10 minutes to reduce pain, collaborate on providing analgesics, encourage clients to adjust their position, support mobilization, and arrange the environment so that it is comfortable for resting. The

outcome criteria for pain problems are that after nursing actions for 3x10 minutes the pain scale decreases, grimacing decreases, and there are no complaints of pain. The outcome criteria for sleep pattern disorders are that after nursing actions for 1x24 hours the complaint of difficulty sleeping decreases, complaints of often waking up decreases, and rest time is sufficient. The outcome criteria for physical mobility disorders are after nursing actions for 1x24 hours, the movement of the extremities increases, the pain decreases and the limited movement decreases.

**Implementation**

The three respondents were given relaxation therapy using ASMR video media after the respondents were willing to follow the steps of ASMR relaxation therapy, the researcher monitored the responses of the three respondents. This therapy was carried out 3 times in 1 day each session for 10 minutes at different hours. This ASMR relaxation technique was carried out when the anal pain was felt very severe, at a time before the respondent was given analgesic therapy. After ASMR therapy was given, the respondent's response was seen and recorded. Then, after that the researcher advised the respondents to adjust their position, adjust the surrounding environment so that it was comfortable for resting and asked the family to help with the respondent's activities. The following is a table of observation results and daily records of pain in respondents:

Table 1.  
Observation results of respondents I, II and III

Respondents	Time	Types of ASMR Triggers Used	Pain scale (0-10)		
			Before ASMR	After ASMR	
Respondents I	16/5/23	09.00	Sharp sounds	8	6
		13.00	Slow movements and repetitive tasks	7	5
		17.00	Sounds of running water	7	4
Respondents II	23/5/23	13.00	Sharp sounds	8	4
		15.00	Slow movements and repetitive tasks	8	4
		19.00	Sounds of running water	7	4
Respondents III	23/5/23	13.00	Sharp sounds	8	8
		15.00	Slow movements and repetitive tasks	8	8
		18.30	Sounds of running water	7	7

**Evaluation**

**First respondent (Mr. M, 61 years old)**

Based on the results of observations on the same day but at a different time to the first respondent on May 16, 2023, a decrease in pain intensity was found where at 09.00 with the ASMR trigger "sharp sound" the pain scale 8 became a scale of 6. Then, the condition of scale 6 lasted for 2 hours after therapy. Then, at 12.00 respondent I again complained of severe pain intensity, so ASMR therapy was carried out again at 13.00, which was the time before the pain medication was given, using the ASMR trigger "slow movement and repetitive tasks". The result was that the pain scale that was initially felt on a scale of 7 became a scale of 5. This time, the pain scale 5 felt after ASMR therapy lasted quite a long time, which was 3.5 hours after therapy. Then, after 16.30 the pain was felt again severely. Then the researcher gave ASMR therapy at 17:00, before the pain medication was given, using a different trigger, namely ASMR "the sound of running water" after therapy, the pain scale felt on a scale of 7

decreased to a scale of 4. Furthermore, the pain diary at the end of the therapy session concluded that, respondent I in the first 3 minutes of watching the video felt a sensation of relaxation such as tickling, tingling in the middle of the body (ASMR), then after that felt relaxed. Moreover, respondent I seemed to show interest in ASMR therapy and enjoyed the process of watching ASMR videos. Thus, the nursing evaluation of respondent I was that the pain problem still existed, the nursing goals for pain had not been partially achieved, namely complaints of pain still existed even though the pain scale had decreased, grimacing decreased. The intervention was continued with outpatient care with pain medication. Meanwhile, for the nursing problem of sleep pattern disorders, respondent I seemed to be able to rest and sleep and had no more complaints related to his sleep. So that there were no nursing problems of sleep pattern disorders, the nursing goals for sleep pattern disorders were achieved. In addition, the nursing problem of physical mobility disorders in respondent I, it seemed that he had started to be able to tilt right and left, learning to sit after 12 hours after surgery. So that there are no problems with physical mobility disorders, the nursing goals for nursing mobility disorders are achieved.

### **Second respondent (Mr. S, 49 years old)**

Based on the results of observations on the same day but at a different time to the second respondent on May 23, 2023, a decrease in pain intensity was found where at 13.00, before the pain medication was given, by using the ASMR trigger video "sharp sound" the pain scale 8 became a scale of 4. However, 2 hours later, respondent II again felt severe pain as before, namely a scale of 8. Then, at 15.00 the researcher provided therapy with the ASMR trigger "slow movement and repetitive tasks" the pain scale 8 felt changed to 4. After the pain felt decreased, 3 hours later respondent II felt pain again, but this time it was slightly reduced, namely on a scale of 7. Then the researcher gave therapy again at 19.00 using the ASMR trigger "the sound of running water" the pain scale felt scale 7 became a scale of 4. The pain diary at the end of the therapy session concluded that, in the first 8 minutes of watching the video, respondent II felt a sensation of relaxation such as tingling in the back and arms area then slowly he felt relaxation that reduced his pain. Then in the next session he felt sleepy and felt ASMR was able to distract his pain. The researcher observed that respondent II seemed to like the ASMR video given and seemed to be fully concentrating while watching. He also asked the researcher for some reference videos, this showed respondent II's interest and enthusiasm for ASMR therapy.

Thus, the nursing evaluation of respondent II is that the pain problem still exists, the nursing goals for pain have not been partially achieved, namely that the pain complaint still exists, but the pain scale has decreased, and the grimace has decreased. The intervention was continued with outpatient care with pain medication. Meanwhile, for the nursing problem of sleep pattern disorders, respondent II seemed to be able to rest and sleep and had no more complaints related to his sleep. So there are no nursing problems of sleep pattern disorders, the nursing goals for sleep pattern disorders have been achieved. In addition, the nursing problem of physical mobility disorders in respondent II, it seems that he has started to be able to tilt right and left, learn to sit and walk to the bathroom after 12 hours after surgery. So there are no problems of physical mobility disorders, the nursing goals for nursing mobility disorders have been achieved.

### **Third respondent (Mr. D, 42 years old)**

Based on the results of observations on the same day but at a different time to respondent III on May 23, 2023, there was no decrease in pain intensity where at 13.00 before respondent III was given pain medication, using the ASMR trigger "sharp sound" the pain scale remained at

a scale of 8, even though therapy had been given. Then at 15.00 with the ASMR trigger "slow movement and repetitive tasks" the pain scale of 8 remained and did not change. Then at 18.30 the respondent still complained of pain, then the researcher again provided therapy using the ASMR trigger "the sound of running water" the pain scale felt on a scale of 7 remained at a scale of 7. The pain diary at the end of the therapy session concluded that the therapy given had no impact on his pain, even adding to the pain according to him. The researcher observed the response of respondent III after being given ASMR therapy, he looked restless, uncomfortable and had difficulty concentrating.

Thus, the nursing evaluation of respondent III is that the pain problem still exists, the nursing goals for pain have not been fully achieved, namely the intensity of pain and the pain scale are felt to be severe and the respondent appears to be grimacing. The intervention is continued with outpatient care with pain medication. In addition, the nursing problem of impaired physical mobility in respondent III, it appears that he has started to be able to tilt right and left a little, learn to sit and then walk to the bathroom slowly with the help of his family after 12 hours after surgery. So that there are no problems with impaired physical mobility, the nursing goals for impaired nursing mobility have been achieved.

## **DISCUSSION**

### **Description of pain intensity before ASMR relaxation therapy**

Based on the results of the interview conducted on May 16, 2023, after the hemorrhoidectomy operation, the symptoms felt by respondent I Mr. M were pain in the anus that felt like throbbing and very sore. The pain scale felt even reached a scale of 8. From the results of the researcher's observations of the pain experienced by respondent I, he appeared to be wincing in pain complaining of severe pain in the anus. Meanwhile, the results of the interview with respondent II Mr. S on May 23, 2023, the pain symptoms were described as feeling like being cut. The pain scale he felt was up to a scale of 8, continuously. From the results of the researcher's observations, respondent II appeared to be wincing and complaining that his anus area was very painful. Furthermore, the results of the interview with respondent III on May 23, 2023, Mr. D, the pain symptoms experienced felt like being stabbed. From the results of the researcher's observations, respondent III appeared to be enduring the pain, wincing in pain.

This is in line with the theory of Jaksa et al., (2023) that post-hemorrhoidectomy surgery often causes extreme pain. Another opinion regarding post-hemorrhoidectomy pain according to Romaguera et al., (2021), the most common complication after hemorrhoidectomy is perianal pain. While the long-term impact according to Faes et al., (2019) as a result of loose hemorrhoid tissue, bleeding can occur immediately after surgery or 10 days later, this is what usually causes very severe pain. The cause of hemorrhoids felt by respondent I was due to his bad habits of rarely consuming vegetables and liking to eat instant food. Meanwhile, the cause of hemorrhoids felt by respondent II was because he had also been eating foods that were low in fiber so that he often experienced constipation, namely defecating only once every 4 days. In respondent III, the cause was eating low in fiber, lack of exercise and often constipated, defecating only once every 3 days. The symptoms experienced by the three respondents are in line with the opinion of Muzakki, (2021) who said that a low-fiber diet can cause hard stools, potentially causing straining to defecate and increasing the incidence of hemorrhoids. According to Hakim, (2015) an unhealthy lifestyle and irregular bowel movements can increase the likelihood of developing hemorrhoids. This is also in line with the opinion of Salamung et al., (2021) who said that constipation is one of the causes of hemorrhoids. After knowing the problem of acute pain in the three respondents, the researcher will apply ASMR

relaxation which is expected to reduce the intensity of pain. As stated by Barratt & Davis (2015) an effective way to reduce pain is to use relaxation therapy, and ASMR is one therapy to get a state of relaxation. According to Wahono et al., (2023) ASMR affects several areas of the brain called the Nucleus accumbens. This area plays a major role in mediating pain, depression and anxiety. So, it is very possible that watching ASMR videos can reduce pain intensity.

### **Description of pain intensity after ASMR relaxation therapy**

The types of ASMR triggers given in each therapy session are sharp sounds, slow movements, repetitive tasks, and the sound of running water. These types of triggers were chosen because according to Barratt & Davis, (2015) sharp sounds have a percentage of 64%, triggers that often trigger ASMR, while slow movements are 47.60%, repetitive tasks are 31.10% and running water is 21.40%. Meanwhile, the type of trigger personal attention is 75.70% and whispers are 65% with a fairly large percentage, the researcher did not choose it because the available videos are feared not to match the character of Indonesian people in general and moreover there are differences in language which are also feared to be an obstacle in understanding ASMR therapy, so a more universal trigger was chosen so that it is easy to understand.

The conclusion of the results of the study on respondents I and II has similarities, namely they both feel relaxation such as tingling, a tickling sensation in the area called the meridian in the early stages of therapy. Then respondents I and II said that their pain intensity slowly decreased. This is in line with Barratt & Davis, (2015) who said that when someone watches an ASMR video, respondents will feel tingling at the beginning of ASMR therapy, then after that a feeling of relaxation appears without tingling. From the results of the experiment at different times on the same day, there was a change in the pain scale from severe to moderate. This shows that ASMR therapy can reduce the pain scale. In addition, ASMR improves pain symptoms both during and after several hours of watching ASMR videos. Furthermore, the drowsiness felt by respondent II is in line with the theory proposed by Wahono et al., (2023) who said that when someone feels the ASMR sensation, several hormones are produced and one of them is endorphin, a hormone known as a hormone that can induce relaxation, drowsiness and pleasure and reduce pain. In addition, the duration of pain reduction using ASMR therapy is also in line with research conducted by Barratt & Davis, (2015) namely the duration of pain reduction felt after watching ASMR videos varies greatly for some respondents, it can last when watching ASMR videos only, last only a few minutes after, an hour after or several hours after watching ASMR videos.

However, in respondent III, ASMR therapy did not seem to experience any pain reduction at all. The failure of ASMR therapy in respondent III, one of the theories that supports it is the theory Barratt & Davis, (2015), which assumes that a person's cultural attitudes and values influence how they feel and adapt to pain. After hemorrhoid surgery, respondent III said he felt very painful in his anus and seemed to be trying to control the pain he was experiencing. However, he had not been able to fully adapt due to his skeptical attitude towards the ASMR therapy that would be given or other non-pharmacological therapies. The results of research conducted by Jaksa et al., (2023) regarding the impact of ASMR on pain perception, stated that people who experience ASMR have higher pain sensitivity. The researcher observed the response of Respondent III during the ASMR therapy session, he did not seem to enjoy the therapy process given and respondent III seemed restless. Thus, the pain was still felt by respondent III even according to his statement when watching the ASMR video, the pain increased.

### **Effectiveness in applying ASMR relaxation for acute pain after hemorrhoid surgery**

The results of applying ASMR relaxation to respondents I and II showed a consistent decrease in pain intensity over time, namely from a severe pain scale to a moderate pain scale. It's just that the decrease in pain intensity that occurs is temporary, because after the pain intensity drops after therapy, a few hours later the pain scale rises again. This is in line with the theory of Barratt & Davis, (2015), they found that this ASMR experience is often associated with temporary reductions in chronic pain and improved mood. This finding is similar to the benefits of mindfulness and yoga-based stress reduction therapy. In addition, personality type also influences the success of this therapy. This is because the attitudes of respondents I and II as described by Wahono et al., (2023) that those who experience ASMR are found to have higher scores on measures of openness to experience and neuroticism. Researchers observed that the attitudes of both respondents towards therapy were very positive. Respondents I and II seemed to have a high desire to try therapy and enjoy the process of watching ASMR videos, this is because they had never known this kind of therapy before. In addition, those who suffer from chronic pain symptoms also benefit from ASMR, as their discomfort is significantly reduced for several hours after the ASMR session. In this case, ASMR therapy is used to reduce acute pain after hemorrhoid surgery which has also been successfully reduced from severe to moderate (Barratt & Davis, 2015).

According to Cash et al., (2018), the ASMR effect is useful for many people, although it may only be the expected placebo effect. From the results of observations of respondents I and II, they seemed to enjoy the process of watching ASMR videos and hoped that this therapy could relieve their pain, this is what might make them feel the intended placebo effect. Another study on ASMR conducted by Muhadi, (2016) related to the location of the brain that is active when watching videos, namely the left and right insular cortex which are activated where this brain location plays an important role in human cognitive behavior and is involved in sensorimotor activity, pain, empathy and high-level attention and decision making. This is what allows ASMR as one of the stimulants that helps relieve pain stimuli in a person. The results of the study by Ghazwani et al., (2023), after watching ASMR videos, ASMR participants, compared to non-ASMR participants, reported increased levels of joy and calmness, as well as decreased levels of stress and sadness, especially decreased feelings of depression. When someone feels severe pain, they really need therapy that can calm them in adapting to the pain they feel. Thus, the benefits of calming ASMR can reduce pain intensity. Meanwhile, the results of the application of ASMR relaxation to respondent III showed an intensity that did not change at all over time. It seems that the application of ASMR relaxation was not effective in respondent III. This can be caused by the personality of respondent III who according to Megawaty, (2019) theory someone with a personality that likes consistency, caution, high perseverance, pragmatism, based on data cannot feel the sensation of ASMR. The results of the researcher's observations and interviews, compared to respondents I and II, respondent III seemed more skeptical, critical and did not believe in the benefits of the therapy given. In the results of the researcher's observations, the attitude of respondent III seemed restless, unable to concentrate, and did not seem to enjoy the process of watching ASMR videos. When asked what therapy helped reduce his pain, he answered only medication, and felt unsure about the ASMR therapy given. This further strengthens the failure of ASMR therapy. Because it takes concentration and strong belief or positive suggestions to be able to feel this ASMR therapy. The findings of these three respondents can be concluded that not everyone is suitable for ASMR therapy. There are 3 main responses to ASMR therapy based on this study and also according to experts, namely people who enjoy it get a feeling of relaxation, people who do not enjoy it feel the pain is getting more intense, or do not feel any impact on their pain.

## CONCLUSION

Based on the results of the study using observation, interview and pain assessment techniques aimed at describing the application of ASMR relaxation to reduce the intensity of pain in post-hemorrhoid surgery patients, it can be concluded that in the application of ASMR relaxation to 3 respondents at Grha Permata Ibu Hospital, Depok, the conclusion was obtained Nursing care for post-hemorrhoid surgery patients with acute pain in respondents I and II obtained results after the application of ASMR relaxation for 10 minutes, respondents I-II still had pain problems and the nursing goals were partially achieved, namely the intensity of severe pain on a scale range (7-8) decreased to moderate pain intensity with a pain scale range (4-6.) and grimacing decreased. While in respondent III, the problem of pain still existed and the nursing goals had not been fully achieved, namely the intensity of pain was still felt to be severe with a pain scale of 8 and the respondent appeared to be grimacing. The description of the intensity of pain before ASMR relaxation therapy was carried out in the three respondents was a severe pain scale range of 7-8, with the symptoms felt being throbbing pain, such as being stabbed, cut and so on. The picture of pain intensity after ASMR relaxation therapy in respondents I and II successfully reduced the pain intensity from severe pain to moderate pain. While in respondent III the pain felt was persistent, there was no change in pain intensity. The effectiveness of applying ASMR relaxation for acute pain after hemorrhoid surgery was effective in respondents I and II, the pain intensity changed from severe to moderate even after 2-3 hours of ASMR therapy was given.

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