

The Effectiveness of Occupational Therapy : Drawing on Mrs. "K" on the Ability to Control Auditory Hallucinations in the Flamboyant Room Dr. RSJ. Radjiman Wediodiningrat Lawang

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ABSTRACT

Introduction: Hallucinations are defined as perceptual disturbances in which an object is not stimulated from outside, this sensory perception disorder covers all five senses. One effort that can be done to overcome hallucination is by occupational drawing therapy. Drawing therapy can release the patient's emotions, express themselves through non-verbal ways and build communication. This final scientific paper aims to determine the drawing strategy for reducing hearing hallucination symptoms.

Method: The research design uses a qualitative case study. This case study explores a problem in patients with sensory perception disorders: auditory hallucination with a sample of 1 person.

Result: After 3 days of drawing therapy, there were changes in the symptoms that appeared in Mrs. "K" before and after being given the intervention of occupational therapy drawing, where before being given therapeutic therapy there were 12 symptoms (85%) from 14 symptoms and after the intervention was given 3 symptoms (22%). Therapy can minimize the patient's interaction with his own world, remove thoughts, feeling, or emotions that have been influencing, unconscious behavior, motivate and provide joy, entertainment, and attention to the mind from hallucinations so that the mind does not focus on the hallucinations.

Conclusion: Drawing therapy is effective in reducing auditory therapy is effective in reducing auditory symptoms in schizophrenic patients.

Keywords: *Schizophrenia; Auditory Hallucinations; Drawing Therapy*

Introduction

Mental health is part of integral health. Mental health is not only free from mental is not only free from mental disorders, but also something that is needed by everyone. Mental health is the feeling of every individual where he feels happy and healthy, can also solve positive life challenges, accepts himself and others as they are and has a good attitude for himself and others (Menkes, 2010). Riskesdas (2013) shows the prevalence of mental emotional disorders as indicated by symptoms of depression and anxiety for ages 15 years and over about 14 million people or 6% of the total population of Indonesia. Meanwhile, the prevalence of severe mental disorders such as schizophrenia, reaches around 400,000 people or 1,7 per 1000 population. The increase in the proportion of mental disorders in the data obtained (Riskesdas, 2018) is significant when compared to Riskesdas 2013, up from 1,7% to 7% certainty will increase to 25% by 2030. Indonesia is the highest country in southeast Asia with mental disorders. One of the symptoms that most often appears in Mental Disorders is the appearance of an estimated 70% of hallucinations that occur are auditory hallucinations, vision occupies the second position as much as 20%, 10% presentation by smell, touch, and taste (Yosep, 2011). The results of the research of Brunelin et al. (2012). Based on these data, it is known that the most common type of hallucinations suffered by patients with schizophrenia is auditory hallucinations (Hidayah, 2015). Hallucinations must be treated immediately, hallucinations that are not immediately handled properly, are the right thing, because it is feared that they can pose a risk to the safety of themselves, others and the environment. Hallucinations can be cured in various ways, one of which can be spiritual or occupational therapy. Occupational therapy can allow patients to do other activities, one type of therapy.

Method

Scientific work of Ners uses a qualitative research design with case study research. A case study is an intensive, detailed, and in-depth research approach to a particular symptom. Case studies have a special nature with individual, group, or community targets (Vyctorina et al., 2020). Place and time of research in Dr. Radjiman Wediodiningrat Mental Hospital from 26-28 April 2020.

The population in this study were all patients with schizophrenia with auditory hallucinations in the Flamboyan Room, Dr. RSJ. Radjiman Wediodiningrat, The sample in this study was 1 patient Mrs. K who experienced schizophrenia with a nursing diagnosis of hallucinations with the inclusion criteria of patients diagnosed with schizophrenia with auditory hallucinations, the patient entered phase 2 or 3 hallucinations. Meanwhile, the exclusion criteria for hallucinating patients who are still entering phase 4 are uncooperative patients and color blind patients. Methods of data collection using interviews and structured observation. The measurement of structured interviews includes strategies that allow for a control of the conversation according to the content desired by the researcher. Observation sheet using a sign sheet for auditory hallucinations. Data analysis using comparing the number of signs and symptoms that appear before and after the intervention. Ethical Aspects: Confidentiality, Respect Human Dignity, Anonymity, and Beneficence.

Result

Table 1. Signs and Symptoms Before Drawing Therapy was performed on Mrs. K

No	Aspects Assessed (Signs and Symptoms)	Patient Response			
		25/4/2022 (H-0)	26/4/2022 (H-1)	27/4/2022 (H-2)	28/4/2022 (H-3)
1.	Hearing whispers or seeing shadows	✓	✓	✓	✓
2.	Feeling something through the senses of sight and hearing	✓	✓	✓	✓
3.	Sensory distortion	✓	✓	✓	
4.	Inappropriate response	✓	✓		✓
5.	Acting as if seeing, hearing something	✓	✓		
6.	Expressing upset	✓	✓		
7.	Alone	✓	✓	✓	✓
8.	Daydream	✓	✓	✓	
9.	Poor Concentration	✓	✓		
10.	Disorientation of time, place, person or situation				
11.	Suspect				
12.	Looking in one direction	✓	✓	✓	
13.	Back and forth	✓	✓		

14. Speak for yourself	✓	✓		
Total Percentage (%)	12	12	6	4
	85%	85%	42%	29%

Table 1. shows that before the therapy, 12 signs of symptoms appeared (85%), on the first day before the intervention, the symptoms that appeared were still the same, namely 12 signs of symptoms (85%), the second day with 6 symptoms (42%)) and on the third day with a checklist of 4 signs and symptoms (29%).

Table 2. Ability Before Applying Drawing Therapy to Mrs. K

No.	Working Stage	Patient Response	
		25/4/2022	
1.	Able to state the meaning of drawing	Ya	Tidak
2.	Able to name tools and materials	✓	
3.	Able to say how to draw		
4.	Able to practice drawing	✓	
5.	Able to explain the contents of the image		
6.	Able to tell the meaning of the picture		
7.	Able to express feelings		
8.	Drawing to completion	✓	
9.	Able to enter activity schedule		
Total Percentage		3	
			33,3%

Table 2. was found before the drawing therapy the patient's ability was 3 with a percentage of 33.3%

Table 3. Signs and Symptoms After Drawing Therapy was performed on Mrs. K

No	Aspects Assessed (Signs and Symptoms)	Patient Response		
		25/4/2022 (H-0)	26/4/2022 (H-1)	27/4/2022 (H-2)
1.	Hearing whispers or seeing shadows	✓	✓	✓
2.	Feeling something through the senses of sight and hearing	✓	✓	✓
3.	Sensory distortion	✓		
4.	Inappropriate response	✓		
5.	Acting as if seeing, hearing something			
6.	Expressing upset			
7.	Alone	✓	✓	

8.	Daydream	✓		
9.	Poor Concentration			
10.	Disorientation of time, place, person or situation			
11.	Suspect			
12.	Looking in one direction			
13.	Back and forth			
14.	Speak for yourself	✓	✓	✓
Total Presentase (%)	7 50%	4 29%	3 22%	

Table 3. It is known that after the drawing therapy intervention on the first day the symptoms appeared in 7 patients (50%). On the second day there was a 21% reduction in symptoms to 29% (4 signs of symptoms). On the third day there was a reduction of 7% again so that 3 signs appeared (22%).

Table 4. Ability After Applying Drawing Therapy to Mrs. K

No.	Working Stage	Patient Response		
		26/4/2022 H-1	27/4/2022 H-2	28/4/2022 H-3
1.	Able to state the meaning of drawing			✓
2.	Able to name tools and materials	✓	✓	✓
3.	Able to say how to draw		✓	✓
4.	Able to practice drawing	✓	✓	✓
5.	Able to explain the contents of the image	✓	✓	✓
6.	Able to tell the meaning of the picture	✓	✓	✓
7.	Able to express feelings			
8.	Drawing to completion	✓	✓	✓
9.	Able to enter activity schedule	✓	✓	✓
Total Percentage		6 67%	7 78%	8 89%

Table 4. It shows that after drawing therapy on the first day, the client's ability is 6 (67%). Can conclude Mrs. K is in the category of being quite good at drawing. The second day Mrs. K has increased by 11%, so that it becomes 7 (78%). And on the third day the increase in ability again occurred as much as 11% to 8 abilities (89%).

Discussion

Analysis of Patient Characteristics

From the results of the study, it was found that the client, Mrs. K, 49 years old, is a housewife with 2 children. The client began to experience stress since being divorced by her husband. After being divorced, the client often daydreams and is eventually ostracized by his family in a house. In addition, clients often receive physical abuse, starting to be beaten and kicked by their families. Clients are isolated and several times not given food. The things above that trigger hallucinations in clients. This is supported by previous research, namely Sari's research (2017) in his research which said that a number of psychological mechanisms had influenced people suffering from schizophrenia. A person who initially experiences hopelessness can feel depressed because of a certain condition, which if over time without certain treatment and handling can trigger hallucinations. Prolonged life pressures and the absence of support from the family can make the individual worse off with the disorder, thus triggering the occurrence of schizophrenia. The client experienced auditory hallucinations where the contents of the hallucinations were that he heard the voice of his dead son, the client said he often heard the voice of his son saying that he had been killed, had his neck and stomach slashed so he asked the client for help. Waters (2014) describes auditory hallucinations remaining in perceptions hearing which can exist in the mind or on the surface of the body.

The contents of these hallucinations can be in the form of language sounds, other sounds such as hearing music, whistling, animal sounds, water drops, or the sound of machines that the client has met or known. With varying voice strengths from whispering to full. In hallucinations, the voices that appear are usually the closest people who are known to the client. 55% of votes with negative content are usually insults, telling the client to do something so that the client will suffer. 40% said the voices appeared when they took the medicine. The content of the voices is usually very personal. Voices are described by what the client has been thinking and talking about what he or she fears or is concerned about. Hallucinations arise from negative life events and trauma that make the individual disturbed to a depressed mood when this occurs, anxiety and stress can increase to depression if not treated immediately, this can worsen and can lead to suicide (Furyani, 2020). Assumptions according to the researcher according to Sari's research, 2017 client hallucinations can come from the client's bad experience. Where the client often

hears voices that disturb the client since being divorced by her husband. The client is only close to his child, the client has also been ostracized by his family and exiled in a house. The client said that he was often tortured by his sister-in-law. None of the client's children died and is still taking care of the client's needs at the hospital until now.

Nursing Problem Analysis

The results of the analysis of nursing problems caused by the patient's condition Auditory hallucinations, namely hallucinations. Hallucinations are defined as the presence of external stimuli that cause sensory perception disturbances in the patient's five senses. Where clients often feel the existence of images and objects and thoughts without external stimuli that can appear in 1 or more than 1 senses (hear, touch, see, smell and taste) (Muhith, 2015). The client will show symptoms; withdrawn, unable to distinguish between real and virtual, difficult to direct attention, suspicious, hostile, tense and irritable facial expressions (Keliat, 2005). In the client, symptoms that appear include hearing voices, acting as if hearing something, withdrawing, unable to focus, suspicious, hostile, tense facial expressions and irritability. Implementation in hallucinating patients uses an implementation strategy where SP 1 rebukes, SP 2 takes drugs regularly, SP 3 talks, SP 4 does scheduled activities (Muhith, 2015).

Performed with a combination of psychopharmacology and psychosocial interventions such as psychotherapy, family therapy, and occupational therapy which showed better results. This time the researcher raised drawing therapy where in this intervention Drawing Therapy was given for Mrs. K gets treatment in a flamboyant room. On the first day there was no drawing intervention, on the second to fourth day drawing therapy was done. This is in accordance with the study of Fekaristi et al, 2021 where ideally drawing therapy is carried out for 3 days, to be able to evaluate changes in signs and symptoms experienced by clients. Researchers assume the selection of drawing therapy can reduce signs and symptoms in patients with hallucinations in accordance with previous studies that have been done.

Analysis of Nursing Implementation

In this case, the patient underwent occupational therapy, namely drawing on the second, third and fourth days. In this case, the implementation for hallucinations nursing problems began

on Tuesday, April 26, 2022 with the act of providing therapy in the form of drawing therapy. Drawing therapy can minimize interaction patient with their own world, expressing thoughts, feelings, or emotions which has been influencing behavior which unconsciously, providing motivation and provide joy, entertainment, and divert attention patients from hallucinations (unfocused with hallucinations, 2020). In order for drawing therapy intervention to be effective, it must be carried out continuously every day so that it can have a significant impact (Furyani et al, 2020). The therapy that has been given is in accordance with previous research. According to this theory, researchers carry out continuous implementation at the hours between 8-9 am so that client activities can be scheduled at these hours. The author assumes that the research that has been carried out is in accordance with the theory of Fekaristi et al, 2021 where there is a decrease in signs and symptoms in Mrs. K. Observation of the client through the checklist shows signs of the client decreasing, the client becoming calmer and less likely to talk to himself.

Analysis of Nursing Interventions in Nursing Diagnosis

The intervention in the analysis of nursing care that has been carried out in accordance with the SLKI and SIKI focuses on providing Drawing Therapy. According to Candra 2021, the treatment of schizophrenic patients with hallucinations can be done with a combination of psychopharmacology and psychosocial interventions such as psychotherapy, family therapy, and occupational therapy which show better results. This time the researcher raised drawing therapy where in this intervention Drawing Therapy was given for Mrs. K gets treatment in a flamboyant room. On the first day there was no drawing intervention, on the second to fourth day drawing therapy was done. This is in accordance with the study of Fekaristi et al, 2021 where ideally drawing therapy is carried out for 3 days, to be able to evaluate changes in signs and symptoms experienced by clients. Researchers assume the selection of drawing therapy can reduce signs and symptoms in patients with hallucinations in accordance with previous studies that have been done.

Analysis of Intervention Outcome Evaluation

Signs and symptoms can appear in someone with schizophrenia because of a disturbance in brain function. There is a disturbance in the feedback that governs the information processing. If

the information sent is incorrect. The frontal lobe will send excessive messages to the basal ganglia and hypothalamus. Decreased function in the frontal lobe will cause interference with feedback in the delivery of this excess information, which becomes a nerve inhibitory factor and stimulates the action of feedback that occurs in the nervous system (Fekaristi et al., 2021) . In this study, there were changes in the symptoms that occurred in Ny. "K" before and after being given the intervention of occupational therapy drawing, where before being given therapy (H0) there were 12 symptoms (85%) and after being given the intervention there were (H4) 3 symptoms (22%). This decrease can occur because the patient is able to carry out painting activities well during the implementation of therapy. Such a situation affects the patient to stay focused and enjoy the activities given to follow the author's directions so that hallucinations can be diverted (Fekaristi et al, 2021). After doing drawing therapy, the client said that he felt happier, the client felt less hearing voices when he was drawing. On the first day of applying drawing therapy, the client's ability was only able to name tools and materials, practice drawing and drawing until completion. On the fourth day the client's ability to develop rapidly where the client is able to draw to completion, interpret the picture, explain, express feelings to tell the meaning of the picture. This is in accordance with the research conducted by Fekaristi et al, 2021 where the client's ability can increase by 3% since drawing therapy was carried out. The same thing was found in Candra's study, (2021) it was found that signs and symptoms after drawing activity therapy were in the mild category.

This shows that occupational drawing therapy is effective in reducing the symptoms of auditory hallucinations. Drawing therapy can reduce the symptoms of hallucinations because when therapy is carried out the client will be minimized to interact with their world, the contents of thoughts are released, emotions and feelings and provide entertainment and motivation so that clients do not focus on their hallucinations (Fekaristi et al, 2021). The advantage of this study is that researchers can focus on observing patients because only 1 patient was taken, in contrast to Candra's study which took a sample of 30 people. Clients are also cooperative when doing research. The obstacle of this research is that although the client is cooperative, the client's attention is very easily distracted, occasionally the client stops drawing and chooses to play for approximately 10-15 minutes, but then remains willing to complete the picture and only a week is less time to take a history. Based on all of the above explanations, the authors assume that the

therapy that has been carried out is successful and in accordance with previous studies, occupational drawing therapy is effective in reducing symptoms in patients with hallucinations. Drawing therapy can be given every day with a duration of 15-20 or if the patient has not been able to follow it can be done an extension of time. The duration of therapy can be adjusted according to the patient's condition.

Conclusion

The results of the study showed that auditory hallucinations patients had hallucinations where the patient heard voices that disturbed him. The results of data analysis are obtained, namely the problem of hallucinations Interventions that can be carried out according to the strategy for implementing hallucinations. The implementation that can be done is the implementation strategy and providing occupational therapy drawing from the evaluation results obtained by using occupational therapy drawing there is a decrease in symptoms in patients with auditory hallucinations from the results of the effectiveness analysis supported by the literature, the results of drawing therapy can significantly reduce signs and symptoms in patients with auditory hallucinations.

Reference

American Psychological Association. (2010). Publication manual of the American Psychological Association, Washington: DC. American Psychological Association.

Candra.W., Ni.K.R., I Ketut.S. (2021). Terapi Okupasi Aktivitas Menggambar Terdapat Perubahan Halusinasi Pada Pasien Skizofrenia. *Jurnal Keperawatan Politeknik Kesehatan Denpasar*. 124-129

Fatihah., Aty.N., Yusriini., Diah.S. (2021). Literature Riview : Terapi Okupasi Menggambar Terhadap Perubahan Tanda dan Gejala Halusinasi Pada Pasien Dengan Gangguan Jiwa. *Jurnal Keperawatan Merdeka (JKM)*. 1(1)

Febrianto, S.S. (2009). Pengaruh Terapi Menggambar Terhadap Skor Sistem Kategori Gangguan Jiwa Pada Pasien Dengan Gejala Halusinasi Di Ruang Sakura RSUD Banyumas, Skripsi. Tidak dipublikasikan

Fekaristi.A.A., Uswatun.H., Anik.I. (2021). Art Therapy Menggambar Bebas Terhadap Perubahan Halusinasi Pada Pasien Skizofrenia. *Jurnal Cendekia Muda*. 1(2)

Furyanti, Eli & Diah Sukaesti. (2018). Art Therapy Menggambar Bebas Terhadap Kemampuan Pasien Mengontrol Halusinasi. <https://digilib.esaunggul.ac.id/public/UEU-Undergraduate-11916-manuscript.Image.Marked.pdf>

Keliat, B.A. dan Akemat. (2005). Keperawatan Jiwa: Terapi Aktivitas Kelompok, Jakarta: EGC.

Maramis, W. F. (2008). Catatan Ilmu Kedokteran Jiwa, Surabaya: Airlangga University Press.

Megayanthi, 2009, Deskripsi Perubahan Kemampuan Mengontrol Halusinasi Pada Klien Dengan Terapi Individu di Ruang MPKP RSJ Magelang, Semarang: Skripsi. Tidak dipublikasikan.

Prabowo. (2010) Pengaruh Family Psychoeducation terhadap Beban dan Kemampuan Keluarga dalam Merawat Klien dengan Halusinasi di Kabupaten Bantul Yogyakarta, Jakarta: Tesis. Fakultas Ilmu Keperawatan Universitas Indonesia. Rekam Medik Rumah Sakit Jiwa Propinsi Bali, 2013, Laporan Tahunan Rumah Sakit Jiwa Propinsi Bali, Bangli.

Stuart dan Sundeen. (2007). Principles and practice of psychiatric nursing, St Louis Missouri: Mosby year book.

Sari, A, M. (2017). Pengaruh Terapi Aktifitas Kelompok Stimulasi Persepsi Halusinasi Terhadap Kemampuan Mengontrol Halusinasi Pada Pasien Skizofrenia. (Skripsi). Universitas Muhammadiyah Surabaya

Suliswati, T. A. P., Sianturi, Y., Sumijatun., M. Jeremia. (2005), Konsep dasar keperawatan kesehatan jiwa, Jakarta : EGC. Susana dan Hendarsih, 2011, Terapi Modalitas Keperawatan Kesehatan Jiwa, Jakarta : EGC.

Tirta I Gusti Rai & Putra Risdianto Eka, (2008), Terapi okupasi pada pasien skizofreni di rumah sakit jiwa Provinsi Bali. Makalah Disampaikan pada Kongres Nasional Skizofrenia V, Mataram, Nusa Tenggara Barat, 24 – 26 Oktober 2008.

Wahyuni. (2010). Pengaruh Terapi Okupasi Aktivitas Menggambar Terhadap Frekuensi Halusinasi Pasien Skizofrenia Diruang Model Praktek Keperawatan Profesional (MPKP) Rumah Sakit Jiwa Tampan Pekanbaru, Medan : Skripsi. Tidak dipublikasikan.