

## EXPLORING THE IMPACT OF OCCUPATIONAL DRAWING THERAPY ON REDUCING AUDITORY HALLUCINATIONS AT RS. JIWA DAERAH SURAKARTA

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### ABSTRACT

**Background** : Hallucinations are the client's wrong perception of the real environment and the loss of human ability to be able to distinguish internal (thought) and external (external) stimuli. Non-pharmacological treatment that can be done to reduce changes in auditory hallucinations is by applying occupational drawing therapy. **Method** : The data collection method used in this scientific paper uses descriptive method. **Result** : The application of occupational drawing therapy in the Abimanyu Ward was carried out for four days. The results of the study on Mr. S has signs and symptoms of auditory hallucinations. Before the nursing action on the application of occupational drawing therapy was carried out there were ten signs and symptoms of hallucinations, after the implementation of the application of occupational drawing therapy there were five signs and symptoms on the fourth day. **Conclusion**: The author has real experience in providing occupational drawing therapy to patients with auditory hallucinations.

**Keywords** : hallucinations, auditory hallucinations, drawing occupational therapy.

### INTRODUCTION

Hallucinations are the client's false perception of the real environment and the loss of the human ability to be able to distinguish between internal (thoughts) and external (external) stimuli. Hallucinations are a symptom of an individual that can be characterized

by changes in sensory perception that are felt with false sensations in the form of sound, sight, touch, taste and smell. (Kamariyah & Yuliana, 2021)

One type of hallucination is auditory hallucinations and becomes the type of hallucination that occupies the first level with the highest number

compared to other types of hallucinations, if not handled properly and appropriately it can pose a risk to the safety of the patient, others and the environment. Symptoms of auditory hallucinations such as hearing voices talking, laughing, threatening, mocking, and ordering to do something dangerous (Oktavia et al., 2021)

The role of nurses to deal with auditory hallucinations is to carry out nursing care plans by providing non-pharmacological therapy. One of the non-pharmacological therapies that can be given is occupational therapy or can be called occupational therapy. This occupational therapy is more directed to natural treatment that uses an approach between nurses and patients and does not use pharmacological therapy by giving chemical drugs. (Fatihah et al., 2021)

The purpose of this occupational therapy action is to help clients to reduce auditory hallucinations. This occupational therapy can also help each client to recognize his environment so that the client is able to achieve improvement, self-improvement and can maintain quality of life. Each patient will be trained to be independent with directed exercises (Minarningtyas & Nurillawaty, 2021; Saptarani et al., 2020)

## METHOD

This research utilizes a case study design with a descriptive method aimed at providing an in-depth examination of a single patient diagnosed with auditory hallucinations and undergoing occupational drawing therapy at RS. Jiwa Daerah Surakarta. The study focuses on describing the changes in the patient's condition through intensive observation of their experience with the therapy.

### Study Design

The study adopts a case study design with a descriptive method to examine the patient's condition in detail. This design allows for an intensive and focused assessment of the effects of occupational therapy (drawing therapy) on auditory hallucinations. The descriptive method provides a clear picture of the subject's experience and response to the treatment.

### Sample

The sample consists of one patient who has been diagnosed with auditory hallucinations and is undergoing occupational therapy at the RS. Jiwa Daerah Surakarta. The patient is selected based on the inclusion criteria of persistent auditory hallucinations and suitability for therapy. The case study approach allows for detailed observation

and documentation of the patient's response to therapy over time.

### **Instrument**

The instruments used for data collection include:

- Structured observation to monitor behavioral changes.
- Interviews with the patient and possibly caregivers to gain insight into the patient's experience with hallucinations and therapy.
- Nursing care documentation to track progress and note any improvements or changes in the patient's psychological and emotional state.

### **Data Collection**

Data collection involves assessing the patient's condition at three stages:

1. Pre-therapy assessment: Measuring baseline levels of auditory hallucinations, emotional state, and overall well-being.

2. During therapy: Conducting regular occupational drawing therapy sessions while observing the patient's engagement, responses, and any immediate changes in their mental state.

3. Post-therapy assessment: Conducting follow-up evaluations to assess the effectiveness of the therapy in reducing auditory hallucinations and improving emotional well-being.

### **Data Analysis**

The collected data will be analyzed using descriptive analysis. The analysis will focus on identifying patterns in the patient's condition before, during, and after the therapy. This will include assessing any reduction in the frequency and intensity of auditory hallucinations and any improvement in emotional responses, as well as the patient's overall quality of life.

## RESULTS

No	Signs and Symptoms	Patient Response							
		H 1		H 2		H 3		H 4	
		06/04/2022		06/04/2022		07/04/2022		07/04/2022	
		PRE	POST	PRE	POST	PRE	POST	PRE	POST
1.	Hear the voices of whispers	1	1	1	1	1	1	1	1
2.	Feeling something through the sense of hearing	1	1	1	1	1	1	1	1
3.	Sensory distortion	1	1	1	1	1	1	1	1
4.	Unexpected response	1	0	1	0	0	0	0	0
5.	Act as if hearing something	1	1	1	1	0	0	0	0
6.	Expressing upset	0	0	0	0	0	0	0	0
7.	Secluding	1	1	1	1	1	0	0	0
8.	Daydreaming	1	1	1	1	1	1	1	1
9.	Poor concentration	1	1	1	1	1	1	1	0
10.	Disorientation of time, place, person or situation	0	0	0	0	0	0	0	0
11.	Suspicious	0	0	0	0	0	0	0	0
12.	Looking at one direction	1	1	1	1	1	1	1	1
13.	Back and forth	1	1	0	0	0	0	0	0
14.	Speak for himrself	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>10</b>	<b>9</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>5</b>
	<b>Percentage</b>	<b>71,4</b>	<b>64,3%</b>	<b>64,3</b>	<b>57,1%</b>	<b>50%</b>	<b>42,9%</b>	<b>42,9</b>	<b>35,7%</b>
		<b>%</b>		<b>%</b>			<b>%</b>		<b>%</b>

Interpretation: Based on tables and charts, it can be interpreted that on the first day of April 6, 2022, an assessment of signs and symptoms of hallucinations was carried out before the application of occupational therapy drawing was carried out, and 10 (71.4%) signs and symptoms of listening to whispering voices were made. to work in the fields at 12 noon, the client hears the sound for 2 times, still feels something through the sense of hearing, the response is not appropriate and seems to hear something, the patient seems to be alone in bed and does not want to hang out with his friends who are in the ward, appears daydreaming and has poor concentration and looks in one direction and sometimes paces back and forth.

Doing occupational therapy drawing for 15 minutes, after completing the action then evaluating and getting results 9 (63.4%) of signs and symptoms of hallucinations, there is 1 decrease in signs of hallucinations, namely the patient's response is appropriate because he is able to practice drawing correctly. On the second day, April 7, 2022, an assessment of signs and symptoms of hallucinations was carried out before the application of occupational therapy drawing was carried out, the results obtained 9 (63.4%) signs and symptoms of listening to whispering voices at 13.00 pm, the client heard the voice for 1 time, still feeling something through the sense of hearing, inappropriate responses and as if hearing something, the patient seems to be alone in bed and does not want to hang out with his friends who are in the ward, seems dreamy and has poor concentration and looks in one direction.

Then occupational therapy drawing was carried out for 15 minutes, after the action was completed, it was evaluated and obtained the results of 8 (57.1%) signs and symptoms of hallucinations, there was 1 decrease in signs of hallucinations, namely the patient was no longer pacing. The third day on April 8, 2022, an assessment of signs and symptoms of hallucinations was carried out before the action of

applying occupational therapy drawing was carried out, the results obtained 7 (50%) signs and symptoms of listening to unclear whispering voices at 12.00 noon, the client heard the voice for 1 time, still feel something through the senses of hearing, sensory distortion, the patient appears to be alone in bed and does not want to hang out with his friends who are in the ward, seems daydreaming and has poor concentration. Then occupational therapy drawing was carried out for 15 minutes, after the action was completed, it was evaluated and the results were 6 (42.9%) signs and symptoms of hallucinations, there was 1 decrease in signs of hallucinations, namely the patient was not alone and wanted to join friends in the ward. On the fourth day, April 9, 2022, an assessment of signs and symptoms of hallucinations was carried out before the application of occupational therapy drawing was carried out, the results obtained 6 (42.9%) signs and symptoms of listening to voices of whispers that were not clear at 12.00 noon, the client heard the voice during 1 time, still feel something through the sense of hearing, sensory distortion, seems dreamy looking in a direction and poor concentration.

Occupational drawing therapy was carried out for 15 minutes, after the action was completed, it was evaluated

and obtained results of 5 (35.7%) signs and symptoms of hallucinations, there was 1 decrease in signs of hallucinations, namely the patient was able to concentrate well when occupational therapy drawing was performed.

## DISCUSSION

The research in RS. Jiwa Daerah Surakarta on April 4-9 April 2022 in the Bangsal Abimanyu. The respondents obtained are Mr. S, male. This is evidenced by the research of (McKenzie et al., 2018), there are more male sex characteristics than women, it is shown that men are more likely to be closed when there is a problem that is being faced while women have a tendency to tell stories with other people. Men view problems as embarrassing mistakes so that usually a problem is kept to itself and is reluctant to seek help from others and on the third day it decreases to 6 signs and symptoms and on the fourth day there are 5 signs and symptoms of hallucinations.

There is an influence on the changes in hallucinations performed on Mr. S in Bangsal Abimanyu RS. Jiwa Daerah Surakarta before and after occupational therapy drawing. According to research from (Alya Rahma & Nalini, 2020), men suffer from schizophrenia more than women. This is caused by the nature of men who tend to

be more susceptible to mental disorders, because men are the pillars of the household so that they are more likely to receive pressure in life, while women tend to be more accepting of life situations so they don't receive much pressure.

The research instrument used an observation sheet for signs and symptoms of hallucinations. The application of occupational therapy drawing to Mr. S for 4 days with 45 minutes from the preparation stage, orientation stage, work stage and termination stage (Ibrahim, 2021).

Signs and symptoms of hallucinations experienced by Mr. S include hearing a whisper, feeling something through the sense of hearing, sensory distortion, inappropriate response, acting as if hearing something, being alone, daydreaming, poor concentration, looking in one direction, pacing back and forth. Signs and Symptoms from the results of this case study are in accordance with research conducted by (Alderson-Day et al., 2021) namely signs and symptoms experienced by patients with hallucinations, namely talking to themselves or laughing to themselves, looking in a certain direction, turning to face towards the ear like hearing something, responding it is not in accordance with.

The results of the case study of the application of occupational therapy draw the 1st day which was carried out on Mr. S found 10 (71.4) signs and symptoms of hallucinations before occupational therapy was performed, after the application of occupational therapy drawing there were 9 (64.3) signs and symptoms of hallucinations. On the second day, 9 (64.3) signs and symptoms were obtained before occupational therapy and 8 (57.1) after occupational therapy.

On the third day the signs and symptoms before occupational therapy were 7 (50%) and 6 (42.9%) after the occupational therapy was drawn. On the fourth day there were 6 (42.9%) signs and symptoms before occupational therapy and 5 (35.7%) after occupational therapy drawing. The case study research conducted showed that the application of occupational drawing therapy was effective in changing the signs and symptoms of hallucinations in Mr. S.

The results of (Agustin et al., 2022) that drawing activities are effective for reducing auditory hallucinations symptoms because with drawing activities patients can tell stories and express emotions that are usually difficult to express so that in carrying out drawing activities patients can be motivated, can reduce feelings of anxiety

in patients, and can improve thoughts that chaotic.

Fitri's research (Fitri, 2019) that was carried out showed that after occupational therapy drawing had an effect on changes in auditory hallucinations symptoms, occupational drawing therapy could minimize patients with their own world. (Livana et al., 2020) By doing drawing activities the patient can avoid or minimize the interactions that are carried out so that the patient does not focus on hallucinations. By doing drawing activities can reduce negative and positive symptoms, one of which is hallucinations because drawing activities can reduce feelings of anxiety, anger or emotion.

The results of a case study conducted on Mr. It was found that occupational drawing therapy can reduce changes in signs and symptoms of hallucinations because at the time of the implementation of occupational drawing therapy the patient is able to do drawing activities well, this situation can influence the patient to stay focused on the drawing activity he is doing so that the hallucinations can be diverted. Patients can tell the meaning of the pictures that have been made and feel happy to be able to express their feelings through pictures

## CONCLUSION

In conclusion, after conducting nursing interventions over a four-day period in the inpatient room of Abhimanyu at RS. Jiwa Daerah Surakarta, the research findings suggest that occupational drawing therapy is effective in reducing the signs and symptoms of auditory hallucinations. Initially, before applying the therapy, the patient exhibited 10 signs and symptoms of auditory hallucinations on the first day. This number decreased progressively over the following days: 9 signs and symptoms on the second day, 7 on the third day, and 6 on the fourth day. After the application of the occupational drawing therapy, the signs and symptoms of auditory hallucinations showed a similar reduction. On the first day after the therapy began, there were 9 signs and symptoms, which decreased to 8 on the second day, 6 on the third day, and 5 on the fourth day. This pattern indicates a clear influence of occupational drawing therapy on the reduction of auditory hallucinations in the patient. Therefore, it can be concluded that occupational drawing therapy has a positive impact on alleviating auditory hallucinations in patients, particularly in the case of Mr. S at RS. Jiwa Daerah Surakarta.

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