

## **IMPLEMENTATION OF OCCUPATIONAL DRAWING THERAPY IN AUDITORY HALLUCINATION PATIENTS**

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### **ABSTRACT**

Hallucinations are unreal sensory perception disorders that a person experiences. Signs and symptoms of hallucinations are examples of hearing unreal voices, talking to themselves, worrying, and suspicious which one can endanger themselves or others if someone follows the hallucinations. Management that can be carried out is non-pharmacological therapy with drawing occupational therapy. Objective: To determine the change in hallucination rate and signs of hallucinatory symptoms. After occupational therapy, drawing was carried out in patients with auditory hallucinations. Methods: In this case study using a descriptive case study, the subject of the case study was taken 1 respondent according to the inclusion criteria. The instruments used in this case study are SOP, occupational therapy, drawing, Auditory, Hallucination Rating Scale (AHRS), observation sheet, signs and symptoms of hallucinations. The data collection method is by conducting interviews, observations, the application of occupational therapy, drawing, evaluation, and documentation. Results: The application of drawing occupational therapy was carried out on 1 respondent, namely Ms. C, before the treatment was carried out, the patient received an AHRS score of 21 and 7 on the observation of signs and symptoms of hallucinations. After the therapy, the patient obtained an AHRS score of 9, and a score of 1 on the observation of signs and symptoms of hallucinations. Conclusion: Occupational drawing therapy may lower hallucinations rates and signs and symptoms of auditory hallucinations

Keywords: auditory hallucinations; hallucinations patients; occupational therapy drawing

### **INTRODUCTION**

Mental disorders are the state in which a person experiences mental function disorders, which include, thoughts, emotions, behaviors, motivation, self-seepage and perception of a person that causes a decrease in psychiatric function, especially interests and motivations so that they interfere with a person in the process of living in society and in daily life is referred to as mental disorders (Santi et al., 2021). One of the mental disorders is schizophrenia, there are 2 symptoms of schizophrenia, namely positive and negative, Negative symptoms, namely withdrawal A positive symptom of schizophrenia is hallucinations (Nurjaya et al., 2023). According to (WHO, 2022) there are 24 million people who suffer from schizophrenia. Based on the results (Riskesdas, 2018), the latest data shows that the province of Bali ranks first while Yogyakarta with a figure of 10.4% or reaches 14,514 people (Ministry of Health of the Republic of Indonesia, 2020). Based on data from the Grhasia Mental Hospital (RSJ) Yogyakarta in 2024, there are 87 patients who experience hallucinatory sensory perception disorders (Grhasia. R. S. J, 2022) Hallucinations are unreal perceptual distortions and occur in maladaptive neurobiological responses. Hallucinations suffered by individuals are caused by two factors, namely predisposition and precipitation factors. (Aldam & Wardani, 2019). Auditory hallucinations are hallucinations in which the client hears unreal voices or noises, such as calling for a talk, ordering the client to do something.

Auditory hallucinations generally listen to sounds or sounds in the absence of any real stimulus, and can cause fear of the sounds heard. (Putri & Activeah, 2022). Signs of hallucinations symptoms

are such as talking and laughing to yourself, getting angry that can harm yourself and others without any real stimulus. In addition, he said that he heard unclear voices, where the content of the conversation was not clear, sometimes he heard angry people's voices, sometimes he saw shadows that others did not see (Indriani, 2022). The usual impact of hallucination patients can experience panic or restlessness, patients follow behaviors from the content of their hallucinations such as being able to commit suicide or kill people and other violent behaviors that can endanger themselves and those around them Auditory hallucinations are one of the most common types of hallucinations experienced by patients with mental disorders. (Santi et al., 2021). Hallucinations can be dangerous if they are already in phase 4 (conquering) because in this phase the client will commit violent behaviors that endanger the patient and others.

There are several management of hallucinations such as pharmacology, non-pharmacology, pharmacotherapy, electric seizure therapy, psychotherapy and rehabilitation, among which there is TAK therapy and occupational therapy (Sutejo, 2023). Drawing therapy is a form of psychotherapy that uses art media as a tool to communicate. Drawing media can be pencils, paper, erasers, and coloring tools. Drawing therapy can encourage a person to express themselves, understand emotions through artistic expression and through creative processes so that they can improve affective, cognitive, and psychomotor functions (Jatinandya & Purwito, 2020). Drawing activities aim to reduce the signs and symptoms of hallucinations in clients. minimizing the patient with his or her own world, releasing negative thoughts, feelings or emotions that affect his or her unconscious behavior and can restore mental function, by developing occupational therapy that is as optimal as possible and maintaining good physical and mental function, and directing according to the circumstances of each individual. (Iwasil et al., 2019). The application of drawing occupational therapy is carried out for approximately 45 minutes done 1 time a day in 3 days (Handayani, 2023) shows that there is a decrease in signs and symptoms of hallucinations and proves that there is an influence in drawing activities to be able to control the hallucinations. The purpose of this study is to determine the effect of drawing occupational therapy on the level and symptoms of auditory hallucinations in auditory hallucinations patients at Wisma Srikandi, RSJ Grhasia Yogyakarta.

## **METHOD**

This paper uses a descriptive case study design with a qualitative approach. A descriptive case study is a case study that aims to describe systematically and accurately a situation or population area that has real characteristics. This case study is also intended to cover individual phenomena, situation, or a specific group that arises. The design of this case study was used to systematically and accurately describe occupational drawing therapy in patients with auditory hallucinations carried out through the nursing process. The subject taken by the researcher in this case study was 1 patient aged 16-55 years who experienced auditory hallucinations in the comforting and condemning phases, who was treated at the Srikandi Ward of GRHASIA Hospital Yogyakarta. Patients who do not have disorders of the upper extremities and visual disturbances, as well as patients who are willing to do therapy and are cooperative in carrying out therapy. The operational definition of this case study is auditory hallucinations as a person who receives an unreal stimulus in the form of a hearing stimulus aged 16-55 years and experiences hallucinations in the comforting and condemning phases.

Meanwhile, drawing occupational therapy is a therapy used to improve daily activities with paper and pencil/marker media carried out on auditory hallucination patients. The instruments used in this case study research are the operational standar of occupational therapy procedures, drawing and assessment of hallucinations with the AHRS Auditory Hallucination Rating Scale and observation sheets of hallucinations signs and symptoms compiled based on sources found by the researcher both in journals, books, and other sources that can be accounted for. The data collection methods used by the author are interviews, observations, occupational therapy, drawing, evaluating, and documentation. Interviews were conducted to obtain information about the patient's personal data, and to assess the level of hallucinations with questionnaires AHRS (Auditory Hallucination Rating Scale). After that, observation of signs and symptoms of auditory hallucinations is carried out before therapy. Next, occupational therapy was carried out for 45 minutes, which was carried out 1 time a day in 3 days of meetings. After that, an evaluation of signs and symptoms of hallucinations is carried out every day after therapy and an evaluation of AHRS is carried out on the last day of implementation. After documenting the results of occupational therapy activities, drawing.

The place where this case study was carried out was carried out in the Srikandi ward of RSJ Grhasia Yogyakarta. The time for conducting this case study research will be carried out on March 11-16, 2024. Data analysis and data presentation in this study used descriptive presentation in the form of narratives, tables, and images taken based on data obtained during interviews, observations, and the application of drawing occupational therapy in auditory hallucinations patients. The ethics used by the researcher in this case study are informed consent (consent sheet), privacy (maintaining the privacy of the respondent), anonymity (maintaining the confidentiality of the respondent by not including the full name), confidentiality (ensuring patient confidentiality), free from discomfort and loss, and ethical clearance.

## **RESULT AND DISCUSSION**

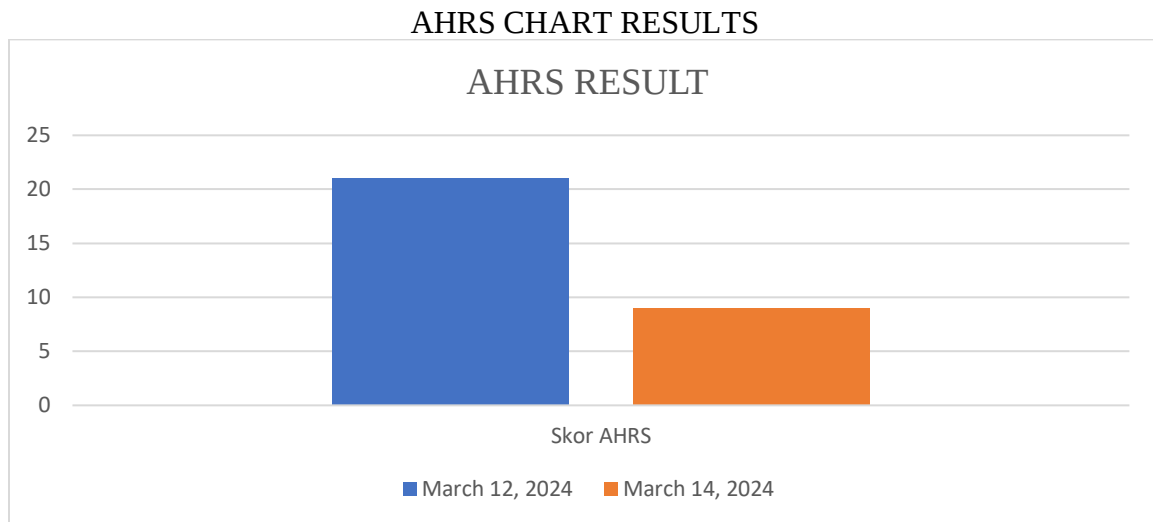
The identity of the respondent is Patient named Nn. C, Female, 50 years old. The respondents are Catholic, a tribe of Javanese origin, and live in Bantul, Yogyakarta. The patient works as a store employee. Reason for admission the patient admitted to Grhasia Mental Hospital on the grounds that before entering the hospital the patient did not want to take medicine, talked to himself and yelled at his parents, talked loudly, often pointed his hand in a certain direction, the patient admitted to hearing voices and seeing unclear shadows. He admitted that he often answered those voices, sometimes talking to himself as if he had an interlocutor. Patients often look in a certain direction, claiming to hear sounds and see unclear shadows. Predisposing Factors The patient had a mental disorder 18 years ago An unpleasant past experience for the patient was breaking up with his girlfriend due to the rejection of his parents who did not respect their relationship. and was treated at RSJ Grhasia Yogyakarta in 2006. He had never recovered during treatment, previously routinely controlled at Panembahan Senopati Hospital Bantul,

The precipitation factor before the patient entered RSJ Grhasia the patient said that the medicine was not taken regularly and this was the umpteenth time the patient was treated at RSJ Grhasia Yogyakarta, claiming to take routine medicine, when the drug was checked was still intact. Patients have never experienced trauma, have never experienced physical abuse, sexual abuse, rejection, domestic violence, and criminal acts (Emulyani & Herlambang, 2020) The respondents' conciliation seemed restless, pacing back and forth, looking in a certain direction, and looking

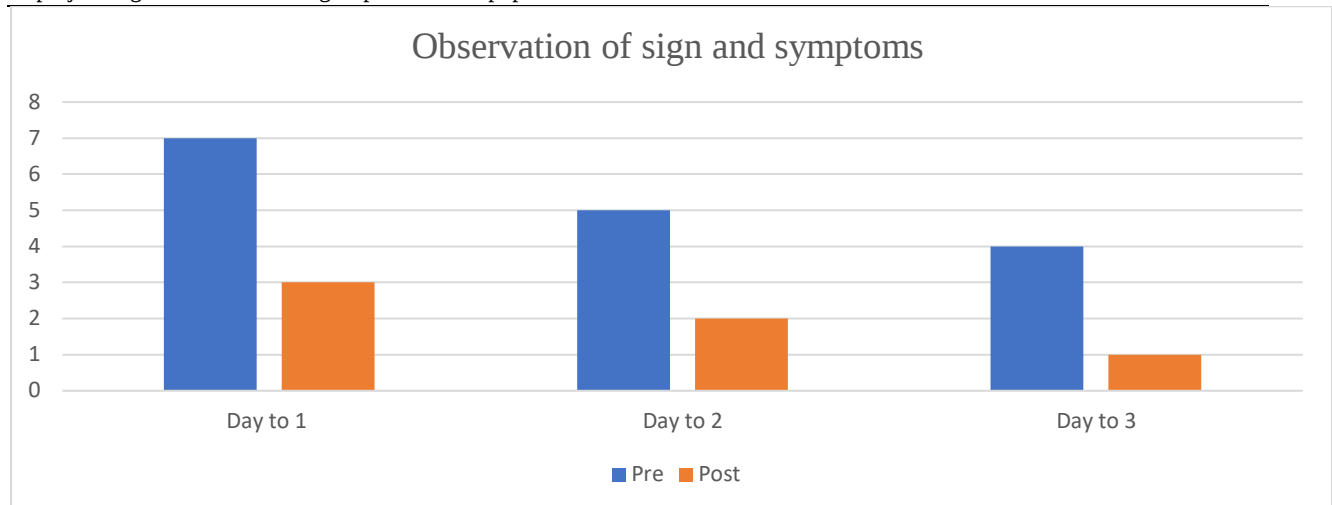
suspicious. The patient said he heard a voice and saw an indistinct bayanagan, the sound appeared every day When the patient was alone, it lasted for a few minutes, the sound seemed to come from outside himself, the voice was quieter than his own voice, sometimes he said funny things that made the patient laugh to himself, the patient felt very disturbed by the sound that appeared.

Table 1.  
Assessment f the Level of Auditory Hallucinations

| No | Scoring criteria                   | Hallucination score before first day therapy | Hallucination score after last day of therapy |
|----|------------------------------------|----------------------------------------------|-----------------------------------------------|
| 1. | Frequency                          | 2                                            | 1                                             |
|    | Duration                           | 2                                            | 1                                             |
|    | Location                           | 3                                            | 2                                             |
|    | Beliefs of the origin of the sound | 3                                            | 1                                             |
|    | Sound power                        | 1                                            | 1                                             |
|    | Negative sound intensity           | 2                                            | 1                                             |
|    | The number of negative votes       | 2                                            | 0                                             |
|    | Impressive sound intensity         | 2                                            | 0                                             |
|    | Number of votes that press         | 1                                            | 0                                             |
|    | Sound interference                 | 1                                            | 1                                             |
|    | Control of sound                   | 2                                            | 1                                             |
| 2. | Total score                        | 21                                           | 9                                             |
| 3. | Level of hallucinations            | Keep                                         | Light                                         |
| 4. | Percentage                         | 47,72%                                       | 20,45%                                        |
| 5. | Percentage decrease (%)            | 27,27%                                       |                                               |



Graph 1. Assessment results of hallucinations level



Graph 2. Observation of Signs and Symptoms

On the first day, March 12, 2024, an AHRS assessment was carried out before therapy obtained a score of 21 in the moderate hallucination category. Then observation of signs and symptoms using an observation sheet obtained a score of 7 before therapy, and a score of 3 after therapy with a difference of 4 scores in the decrease in hallucinatory symptoms (Fatihah et al., 2021). On the second day, observation of signs and symptoms was carried out with a score of 5 before therapy and a score of 2 after the administration of therapy with a difference of 3 points in the decrease in hallucinatory symptoms. (Oktaviani et al., 2022) On the third day, observation of signs and symptoms was carried out with a score of 4 before therapy and a score of 1 after the administration of therapy with a difference of 3 points in the decrease in hallucinatory symptoms. After that, a reassessment was carried out with AHRS after the administration of therapy and a score of 9 was obtained in the category of mild hallucinations (Wulansari, 2023)

The implementation of occupational therapy drawing is carried out 1 time a day within 45 minutes and carried out for 3 consecutive days. In the implementation of drawing occupational therapy, the results showed that the patient experienced a decrease in the level of hallucinations after drawing occupational therapy by getting a score of 21 (47.72%) to a score of 9 (20.45%), namely from the level of moderate hallucinations to the level of mild hallucinations with a percentage decrease of 27.27%. This is in accordance with Agusta and Yunitasari, (2024) that there is an effect of occupational therapy drawing on hallucinations rates. It corresponds to patients from moderate to mild hallucinations levels. There was also a decrease in signs and symptoms between before and after the administration of occupational therapy drawing with a total decrease from a score of 7 (63.63%) to a score of 1 (9.09%) with a decrease of 6 scores. According to Nurjaya, Hasanah and Utami, (2023) occupational drawing therapy is effective in controlling hallucinations because it can minimize the patient's connection with his or her own world and release thoughts, feelings and emotions when the patient draws, thereby reducing the patient's interaction with his hallucinations. One of the predisposing factors is unpleasant experiences in the past, namely failure and rejection of this according to Yosep and Titin, (2016) where a person feels disappointed, frustrated, sad, or even unmotivated. These two situations often affect a person's emotions and feelings of self, and can affect their confidence and outlook on their own abilities.

The patient precipitation factor is due to drug withdrawal because they are tired of taking medicine. According to Anggara, Hasanah and Fitri, (2024) drug withdrawal is included in biological precipitation factors, drugs function as a reduction or inhibitor of positive or negative signs and symptoms in patients with mental disorders, one of which is hallucinations. So that if there is a non-compliance with taking medication, it is very possible for recurrence. The application of occupational therapy is effective for Ms. C because she has a hobby of drawing and is willing to draw, because occupational therapy must be in accordance with the ability, interest, and talent of the respondent so that the respondent in carrying out this occupational therapy calmly, voluntarily without any coercion that causes stress and anxiety for the respondent. Based on the results of the decrease in occupational therapy, drawing is different every day, this occurs because of different stimuli and can affect the onset of hallucinations. The decrease in hallucinatory signs and symptoms is not only influenced by occupational therapy but there are other factors that can affect the decrease in hallucinatory signs and symptoms such as drug therapy and other nursing actions. Occupational therapy can reduce the symptoms of hallucinations and the level of hallucinations that occur in Ms. C as a supporting action from the drug therapy that has been given, and other nursing actions (Muhith, 2015).

This is evidenced by research from (Saptarani et al., 2020), (Pratiwi, 2020) (Firmawati et al., 2023), Oktaviani et al., (2022), and Agusta and Yunitasari, (2024) showing that there is a decrease in signs and symptoms of hallucinations and proving that there is an influence in drawing activities to be able to control the hallucinations. According to researchers, occupational therapy drawing can help patients reduce the symptoms of auditory hallucinations because during drawing activities, patients will focus on drawing which can bring out thoughts, emotions, and feelings expressed through pictures so that patients avoid their own world or hallucinations.

## CONCLUSION

There was a decrease in the level of hallucinations before and after occupational therapy, drawing from the level of moderate hallucinations to the level of mild hallucinations with a score of 21 (47.72%), down to a score of 9 (20.45%) with a percentage decrease (27.27%). And there was a decrease in hallucinatory symptoms before and after occupational therapy drawing from a score of 7 on the first day, down to 1 on the third day of implementation, with a decrease of 6 scores.

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