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Case Study

Nursing Care: A Combination of Occupational Therapy and Psycho-Religious Therapy for Changes in Hallucination Symptoms in Schizophrenia Patients at Nur Ilahi Rehabilitation Clinic

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Abstract

Aims: Schizophrenia is a mental disorder that causes hallucinations, delusions, and highly disorganized thinking and behavior that impairs daily functioning, and can be disabling. 90% of people with schizophrenia have hallucinations. This study aimed to determine the effectiveness of occupational therapy and psychoreligious therapy in reducing hallucinations.

Objective: This study was to determine the effectiveness of occupational therapy and psychoreligious therapy in reducing hallucinations.

Method: This study used a case study with a nursing care approach that includes assessment to evaluation. Patients with auditory hallucinations were given occupational therapy to shift focus and psycho-religious therapy to provide relaxation for hallucinatory patients. This therapy was given for 10 days with a total of 5 meetings.

Results: Problems with sensory perceptual disturbances: reduced auditory hallucinations. Patient get a combination of occupational therapy and psycho-religious therapy which shows changes in behavior such as clients being able to control hallucinations and taking part in activities held by the clinic. This can be seen from the client being able to control his hallucinations, the frequency of hallucinations is reduced, and the client regularly participates in activities held by the clinic.

Conclusion: Occupational therapy and psycho-religious therapy can be used for patients with hallucinatory disorders. Therapy is only carried out for 10 days to the patient. so the recommendation for further research is the need to analyze the effectiveness of occupational therapy and psycho-religious therapy to reduce the symptoms of auditory hallucinations.

Nursing Implications: This research was conducted to become a basis for nurses in carrying out nursing interventions in patients with sensory perception disorders: auditory hallucinations and can be a guideline for health facilities to make policies regarding interventions for clients with auditory hallucinations.

Keywords:

Auditory hallucinations, Occupational therapy, psycho-religious therapy

INTRODUCTION

Schizophrenia is a serious mental disorder that can affect a person's thoughts, feelings and behavior. Schizophrenia is a part of

psychosis characterized by a loss of understanding of reality and loss of self-image (1). Schizophrenia symptoms are divided into 2 main categories: positive and negative. Positive symptoms include

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hallucinations, delusions, and thought disorder. Negative symptoms include anhedonia (loss of interest), minimal speaking, and lack of motivation (2).

According to WHO, there are around 23 million who have schizophrenia in the world. Schizophrenia is one of the most serious and frightening mental illnesses (3). In Indonesia the prevalence of psychosis according to the 2018 Riskesdas calculations is 1.8 cases per 1,000 population, slightly higher than the 2013 Riskesdas results, where the prevalence of psychosis is 1.7 per 1,000 population (4). *The National Institute of Mental Health* estimates that by 2030 mental disorders will grow by 25%, where 13% of all diseases are mental disorders (5). As many as 60-80% of patients diagnosed with schizophrenia experience auditory hallucinations and a small proportion experience visual hallucinations. 75% of cases occur between the ages of 17 and 25, 25% of those with schizophrenia do not fully recover, 50% have a symptomatic disability at some point in their life. The fear of relapse haunts the lives of schizophrenics and their families. 25% of people with hallucinations commit suicide, and 10% of them commit *suicide* after 10 years of suffering from schizophrenia (6). According to previous study who estimated that more than 90% of clients with schizophrenia experience auditory hallucinations in the Mental Hospital, although the hallucinations that occur vary. Even though schizophrenia is a major mental illness that occurs in society and affects 1% of the world's population, people with schizophrenia still have the same expectations as people who don't have mental disorders (7).

Schizophrenia has symptoms of delusions, hallucinations, disorganized speech (incoherence), disorganized behavior, and negative symptoms (emotional decline). However, the symptoms that appear and are found in schizophrenic patients are mainly hallucinations. Perceptual disturbances, also known as hallucinations. Hallucinations are changes in the

perception of internal and external stimuli accompanied by reduced, exaggerated, or distorted responses (8). Hallucinations are feelings that are felt by a person where the feeling is received by the five senses of sight, hearing, smell, taste and touch without any external stimulation that doesn't actually exist or isn't real, (9). Hallucinations are disturbances in one of the five main categories of brain function (cognitive, emotional, perceptual, behavioral, and social) that occur in patients with schizophrenia. Hallucinations are divided into several types, namely auditory hallucinations, visual hallucinations (vision), tactile hallucinations (touch), olfactory hallucinations (smell), gustatory hallucinations (taste), cenesthetic hallucinations and kinesthetic hallucinations.

Intervention in patients with hallucinations can be done by helping clients recognize and control the contents of hallucinations, nurses can help patients to train to control hallucinations. Reducing hallucinations is one way to control yourself against hallucinations by ignoring the hallucinations that appear. Apart from rebuking, patients can also converse with relatives or relatives to distract the hallucinations they are experiencing.

Safety of patients and others is the goal of treatment from the risk of violence and stabilization of the client's mental status. The stabilization phase is the phase when the patient's symptoms decrease and function begins to improve. The goals of the stabilization phase focus on helping the client understand disease and function, maintain treatment, and manage or manage symptoms. When dealing with negative symptoms, the focus is on the ability to maintain social, self and work relationships (10).

Religion and spirituality play an important role in life, even spirituality can be an important key in schizophrenic patients (11). 45% believe that religion is an important factor that plays a role in the

lives of people with schizophrenia (12). Other study have also shown that spiritual healing is given to patients with auditory hallucinations to reduce symptoms of hallucinatory content that is not real (13). This is in line with previous studies which show that psychological-religious therapy can effectively reduce the frequency of auditory hallucinations in patients (14,15).

According to medical record data from the Nur Ilahie Rehabilitation Clinic, Garut Regency, of the 33 patients treated 18 had auditory hallucinations. One of the auditory hallucination patients is Mrs. S who hears whispers that are not real. The whisper initially became a friend of Mrs.S and now the whisper has turned into an order not to do something that Mrs.S wants to do. Based on these data, nursing interventions are needed to treat auditory hallucinations in patients at the Nur Ilahie Rehabilitation Clinic, Garut Regency.

METHODS

This study used case studies with a nursing care approach including assessment, nursing diagnosis, intervention planning, implementation, and evaluation of nursing. Case study is a research method used to generate in-depth understanding of real-life problems (16). The sample in this study was one patient with auditory hallucinations at the Nur Ilahie Clinic, Garut Regency. The author chooses respondents because patients can be invited to communicate to do research. This research was conducted for 10 days, from June 27 to July 6, 2022. Data collection was carried out through interviews and observations of clients which were then aligned with interviews with nurses and the client's medical record data. Interviews and observations were conducted using the assessment format from the Faculty of Nursing, Padjadjaran University. The data obtained was analyzed and grouped into nursing diagnoses to form the basis for interventions that will be carried out during implementation for clients.

RESULTS

Based on the results of the study, it was found that the patient entered the rehabilitation clinic because he had a tantrum and injured other people and family. Then the family also found the client talking to himself, even when asked to chat the patient replied that it was not related to the topic being discussed. This is due to the divorce of the client's parents and the client has not accepted the divorce. When examined, the client said that the whispers started when the client was alone in the room, then whispers appeared that invited the client to chat. As time went on, the whispers became an order not to do something that Mrs.S wanted, such as Mrs.S wanting to URINATION to go to the bathroom, but these whispers gave orders like "why go to the bathroom? No need to go to the bathroom, what are you doing urination? You don't need to go to the bathroom, you don't need to urination" so finally Mrs.S holds urination or sometimes until Mrs.S urination is in her pants. The client hears this order repeatedly every day, especially in the early hours of the morning when he is about to perform the midnight prayer or the dawn prayer. When hearing the order the client says he doesn't care about it, the client chooses to make dhikr, remember Allah, and rebuke that it is not real. At the time of review, the client also said that his younger sibling and uncle had a history of the same disease, but his younger sibling and uncle had left the rehabilitation clinic. When aligned with the nurse, the nurse said that what the client said was true. The medical diagnosis recorded in the client's medical record is schizophrenia.

Sensory perception disorders: auditory halucinations. The author uses the guideline for Mental Nursing Care books and *nursing intervention classifications* to formulate plans to be carried out. Nursing care provided according to standards can improve the client's ability to self-regulate and reduce hallucinatory symptoms (17).

The provision of nursing care to sufferers of hallucinations has the aim of helping clients to increase awareness about the signs of hallucinations so that clients are able to distinguish between hallucinations and real life.

The planning that will be carried out on the client is hallucination management. Hallucination management includes monitoring and assessing behavior that identifies client hallucinations, assessing the content of hallucinations, providing a safe environment, providing space to discuss the client's feelings and responses to hallucinations, advising to talk to people they trust, recommending distraction when hearing hallucinations, teaching to control hallucinations, as well as collaborate with doctors for drug administration.

The author also performs a combination of interventions for clients, namely occupational therapy and psycho-religious therapy for 10 days. This therapy is carried out based on previous research which states that occupational therapy helps clients to carry out roles by integrating physical, social, and psychological functions with meaningful and purposeful activities for these clients (18). Psycho-religious therapy for Al-Qur'an reading can be used as a new alternative therapy as a relaxation therapy because Al-Qur'an stimulants can generate delta waves. Work-based interventions provide better results both in social functioning, job participation, and clinical symptoms compared to clients who received care as usual (19). These results indicate that occupational therapy and psycho-religious therapy are effective in controlling auditory hallucinations in schizophrenic patients (20).

After being given nursing intervention for 10 days, it was found that the problem of sensory perception disorders: auditory hallucinations was reduced. This can be seen from Mrs.S being able to control her hallucinations, the frequency of hallucinations decreased, Mrs.S also said that when Mrs.S listened to Mrs.S's

whispers, she made dhikr to remember Allah. Mrs.S was able to ignore the whispers she heard, the client also seemed to actively participate in activities held by the clinic and student activities such as playing games, singing, participating in religious activities, and Mrs.S was also seen actively chatting with her friends. Mrs.S said that if Mrs.S recovered, Mrs.S had hope to be able to remarry, take care of children, and correct behavior that was detrimental to others. Mrs.S also said that Mrs.S was afraid and worried that people around her would alienate her and think she was strange. So that the provision of nursing interventions can be continued to overcome the problem of auditory hallucinations in schizophrenic patients.

DISCUSSION

During the assessment of the patient, symptoms were identified that led to a diagnosis of sensory disturbances: auditory hallucinations associated with psychotic disorders. Signs of sensory disturbance: auditory hallucinations are whispering, loss of concentration and the patient wants to withdraw to talk to himself. Sensory disturbances: auditory hallucinations are a state of sensory disturbance most often felt by schizophrenia patients, characterized by the feeling of hearing voices commanding or asking to take an action, which is not actually there (21).

Conditions that cause auditory hallucinations are problems that trigger stress. The problem is the divorce of his parents. Hallucinations that arise can be caused by several factors, namely, drug management that is not regular and does not see a doctor according to the schedule, stopping the drug itself without the approval of a doctor, families and communities that are less supportive and the existence of serious life problems can trigger stress (22). This is in line with previous study who stated that patients with hallucinations can relapse when they are not regularly treated and controlled by

a doctor, then clients and families also need to be educated about the importance of adherence to treatment (23). Because there are so many clients who do not comply with the treatment regimen, they are not continued, and eventually relapse and are re-hospitalized. So it can be concluded that family support is also important in the healing process of clients with sensory perception disorders: auditory hallucinations.

The client's cognitive and psychomotor abilities in controlling hallucinations need efforts to be made, namely by providing nursing care. The nursing care provided is like training the client's memory and ability to control hallucinations. Helping patients get to know the hallucinations they are experiencing, explaining how to control hallucinations by rebuking hallucinations, training clients to control hallucinations by conversing or chatting with other people, carrying out scheduled activities is also an effort to train patients to control their hallucinations, and not forgetting to train clients in take medication regularly (24).

In overcoming the problem of hallucinations, there are 2 treatments, namely pharmacological and non-pharmacological management. Drug management focuses more on antipsychotic medication i.e. ECT and non-drugs, which are a category of therapy, i.e. combination therapy in psychiatric nursing, where psychiatric nurses provide or offer advanced practice to administer treatments used by patients with mental health problems, for example psycho-religious therapy or spiritual (spiritual) therapy (25).

The result of hallucinations is the risk of harming oneself, others and the environment. This is because the client is in a hallucination asking to do something beyond his control. So that the intervention plan that will be given to patients is a combination therapy, namely occupational therapy and psycho-religious therapy. The intervention aims to reduce the signs and symptoms of auditory hallucinations which

can be assessed by the client saying he hears whispers decreased, does not withdraw, improves concentration, responds according to stimulus, suspicion also decreases. Occupational therapy works by providing activities to hallucinatory patients.

Occupational therapy comes from the word occupational therapy. Occupational means profession or work, therapy is the same as treatment. Coupling therapy is therapy to improve well-being through work that allows for improving health and participation in society in the hope that after occupational therapy the individual can carry out activities independently (26). Therefore, occupational therapy is a guide between science and art to help patients to certain activities so as to improve, maintain health, and prevent disability through busy work and activities for people with mental and physical disabilities (10). The American Association of Occupational Therapists says the function and purpose of occupational therapy is a media practice directed at physical and mental patients who use activity as a therapeutic tool to restore a person's ability to function so that he can be as independent as possible (27).

Occupational therapy can encourage individuals to introduce and familiarize patients with the environment with the aim of being able to improve and improve and maintain their quality of life. The goal is to train sufferers to be independent through guided and directed exercises (28). Occupational activities are drawing and painting. Occupational therapy is carried out for implementation on patients, namely making a list of activities and designing or drawing clothes to channel the patient's hobbies.

Psycho-religious therapy is a religious ritual such as prayer, dhikr, remembering God, religious lectures. If recited properly and correctly, spiritual or religious therapy dhikr can calm the heart and relax. But dhikr can also be used on clients who suffer from hallucinations. Because if the client

does the dhikr therapy diligently and concentrates perfectly it can affect the appearance of hallucinations, which allows the client to get rid of voices that are not real and do more dhikr. This is in line with previous study which states that there is an increase in the ability to control hallucinations after psycho-religious therapy is carried out in patients with auditory hallucinations (30). According to previous study showed that after being given psycho-religious therapy: dhikr there is an increase in the ability to control hallucinations (31). One of the efforts of non-pharmacological therapy for patients with auditory hallucinations is psycho-religious therapy.

According to some psychologists, psycho-religious therapy is highly recommended. This is in line with previous study which states that dhikr therapy has an effect on calmness and can reduce stress (32). According to previous study, Al-quran is now used as a means of communication to relax the immune system and can be influenced in such a way that it is able to fight disease and support the healing process (33). Reading the Koran can bring healing because remembering Allah relaxes the body by activating the parasympathetic nervous system and suppressing the work of the sympathetic nervous system. Sympathetic nerves, create a balance between the two functions of the autonomic nervous system, which affect the state of the body. The body's chemical system will be corrected in such a way that blood pressure decreases, breathing becomes more calm and regular, metabolism decreases, heart rate slows down, pulse rate and brain activity are affected so as to divert attention from fear, anxiety and tension (34,35).

When viewed from the health sector, endorphins are automatically produced from the brain's response when doing dhikr all the time and remembering Allah (18). Endorphins produce a happy effect on one's feelings and cause comfort (36,37). Occupational therapy significantly impacts daily activities and even reduces symptoms

in people with schizophrenia. Occupational therapy is one of the interventions that affect the recovery of daily activities, especially in people with schizophrenia. Daily activities are designed and adapted to the interests of schizophrenic patients. Therefore, non-pharmacological treatment support is very important in the recovery of mental health disorders such as schizophrenic patients with various diseases and symptoms that interfere with the patient's ability to carry out daily activities. It's not too difficult to go through the occupational therapy process, by using objects around the patient, adjusting to the patient's mood, and supporting motivation, occupational therapy can be carried out properly and optimally. So that regular and periodic occupational therapy, patients with schizophrenia always train their bodies to be strong, independent, and can easily carry out daily activities (38–40).

The results of the case study found that implementing occupational therapy and psychoreligious therapy carried out for 10 days could reduce hallucination symptoms. Clients are also able to cope if hallucinations appear, are able to carry out social activities, and concentrate more when spoken to.

Limitations in this study is the limited intervention time for 10 days. So that the implementation process cannot be carried out comprehensively to assess client habits. This study was also limited because the intervention was only carried out from 08.00 to 17.00. The progress of the patient cannot be monitored outside the time of intervention. Data from the assessment also cannot be compared with data from the family so there is no supporting data to validate the data obtained.

CONCLUSION

The results of the study showed that clients who have sensory perception disorder symptoms: auditory hallucinations are characterized by the presence of voices that are not real and are not clearly heard

by clients. Management of hallucinations as a nursing intervention given to clients. The hallucination management given is a combination therapy between occupational therapy and psycho-religious therapy. After being given an intervention for 10 days, the client was able to control his hallucinations, seen from the client not paying attention to the whispers he hears, if the whispers appear the client is dhikr and remembers Allah. The frequency of hallucinations decreased starting from appearing every day as much as 3 times a day after being given a whisper intervention which was still heard every day but sometimes 1-2 times a day, and clients routinely participated in activities held by the clinic. Suggestions for further research are the need to analyze the effectiveness of occupational therapy and psycho-religious therapy to reduce symptoms in patients with auditory hallucinations using a randomized control trial design.

NURSING IMPLICATIONS

This research was conducted to become a basis for nurses in carrying out nursing interventions in patients with sensory perception disorders: auditory hallucinations and can be a guideline for health facilities to make policies regarding interventions for clients with auditory hallucinations.

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