

Case report of general therapy for sensory perception disorders: auditory hallucinations in Mrs. S, a schizophrenia patient

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Abstract

Schizophrenia is a group of psychotic reactions that affect various areas of an individual's functioning, including thinking, communicating, feeling, and expressing emotions. It is also a brain disorder characterized by disorganized thoughts, delusions, hallucinations, and bizarre behavior. Hallucinations are defined as a disturbance in a person's sensory perception, in the absence of a stimulus. One type of hallucination is auditory hallucination (auditory-hearing voices or sounds). Hallucinations that occur in patients with auditory hallucinations can be overcome using non-pharmacological techniques, one of which is scheduled activity therapy. The purpose of this writing is to provide nursing care to patients with auditory hallucinations who were treated at Grhasia Mental Hospital. The method used is a case study approach carried out holistically through a comprehensive assessment, determination of nursing diagnoses, intervention planning, evaluation and discharge planning according to Indonesian nursing standards. Interventions include management of hallucinations SPI-SP4, through therapeutic communication, distraction techniques, and structured activities. Evaluation was conducted to assess the patient's response before and after generalist therapy intervention and monitor changes in the intensity or frequency of hallucinations and improve the patient's ability to control hallucinations by showing signs of recovery. Based on the results of the implementation and evaluation of nursing for patients with sensory perception disorders, positive changes occurred after ongoing nursing interventions. Suggestion: Suggestion for further researchers is to conduct research on more than 1 patient. Education for patients with auditory hallucinations can involve regularly scheduled activity therapy from waking up to going to bed again so that patients understand the importance of controlling hallucinations in the healing process.

Keywords: cognitive behavioral therapy, sensory perception disorders, auditory hallucinations, schizophrenia

1. Introduction

Disorders are conditions that indicate an individual can develop physically, mentally, spiritually, and socially so that the individual is aware of his own abilities, can cope with stress, can work productively, and is able to contribute to his community (HIMPSI) (2023). Sensory perception disorders are changes in perception of stimuli, both internal and external. External accompanied by reduced, excessive or distorted responses, due to difficulties in adapting to social life or in dealing with life's pressures can trigger mental disorders (SDKI, 2016).

The prevalence of mental disorders in the world based on data from the World Health Organization (2022) is a schizophrenia disorder treated in psychiatric hospitals, approximately 50% with a diagnosis of schizophrenia. Schizophrenia affects approximately 24 million people or 1 in 300 people (0.32%) worldwide. Auditory hallucinations are a perceptual disorder, one of the mental disorders where a person is unable to distinguish between real life and fake life.

The impact that arises from patients with auditory hallucinations where the sufferer hears but does not have a form, the voices that appear can be unpleasant sounds, threatening to kill and destroy Asmarita and Mahendra (2023). The risk of hallucinations can cause changes in life, environmental changes, the risk of suicide, anxiety, depression and stress. (SDKI, 2017).

Mental health indicators are deteriorating. According to the Indonesian Health Survey (2023), an estimated 450 million people worldwide suffer from mental, neurological, and substance abuse disorders, accounting for 14% of the global disease burden. Approximately 154 million of these suffer from depression. Nationally, the prevalence of depression in Indonesia in 2023 was 1.4% (SKI, 2023).

is a mental disorder characterized by excessive behavioral changes. Some auditory hallucinations involve threats to kill, harm oneself, or injure others. Hallucinations are defined as disturbances in a person's sensory perception in the absence of a stimulus. One type of hallucination is auditory hallucinations (hearing voices or sounds), and they are the most common type. Hallucinations should be a focus of our collective attention. If not treated promptly, they can be fatal and endanger others (Sofiyatin, 2022).

Hallucinations is a symptom of mental disorder in the form of sensory responses, namely sight, hearing, smell, touch and taste to unreal sources. According to Mutaqin et al., (2023) despite knowing the time and place, the client has a lonely mood and unstable affect. The strategy of implementing scheduled activities can increase the client's awareness of the signs and symptoms experienced and the client is able to distinguish hallucinations from the real world, and is able to control hallucinations when they appear in line with Wutthanon's research (2024). The strategy of implementing hallucinations to control hallucinations so that they do not recur includes activities to recognize hallucinations and reprimand them, take medication, have conversations, and scheduled activities (Bayu and Fatimah, 2023).

Based on this, it is hoped that it can be a reference in understanding the application of nursing theory in clinical practice, as well as improving the competence of nursing students in handling patients with mental disorders professionally regarding "Nursing Care for Patients with Sensory Perception Disorders: Auditory Hallucinations in the Sembodro Room, Grhasia Mental Hospital".

2. Method

The method used is a case study approach conducted holistically on patients at Grhasia Wisma Sembodro Mental Hospital through a comprehensive assessment, determination of nursing diagnoses, intervention planning, evaluation and discharge planning according to Indonesian nursing standards. Interventions include management of hallucinations SP1-SP4, through therapeutic communication, distraction techniques, and structured activities. The diagnosis established in psychiatric nursing care for patients is sensory perception disorders with auditory hallucinations. Evaluation is carried out to assess the patient's response to interventions before and after being given and to monitor changes in the intensity or frequency of hallucinations, discharge planning and provide information regarding signs indicating recovery. The instruments used are the assessment format and daily activity schedule (JKH). The population is 1 patient with the criteria of the patient willing to be a subject, the patient is cooperative, willing to participate in activities and the patient has no physical limitations. A thorough physical examination is carried out on the patient from head to toe, and observations are made by directly observing the patient's behavior. Nursing care is carried out for 4 days on the 24th - 27th February 2025 in the Sembodro room (special inpatient room for women) at Grhasia Mental Hospital. with the same diagnosis (drug withdrawal) in 2005 and 2019. Previous treatment was unsuccessful due to the patient's non-adherence to regular medication, resulting in frequent hallucinations. The patient was also unable to take action to confront his hallucinations. He repeatedly returned to Grhasia Mental Hospital because he felt neglected and ostracized by his family. Consequently, he failed to comply with his treatment, including taking his medication regularly, which led to recurrence of his hallucinations.

The intervention was carried out in the Sembodro room of Grhasia Mental Hospital Yogyakarta with an implementation time of 4 days for 25 minutes each meeting. Patients were advised to do SP1-SP4 starting with distraction therapy, namely teaching the 1st method by rebuking, namely by covering their ears with both hands and closing their eyes and saying "go away, that voice is fake, I don't hear it", then teaching the 2nd method, namely talking to someone they trust when hallucinations appear, then recommending entering it into the JKH (daily activity schedule). The next intervention carried out was to evaluate the JKH (daily activity schedule) whether the patient carried out the exercises that had been taught to control hallucinations, method 1 by scolding and method 2 which was talking to a trusted person when hallucinations appeared, after evaluating the JKH, continued teaching how to control

hallucinations, method 3 by doing activities that were enjoyed: cleaning the bed, sweeping, and dressing up and method 4 by complying with taking medication (o lanzapine 10 mg, Trihexpenydil 2 mg, Clozapine 100 mg ½, Lorazepam 0.5 mg, and Frimania 200 mg) and writing On the JKH (daily activity schedule) sheet, patients are encouraged to frequently practice the activities taught and motivate themselves to engage in positive actions/behaviors, such as following scheduled activities, to reduce recurrence of hallucinations.

3. Results and Discussion

3.1. Result

Distribution of Demographic Characteristics of Respondents in patients with auditory hallucinations, namely:

Table 1 Distribution of Respondent Characteristics

Characteristics Respondents	
Name	Mrs. S
Age	55 Years
Gender	Woman
Address	Gowasari Hamlet, Pajangan, Bantul
last education	Junior high school
Starting to get sick	History of mental disorders 2005, 2019, 2025
How many times hospitalized	3x at Grhasia Mental Hospital
Causes of relapse	Causes of relapse

Based on Table 1, it can be seen that the patient with the initials Mrs. S is 55 years old, female, domiciled in the Special Region of Yogyakarta, with the last education of junior high school or equivalent, the client started to get sick with the same complaints in 2005 to 2025, the cause was the patient stopped taking medication.

Distribution of Predisposing (Supporting) and Precipitating (Triggering) Factors in patients with auditory hallucinations, namely:

Table 2 Distribution of Predisposing (Supporting) and Precipitating (Triggering) Factors

Predisposing Factors		Precipitation Factor	
Neurobiology	- The patient first experienced mental disorders in 2005 and recovered, then relapsed in 2019,	Nature	Biological : Withdrawal
	- Patients treated at the Grahasia Mental Hospital in 2025		Psychological : feeling himself dirty and rotten
Psychology	- The patient's communication ability is slightly hampered because the patient has short-term memory loss.	Origin	Social: from medication
	- The patient lives with her new husband and four stepchildren.		Internal
Sociocultural	- Patient education: High school or equivalent	Timing	6 month

Based on Table 2, it is known that the predisposing and precipitating factors in patients who experience relapse of hallucinations are drug withdrawal. Frequency Distribution of Respondents Based on Signs and Symptoms in hallucinatory patients is:

Table 3 Frequency Distribution of Respondents Based on Signs and Symptoms of Hallucinations

No	Signs and symptoms	Pre	Post			
			1	2	3	4
1.	Hearing whispers/seeing shadows	✓	✓	✓	✓	✓

No	Signs and symptoms	Pre	Post			
			1	2	3	4
2.	Feeling something through the sense of taste	✓	✓	✓	-	-
3.	Inappropriate response	-	-	-	-	-
4.	Act as if you hear, taste and smell something	✓	-	-	-	-
	Poor concentration					
5.	Disorientation of time, place, person or situation	✓	✓	✓	✓	✓
6.	Suspect	✓	✓	✓	✓	✓
7.	Looking in one direction	✓	✓	✓	✓	-
8.	Back and forth	-	-	-	-	-
9.	Talk to yourself	✓	✓	✓	✓	-
10	Amount	✓	✓	✓	✓	✓
		8	7	7	6	4

Table 3 shows a decrease in signs and symptoms in subjects before and after the intervention. Furthermore, signs and symptoms that persisted after the intervention included hearing whispers, poor concentration (disorientation to time, place, person, or situation), and talking to oneself. Distribution of the ability to rebuke before and after therapy was carried out on hallucinogenic patients is:

Table 4 Distribution of rebuke ability before and after therapy

No	Rated aspect	Pre	Post			
			1	2	3	4
1.	Mention the methods that have been used to overcome hallucinations.	-	✓	✓	✓	✓
2.	Mentioning how to overcome hallucinations by scolding. Method: cover both ears with both hands and close your eyes then say "go away, that voice is fake, I don't want to hear it . "	-	-	✓	✓	✓
3.	Practice how to rebuke hallucinations "go away, that voice is fake, I don't want to hear it" .	-	-	-	-	✓
	Amount	0	1	2	2	3

Based on Table 4, it can be seen that after the intervention there was an increase from before and after the intervention, the increase after the intervention was Mentioning the methods that have been used to overcome hallucinations, mentioning how to overcome hallucinations by scolding. Method: cover both ears with both hands and close your eyes then say "go away, that voice is fake, I don't want to hear", Practicing how to scold hallucinations "go away, that voice is fake, I don't want to hear". Distribution of the ability to converse with other people before and after therapy in hallucinatory patients is:

Table 5. Distribution of ability to converse with other people before and after therapy

No	Rated aspect	Pre	Post			
			1	2	3	4
1.	Choose another person to talk to	-	✓	✓	✓	✓
2.	Practicing how to have a conversation: "I heard a whisper, please talk to me . "	-	-	-	✓	✓
	Amount	0	1	1	2	2

Based on Table 5, it is known that there was an increase before and after therapy, an increase after the intervention, namely choosing another person to talk to, practicing how to have a conversation. Method: "I hear a whisper, please talk to me". Distribution of the ability to carry out preferred activities before and after therapy in hallucinogenic patients is:

Table 6 Distribution of the ability to perform preferred activities before and after therapy

No	Rated aspect	Pre	Post			
			1	2	3	4
1.	Ask if there are any activities you like	✓	✓	✓	✓	✓
2.	Determine preferred and chosen activities: sweeping Practice the selected activities	-	✓	✓	✓	✓
	Amount	-	-	-	✓	✓
		0	2	2	3	3

Based on Table 6, it is known that there was an increase before and after therapy, an increase after the intervention, namely asking whether there were any activities that were liked, determining the activities that were liked and chosen: sweeping, and practicing the activities that had been chosen.

Distribution of the ability to comply with taking medication before and after therapy in hallucinating patients is:

Table 7 Distribution of the ability to comply with taking medication before and after therapy

No	Rated aspect	Pre	Post			
			1	2	3	4
1.	Drug names (Olanzapine 10 mg, Trihexpenydil 2 mg, Clozapine 100 mg 1/2, Lorazepam 0.5 mg, and Frimania 200 mg)	-	-	-	✓	✓
2.	Medication time	✓	✓	✓	✓	✓
	Amount	0	2	2	3	3

Table 7 shows the ability to comply with medication before and after the intervention. Improvements after the intervention include the name of the medication and the type of medication.

3.2. Discussion

3.2.1. Signs and Symptoms of Sensory Perception Disorders Auditory Hallucinations

The signs of hallucination symptoms in table 3 showed a decrease in controlling hallucinations. Patients with the main symptom of auditory hallucinations in the form of whispers or see a shadow or the object of the sound source, the sound disappears and appears and acts as if hearing in line with research by Daniati et al., (2024) the results after the intervention showed a decrease in signs of symptoms but there were still signs that appeared such as feeling something through the sense of smell or taste.

Other symptoms that still appear after the intervention are that the patient appears slightly aggressive, is unstable in speaking and cannot focus, likes to dance, talks continuously, is overly happy, always tastes bitter when eating, and is disoriented in time and place in line with research by Hirata et al., (2025). Research from Asmarita and Mahendra (2023)

After the intervention, there was also a decrease in signs of hallucination symptoms. Patients were able to evaluate positive aspects of themselves and were able to express feelings and remember positive activities that they could do so they could control hallucinations and be more confident. In addition, involving patients in determining the diagnosis and treatment process also plays a role in increasing patient understanding of their condition in line with research by Otte et al., (2025) strengthening healing motivation, and supporting the recovery of self-esteem and social function in a

sustainable manner by Arifin and Zaini (2023). The symptoms that still emerged in this study were hearing whispers, poor concentration, disorientation of time, place, person or situation, and talking to oneself.

3.2.2. Ability to Rebuke

Hallucinations experienced such as talking to oneself, as if someone is talking to one another, getting angry, daydreaming, laughing to oneself, and screaming, which can have a negative effect on the patient. The tendency to repeat behavior repeatedly can lead to habits, which have a negative impact on life. Researchers observed that patients in the severe category experienced auditory hallucinations very frequently, or more than five times a day. After receiving reprimanding therapy, the patients' abilities improved, which is in line with research (Indrawan and Sundari, 2024).

A 55-year-old woman who was treated in the maintenance ward at Ghrasia Mental Hospital with a medical diagnosis of F20.3 (Undifferentiated Schizophrenia) experienced hallucinations showing symptoms such as talking or laughing to herself, getting angry without a clear trigger, and sometimes covering her ears while hitting her head. Sometimes she was also seen looking to the right or left as if she was seeing something that was not visible to others. In addition, they often reported hearing unclear voices, with conversations that were difficult to understand, such as the voice of an angry person, or seeing shadows that were not visible to others, this is in accordance with the research of Waruwahang and Dasaryandi (2023). Hallucinations that appear in patients often include talking to themselves, laughing to themselves and getting angry (Oktaviani et al., 2022).

This also has an impact on oneself themselves and their surroundings, but there are also those who can control their own hallucinations. Clients provide perceptions or opinions about the environment without any real objects or stimuli according to Asmarita and Mahendra (2023). Another goal of treatment for hallucination sufferers is to help patients recognize hallucinations, including content, time, frequency, triggering situations, and patient reactions when hallucinations occur and after interventions such as rebuking hallucinations or talking to hallucinations, and encouraging patients to follow the treatment program optimally so that patients are able to control hallucinations. This is in line with research (Widiawati et al., 2024).

3.2.3. Ability to converse with others

Interventions involving conversations with others resulted in improved outcomes after the intervention. This research is also in line with research conducted by Wiliyanto and Puspasari (2025). shows the same thing where the majority of patients who experience hallucinations share stories with their friends and do many other positive activities.

Meanwhile, based on research by Tian and Wang (2025), which states that hallucinations that are too frequent can cause various negative impacts, both psychologically and physically. By having these conversations, the patient is able to reduce the signs and symptoms of hallucinations slowly, where the patient is able to choose other people to talk to, identify hallucinations, how long and when the hallucinations occur in line with research (Tondani and Rahmawati, 2025).

3.2.4. Ability to perform scheduled activities

Nursing interventions to perform preferred activities when the sound occurs patients can control hallucinations in line with research results Sulistiowati and Cendani (2025) reported that by carrying out activities that they liked, there was an increase after the intervention, according to research. Andri et al., (2019) patients were given the opportunity to discuss their needs and abilities, and were introduced to diversional activities such as monitoring the content of hallucinations, carrying out real and structured activities which were proven to reduce and control hallucinations in the manner taught.

Patient The patient appeared cooperative and could understand the nurse's explanation well and could apply methods of controlling hallucinations to daily activities when symptoms recurred.

Asmarita's (2023) study provided a good implementation of effective intervention results, where the patient's results were able to carry out actions well and aware of the mental disorder they are experiencing. The results of another study by Wulandari et al., (2025) shows that patients are able to apply ways to control hallucinations in their daily activities when symptoms reappear, leisure activity therapy with activities they enjoy is very effective in reducing symptoms in hallucinations in patients with auditory hallucinations because this activity can provide a sense of happiness so that patients can divert their negative thoughts. For this reason, patients who experience hallucinations can be helped to overcome their hallucinations by regularly engaging in activities from waking up in the morning until going to bed at night, seven days a week. such as making the bed, exercising indoors, dressing up, cleaning up leftover food, and practicing sweeping. in line with research (Gandi and Ita, 2025).

3.2.5. Ability to comply with medication

Controlling hallucinations also requires adherence to regular medication to prevent the potential for recurrence of hallucinations in patients. The intervention strategy obtained is that patients are able to understand well how to control hallucinations in line with Sagala's research (2023). shows that patients relapse but their compliance is considered compliant and good because it could be from other factors such as lack of family support, environmental support. According to research by Bertiana et al., (2023) found that good family support reduces relapse in people with mental disorders. Ideally, the risk of relapse is greater when family support is weak. Another study by Hasanah et al., (2024) patient compliance in taking medication can also be due to several factors, namely, because the house is too far away, some still think that they are very healthy so they no longer need to take medication or they cannot tolerate the side effects of the drug.

This study aims to describe regarding the management of patients with sensory perception disorders: auditory hallucinations through the application of implementation strategies Understanding of medication in patients with hallucinations. Medication is very important for mental patients, as evidenced by the requirement to go home when the patient understands 6 correct medication instructions, in line with research by Wulansari (2024). Patient evaluation results indicate that it is more comfortable to convey complaints in writing than verbally, and taking medication regularly is a way for patients to recover quickly, in line with research (Caron and Markusen, 2016).

3.2.6. Limitations

A limitation of this study lies in its application to only one patient. Furthermore, the very short timeframe prevented the researchers from optimally developing a trusting relationship (BHSP), thus preventing sufficient time for a more in-depth study of the problems experienced by the hallucinating patient.

4. Conclusion

This case report presents an overview of the treatment of a patient with sensory perception disorders in the form of auditory hallucinations at Wisma Sembodro, Grhasia Mental Hospital, Yogyakarta. The treatment demonstrated signs and symptoms before and after the intervention. Following the intervention, the patient experienced positive progress, with hallucinations under control, reduced hearing of whispers, improved medication adherence, and increased adherence to medication. carry out scheduled activity therapy after being taught how to control and manage hallucinations and being able to have a positive impact on improving the patient's condition after carrying out the therapy that has been taught.

Suggestion

Suggestions for further research include the importance of exploring the effectiveness of nursing interventions in greater depth, including conducting research on more than one patient with

hallucinations, including a long-term approach as part of the patient's recovery process. Education for patients with auditory hallucinations can include regularly scheduled activity therapy from waking up until bedtime to help patients understand the importance of controlling hallucinations in the recovery process.

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