

## A THOUGHT STOPPING IMPLEMENTED TO DECREASE AUDITORY HALLUCINATIONS IN NURSING CARE APPROACH AT RAWASARI PUBLIC HEALTH CENTER

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### ABSTRACT

**Background:** The schizophrenia prevalence was dramatically increase every year including auditory hallucination. The schizophrenia rate was 2.1 million people and increased in 2018 to 2.3 million people out of a total world population of 7.5 billion. It is estimated that more than 90% of schizophrenic of hearing hallucinations patients living with community. Halucinations patients had often experience that they could feel but cannot be felt by other people. This study aimed to identify a tough stopping hallucinations implementation among hearing hallucinations in nursing care approach.

**Methods:** This case study used a descriptive case study with nursing care approach, where the subject of the case study was carried out on 2 patients with auditory hallucinations on June 12th until June 14th 2024. Data collection was carried out using interview methods, filling out questionnaires and observation. The implementation results for 3 days among patients showed that there was a change in the level of hallucinations using Auditory Hallucination Rating Scale (AHRs) questionnaire, although it was not significant.

**Results:** Subjects had lower level of auditory hallucination by controlling voice resources from environments and managing of auditory halucination behavior.

**Conclusion:** Further investigation is needed health workers, especially nurses at Community Health Centers can frequently providing nursing care role in health education among families and patients with hallucinations on a regular basis by approaching a thought stopping therapy .

**Keywords:** Auditory; Hallucinations; Thought Stopping; Therapy

### INTRODUCTION

The prevalence of schizophrenia increases every year. The recorded schizophrenia rate was 2.1 million people and increased in 2018 to 2.3 million people out of a total world population of 7.5 billion (WHO 2018). Indonesia also experiences an increase in the number of schizophrenia reported by around 1-2% every year (Ministry of Health Rim 2020).

The prevalence of schizophrenia cases in Indonesia in 2019 for Southeast Asia is in first place, followed by Vietnam, the Philippines, Thailand, Myanmar, Malaysia, Cambodia and finally East Leste. Epidemiological studies in 2018 stated that the prevalence rate of

schizophrenia in Indonesia was 3% to 11%, a 10-fold increase compared to data in 2013 with a prevalence rate of 0.3% to 1%, usually appearing at the age of 18-45 years (Ministry of Health, 2019). Cases of mental disorders in Indonesia based on the results of Basic Health Research (Riskesdas) in 2018 have increased. This increase can be seen from the increase in the prevalence of households with ODGJ in Indonesia. There was an increase in the number to 7 per mil of households. This means that per 1000 households there are 7 households with ODGJ, so the number is estimated to be around 450 thousand severely ODGJ (Indrayani and Wahyudi, 2019).

Schizophrenia has 2 symptoms, namely positive symptoms and negative symptoms. Positive (real) symptoms are social isolation,

hallucinations, delusions, risk of violent behavior. Negative symptoms (behavioral deficits) include dull and flat affect, withdrawal from society, no eye contact, inability to express feelings, inability to relate to other people, no spontaneity in conversation, decreased motivation and lack of energy for activities (Hawari, 2014).

Hallucinations are a loss of human ability to differentiate between internal stimuli (thoughts) and external stimuli (outside world) Direja, 2011 in Rustika, 2020). Patients with hallucinations often experience conditions/conditions that only they can feel but cannot be felt by other people. It is estimated that more than 90% of schizophrenic subjects experience hallucinations. The most common hallucinations suffered are auditory hallucinations reaching approximately 70%, while visual hallucinations occupy the second place with an average of 20%. Meanwhile, other types of hallucinations, namely verbal, olfactory, tactile, kinesthetic and cenesthetic hallucinations, only cover 10%. Although the forms of hallucinations vary, the majority of schizophrenia patients experience auditory hallucinations (Agustya, 2022)

Auditory hallucinations are part of positive symptoms, describing the subject's condition of experiencing errors in perceiving external stimuli related to the sense of hearing. This condition is caused by many factors, including anxiety and depression. Usually fear of not being accepted in a certain environment and traumatic experiences. The symptoms of anxiety alone, whether severe or moderate, constitute a psychiatric disorder (Elyani, 2021).

A person who experiences auditory hallucinations given harm themselves, others and the environment. Apart from that, hallucinations will affect functions, causing problems in biological, social and spiritual aspects. The seriousness of the problem is caused by the content of the auditory hallucinations experienced which sometimes

give orders to commit violence against other people, even attempting suicide (Suryani, 2023).

Management of auditory hallucinations is pharmacological and non-pharmacological approaches. Pharmacological therapy for hallucinating subjects consists of using chemical drugs whose aim is to quickly control the symptoms of psychosis because it involves the work of neurotransmitters in the brain. Long-term use of medication can have side effects that cause schizophrenia sufferers to become reluctant to take medication. Side effects include: stiffness of the tongue, decreased motivation, discomfort in the body, hypersaliva and Parkinson's symptoms. Non-pharmacological therapy in the form of therapeutic modalities. Modality therapy is the main therapy in mental nursing because it aims to develop style or personality patterns gradually (Yosep, 2018).

One of non pharmacology therapy among auditory is recommended to investigate an overcome hallucinations by providing a thought stopping therapy. Thought stopping is a technique used to heal self-destructive negative thoughts by saying "STOP" and replacing negative thoughts with positive thoughts. The basis of this technique is to consciously command yourself, "stop!", when experiencing repeated negative thoughts, don't essential and distorted. Then replace these negative thoughts with other thoughts that are more positive and realistic. In this research, difficulties often occurred, because subjects had difficulty concentrating on this therapy activity (Bayu, 2018).

In carrying out *thought stopping therapy* on hallucinating subjects, nurses carry out the role of providing nursing care by providing *thought stopping therapy* to hallucinating subjects in a comprehensive manner starting from assessment, diagnosis, intervention, implementation and evaluation. Nurses also play a role as educators or educators, in this case, nurses help increase patient knowledge. The nurse's role as a researcher is to collect

data about the problem of auditory hallucinations and analyze the data according to what is obtained so as to plan a solution or intervention by carrying out *thought stopping therapy* on subjects with auditory hallucinations. It is hoped that the success of nurses in carrying out their role can help subjects overcome auditory hallucinations, after being given nursing care (Astuti, 2017).

## METHODS

This case study aimed to determine nursing care for subjects with auditory hallucinations by providing thought stopping therapy in the Rawasari Public Health Center, where the subject was carried out among 2 patients who diagnosed auditory hallucinations by physician. This study held on June 12<sup>th</sup> until June 14<sup>th</sup> 2024. The case study implemented thought stopping therapy among auditory hallucinations by providing nursing care.

The auditory hallucination content of first subject who aged 36 years experienced that subject heard a voice to ask him to leave and annoyed him, sometimes causing him to damage things in the house. The subject also wanted to commit suicide because a voice invited him to come with it. The subject often became angry, talking to himself. Voice was appearing every time and continuous at least one hour, sound originates in or near the ear and outside the head far from the ear, sound heard loud loudness and concentration is disturbed.

During the assessment, the second subject who aged 37 years heard whisper that threatened to hurt him if he didn't hit someone. whispering voices threatening to hurt him if he didn't hit someone else, the frequency was more than 2 minutes at

5-8 times a day, the sound most often appeared at night. the trigger factor when the subject is daydreaming. The subject's response when listening sounds is screaming, raging, and appearing during whispers. the subject was investigated a daydreaming, talking to himself, looking in only one direction, pacing back and forth.

In this research, a nursing plan was prepared to overcome the problem of sensory perception disorders in subjects experiencing schizophrenia. The nursing planning implied hallucinations management including behavior monitoring, assessing of hallucinations level using the AHRS questionnaire, discussing feelings and responses to hallucinations, recommending sensitive monitoring of situations where hallucinations occur. *Thought stopping* therapy observed the ability to control hallucinations using a questionnaire sheet, teaching how to stop thoughts using *thought stopping actions*. After nursing care is carried out 3 meetings a week, the subject joined 20-30 minutes each meeting.

Data collection was carried out using interview methods, filling in questionnaires and observation research at subject's home. In this study, patients and family agreed to participate by signing informed consent sheet.

## RESULTS AND DISCUSSION

The results showed that bothb of subjects has sensory perception disorders reketed auditory hallucinations.

**Table 1.** Evaluation of the level of hallucinations with AHRS

Subject	Meeting	AHRS Score
1	Day 1	25
	Day 3	21
2	Day 1	26
	Day 3	22

Based on Table 1 showed that both subjects experienced decrease hallucination in 4 of AHRS scores after the third day of tough stopping therapy intervention was given.

Meanwhile, Mr. On the first day of MI, the score for the level of hallucinations using AHRS was 26, at the second meeting only *thought stopping therapy* was given but no measurement of the level of hallucinations was carried out. At the third meeting, *thought stopping* therapy was implemented, the level of hallucinations in subjects using AHRS was 22, meaning there was a change in the hallucination score or a decrease in the level of hallucinations.

The results of this study case were in line with research conducted by Mister, et al. (2022) investigated Auditory Hallucinations in Schizophrenia Subjects was occurs people aged 30-40 years old in Indonesian community. The data investigated that subject was taken mental hospitalization because of talking byself often shouted. Both subjects also revealed that there were whispers that invited the subject to join.

In accordance with the Indonesian Nursing Diagnosis Standards, the subject condition assessment related to major symptoms or signs has led to sensory perception disorders. Hearing whispers which are proven by voices whispers and appearing to act like he heard the whispers. Minor data found were the subject appeared to be daydreaming, talking to himself, the subject appeared to be looking in only one direction, the subject appeared to be pacing back and forth, the subject's concentration appeared poor (PPNI, 2016).

Hallucinations are disturbances or changes in perception where the subject perceives something that is not actually happening. An application of the five senses without any

external stimulation. An appreciation experienced by a perception through the five senses without external stimulus: false perception (Maramis, 2015).

According to the previously research when a nursing assessment was carried out, the subject said he heard whispers and the subject appeared to act as if subjects heard whispers, the subject appeared to be daydreaming, the subject appeared to be talking to himself, the subject appeared to be looking in only one direction, the subject appeared to be pacing back and forth, the subject's concentration appeared poor. When a subject experiences mental disorders, it will certainly affect the patient's thinking power. The hallucinations experienced by the subject contributed to his violent behavior. The content of hallucinations often takes the form of orders to harm oneself or others.

The results of this nursing diagnosis are in accordance with research conducted by Pratiwi & Setiawan (2018) with the title Rebuke Actions to Overcome Auditory Hallucinations in Schizophrenic Subjects in Mental Hospitals using interview and direct observation methods, it was found that it started from social isolation which was not immediately treated, the consequences that resulted can take the form of changes in sensory perception.

In accordance with the theory in the Indonesian Nursing Diagnosis Standards, hearing loss is one of eight factors that cause sensory perception disorders (PPNI, 2016). Social isolation is one of the impacts of hearing loss experienced by schizophrenic subjects. The social isolation experienced by subjects is that subjects withdraw and do not socialize with their environment.

According to the researcher's opinion, according to the theory, the cause of sensory perception disorders is indeed social isolation as one of the symptoms of psychological disorders in schizophrenia. Social isolation is a negative symptom used by subjects to avoid other people so that unpleasant experiences in

dealing with other people do not happen again

After holding three tough stopping implementation meetings for both subjects, it was found that there was a reduction in hallucinatory symptoms and the subjects seemed relaxed when doing this therapy. The subject is able to control the whispering voice that appears by stopping thinking about it and replacing it with a pleasant past experience.

These nursing care implementation included monitoring behavior that identifies hallucinations, monitoring the content of hallucinations (eg violence or self-harm), taking safety measures when you cannot control them, discussing feelings and responses to hallucinations, recommending self-monitoring of situations where hallucinations occur, recommending talking to people you trust to provide support and corrective feedback on hallucinations, teach subjects and families how to control hallucinations (PPNI, 2018).

The results of the identification of theoretical analysis and related journals can be concluded that the management of hallucinations with the actions contained therein is one of the main interventions used in overcoming the nursing problem of sensory perception disorders in schizophrenic subjects. Subject implied negative thoughts, after those thoughts appear, then say Stop, immediately replace positive or pleasant thoughts

According to the researcher's opinion, according to the theory of hallucination management, it is very appropriate to be the main intervention that can be given to control the patient's hallucinations. Subjects with sensory perception disorders are subjects who experience changes in perception where the subject perceives something that is not actually happening, so hallucination management is needed to control the patient's hallucinations.

The results of the implementation are in accordance with similar research conducted

by Wati (2023) regarding the effect of thought stopping therapy on the ability to control hallucinations in schizophrenia subjects in the Kumun Community Health Center working area, Sungai Banyak, that *general* hallucination therapy is a form of therapy carried out individually by nurses. to subjects face to face (nurse-patient) in a structured manner and for a certain time duration according to the goals to be achieved. Discussing the content of the hallucinations (what was heard, seen), when the hallucinations occurred, the frequency and situation that caused the hallucinations and the subject's response at that time, training to control the hallucinations using drugs to rebuke the hallucinations, conversing with other people and carrying out scheduled activities. The application of *general therapy* in controlling hallucinations will affect the subject's cognitive and psychomotor abilities, so that hallucinating subjects will experience a decrease in the intensity of the signs and symptoms of hallucinations that appear.

The results of the identification of theoretical analysis and related journals can be concluded that implementation is based on a hallucination management nursing plan in collaboration with thought stopping therapy interventions. *Thought stopping* is a technique used to heal self-destructive negative thoughts by saying "STOP" and replacing negative thoughts with positive thoughts. The basis of this technique is to consciously command yourself, "stop!", when experiencing repeated negative thoughts, don't essential and distorted. Then replace these negative thoughts with other thoughts that are more positive and realistic.

The subject appears to be able to follow directions and is cooperative so he is able to control his hallucinations. According to researchers, nursing implementation carried out in accordance with the nursing plan will certainly provide good results in resolving the problems faced by patients, this is in

accordance with the Indonesian Nursing Intervention Standards.

## CONCLUSION

The thought stopping therapy was effectively to decrease hallucinations level among auditory hallucination.

## CONFLICT OF INTEREST

This study was declared without conflict of interest.

## REFERENCES

- Arikunto. (2015). *Research Procedures: a practical approach*. Jakarta: Rineka Cipta
- Daryanto & Agus Dwi Paranata, et. all. (2023). *Mental Nursing*. Surabaya. Literacy Library
- Anggraini, K., & Nugroho, A. (2023). The effect of scolding on reducing the level of auditory hallucinations in schizophrenic patients at RSJD DR. Aminogondohutomo Semarang. *Scientific Work S. 1 Nursing Science*. Online: <http://ejournal.stikestelogorejo.ac.id/index.php/ilmukewarni/article/view/176>
- Astuti, et al. (2017). The Relationship Between Medication Adherence and Relapse Periods in Schizophrenia Patients: Hallucinations in a Mental Hospital Prof. Dr. Soeroyo Magelang. Vol. 6, no. October 2. Online: <https://Jurnal.Stikescendekiautamakudus.Ac.Id/Index.Php/Stikes/Article/View/193/145>
- Azizah. (2023). Application of Therapeutic Communication to Hallucination Patients at Tampan Mental Hospital, Riau Province. Vol. 6 No. 2. Online: 473-
- Article Text-1009-1-10-20180609 (2)
- Bayu, et al. (2018). Description of the Ability to Control Hallucinations of Schizophrenic Subjects in the Inpatient Room of the Regional Mental Hospital of Jambi Province. *Health Information Research*. Vol. 7.No. 1.
- Budi, N. (2020). Comparison of the effect of using individual therapy, group and combination activity therapy on the ability to control hallucinations in schizophrenic patients at RSJ Prof Dr Soeroyo Magelang. Online: <https://digilib.uns.ac.id/document/detail/12799/Perbandingan-influenced-cepat-cepat-individu-cepat-cepat-nomor-danbisnis-terhadap-besar-mengontrol-hallucinations-pada-schizophrenia-patients-di-RSJ-Prof-Dr-Soeroyo-Magelang>
- Dahrianis, R & Muhammad. (2023). The relationship between family involvement and the subject's ability to control hallucinations in the Samata Community Health Center working area, Gowa Regency. *Diagnostic Health Scientific Journal*. Vol.3, No.3. online: <http://ejournal.stikesnh.ac.id/index.php/jikd/article/view/252> (accessed 30 September 2019, 7:12:48 PM)
- Indonesian Ministry of Health. (2020). *Basic Health Research 2019*. Jakarta: Republic of Indonesia Health Research and Development Agency.
- PPNI (2016) *Indonesian Nursing Diagnosis Standards: Definition and Diagnostic Indicators*. 1st ed. Jakarta: DPP PPNI
- PPNI (2018) *Indonesian Nursing Intervention Standards: Nursing Definitions and Actions*. 1st ed. Jakarta: DPP PPNI.

- PPNI (2018) Indonesian Nursing Outcome Standards. 1st edn. Edited by the SLKI DPP PPNI Working Group Team. South Jakarta: DPP PPNI
- Pratiwi, A., & Rahmawati Arni. (2022). Case Study of the Application of Dhikr Therapy in Patients with Sensory Perception Disorders (Auditory Hallucinations) in the Arjuna Room at Banyumas Regional Hospital. *Journal of Social Sciences*, 1(6).
- Eliani. (2021). The Effect of Individual Therapy on the Frequency of Hallucinations. online: <http://www.google.com> Direja, AHA (2011). *Mental Nursing Care*. Nuha Medika: Yogyakarta
- Sugiyono. (2017). Educational research methods:(quantitative, qualitative and R&D approaches). In Bandung: Alfabeta
- Yosep, HI, and Sutini, T. (2018). Textbook of Mental Nursing and Advance Mental Health Nursing. *Ejournal of Nursing*, 4(2).