

Application of Occupational Therapy (Bead Weaving) in Patients with Auditory Hallucinations in the Larasati Ward of Dr. Arif Zainuddin Surakarta Psychiatric Hospital

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Abstract

Mental health is a state of well-being that encompasses physical, psychological, and social aspects, and is not merely the absence of illness or disability. Mental disorders are serious mental health problems that can interfere with an individual's cognitive, affective, and social functioning. As a result, a person experiences difficulties in carrying out daily activities. One of the most common mental disorders is schizophrenia. Schizophrenia is a serious, chronic, and debilitating mental illness characterized by disorganized thinking, delusions, hallucinations, and strange or catatonic behavior. Auditory hallucinations are a stimulus disorder in which patients hear voices, especially human voices. Usually, patients hear people talking about what they are thinking and ordering them to do something. The purpose of this final nursing research paper is to overcome hallucination symptoms by applying occupational therapy (beading). The method used in this final nursing project is a descriptive case study explaining the nursing care provided over 5 days, including assessment, intervention by applying strategies such as scolding, controlling hallucinations, performing scheduled activities, and occupational therapy (bead stringing). From the evaluation results, the patient was able to recognize hallucinations, control hallucinations well, and reduce the frequency of hallucinations. The benefits for health services are to provide additional information on nursing services, improve service quality, and provide comprehensive nursing care for patients with mental disorders who experience auditory hallucinations. For the development of nursing science, it is hoped that this will enhance nurses' ability to provide nursing care and serve as an evaluation tool for nurses in delivering mental health nursing services.

Keywords: mental health nursing care, auditory hallucinations, occupational therapy (stringing beads)

INTRODUCTION

Mental health is a state that allows a person to develop physically, intellectually, and emotionally in an optimal manner and be able to interact well (Lestarina, 2021). In general, mental health can be categorized into several conditions, namely healthy conditions, anxiety disorders, stress, and depression (Zulfa et al., 2021).

Mental disorders are serious mental health problems that can interfere with an individual's cognitive, affective, and social functioning. As a result, a person experiences difficulties in carrying out daily activities (Syahputra et al., 2021).

According to the *World Health Organization* (2022), there are 300 million people worldwide who suffer from mental disorders such as depression, bipolar disorder, and dementia, with 24 million of them suffering from schizophrenia. The prevalence in Indonesia is around 450,000 people (Indonesian Ministry of Health, 2018). The prevalence of mental disorders in Central Java reaches 84,090 people, with Brebes Regency recording the highest number at 5,004 and Magelang Regency the lowest with 305 cases (Central Java Provincial Health Office, 2023). The 2023 Surakarta City Health Profile data shows a prevalence of 997 cases of schizophrenia. Based on the author's observations, medical records from Dr. Arif Zainuddin Surakarta Mental Hospital from November 2024 to January 2025 show that there were 970 patients with hallucinations. The number of patients with various conditions was 283 with violent behavior, 80 with social isolation, 155 with suicide risk, and 19 experiencing delusions (Dr. Arif Zainuddin Surakarta Mental Hospital, 2024).

Hallucinations are sensory perceptions that are not real and have no connection to actual external stimuli, and can involve one of the five senses (Mega et al., 2021). Symptoms that appear

in patients with hallucinations include talking or laughing to themselves, getting angry for no reason, turning their face towards their ears as if hearing a voice, covering their ears, pointing in a certain direction, feeling afraid of something unclear, smelling a certain aroma, covering their nose, frequent spitting and vomiting, and scratching their skin (Kamariyah & Yuliana, 2021). The most common type of hallucination is auditory hallucination (*hearing voices or sounds*), where individuals hear voices or sounds (Oktaviani et al., 2022).

Auditory hallucinations are sounds that come from within or outside a person; the sounds heard can be familiar, and both single and multiple voices can be considered factors that influence a person's behavior (Mutaqin et al., 2023). One non-pharmacological therapy that can be given to patients with mental disorders is occupational therapy (beading). Occupational therapy is a combination of skills and art in guiding individuals to carry out predetermined tasks. This approach focuses on identifying a person's abilities, maintaining and improving skills with the aim that individuals can be independent and not dependent on the help of others (Anggara et al., 2024). Bead stringing occupational therapy is a therapy aimed at improving focus in individuals experiencing a blank stare and filling their free time to neutralize hallucination symptoms (Wahyudi et al., 2020).

METHOD

This case study uses a descriptive method to describe the phenomenon of mental disorders with auditory hallucinations. The intervention was implemented in the Larasati Room at Dr. Arif Zainuddin Surakarta Mental Hospital for 5 days with 1 meeting lasting 45 minutes during scheduled free time from February 5 to February 10, 2025. This case study uses a nursing process approach on one patient with auditory hallucinations. The nursing process carried out to collect data includes assessment, nursing diagnosis, nursing intervention, nursing implementation, and nursing evaluation. The assessment methods used are interviews and observations to build mutual trust. The author provided nursing interventions by applying SP 1-4 to control the hallucinations, followed by occupational therapy (bead stringing) in accordance with standard operating procedures (SOP), which was then evaluated using an observation sheet to monitor the level of hallucinations.

RESULTS AND DISCUSSION

The assessment was conducted on February 5, 2025, in the Larasati Room at Dr. Arif Zainuddin Surakarta Mental Hospital. The patient data obtained was Mrs. S, 49 years old, female, married, residing in Ngawi. The results of the vital signs examination were blood pressure 100/79 mmHg, pulse: 82 x/minute, temperature: 36.6°C, RR: 20 x/minute, height: 155 cm, and weight: 53 kg. During the physical examination, the patient complained of itching in the stomach area. The patient was admitted to the hospital on January 31, 2025, with a medical diagnosis of unspecified schizophrenia. Unspecified schizophrenia is a type of schizophrenia where the symptoms that appear are difficult to classify into a specific type of schizophrenia (Saputri et al., 2019). The patient presented with complaints such as talking to herself, appearing confused, being angry, destroying property, throwing tantrums, hitting her parents, sleeping poorly, eating irregularly, having uncontrolled emotions, and acting on her own impulses. The patient recounted an unpleasant past experience where her husband left to work elsewhere and did not return. Feeling sad, the patient went to her in-laws' house to look for her husband, where her in-laws told her that her husband had remarried. After hearing that her husband had remarried, the patient became angry and could not accept it. The patient's family said that the patient did not want to get married but was forced to do so by her parents, then her husband left her to work in Jakarta and did not return home. The patient's family said that the patient did not want to get married but was forced to do so by her parents, then her husband left her to work in Jakarta and did not return home.

The patient's family stated that this was the patient's first admission to a mental hospital. Before being taken to Dr. Arif Zainuddin Surakarta Mental Hospital, the patient had been taken to a community health center for a psychiatric examination, but the patient refused to take medication, and the family did not take the patient to the community health center for treatment again because

the distance from their home to the community health center was quite far. Family involvement in accompanying, supervising, and providing support to patients with hallucinations is very important and can help the healing and therapy process. Families should understand how to care for family members who experience hallucinations because families are the closest people to patients who can provide care (Melyza et al., 2024) .

The mental status assessment revealed that the patient appeared neat and tidy, wearing clothes properly without any reversals, clean nails, and stating that they bathed twice a day using soap. However, the patient's hair was still messy and rarely combed, and their teeth appeared unclean. When communicating, the patient's voice intonation was soft, and they often looked down. When invited to communicate for 10-15 minutes, the patient's answers were straightforward, but if the conversation lasted longer than that, the patient often repeated themselves and followed their own thoughts in the conversation. The patient appears confused, sometimes daydreaming and sometimes pacing, restless, and talking to himself. The patient's speech does not show any change in facial expression. He still likes to be alone and talk to himself because he hears whispers. When asked about his feelings today, the patient replied that he was worried because of the whispers.

The trauma assessment found that the patient experienced rejection in the community because she was prone to anger and tantrums. The genetic assessment found a family history of mental disorders, such as Mrs. S, who is the younger sister of Mrs. S's mother. Meanwhile, the assessment of unpleasant experiences experienced by the patient found that the patient was happy to live away from her husband, but when he did not come home, she felt sad and went to look for him at her in-laws' house, where her in-laws told her that her husband had remarried. After hearing that her husband had remarried, the patient became angry and could not accept it. The patient's family said that the patient did not want to get married but was forced to do so by her parents, then her husband left her to work in Jakarta and did not return home. The causes of schizophrenia include genetic factors, where individuals with a family history of schizophrenia have a higher risk of developing the condition; environmental factors, such as prenatal stress and childhood trauma, which can increase the risk of schizophrenia; and neurobiological factors, such as a decrease in dopamine energy in certain parts of the brain (.

The results of the patient's assessment show that they experience sensory perception disorders and auditory hallucinations. The patient says they hear the whispers of invisible people and appears to be talking to themselves, but when asked, they remain silent and appear confused, often pacing back and forth. The patient stated that the content of the voices was unclear; sometimes the voices told them to get angry. The voices occurred when the patient was alone, lasting approximately 2-3 minutes. The patient responded by talking to themselves. In assessing the thought process, it was found that when communicating, the patient's voice intonation was soft. When invited to communicate for 10-15 minutes, the patient's answers were straightforward, but if it was longer than that, the patient often repeated the conversation. The patient's eye contact with the nurse was unfocused, unable to maintain eye contact, and followed their own will in the conversation. This is related to the assessment of the level of consciousness. Mrs. S appears confused, communicates slowly, and always repeats her words. The thought process in schizophrenic patients is disturbed due to the chaos of stimuli .

In the memory assessment, data on the patient's long-term memory was obtained. The patient sometimes appeared to have difficulty or pain in remembering long-term memories. Regarding short-term memory, the patient was able to recount events that occurred today, such as what time she took a shower and how many times. Memory is part of cognitive development, which contains information received by individuals over time (Anisah et al., 2022) .

The therapy received by the patient is Risperidone 2x2 mg/tablet, Trihexyphenidyl 2x2 mg/tablet, Chlorpromazine 1x50 mg/tablet, Cetirizine 2x1 mg/tablet, Betasone ointment 2x1 application. Patients who do not take their medication regularly are more likely to experience a relapse. Non-compliance with medication is a major risk factor for relapse, while compliance with medication is one of the main factors causing relapse (Nanang et al., 2022) .

From the data, it can be concluded that the patient experiences sensory perception disorders in the form of auditory hallucinations. Auditory hallucinations are when a person hears voices calling them to do something, which can be two or more voices commenting on the patient's behavior or thoughts, and the voices heard can be commands to commit suicide or kill others (Akbar & Rahayu, 2021). Auditory hallucinations are a stimulus disorder in which patients hear voices, especially human voices. Typically, patients hear people talking about what they are thinking and commanding them to do something. The impact of hallucinations experienced by patients with hallucinatory disorders includes panic, behavior controlled by their hallucinations, potential for suicide or homicide, and other violent behaviors that may endanger themselves or those around them.

NURSING ISSUES

Based on the assessment results, subjective data shows that the patient reported hearing whispering voices. The patient said that the voices were unclear and sometimes told him to get angry. The voices came when the patient was alone and lasted for about 2-3 minutes. Objective data shows that the patient talked to himself, appeared confused and paced back and forth, made no eye contact, often isolated himself, and spoke in a convoluted manner but got his point across.

Based on the data obtained from the patient, signs and symptoms of auditory hallucinations were found, namely talking to themselves, confusion, pacing alone, lack of eye contact, restlessness, confusion, anger, soft voice intonation, and withdrawal. Signs and symptoms of hallucinations include hearing noises, hearing voices inviting conversation, hearing voices telling them to do something dangerous, talking or laughing to themselves, getting angry for no reason, turning their ears in a certain direction, and covering their ears (Sari et al., 2022). The signs and symptoms of auditory hallucinations consist of subjective data: hearing voices or noises, and being directed by voices to perform dangerous activities. Objective data includes talking to oneself, laughing without friends, showing unreasonable anger, focusing the ears in a certain direction, and covering the ears (Dewi & Pratiwi, 2022).

NURSING INTERVENTIONS

The nursing interventions provided to patients with auditory hallucinations in this case are SP 1-4 (admonishing, taking medication, talking, and performing scheduled activities). The scheduled activity here involves occupational therapy (stringing beads). This occupational therapy (stringing beads) aims to improve focus in patients experiencing a blank stare and fill their free time, thereby neutralizing the hallucination symptoms (Wahyudi et al., 2020).

NURSING IMPLEMENTATION

Nursing implementation was conducted over 5 days from February 5–10, 2025. The nursing implementation provided to patients included BHSP (Building Mutual Trust), identifying the type of hallucinations experienced, the content of the hallucinations, identifying the time, frequency, and situations that trigger hallucinations, training patients to control hallucinations by scolding (SP 1) and stringing beads, and incorporating these activities into the daily schedule. Building mutual trust is an action taken by nurses when first meeting with clients with the aim of getting to know each other and fostering the client's trust in the nurse to facilitate patient care (Ela & Astuti, 2023). Shouting is one way to control hallucinations by rejecting their arrival (Fitria & Litasari, 2021).

The implementation on the second day involved evaluating and repeating the control of hallucinations by scolding (SP 1) and stringing beads. According to Novi et al. (2024), this occurred due to a lack of attention to the environment and the patient's difficulty in concentrating on their sensory experiences.

The third day of nursing implementation involved evaluating SP 1 and controlling hallucinations by taking medication (SP2) and stringing beads. The goal of medication therapy is to control the patient, prevent harm, and reduce psychotic symptoms in patients (Putri & Maharani, 2022). Precipitating factors for patients with schizophrenia who discontinue medication can lead to relapse (Siagian et al., 2022).

The implementation of nursing care on the fourth day involves evaluating SP 1, SP 2, and controlling hallucinations through conversation (SP 3) as well as stringing beads. One way to

control hallucinations is by talking to others, aiming to reduce, lessen, or control recurring hallucinations by engaging in conversation activities (Alfaniyah & Pratiwi, 2022).

The implementation of nursing care on the fifth day involves evaluating SP 1, SP 2, SP 3, and controlling hallucinations through scheduled activities. The scheduled activity here is occupational therapy (bead stringing). Occupational therapy is a type of supportive psychotherapy that involves manual, creative, and educational activities aimed at helping individuals adjust to their environment and improve their physical and mental well-being and quality of life (Jayanti et al., 2024). Occupational therapy focuses on developing skills and abilities related to daily activities and motor skills (Qori & Hastuti, 2020). The application of occupational therapy as scheduled nursing care therapy provided to patients with hallucinations aims to increase patient awareness between the perceptual stimuli experienced by the patient and real life (Salma, 2019).

NURSING EVALUATION

In the subsequent evaluation, which was conducted after occupational therapy (bead stringing), the author stated that there was a decrease in hallucinations. On average, patients initially (*pre-test*) had a fairly high level of hallucinations (score of 10), then were given leisure occupational therapy in the form of bead stringing and making feather dusters. After scheduled occupational therapy for 5 days, a decrease in the average level of auditory hallucinations (*post-test*) was found to be (score 2) after the application of occupational therapy (bead stringing) on Mrs. S. This proves that occupational therapy (bead stringing) can reduce the level of hallucinations in patients with auditory hallucinations.

LIMITATIONS

This case study has limitations, namely the short duration of treatment, so the author provided interventions according to the circumstances and conditions in the field. This limitation requires nurses to adapt to the patient's condition and field conditions. In the future, the author may consider the patient's condition and environment before implementing the journal.

CONCLUSION

Occupational therapy (bead stringing) is effective in reducing hallucinations in patients with auditory hallucinations from a high level of hallucinations (score of 10) to a low level (score of 2) when combined with a strategy for controlling hallucinations over a period of 5 days.

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