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Application of Conversation Exercises in Patients with Auditory Hallucinations

Septirina¹, Reni², Listi³
STIKes RSPAD Gatot Subroto, Jakarta-Indonesia
e-mail: rahayuseptirina@yahoo.co.id

Abstract

Mental disorders can be suffered by anyone. Mental patients are seen by society as someone who is stupid, strange and dangerous. Mental disorders that are one of the main problems in developing countries are schizophrenia. Schizophrenia is a condition characterized by severe mental disorders such as hallucinations, delusions that can affect the thoughts, feelings and behavior of individuals, loss of understanding of reality and loss of self-awareness. The prevalence of schizophrenia in Indonesia is 6.7% with a distribution area in urban areas of 6.4% and rural areas of 7.0%, while the coverage of treatment for schizophrenia is 85.0%. The research method uses a descriptive case study approach which aims to create descriptions, pictures, and paintings systematically. This study applies conversation exercises to patients with auditory hallucinations through exercises that focus patients on conversation and prevent patients from interacting with their hallucinations. Auditory hallucinations can be overcome by rebuking hallucinations, talking to other people or people closest to them. The results of this study indicate that talking to other people is effective in stopping hallucinations because it keeps patients busy doing activities of talking to other people

Keywords: Talking Exercises, Hallucinations, Auditory Hallucinations, Mental Disorders

Introduction

Mental disorders can be suffered by anyone. Usually, patients with mental disorders are seen by society as someone who is stupid, strange and dangerous. Mental disorders are syndromes or patterns of behavior that are clinically significant and associated with distress or suffering and cause disturbances in one or more functions of human life. Mental disorders that are one of the main problems in developing countries are schizophrenia. Schizophrenia is a condition characterized by severe mental disorders such as hallucinations, delusions that can affect an individual's thoughts, feelings and

behavior, loss of understanding of reality and loss of self-awareness (Anggraini & Sukihananto, 2022).

Hallucinations are a form of reality orientation disorder characterized by someone giving a response or assessment without any stimulus received by the five senses, and are a form of impact of perception disorders (Wuryaningsih, E W., 2018). The impact that can be caused by clients who experience hallucinations is loss of self-control. Where the client experiences panic and his behavior is controlled by his hallucinations. In this situation, the client can commit suicide, kill others (homicide), and even damage

the environment. To minimize the impact caused, immediate and appropriate handling of hallucinations is needed where the first step is to build a relationship of mutual trust through communication with the hallucinating client (Suarez, 2015)

Method

The research design used by the author is a descriptive case study method which aims to create descriptions, images, and paintings systematically

Hasil dan Pembahasan

According to Rahmawati (2019), hallucinations are one of the mental disorders where a person is unable to distinguish between real life and fake life. The impacts that arise from patients with hallucination disorders experience panic, behavior controlled by their hallucinations, can commit suicide or kill people, and other violent behavior that can endanger themselves and those around them (Santi et al., 2021).

In line with cases of hallucination patients in general, they said that the impact experienced by patients said they had committed violence against people around the patient and had wanted to harm themselves. According to Aji (2019), the most common hallucinations are auditory hallucinations. Auditory hallucinations are errors in perceiving sounds heard by people with mental disorders and usually the sounds heard can be pleasant, threatening, killing, and damaging.

Auditory hallucinations are characterized by the behavior of a person who suddenly appears to laugh alone, talk to himself, get angry, to cover his ears because the patient thinks someone is talking to him (Sutinah, Harkomah and Saswati (2020). Predisposing factors are factors that will affect the type and resources that the client has to deal with stress.

Predisposing factors that can cause

auditory hallucinations include several factors, namely socio-cultural factors such as economic conditions, social conflicts, and isolated lives accompanied by stress. Including clients experiencing social interactions in the early and comforting phases, clients consider that living socially in the real world is very dangerous. Clients are busy with their hallucinations, as if they are a place to fulfill the need for social interaction, self-control and self-esteem that are not obtained in the real world.

According to (Mislika, 2020) the signs and symptoms of hallucinations include withdrawing from others and trying to avoid others, smiling alone or laughing alone, sitting in awe (imagining), talking to themselves, looking in one direction, moving their lips without voice, rapid eye movements, and slow verbal responses, attacking, difficulty relating to others, sudden anger, suspicion, hostility, destructiveness (self, others and the environment) fear, anxiety, tense facial expressions, irritability, irritation, increased heart rate, breathing and blood pressure.

Behavioral factors of hallucinations according to Stuart and Laraia (2014), clients experience symptoms in phase four, namely sensory experiences become threatening if the patient follows the hallucination commands. Here there is violent behavior, agitation, withdrawal and inability to respond to complex commands and inability to respond to more than 1 person. The client has fought with his friend, has a history of hurting his mother, the client often looks restless, easily angered, paces, sometimes looks quiet and busy with himself (Sakit & Mahdi, 2022).

According to Nur Syamsi Norma Lalla and Wiwi Yunita (2022) there are maladaptive responses, namely thought disorders, hallucinations, damage to emotional processes, disorganized

behavior and social isolation.

According to (Azizah, Zainuri, 7 Akbar, 2016) types of hallucinations include auditory hallucinations hearing voices or noises, most often people's voices. The sound is in the form of noise that is unclear to clear words talking about the client, even to a complete conversation between two people who are experiencing hallucinations. Thoughts are heard where the client hears words that the client is told to do something, sometimes it can be dangerous. Auditory hallucinations are hearing human, animal, or machine voices, objects, natural events and music in a conscious state without any stimulation. Nursing management of hallucinatory patients according to Muhith, (2016) in Nur Syamsi Norma Lalla and Wiwi Yunita (2022) medical management of schizophrenic patients who experience hallucinations is by administering drugs and actions including psychopharmacological and electroconvulsive therapy. The drugs used are risperidone 2 mg, haloperidol 5 mg, trihexyphenidyl 2 mg, clozapine 25 mg.

According to Ilham (2017) in Nur Syamsi Norma Lalla & Wiwi Yunita (2022) the implementation of nursing implementation strategies carried out through generalist therapy SP 1-4. This generalist therapy is one type of intervention in modality therapy in the form of nursing care standards using communication strategies.

Evaluation of activities that have been carried out by patients with the results of patients being able to carry out activities in the form of practicing independent conversation can prevent hallucinations. From research conducted by Donner & Wiklund Gustin (2020) Hallucinations can be prevented by carrying out conversation therapy in addition, patients can carry out activities in the form of practicing independent conversation can divert attention and can chat with friends

and nurses in the room. From a study conducted by Ibrahim & Devesh (2019) patients with hallucinations will be distracted by conversation, and can train their social skills because conversation can increase self-confidence when communicating with people.

Conclusion

The act of conversation is effective in dealing with patients with auditory hallucinations and conversation by expressing their thoughts and feeling relieved can reduce symptoms of hallucinations. The results of observations on hallucination patients after implementing conversation when their hallucinations appear, patients said they felt relieved and comfortable when the voices in their hallucinations disappeared, conversation activities are often carried out by patients because they are easy to do. And having a conversation can increase the effectiveness of patients in controlling their hallucinations.

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