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The Effect Of Application Of Group Activity Therapy Session 1-2 On Controlling Hallucinations

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ABSTRACT

Hallucinatory disorders are one of the nursing problems that can be found in patients with mental disorders. One of the most common types of hallucinations is auditory hallucinations. Auditory hallucinations can be ringing sounds or noises that have no meaning, but are more often heard as a meaningful word or sentence. One therapy for hallucinations is Group Activity Therapy (TAK). Objective: To determine the effect of group activity therapy sessions 1-2 on controlling hallucinations. Methods: This study uses a quantitative method with a quasi experiment. Sampling with purposive sampling technique is as many as 6 respondents. This study was conducted on March 15-23 2022. Results: showed that patients with hallucinations were able to control hallucinations after the implementation of TAK Sessions 1-2 with the results of comparative analysis, the pretest 3.7, posttest 8.4 and p value=0.01. Conclusion: there is an effect of group activity therapy sessions 1-2 on controlling hallucinating patients.

Keywords: Hallucinations, controlling hallucinations, Group Activity Therapy (TAK)

Introduction

According to WHO, healthy is . a state of complete physical, mental and social health, not a state of being free from disease or disability (World Health Organization 2019). There is no definition of mental health under the law. Law Number 3 of 1966 states that mental health is a situation that allows for optimal physical, intellectual and emotional development of a person and this development is in harmony with the circumstances of other people (Rahmayani et al. 2018). Thus, if there is alignment which is inseparable between physical and mental functions, one can state one's mental health.

Sensory perception disorders (hallucinations) are one of the common treatment problems for people with mental disorders. Patients experience sensations of sound, sight, taste, touch, and even life without any real stimulus. One of a kind. The most common auditory hallucinations are auditory hallucinations. Auditory hallucinations can take the form of meaningless voices or voices, but are more often heard as meaningful words or sentences. Voices can be melodious, or tell them to do good things, but they can also be threatening, taunting, cursing or even scary, sometimes urging and ordering things like killing and destruction (Kamariyah and Yuliana 2021). According to Livana (2020), the possible effect of hallucinations on patients is a loss of self-control. The patient panics and his behavior is controlled by hallucinations. In this case, the patient may commit suicide (suicide), or kill another person (homicide), or even damage the environment. To minimize the effects of

hallucinations, proper treatment is required. With so many hallucinations, it becomes clear that the nurse's role is needed to help patients manage their hallucinations (Tarigan, 2021). One hallucination therapy is therapy group activities (TAK), especially sensory stimulation. Group Activity Therapy: Perceived stimulation is therapy that uses activity as a stimulus and is related to an experience or life to be discussed in the group (Sepalanita and Khairani 2019).

According to WHO, in 2017 there were \pm 450 million people with mental disorders in the world, including schizophrenia. Based on a survey conducted in 2017 by the Institute for Health Metrics and Evaluation, the types of mental disorders that people in Indonesia often suffer from include depression, anxiety, schizophrenia, bipolar disorder, behavioral disorders, autism, eating disorders, and intellectual disabilities, Attention Deficit Hyperactivity Disorder

Basic Health Research and the Ministry of Health of the Republic of Indonesia (2018), stated that schizophrenia sufferers increased from only 1.7% in early 2013 to 7% in 2018 (Danu et al. 2017), Riskesdas Data (2018), reported that the Java region The West has a prevalence rate of severe mental disorders or schizophrenia (psychotic) of 5 per mile, which means there are 5 cases in 1,000 miles of population experiencing severe mental disorders (psychotic or schizophrenia), data from the Tasikmalaya City Health Service in 2021 reports that the prevalence of mental disorders or schizophrenia in Tasikmalaya City there were 1033 cases. Then for the number of data on mental patients at the Mentari Hati Foundation in the city of Tasikmalaya there are approximately 245 people.

Psychological treatment is a specialized type of treatment, but it is still a holistic approach to patient care. Various nursing therapies that are commonly developed, one of which has been proven to be effective in treating symptoms of mental disorders, is group activity therapy (TAK) which focuses on patients, individuals, groups, families and communities. Group activity therapy is divided into four groups, namely cognitive/perceptual stimulation group activity therapy, sensory stimulation group activity therapy, reality-oriented group activity therapy, and socialized group activity therapy. Activities are used as therapy, groups are used as the goal of care, then there is a dynamic of interdependent interaction that requires each other in the group and becomes a laboratory for patients to practice new adaptive behavior to correct old maladaptive behavior (Sri Utami. 2016).

All the skills the patient learns in group activity therapy must be used before the patient goes home. Sensory stimulation group activity therapy is an activity used to provide sensory stimulation to clients. Then observe the client's sensory response in the form of emotional expressions or feelings through body movements, facial expressions, words, etc. Often, patients who do not want to express verbal communication are stimulated by emotions and feelings, and respond through certain activities. Activities used for stimulation can be: music, art, singing, dancing. The client's sensory abilities are assessed and enhanced at each appointment. The Mentari Hati Foundation is one of the foundations that accommodates patients with mental disorders who have no family. The patients numbered approximately 200 people, while those who treated were 10 people and were not from health workers. The foundation only accommodates and fulfills basic human needs, but activities related to health care have not been carried out (Cahyati, Kustiawan, and Hartono 2021).

Previous research conducted by Cahyati (2021) was entitled "Efforts to Increase Self-Awareness of Hallucination Clients Through Group Activity Therapy at the Mentari Tasikmalaya Foundation ". The aim is to help patients recognize the hallucinations they are experiencing, control them, and follow an optimal treatment program . Then there were 30 patients with hallucinations in the Sakura Room, based on research by Isnaeni, Wijayanti, and Upoyo (2008) regarding the effectiveness of hallucinations stimulated by group activity therapy in reducing fear of hallucinations. The level of anxiety before and after TAK was not carried out. Another study by Sihotang (2010) entitled The effect of perceptual stimulation group activity therapy on the ability to control hallucinations in the Medan mental hospital,

North Sumatra Province, was significant after TAK was carried out for sensory stimulation in control. hallucinations. Another research conducted by Masdelita (2013) that the impact of TAK socialization on the cooperation ability of patients with social isolation problems at the Tampan Liau Mental Hospital had an impact on cooperation. Patients with social isolation problems (Sri Utami. 2016). Many studies on hallucinogenic disorders have been conducted both in Indonesia and abroad. However, little research has been conducted on the effect of using group 1–2 activity therapy sessions on hallucination control. Therefore, researchers are interested in further researching the effect of using group activity therapy sessions 1-2 on controlling hallucinations at the Tasikmalaya Mental Heart Foundation.

Methods

The research method uses quantitative methods. The research design used a quasy experiment with a one group pretest and posttest research design. This research was conducted to determine the effect of implementing group activity therapy sessions 1-2 based on result from observations . direct . without giving intervention on research subject variables so later can be used as data basis for research which is more conclusive.

The raw input in this case is schizophrenic patients with hallucinations, they have certain characteristics both physiological and psychological, namely male and female. Environmental input includes the physical, social and natural surroundings. Instrumental input is group activity therapy that is deliberately designed and manipulated, such as subject matter, methods used, tools and facilities as well as applicable management, including time allocation at the Mentari Hati Tasikmalaya Foundation.

This research was conducted at the Mentari Hati Foundation, Tasikmalaya City. The data used in this research are primary and secondary. Primary data, namely data directly obtained from the research object, in this case, 6 auditory hallucination patients, which are then seen for researchers to fill in the observation sheets that have been provided. Then the researcher made observations of the respondents based on the observation items and the respondents did what the nurses said, previously the respondents were asked for their willingness to participate in the research. Secondary data is data obtained indirectly from respondents, but from the results of interviews with the ODGJ management.

The instrument used in this research is the observation sheet. Data analysis in this study used bivariate analysis. Bivariate analysis is a type of analysis that is used according to the condition of the number of variables. This seemingly simple analysis can produce very useful tests. At this stage, a bivariate analysis was carried out, namely to determine the relationship between the independent variables and the dependent variable by testing a paired t-test with a significance level of 0.05.

Results

Based on the results of research conducted at the Mentari Hati Tasikmalaya Foundation on 6 respondents, the following research results were obtained:

Variable	Average Value		Difference in	Statistic Test Result	
			Average Value	t	р
Ability to Control	Pretest	3,7	4,6	6,5	0,01
Hallucibations	Posttest	8,3			

Table 1. The Effect of Applying Therapy Activities Group Sessions 1-2 on Controlling Hallucinations

Pretest and posttest mean scores were obtained from 6 respondents from people with mental disorders at the Mentari Hati Tasikmalaya Foundation, the ability to control pretest hallucinations was 3.7 posttest 8.4 and p value = 0.01.

Table 2. The Effect of Applying Therapy Activities Group Sessions 1-2
on Controlling Hallucinations

Ability to Control Hallucinations	Amount	Precentage
Capable	5	83,3%
Unable	1	16,7%
Total	6	100%
Total	0	100%

Based on table 2. it can be seen that most of the respondents were able to control the hallucinations after the implementation of TAK Sessions 1-2 with a total of 5 respondents (83.3 %).

Discussion

1. Overview of Group Activity Therapy sessions 1-2

On dis cussion will deciphered results research from the ability to control hallucinations before implementing TAK Session 1-2 and the ability to control hallucinations after implementing TAK Session 1-2 at the Mentari Hati Tasikmalaya Foundation. The patient's ability to control auditory hallucinations before administering TAK Session 1-2 in patients with hallucinations can be seen that there were 6 patients who were unable to control their hallucinations. TAK has been implemented twice a week, but there are patients who have not been able to control the hallucinations. According to Look et al (2007) TAK: Simulatio Perception is therapy which uses group activities as a stimulus and is related to experiences and/or life to be discussed in the group. This therapy aims to perceive the stimulus presented to him correctly so that the patient can solve problems that arise from the stimulus (Halawa, 2017).

In line with research by Gasril et al. (2021) shows that the results of the majority of respondents' ability to control auditory hallucinations after being given Group Activity Therapy were in the category of being able to control, amounting to 16 respondents (100.0%), while respondents who were in the category of not being able to control were 0 respondents (0.0%). which means there is an influence of Group Activity Therapy: Perceptual Stimulation Sessions 1-3 on the Ability to Control Auditory Hallucinations in Schizophrenia Patients.

Based on the research results and in connection with the theory above, it was found that the implementation of TAK affected the patient's ability to control hallucinations and almost all respondents were able to remember and carry out both ways to control hallucinations, either independently or with a little help (reminding them). This is due to the good concentration of respondents and the interest of respondents in the TAK being implemented so that after implementing this TAK, the respondent's ability to control hallucinations can increase. Respondents' interest in taking TAK will add more experience to patients who have already taken TAK, so this will certainly strengthen the information stored in the patient's memory (Halawa, 2017).

2. Hallucination Image

Based on the results of the research conducted, it was found that the client's hallucinatory picture of auditory hallucinations tends to withdraw, often found sitting fixated

on a certain one-way gaze, smiling or talking to himself, suddenly angry and attacking other people, restless or making movements as if he were enjoy something. Judging from the characteristics of the respondents, it was found that most of the respondents were aged 30-40 years as many as 6 respondents, at this age it is an age with the adult age category so that many clients are able to control hallucinations at this age.

Handayani mentioned that Prabawati (2019) stated that the age characteristics of respondents were mostly in the early adulthood age range (18–40 years). In the early adulthood age range there will be an increase in the ability to consider many things when facing problems, so that they can be more tolerant of things that are not desirable. In early adulthood, there is a new integrity in thinking, more pragmatic in solving problems, not just based on logical analysis alone. In ODGJ patients their cognitive abilities are reduced because biologically the size of the frontal lobe is smaller than the average normal person, because this condition causes cognitive disorders which are characterized by disorientation, incoherence , and difficulty thinking logically, so that when experiencing hallucinations the patient is unable to control them independently.

Symptoms of hallucinations fall into two main categories: positive or overt symptoms, which include delusions, hallucinations, and disorganization of thoughts, speech and irregular behavior, and negative or vague symptoms, such as flat affect, lack of will, and withdrawal from society or discomfort. Hallucinations are one of the symptoms of mental disorders in which the patient experiences sensory- perceptual changes: feeling false sensory sensations in the form of sound, sight, taste, touch or nose. According to Keliat (2015), there are four implementation strategies, namely, the first implementation strategy helps patients recognize hallucinations, explains ways to control hallucinations, teaches patients to control hallucinations by first rebuking hallucinations, secondly training clients to control hallucinations by conversing with other people, fourthly training clients to control hallucinations by carrying out scheduled activities, and therapeutic communication has a significant effect on the ability to control hallucinations in patients (Bayu and, Nofrida Saswati 2018).

3. The Effect of Application of Session 1-2 Group Activity Therapy on Controlling Hallucinations

Based on table 2. it can be seen that the majority of respondents were able to control hallucinations after implementing TAK Sessions 1-2 with the number of respondents being 5 people (83.3 %). Furthermore, from the results of the paired t-test, the test results for the mean value of the variable ability to control hallucinations showed that there was a significant difference, p = 0.000 (p < 0.05). then Ho is rejected or there is a difference in the ability to control hallucinations before and after giving group activity therapy. This shows that there is an influence of group activity therapy on the respondent's ability to control hallucinations before and after giving intervention.

Nursing management of clients with mental disorders is the provision of group activity therapy (TAK). TAK is one of the modality therapies performed by nurses on a group of clients who have the same nursing problem. Activities are used as therapy, and groups are used as care targets. The goal of TAK is to increase one's ability to control hallucinations in a group in stages, namely: clients can recognize hallucinations, clients can control hallucinations by obediently taking medication, clients can control hallucinations by rebuking, clients can control hallucinations by conversing with other people, clients can control hallucinations by carrying out scheduled activities (Sepalanita and Khairani 2019).

Experience can be defined as episodic memory, namely memory that stores events that occurred or was experienced by an individual at a certain time and place, which functions

as an autobiographical reference. From the experience of following TAK previously, coupled with the implementation of TAK again, the patient's knowledge about how to control hallucinations increases, because the more experience gained, the more a person's knowledge increases, which makes a person better (Sepalanita and Khairani 2019).

According to Ayu's research, (Halawa (2017) if group activity therapy is trained continuously it has a fairly strong influence in helping patients to practice controlling hallucinations. The implementation of TAK in this study was carried out for 2 consecutive days which could improve the ability to remember especially if it was carried out by the researchers themselves, so that there was an increase in the ability to control hallucinations which indicated that there was an effect of Group Activity Therapy: Perception Stimulation Session 1-2 on the ability to control auditory hallucinations in schizophrenic patients.

Differences in the ability to control hallucinations before giving group activity therapy. compared to after giving group activity therapy is in the form of a continuous accumulation of increased previous knowledge. This means that if there is an increase in knowledge in an individual, it will also have an impact on increasing the ability to control positive hallucinations along with the increase in knowledge experienced through psychological experiences. The increase in knowledge received by respondents in the form of complete information is a positive provision as provision to form their ability to control hallucinations of psychological objects after receiving stimuli in the form of information through group activity therapy (Putri 2017).

These conditions are in accordance with the roles, tasks and abilities of the growth and development of adolescent children. Giving cognitive behavior therapy affects individual perceptions, ways of thinking, language, emotions and social behavior. By providing cognitive behavioral therapy, it is hoped that it can provide a stimulus in applying the right mindset and behavior, reducing anxiety and ultimately creating more adaptive behavior (Putri 2017).

Conclusion

Based on the results of the study entitled the effect of implementing group activity therapy sessions 1-2 on controlling hallucinations at the Mentari Hati Tasikmalaya Foundation in 2022 which has been discussed in previous chapters, it can be concluded as follows: Group activity therapy sessions 1-2 are carried out for one week at the Mentari Hati Tasikmalaya Foundation. Group activity therapy is more effective in increasing the ability to control the hallucinations of respondents. From the results of the research carried out, it was found that clients with auditory hallucinations tend to withdraw, are often found sitting fixated with their eyes looking in one direction, smiling or talking to themselves, suddenly getting angry and attacking other people, restless or making movements as if they are enjoying something. There was an effect of group activity therapy sessions 1-2 on controlling hallucinations. The results of the comparison test of the difference in mean values of the variable ability to control hallucinations before and after group activity therapy had a value of p = 0.001, meaning there was a significant difference between before the intervention compared to after the group activity therapy intervention.

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