

Application Of Drawing Therapy To Reduce Signs And Symptoms Of Hallucinations In Nursing Care For Auditory Hallucination

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ABSTRACT

Purpose: The purpose of this case study is to determine the application of drawing therapy to reduce signs and symptoms in patients with auditory hallucination disorder. The theories underlying this scientific paper are schizophrenia, hallucinations, mental health care and scheduled activities which include the theory of drawing therapy. **Methods:** This study uses a qualitative design with a case study approach in two patients with auditory hallucination disorder. **Result:** The results obtained showed a decrease in signs and symptoms after drawing therapy. The patient's ability also increased in controlling his hallucinations. **Conclusions:** The conclusion of this case study shows that drawing therapy is proven effective to control and reduce the signs and symptoms of hallucinations. It is expected that patients and families can cooperate in the treatment process, especially by increasing family support, client interest and motivation, and always controlling clients in drug compliance.

Keywords: Auditory hallucinations, drawing therapy, schizophrenia

Introduction

Among the various health problems, there is one problem that is an emergency and has not been resolved to date, both at the global and national health levels, namely mental health. The World Health Organization (WHO) in Pujiningsih (2021) said that mental health is a harmonious and balanced mental condition that shows a positive personality, if the soul is unbalanced it has the potential to experience mental disorders. Mental disorder is a complex brain disorder characterized by symptoms of behavioral deviation, emotional instability, disruption of thought processes and perceptual disturbances related to damage to one or more functions in humans consisting of psychological, behavioral, or biological functions that affect the individual's life with his environment (Beo et al., 2022). The types of mental disorders include dementia, depression, bipolar and schizophrenia.

According to *World Health Organisation* (2022) there are 1 in 300 people (0.32%) or approximately 300 million cases of mental disorders worldwide, including 24 million cases diagnosed with schizophrenia. Based on the results of Riskesdas 2018 in Jayani (2019) stated that there were 6.7 per 1000 family heads, which means that 6.7 family members per 1000 family heads have cases of schizophrenia. Meanwhile, the prevalence of schizophrenia cases in West Java according to Riskesdas (2018) shows a figure of 22,489 cases. While in Tasikmalaya City there are 961 cases of schizophrenia (Dinas Kesehatan, 2022). And in 2022 sourced from the Purbaratu Health Center has reached 64 cases of schizophrenia.

Schizophrenia is a form of functional psychosis that causes an inability to contact reality which affects maladaptive thinking and behavior (Sutejo, 2017). Positive symptoms are excessive normal behaviors such as hallucinations, delusions, cognitive impairment, or chaotic behavior. While negative symptoms are normal behaviors that are reduced and eliminate the characteristics of the self such as social isolation. The most common symptoms of schizophrenia are delusions and hallucinations (Azizah et al., 2016). Hallucinations are perceptual disturbances that occur when a client experiences false stimuli or a response from the senses when no external stimuli are present causing the individual to be unable to fully meet their needs. Seventy percent of the most common cases of hallucinations are auditory hallucinations. Auditory hallucinations are perceptual problems perceived by the sense of the ear where the client hears false voices (Sutejo, 2021).

Signs and symptoms in people with auditory hallucinations include hearing voices asking them to engage in conversation or instructing them to do something risky, talking or laughing to themselves, unreasonable anger, focusing their ears in a certain direction, and covering their ears (Nurhalimah, 2016). In an effort to reduce the signs and symptoms of hallucinations, there are various types of ways to be implemented, namely pharmacological and non-pharmacological therapies. Pharmacological therapy as the main therapy to help balance dopamine cells, so that nonpharmacological therapy is needed as a supporting therapy such as implementation strategies 1-4 in the form of chastising activities, drug compliance, conversation and scheduled activities including drawing therapy to control hallucinations (Muthmainnah et al., 2023).

Drawing therapy is a form of psychotherapy to communicate through art (Muthmainnah et al., 2023). This drawing therapy can be incorporated into the client's scheduled activities to shift the client's focus away from their hallucinations. The benefits of this therapy are to express feelings and thoughts and increase feelings of pleasure which affect the improvement of cognitive, effective and motor functions (Hidayat, Nafiah, & Suyatno, 2023). This research is supported by Saptarani et al. (2020) that scheduled activity therapy to distract hallucinations such as washing dishes, sweeping, coupled with drawing is highly effective in reducing signs and symptoms. Drawing therapy can reduce patients' interaction with their own world and increase focus. This study was conducted on one subject for 45 minutes in 5 days and measured using PSYRAT (Psychotic Symptom Rating Scale). Before the intervention Mr. A had a score of 25 and after the intervention the score was 18. The researcher mentioned that there was a decrease in signs and symptoms that were less than satisfactory because the researcher did not provide the client with therapy tools and materials, so the client could not divert hallucinations when they came at night. Factors that influence drawing therapy are interest, motivation, and the external environment such as social support by the family.

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Methods

This research design uses a qualitative design with a case study approach to investigate a nursing problem and problem solving carried out with drawing techniques in clients with sensory perception disorders: auditory hallucinations using a variety of instruments, namely the nursing care assessment format, physical examination tools, SOP sheets, activity schedules, signs and symptoms measurement instruments and drawing therapy tools. The subjects of this study are two people who will be managed in detail with the characteristics of having sensory perception disorders: auditory hallucinations, cooperative, able to work together, adult age (19-59 years), male gender and willing to become a managed case. This study was conducted in the Purbaratu Health Center area of Tasikmalaya City for 5 days of treatment. Client 1 was carried out from March 27 - April 1, 2024, while client 2 was carried out April 2-6, 2024. Data collection techniques used were interview methods, observation and physical examination, and documentation studies. Data analysis is presented in a narrative format that is carried out since the researcher is in the field, continuously collecting data, until all data is collected. Data analysis is carried out by presenting facts and then can be compared with the theory or standards used, and can be used as an opinion or opinion in the discussion (Adini et al., 2024).

Results

This study was conducted in the working area of Purbaratu Health Center which is located at Jl. Purbaratu, Sukanagara, Purbaratu District, Tasikmalaya City. Puskesmas Purbaratu serves outpatient services such as general examinations, dental clinics, maternal and child health clinics, integrated management clinics for sick children, and nutrition clinics, laboratories, pharmacies, emergency services and normal delivery services. Case studies in this study were carried out with a client home visit system in the Purbaratu Health Center work area as many as 2 managed cases with sensory perception disorders: auditory hallucinations.

Table 4.1 Characteristics of the Client

Data	Client 1	Client 2
Name	Mr. A	Mr. A
Age	33 years old	28 years old
Gender	Male	Male
Education	Senior High School	Senior High School
Work	Labor	Busking
Status	Marry	Marry
Religion	Islam	Islam
Living with	Parents	Parents
Medication Adherence	Compliant Taking Medication	Non-compliant with medication
Duration of Disorder	3 years	8 years
Diagnosis	Sensory Perception Disorder: Auditory Hallucinations	Sensory Perception Disorder: Auditory Hallucinations

Table 4.2 Characteristics of Hallucinations

Characteristics of Hallucinations	Client 1	Client 2
Type of Hallucination	Auditory Hallucinations.	Auditory Hallucinations.
Content of Hallucinations	Rumbling Sound.	A woman who engages him in conversation. Like "Ardi, how are you?".
Frequency of Hallucinations	5-6 times a day for more than five minutes.	Approximately 10x with a duration of more than five minutes.
Time of Hallucinations	At any time of the day, morning, afternoon and evening.	At any time of the day or night.
Situations that cause Hallucinations	Hallucinations occur when the client is daydreaming and alone.	Hallucinations come when the client is daydreaming.
Response to Hallucinations	Usually the client just silences the voice.	Usually the client responds to the conversation and answers happily.

Table 4.3 Predisposing and Precipitating Factors

	Client 1	Client 2
Predisposing Factors	<p>Child phase Biological: falling in the rice field Teenage phase Social: during high school the client often skipped school and drank alcohol with his friends and was very happy to keep his problems to himself. Early Adult phase Socio-Economic: while working in Bandung for 1 year since 2020 the client experienced pressure in his work. Socio-Economic: economic pressure from his wife who wanted to build a house so the client had to borrow money from the bank first and became stressful at the time of installment. Psychological: fought with his younger brother and was hated by his younger brother in 2021.</p>	<p>Child phase Biological: falling from a tree Teenage phase Psychological: during junior high and high school, the client said that he often received taunts and insults from his friends, about his family or about himself. Psychological: during high school, the client was addicted to playing games at internet cafes without his parents knowing and often lied to cover it up. Psychological: likes to hide and keep his problems to himself. Early Adult phase Social Environment: during 2019, the client said that he had been given cow dung mold, oil and kerosene by his classmates. Psychological: drank soapy water of his own doing.</p>
Precipitating Factors	<p>In 2021 the client recovered after being treated with several alternatives and Puskesmas, so the client returned to work in Bandung. However, while in Bandung, the client stopped taking the medicine provided from the Puskesmas due to the absence of family as a controller for taking medicine. So that in 2021 the client relapsed again and carried out treatment at the Galunggung Foundation for 4 months and then underwent outpatient treatment at the Purbaratu Health Center until now.</p>	<p>In 2016, precisely after graduating from high school, the client said he was abandoned by the woman he really loved, so the client did not get married. Coupled with the client always harboring his own problems. And clients are not compliant with taking medication, so symptoms often recur.</p>

Table 4.4 Drawing Therapy Scheduled Activities

Date of Implementation	09.00	Time	21.00	Date of Implementation	08.00	Time	21.00
Client 1				Client 2			
27 March 2024	Yes	Yes	Yes	2 April 2024	Yes	No	No
Meaning of Image	Appropriate meaning : A dream house and room for her two children to make her daughter happy.	Appropriate meaning : Given that life has its ups and downs, there are joys and sorrows as a human being.		Meaning of Image	Appropriate meaning : Continuing to remember his time with the woman he loved among the tall buildings.	-	
28 March 2024	Yes	Yes	Yes	3 April 2024	Yes	Yes	Yes
Meaning of Image	Appropriate meaning : The beauty of nature seen in the morning around his house.	Appropriate meaning : Always remember Allah and stay on the right path.		Meaning of Image	Appropriate meaning : A dream home built in his imagination for his loved ones.	Appropriate meaning : Fantasize about building a dream building on the sea.	
29 March 2024	Yes	Yes	Yes	4 April 2024	Yes	No	No
Meaning of Image	Appropriate meaning : Recalling a time when the client could smoke and the client misses it.	Appropriate meaning : Empathize with fellow Muslims and continue to support the "free palestine" movement.		Meaning of Image	Meaning less appropriate : The client was insulting women in high school who had caused disasters to many people.	-	
30 March 2024	Yes	Yes	Yes	5 April 2024	Yes	Yes	Yes
Meaning of Image	Appropriate meaning : One of the child's favorite drawings was on the cover of a colored pencil that the child told her when she visited the house, so the client kept thinking about it and tried to draw.	Appropriate meaning : The beauty of the night sky where various celestial bodies continue to shine illuminates the client and her small family.		Meaning of Image	Meaning less appropriate : The various forms that exist in his mind.	Meaning less appropriate : The fence of human life that limits the activities of every human being in the world.	
1 April 2024	Yes	Yes	Yes	6 April 2024	Yes	Yes	Yes
Meaning of Image	Appropriate meaning : A wide variety of flowers blooming in the morning that are as beautiful as his wife and two daughters.	Appropriate meaning : The colorful life of the client is complemented by the many obstacles that come his way.		Meaning of Image	Appropriate meaning : The client misses the woman he loved in high school and keeps thinking and looking at her.	Meaning less appropriate : The client and his family and friends are on a vacation in the big city.	

Table 4.5 Signs and Symptoms Before and After Drawing Therapy

No	Signs and Symptoms	Client 1		Client 2	
		Before therapy	After therapy	Before therapy	After therapy
	Cognitive (Mind)				
1.	Unable to distinguish between real and unreal circumstances			✓	
2.	Seeing/hearing/smelling/feeling objects/people/something without an object	✓	✓	✓	✓
3.	Fear of the unknown			✓	
4.	Slow verbal response				
5.	Disorientation to time, place, people				
	Affective/Emotional/Situational				
6.	Suspicious	✓		✓	✓
7.	Afraid			✓	
8.	Worried	✓		✓	✓
9.	Annoyed			✓	
10.	Easily offended				
	Physical				
11.	Tense and flushed facial expressions				
12.	Increased pulse, respiration, and blood pressure				
13.	Tremor	✓			
14.	Sweat a lot				
	Behaviour				
15.	Smiling and self-talking	✓		✓	✓
16.	Closing eyes/ears/nose				
17.	Moving lips without sound	✓		✓	✓
18.	Fast eye movement	✓		✓	
19.	Speaking garbled and nonsensical			✓	✓
20.	Getting angry for no reason				
21.	Acts like being filled with something painful				
22.	Pointing at something				
	Social				
23.	No interest in daily activities	✓		✓	✓
24.	No eye contact	✓	✓	✓	✓
25.	No response in communication				
26.	Withdrawing from others/being alone	✓		✓	
	Total (26 Signs and Symptoms) :	10	2	14	8

Discussion

Research was conducted on two schizophrenic clients with the main problem of sensory perception disorder: auditory hallucinations by performing nursing care with the focus of the study, namely an overview of the application of drawing therapy to reduce signs and symptoms of hallucinations in clients with auditory hallucinations. This section will discuss the application of drawing therapy on both clients with the main problem of sensory perception disorder: auditory hallucinations.

Characteristics of the Client

Based on the results of data analysis obtained from the assessment results, data differences are obtained in the form of age and compliance in taking medication. The age of client 1 and client 2 is only 5 years apart. In his research Sari et al., (2022) explained that the age range of the productive group tends to have a risk of experiencing hallucinatory symptoms that can be caused by heavy pressure and stressors such as demands to provide perfect results for themselves, family or the surrounding environment. Age can also determine the level of

knowledge and maturity of one's thinking. This is proven in research Dharmawati & Wirata (2016) which states that the more the individual is old enough, the more the level of maturity and strength of a person in the thought process increases.

Compliance with taking client 1 and client 2's medication is different. Client 1 diligently takes his medicine once a day at night and diligently controls to the Purbaratu Health Center. While client 2 was not at all compliant in taking medication, the client sometimes only took it once per day which should be twice per day or not at all. Non-compliance in taking medication can affect the frequency and level of recurrence of client hallucinations. This is supported by research Syarif et al., (2020) which states that schizophrenic clients can relapse for a variety of reasons, including not taking medication as prescribed, stopping medication abruptly without a doctor's approval, not having family support, and being under stressful pressure.

Description of the Application of Drawing Therapy

The application of scheduled activity therapy techniques in which there is drawing therapy is used by clients to be able to control their hallucinations by keeping themselves busy to reduce the risk of hallucinations by compiling a schedule from waking up in the morning to going to bed at night and including drawing therapy in the client's free time (Kristiasi et al., 2015). Drawing therapy is useful to reduce the client's interaction with their own world, motivate to release thoughts, feelings and emotions, reduce anxiety and improve cognitive, affective and psychomotor functions (Muthmainnah et al., 2023).

Previously, both clients did not know how to control hallucinations with scheduled activities, especially drawing therapy. Both clients were silent or responded without any desire to get rid of the hallucinations. However, after being explained and implemented in the client's daily life, the results obtained from the process of monitoring the activity schedule and symptom signs, it was found that the client could practice and apply scheduled activity therapy, especially drawing therapy to control hallucinations while releasing the contents of the client's thoughts, feelings and emotions.

Although in client 2 according to the activity schedule filled in shows that there are two missed opportunities for clients to carry out the main therapy, namely drawing therapy at night, precisely on the first and third days. This was due to a lack of interest and motivation in carrying out drawing therapy due to the hallucinations he suffered. Clients with schizophrenia tend to experience decreased motivation, apathy, laziness, lack of interest or even lack of energy (Yosep & Sutini, 2019). This is supported by the statement Saptarani et al., (2020) in his research which states that the factors that influence drawing activity are interest, motivation and the client's surrounding environment.

In explaining the meaning of the picture drawn, client 1 can fully tell the meaning behind the picture during therapy and is not convoluted. Whereas in client 2 there are several times incompatible between the picture and the meaning described, so that from the start of the assessment to the drawing therapy process and giving the client meaning must be confirmed repeatedly to get the correct information. This is because in client 2 there are symptoms of chaotic speech that interfere with the thinking process. As mentioned Yosep & Sutini (2019) that clients with schizophrenia disorders tend to have positive symptoms in the form of thought process disorders that cause failure in thinking which causes chaotic speech patterns and does not enter into human logic.

One of the client's environments in this drawing therapy process is family support. Client 1 carries out drawing therapy accompanied by his mother, while client 2 in carrying out drawing therapy is carried out independently at night and in the morning accompanied by researchers or occasionally with his mother. This shows that there is a lack of support from family members, it is evident that the family does not want to remind them to take medicine or undergo the therapy process and is indifferent because they are too tired and past trauma,

namely clients often have tantrums. As in the research Sumah (2020) said that a lack of family support in the treatment process can lead to relapse rates of hallucinations and treatment ineffectiveness.

Description of Reduction in Signs and Symptoms of Hallucinations

Signs and symptoms in client 1 when first met amounted to 10 signs and symptoms, for 5 days of therapy there was a decrease of 8 symptoms leaving 2 other symptoms, namely hearing sounds that have no object and no eye contact, so there is a decrease of 80%. Whereas in client 2 the signs and symptoms of hallucinations at the beginning of the meeting amounted to 14 signs and symptoms, during the 5 days of therapy there was a decrease of 6 symptoms, so that there were 8 symptoms remaining, namely hearing something that has no object, being suspicious, worried, smiling and talking to himself, moving his lips silently, speaking chaotically and nonsensically, not interested in daily activities, and no eye contact, client 2 calculated to only decrease by 42.8%. The possible factors causing the difference in the number of decreases in signs and symptoms after being given scheduled activity therapy coupled with drawing therapy with the same time and action are lack of interest and motivation in doing therapy, age maturity, non-compliance with taking medication and family support.

First, after conducting an assessment on client 2 the results experienced a decrease in interest and motivation in doing various activities including this scheduled activity therapy, especially drawing therapy. This is supported by research Agusta et al., (2020) Secondly, in terms of age maturity, client 1 is 5 years older than client 2, and client 2 is 5 years older than client 1, and client 1 is 5 years older than client 2.

Second, in terms of maturity, client 1 is 5 years older than client 2. Tobing (2017) in his research states that the older the age, the more mature the strength of a person's mindset pattern.

Third, from the level of compliance with taking client medication. Client 1 was compliant in taking medication, namely once per day at night and diligently controlled to the Purbaratu Health Center once every two weeks. While client 2 was not compliant in taking the drug with a dose of 2x/day, sometimes the client only took it once per day or not at all. Hasanah et al., (2024) in his research states that there is a correlation between adherence to taking medication and the level of relapse of client hallucinations. Treatment of schizophrenia must be carried out continuously to improve productive function and quality and reduce relapse, which in the event of a relapse will make the client's condition even worse and difficult to cure.

Fourth, regarding family support in client 1 and client 2. Client 1 gets full support from his family, especially his parents in the hallucination treatment process, such as always providing emotional and instrumental support. While client 2 there is less family support plus the condition of the family with a low economy, the condition of his parents who are elderly and already feel tired in taking care of the client. Both parents did not want to remind the client to take medicine and always judged the client. This is supported by the results of research conducted by Kristina (2020) which states that there is a significant relationship between family support and the intensity of recurrence of hallucinations, where family members play an important role in the success of the healing process such as supporting to provide assistance in achieving the client's life goals. The greater the family support for the client, the smaller the intensity of the client's relapse.

It can be concluded that after scheduled activity therapy, especially drawing therapy, it can reduce the signs and symptoms of hallucinations in both clients with auditory hallucinations. Thus proving that scheduled activity therapy, especially drawing therapy, is effective for reducing signs and symptoms of hallucinations in clients with schizophrenia. This is in line with research conducted by Hardani & Pratiwi (2024) stated that there was a decrease in subjective and objective signs and symptoms of hallucinations after drawing occupational

therapy. Of course, coupled with hallucination implementation strategies 1 to 4 so that clients can control hallucinations and signs and symptoms of hallucinations decrease. This shows that drawing therapy is effective in reducing the signs and symptoms of client hallucinations.

Conclusion

Based on case studies conducted on two clients with auditory hallucination sensory perception disorders, it can be concluded that both clients demonstrated relatively similar characteristics based on assessment results, including gender, educational background, occupation, marital status, religion, and living with family members in the same household. The differences between the two clients were identified in terms of age and medication adherence. Drawing therapy was implemented twice daily for five consecutive days on a scheduled basis, and both clients were able to participate and apply the therapy effectively. This intervention served as a means of helping them manage hallucinations while expressing their feelings, thoughts, and emotions. Prior to the implementation of scheduled activity therapy combined with drawing therapy, client 1 exhibited 10 signs and symptoms of hallucinations, whereas client 2 exhibited 14. Following the intervention, a decrease in signs and symptoms was observed in both clients—client 1 experienced a reduction of 8 symptoms (leaving 2 remaining), and client 2 experienced a reduction of 6 symptoms (leaving 8 remaining). These findings indicate that scheduled activity therapy in combination with drawing therapy is effective in reducing signs and symptoms of auditory hallucinations in both clients.

Suggestion

Based on the case studies, the authors suggest that drawing therapy be further explored in future research as an effective intervention for hallucinations. Clients and families are encouraged to apply this therapy alongside regular medication and check-ups. Educational institutions may use these findings to enrich mental health nursing interventions, while healthcare centers are advised to increase routine monitoring to support treatment adherence.

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