

## Case Study

# Case Study of the Implementation of Drawing Therapy and Music Therapy in Reducing Hallucinations in the Grahanisadha Room of the Bali Provincial Mental Hospital

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## You Have to Know!

1. This case study aims to evaluate the effect of drawing therapy and music therapy on reducing hallucinations in a patient with schizophrenia.
2. The application of drawing and music therapy showed a positive impact in decreasing hallucinatory symptoms, providing motivation, entertainment, and distraction.
3. These therapies support mental and psychosocial health by enhancing emotional well-being and reducing the risk of harm associated with untreated hallucinations.

## Abstract

**Introduction:** Hallucinations if left untreated can pose a risk of harm to yourself and others. The application of drawing therapy and music therapy can reduce hallucinatory symptoms in schizophrenic patients. The purpose of the study was to determine the results of the effect of drawing therapy and music therapy on hallucinations in schizophrenic patients. **Methods:** This research design is a case study of patients with hallucinations, qualitative research type. The sample of this study amounted by one respondent who experiences hallucinations, where drawing therapy is carried out 2-3 times a week while music therapy is carried out 5 times with a duration of 10-15 minutes per meeting. **Results:** The results show that there is an effect of applying drawing art therapy and music therapy on reducing hallucinatory symptoms in hallucinatory patients. **Conclusions:** Drawing therapy and music therapy have several benefits such as providing motivation, entertainment and diversion of attention so that the patient's mind is not focused on hallucinations. They were considered to have an effect in reducing hallucinatory symptoms in patients with hallucinations.

**Keyword:** Hallucinations, Drawing therapy, Music therapy

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## 1. INTRODUCTION

Schizophrenia, a severe mental disorder or a group of psychotic reactions, is chronic in nature, which underscores the urgency of understanding and addressing it. It is characterized by barriers to communication, realistic disorders, impaired cognitive function, and unnatural or dull affections that cause a decrease in quality of life.<sup>1-3</sup> One of the most commonly experienced symptoms of schizophrenia is hallucinations. Patients with hallucinations experience changes in sensory perception, such as feeling false sensations in the form of sound, sight, taste, touch, or smell.<sup>1,4,5</sup>

The prevalence of people around the world who experience schizophrenia is 450 million, which

most often occurs in developing countries, one of which is Indonesia.<sup>6</sup> The prevalence of individuals who experience schizophrenia in Indonesia reaches 6.7% of the total population, whereas in the province of Bali, the prevalence is approximately 11.1%, which means that around 11,100 individuals per 100,000 population are affected by schizophrenia. It will be expected to continue to increase.<sup>7</sup> On data obtained at the Emergency Room of the Bali Provincial Mental Hospital, there are still many people who experience mental disorders with minimal access to health services. One of the clients, Mrs. T, who was admitted to the emergency room of the Bali Provincial Mental Hospital, was escorted by her family because she was angry at home and could

not sleep. The results of an interview with Mrs. T's family on April 2, 2024, said that before the client came to the emergency room, they had often been

This research was conducted on April 9-20, 2024, at Bali Province Mental Hospital. The sample used was one patient who experienced

**Table 1. Major Signs and Symptoms**

No	Subjective	Objective
1	a. Hearing whispers or seeing shadows b. Sensing something through the senses of touch, smell, hearing, smell and sight.	a. Sensory distortion b. Inappropriate response c. Act as if seeing, hearing, tasting, feeling or smelling something

treated at the Mental Hospital with a sinister past background that made patients like to talk to themselves, stare, smile and laugh by themselves.

Some efforts can prevent and minimize the impact caused by hallucinations, including giving and teaching individuals how to rebuke, talk to others, make a daily activity schedule, obey taking medication, perform distraction techniques, and give individuals drawing therapy and listening to music.<sup>8,9</sup> In the RSJ inpatient room, precisely in the Grahanisadha room, the provision of drawing therapy has been carried out once a week but not routinely programmed for each patient with hallucinations, and the steps of drawing therapy have not been based on the patient's emotional condition at the time of therapy. In addition, the provision of music therapy in the room to hallucination patients as part of the intervention has not been done in the room. Based on this, the researcher wants to know more deeply by conducting a case study on Mrs. T through the implementation of drawing therapy and music therapy to reduce hallucination symptoms in the patient.

## 2. METHODS

### 2.1. Study Design and Sample

The qualitative descriptive method with a nursing care case study approach is used. Qualitative descriptive methods aim to describe and understand phenomena that occur in patients by exploring views and experiences. The nursing care case study approach is used to focus on specific individuals or groups who have similar experiences or conditions related to health care. With this approach, data are collected through in-depth interviews, observations, or documentation to obtain in-depth information about the nursing care provided and the patient's response to it.

hallucinations in the Grahanisadha room of Bali Province Mental Hospital.

### 2.2. Data Collection

Data collection techniques were carried out with pre-tests and post-tests in observing signs and symptoms of hallucinations based on SDKI, namely based on signs of major and minor symptoms that were observed changes every day in hallucination patients.

Nursing care is carried out systematically and structured, starting from assessment, diagnosis, intervention, implementation, and evaluation. Data on changes in signs and symptoms of hallucinations presented in narrative form.

### 2.3. Data Analysis

Data on changes in signs and symptoms of hallucinations were analyzed qualitatively and presented in narrative form.

## 3. RESULTS

Table 1 shows the major subjective and objective data found in respondents. Table 2 shows the minor subjective and objective data found in respondents.

## 4. DISCUSSION

The results of this study were obtained from a patient, Mrs. T, who was female and aged 68 years. Based on the assessment process and data analysis, a nursing diagnosis was obtained for Mrs. T, namely SDKI: Sensory Perception Disorder Hallucinations with nursing care goals. Sensory Perception: Hallucinations are reduced after Hallucination Management action.<sup>10</sup> Nursing management in sensory perception disorders: hallucinations by providing drawing therapy and music therapy are known to have an effect in reducing the signs and

**Table 2. Minor Signs and Symptoms**

No	Subjective	Objective
1	Expressing annoyance	<ul style="list-style-type: none"> <li>a. Alone</li> <li>b. Daydreaming</li> <li>c. Poor concentration</li> <li>d. Disorientation to time, place, person or situation</li> <li>e. Suspicious</li> <li>f. Looking in one direction</li> <li>g. Pacing</li> <li>h. Talking to themselves</li> </ul>

symptoms of hallucinations in patients. Providing drawing therapy is effective in reducing signs of hallucination symptoms when it is given 2-3 times a week, where hallucinations in patients decrease.<sup>11</sup> This frequency is considered ideal as it provides consistent stimulation without overwhelming the patient, allowing gradual cognitive and emotional adaptation. In addition to drawing therapy, nurses also provide music therapy.

Drawing therapy is an age-appropriate, nonverbal, and creative intervention that is readily accepted by patients of all ages, particularly adolescents and young adults who often find it easier to express their thoughts and feelings through images rather than words. Drawing provides a safe outlet for patients to process inner experiences, reduce anxiety, and manage symptoms such as hallucinations. The therapy engages the imagination and supports emotional regulation, making it suitable for patients who may have difficulty verbalizing their experiences due to age-related developmental stages or psychiatric conditions.<sup>12</sup> Meanwhile, music therapy is a therapy method that uses music to meet physical, emotional, cognitive, and social needs. Nurses apply it as a complementary intervention to reduce hallucinations, increase relaxation, and improve mood. Activities that can be done include listening to calming music, singing, or playing a musical instrument, helping patients shift focus from internal hallucinations to calming external sounds.<sup>13</sup>

In this study, drawing therapy was conducted three times per week. Drawing therapy conducted by nurses was carried out in the second and third weeks. Music therapy is carried out with a therapy duration of 10-15 minutes per session, which is carried out five times a week. The provision of drawing therapy and music therapy is where the preparation of the plan is adjusted to the level of the patient's ability and condition, and there are limitations in the implementation time of the therapy provided. Various media can be used to

apply therapy, which is adjusted to the patient's condition in the field.<sup>14</sup> So, it can be concluded that the provision of therapy in patients with hallucinations is needed to reduce and control the hallucinations experienced by patients so that the implementation of daily activities can be optimized. In this case, drawing therapy is given by adjusting the patient's ability and condition in the field. In this case, the nurse provides drawing therapy at meetings in the second week and in the third week, while music therapy is given in week two for five days.

Before the patient is given therapy, observations will be made based on the signs and symptoms of hallucinations experienced by the patient. After the observation is completed from the first therapy given, namely in the form of drawing therapy and after being given a break to the client for about 30-40 minutes, it is continued with the provision of music therapy. After being given drawing therapy and music therapy, the results of the application of therapy show that there is a decrease and increase in signs of hallucination symptoms that occur in patients. The reduction in hallucinatory symptoms occurs because drawing and music therapy help shift the patient's focus from hallucinatory stimuli to real, structured activities. Meanwhile, temporary increases in some symptoms may occur as the patient initially adjusts to the new therapy experience, but with consistent intervention, symptoms generally stabilize and decrease over time. The decline in hallucination symptoms is seen from the initial observation of the patient, which shows that there are eight symptoms, and at the end of the meeting, only two symptoms remain that have not been fully resolved. The application of drawing therapy can reduce signs of hallucination symptoms and increase patient concentration.<sup>11,15</sup> The provision of music therapy is proven to reduce and control hallucinations that occur in patients.<sup>1,16</sup> Based on this, it can be concluded that the application of drawing therapy

and music therapy shows a decrease in signs and symptoms of sensory perception disorder: hallucinations in patients.

Based on the implementation at the first meeting of the intervention, it was found that the nursing goals of the client needed to be entirely appropriately achieved for the patient. This can be seen when the patient is still talking to himself even though therapy has been given. The objectives in nursing still need to be achieved due to the many stressors from the patient's environment, and there is still a feeling of suspicion towards the nurse. The client seemed more focused on doing therapy at the third meeting, where the patient began to express more of his wishes to the nurse and told more about the hallucinations he saw. Changes in patient symptoms looked better at the eleventh meeting. At the meeting, there was a decrease in signs of hallucination symptoms in patients, such as seeing and hearing sounds and walking back and forth with the patient often. The patient was able to do activities in a focused and directed manner, and in this case, the patient also showed a change in response where the patient was more courageous in expressing the artwork made; the patient asked the nurse to play music as before, and the patient was able to express that he was happy. However, the provision of therapy is relatively short.

Changes in individual behavior begin to appear after seven days when individuals start to get used to the presence of new people in their lives.<sup>17,18</sup> This was also done on Mrs. T in the Grahanisadha room, where the patient was given drawing therapy and music therapy for 14 days. The decrease in signs and symptoms in Mrs. T with hallucinations has begun to appear after seven days of meetings; this can be seen through the comparison of signs and symptoms before and after the provision of drawing therapy and music therapy is carried out. At the first meeting, the signs and symptoms of hallucinations in Mrs. T were still high. They could not be fully resolved because it was the first meeting when giving therapy, and there were many factors from her environment that made Mrs. T less calm and comfortable, so the patient's focus became disturbed. The environment in the room became less comfortable and noisy because of the presence of other patients, which disturbed Mrs. T's concentration and caused an increase in hallucination symptoms. At the third to ninth meeting, the patient could express feelings openly to the nurse. The patient was more focused during the therapy, where the signs of hallucination symptoms

in Mrs. T decreased. Still, at the tenth meeting, it turned out that the signs of hallucination symptoms increased again due to the environment in the room that was less calm, where one of the patients was noisy. At the eleventh meeting, after the signs of hallucination, symptoms in the patient decreased again; this was due to the drawing therapy and music therapy given to the patient that the patient could follow well where the application of drawing therapy and music therapy was considered adequate given to reduce the signs of hallucination symptoms in the patient. So the number of therapies given to the patient is nine times.

## 5. CONCLUSION

The provision of drawing therapy and music therapy is beneficial for patients in reducing the signs and symptoms of hallucinations experienced by patients.

## 6. CONFLICT OF INTEREST

All authors declared there is no conflict of interest.

## 7. ACKNOWLEDGEMENT

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## 8. ETHICAL CONSIDERATION

There are no ethical issues. This study was approved by the Health Research Ethics Committee of the Faculty Medicine Universitas Udayana.

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