

## Case Study of Implementation Thought Stopping Therapy in Patient with Sensory Perception Disorders: Hallucinations

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### ABSTRACT

**Introduction:** Patients with schizophrenic disorders, especially with sensory perception disorders, namely hallucinations. One of the non-pharmacological treatments that can control hallucinations in patients with mental disorders is thought stopping. Thought stopping is a technique used to cure self-destructive negative thinking by saying “STOP” and replacing negative thoughts with positive thoughts.

**Objective:** The purpose of the case study is to analyze the intervention of thought stopping with sensory perception disorders in patients with auditory hallucinations in the Arjuna Room of Banyumas Hospital.

**Methods:** The method of this writing is a case study with a quasy-experiment intervention of thought stopping therapy performed on auditory hallucination patients with sensory perception disorder problems.

**Results:** This therapy is carried out repeatedly with 4 sessions for 15 minutes.

**Conclusion:** The conclusion of the sensory perception disorder problem was resolved after being given thought stopping therapy.

**Recommendations:** This case study was only conducted on auditory hallucination patients with sensory perception disorder problems, it is hoped that further researchers can conduct in-depth case studies and apply other more effective methods to overcome sensory perception disorders.

**Keywords :** schizophrenia, sensory perception disorders of hallucination, though stopping

## INTRODUCTION

The concept of mental health is basically covered in various aspects of a person's life, which is more than just the absence of mental illness, but also refers to a state of well-being that allows them to reach their full potential in various fields of life (Hulu & Pardede, 2022). According to the World Health Organization (2022), mental health is a state when a person feels healthy and happy, is able to face life's challenges and can accept others as they should and have a positive attitude towards themselves and others.

Based on data from the World Health Organization (2022), 970 million or 1 in every 8 people worldwide experience mental disorders, 301 million with anxiety disorders, 280 million with depression, 40 million with bipolar, and 1 in 300 people (0.32%) or the equivalent of 24 million with schizophrenia. 0.45%, equivalent to 1 in 222 people with schizophrenia, are adults (WHO, 2022). In Indonesia, the prevalence of schizophrenia is 450,000 people, equivalent to 6.7% of 1000 households as stated in the Basic Health Research (Riskesdas Jawa Tengah, 2018). Schizophrenia is a severe mental condition where there is personality dysfunction, deterioration of social functioning and distortion of reality with hallucinations and delusional thinking that can occur with or without organic mental disorders or so-called mental disorders due to damage to the brain (Videbeck, 2020). Often schizophrenia is known as a chronic disease that attacks the brain resulting in disorders that make chaotic thoughts, delusions, hallucinations, and catatonic or strange behavior (Damanik et al., 2020).

Hallucination is one of the symptoms of mental disorders where the patient experiences changes in sensory perception, feeling false sensations in the form of sound, sight, taste or touch (PPNI, 2018). Patients feel stimuli that do not actually exist, talk to themselves, smile to themselves, laugh to themselves, stare at a point, fast eye movements, try to avoid other people, cannot distinguish between real and fake (Sugiarto & Suyanta, 2023). Changes in sensory perception include hearing, vision, taste, smell, and touch. About 90% of people with schizophrenia experience hallucinations. The dominating type of hallucination is auditory hallucinations which reach 70%, visual hallucinations occupy the second position with a proportion of 20%, and other types of hallucinations are 10% including hallucinations of taste, smell, touch and kinesthetic (Muhith, 2015). Auditory hallucinations are the perception of hearing something without any external source, where individuals believe the sound they hear comes from within themselves (Firdaus et al., 2023). Generally, a person with auditory hallucinations often talks, smiles and laughs to themselves, withdraws from the environment, looks in one direction, covers their ears, appears restless and often gets angry suddenly (Hulu & Pardede, 2022). Hallucinations that are not handled quickly allow unwanted things to arise, such as ordering violence or harming others, to trigger extreme emotional responses such as anxiety, panic, fear and feeling terrorized (Aldam et al., 2019).

According to medical record data at Banyumas Regional General Hospital in 2025 from January to March, the number of admissions was 843 people. A review in one of the inpatient rooms, namely the Arjuna Room in 2025 from January to March, the number of patients admitted with a percentage of 39% experiencing violent behavior, 7.3% experiencing low self-esteem, 2.4% experiencing delusions, 9.8% experiencing self-care deficits and the highest percentage is hallucinatory sensory perception disorder, which is 41.5%. Therefore, a schizophrenic with hallucinations requires long-term treatment with pharmacology and other non-pharmacological interventions including individual psychotherapy, group therapy, behavioral therapy, social skills training, family therapy and assertive training (Videbeck, 2020).

Based on the data above, there is an increase in the number of hallucination patients in the Arjuna room at Banyumas Hospital, as an effort to reduce the number of hallucination patients is done by providing nursing care. One of the interventions that can be done to reduce hallucinations in patients is thought stopping. Thought stopping therapy has been used by research conducted (Twistiandayani & Widati, 2017) to hallucination patients and the results of the study showed that there was a significant difference between the level of hallucinations before and after being given thought stopping therapy.

This is related to research conducted by Sugiarto & Suyanta (2023), on the application of thought stopping therapy to reduce symptom scores in patients with sensory perception disorders, obtained the results of verbalization of hearing whispers quite reduced, increased concentration, decreased pacing and decreased questionnaire scores from 28 to 18, which indicates that there is a decrease in signs and symptoms of sensory perception disorders. This is also in line with research conducted by (Fitriana et al., 2024) on nursing care for sensory perception disorders; auditory hallucinations in schizophrenia with the provision of thought stopping therapy, obtained decreased results in hearing disturbing voices and being able to do therapy well. This shows that thought stopping therapy can be used as psychotherapy to stop disturbing or threatening thoughts.

In general, the researcher's goal is to provide nursing care to patients with sensory perception disorders: hallucinations. Specifically, the researcher's goal is to provide thought stopping therapy for patients with sensory perception disorders: hallucinations. Researchers conducted interventions on TN. M patients with sensory perception disorders: hallucinations that show signs and symptoms such as restlessness, frequent crying, laughing and babbling alone. Therapy that is able to change disturbing and threatening thoughts into positive thoughts so that they can interact well in the surrounding environment. The problems described above led researchers to conduct a case study related to the implementation of Thought Stopping in patients with sensory perception disorders: hallucinations as this scientific paper. It is hoped that readers will be able to know and apply, especially in the field of nursing so that it can be carried out in the form of comprehensive nursing care.

## MATERIALS AND METHODS

This research method is using descriptive method in case study design on one patient by using comprehensive nursing process which includes assessment, nursing diagnosis, planning, implementation and nursing evaluation. The case study was conducted in the Arjuna room of Banyumas Hospital on Mr. M with nursing problems of sensory perception disorder: hallucinations. on March 11-14, 2025. The data collection process was carried out by interview, direct observation and documentation study. The instruments prepared in this case study are data assessment formats, Group Activity Therapy Operational Standards and observation sheets. And to complete this paper, researchers collected data from various sources such as books, journals, articles and the web as a reference. The ethical principles of nursing applied in this study include honesty, usefulness, avoiding harm, maintaining client data or anonymity.

## RESULTS

In this case study, the subject is Mr. M, 38 years old, male gender, divorced, last education junior high school, not working, address in Sokaraja. The identity of the person in charge is Mrs. S, 41 years old, the relationship with the patient is siblings. The reason for admission to the hospital was that the patient seemed restless, angry, often cried, laughed and babbled to himself. The patient had difficulty sleeping and damaged things. The patient also said that he often gets angry without cause and hears whispering voices that often appear in the morning and at night before going to bed. The data showed that Mr. M showed sensory perception disorder: hallucinations.

The results of the physical examination carried out by the author obtained data that Mr. M's general condition was adequate with vital signs within normal limits, namely blood pressure 118/74 mmHg, pulse 82 x/min, respiration 20 x/min, temperature 36.2°C. Body weight is 60 kg with a height of 170 cm. Assessment related to the patient's self-concept, the patient said he liked all parts of his body, played a role as a man who was widowed, the patient had a desire to recover and gather with family with efforts to be diligent in taking medication and always active, participating in activities in the hospital, the patient's social relationship with community groups was a little inhibited because the patient rarely participated in community activities. The patient is Muslim and actively prayed 5 times

before illness, but after illness the patient rarely prayed 5 times. The treatment obtained was Lodomer 3 mg, Diazepam 10 mg, Hexymer 2 mg, Olanzapine 5 mg, Frimania 200 mg.

Assessment of the patient's mental status, the patient appears clean and neatly dressed, incoherent speech, the patient appears restless, often cries, laughs and babbles to himself, there are facial expressions when speaking. The patient's coping is currently good, able to care for himself, concentration is still lacking and he can control his own emotions. The patient believes that he can recover and be healthy and reunite with his family, when the patient has a problem the patient usually tends to be alone in his room.

The nursing problem that arises in the above case after assessment is sensory perception disorder: hallucinations. Nursing planning includes the application of problem priorities, goals, and nursing action plans. Implementation is carried out for 4 days, referring to the nursing plan in accordance with the action plan that has been prepared. After implementation for 4 days, as for the evaluation of the results obtained, the subjective data of the patient said that he could accept the situation he was experiencing sincerely, the patient had found a way to deal with the voices that appeared by rebuking him and saying "STOP". Objective data is that the patient is cooperative, the patient does activities that have been trained by the nurse independently, the patient's appearance looks neat and clean, the patient looks a little smiling. Assessment obtained the problem of sensory perception disorders: hallucinations are partially resolved, as evidenced by the patient being able to significantly control his hallucinations both physically and verbally. Planing continue the intervention to maintain the special goal of sensory perception disorder: hallucinations with thought stopping.

## DISCUSSION

### Assessment

The assessment was carried out on March 11, 2025 against Mr. M, obtained the results of the assessment data that the patient said he liked to be angry without cause if he was angry, often threw things, had difficulty sleeping, and liked to hear voices, the patient said this voice appeared in the morning and before going to bed at night when the atmosphere was quiet, and the patient said if the voice appeared the patient did not know how to deal with it and said he was lazy to interact with others and walked back and forth. The results of observations in the room the patient seemed to often daydream, the patient seemed to pinch his nails, sometimes liked to look down, the voice sounded slow and slow in answering and concentration was a little bad and occasionally the patient seemed to turn his head in a certain direction and had less eye contact when invited to communicate and seemed to often stay silent and spend time in bed.

From the data above, it shows harmony with the theory according to Hertati et al. (2022) which says that the signs of hallucinations are talking / laughing to themselves without interlocutors, getting angry without cause, leaning their ears in a certain direction, and closing their ears. So it can be concluded that there is no gap between the theory and the results obtained by researchers in the field.

### Nursing Diagnosis

Nursing diagnosis is an actual or potential health problem that can be solved by nurses because of their education and experience. Based on the assessment and data analysis in the case of Mr. M nursing diagnosis that can be enforced are: sensory perception disorders: auditory hallucinations, risk of violent behavior and social isolation. Based on this, the priority nursing problem is sensory perception disorder: Auditory Hallucinations Therefore, researchers focus on overcoming the hallucinations experienced by patients. This is in line with research Hertati et al. (2022) which enforces nursing diagnosis as above but there are differences in diagnoses that are enforced, namely self-care deficits while researchers enforce social isolation diagnoses

## Nursing Interventions

The preparation of nursing interventions is carried out in accordance with nursing diagnoses. Nursing interventions that researchers do are with the same journal that researchers determine have in common, namely using thought stopping therapy in hallucination patients. The strategy for implementing thought stopping therapy with hallucinations of SP 1-4 actions is to control hallucinations by rebuking voices that are heard but do not materialize, then by talking to other people when hallucinations occur both with nurses and friends around, then by doing scheduled daily activities and finally taking medication regularly (Kitu et al., 2019).

Thought Stopping therapy has been used by research conducted Twistiandayani & Widati (2017) to people with hallucinations and the results of the study show that there is a significant difference between the level of hallucinations before and after being given Thought stopping therapy. So it can be concluded that Thought Stopping therapy can change a person's negative thoughts into positive thoughts. So, with this research, it is hoped that Thought Stopping therapy can be used in schizophrenia patients who experience auditory hallucinations to reduce the level of patient hallucinations that have been done to control hallucinations in themselves. According to researchers, there is no gap between theory and reality in the field because the actions taken are in line with research (Twistiandayani & Widati, 2017).

## Nursing Implementation

The implementation given to Mr. M is in the form of thought stopping therapy which can help patients to control their hallucinations. Thought stopping therapy has been proven effective in several previous studies which found that thought stopping therapy can provide significant changes in patients with hallucination diagnoses. Thought stopping therapy aims to distract the patient from the symptoms arising from hallucinations, which this therapy will help the patient in expressing the feelings that the patient is feeling so that the patient can be distracted from the hallucinations that arise and can express his heart/feelings through thought diversion.

Implementation of thought stopping therapy on the first day the patient identifies the hallucinations he is experiencing, where the patient says he still hears whispers of the patient's response when the hallucinations appear the patient is pacing. Then the author teaches the technique of rebuking by saying "go ... go ... you fake voice, you don't exist you are not real". And the author taught the patient to do the rebuke technique independently. The second day of implementation, the patient said he still heard whispers at night. The results of observations that the author saw, the patient was still often restless, pacing and laughing alone. The author continued the SP 2 action, namely by talking to other people when hallucinations appeared and doing thought stopping therapy. The author gave an example of how to have a conversation with a friend or nurse and advised the patient to do this method independently.

On the third day of implementation, the author performed the action of thought stopping therapy. The patient looked calm and also felt safe. The patient also seemed cooperative when doing the thought stopping therapy. On the fourth day of implementation, the author collaborated in the administration of drugs and also conducted mind stopping therapy. The patient seemed to take the medicine given by the officer and he also said that he now takes medicine regularly. When doing occupational therapy drawing, the patient seemed to be able to practice thought stopping therapy on his own without being helped by the nurse, Mr. M said he was getting used to it and rarely did it. Mr. M said he was getting used to it and rarely heard the whisper anymore. The patient seemed happy and enthusiastic when doing thought stopping therapy.

## Nursing Evaluation

Evaluation results on Mr. M with nursing problems sensory perception disorders: auditory hallucinations, at the end of the fourth day after being given thought stopping therapy the patient already looked calmer, more cooperative, the patient could draw, and could express the meaning of



his thoughts and had begun to interact with his roommate. This research is in line with Purwanti & Dermawan (2023) that there is a decrease in the frequency of hallucinations after being given thought stopping therapy. According to the researcher's assumption that happened to Mr. M, the patient is cooperative in carrying out therapy according to time and rules.

## CONCLUSIONS

Based on the description in the discussion above, the researcher can conclude that: The results of the assessment conducted by the researcher on Mr. M were found. Mr. M found data showing that the patient experienced hallucinatory symptoms such as whispering voices, pacing and talking to himself. Predisposing factors in Mr. M has experienced mental disorders before. The main diagnosis that arises from the results of the assessment and the data obtained is sensory perception disorder: auditory hallucinations. Nursing interventions and implementation are adjusted to the meeting strategy in auditory hallucination patients, namely SP 1- SP 4 coupled with the application of thought stopping therapy. The evaluation obtained that there was an increase in the patient's ability to control the hallucinations experienced and the impact on reducing the signs and symptoms of auditory hallucinations experienced and the patient seemed calmer after being given this therapy for 4 days.

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