

## The Application of Video Viewing Therapy for Sensory Perception Disorders and Auditory Hallucinations at Soerojo Mental Hospital in Magelang

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### ABSTRACT

**Background & Objective:** One of the symptoms of schizophrenia is auditory hallucinations. Hallucinations are false perceptions that occur as a result of maladaptive neurobiological responses. Hallucinations can be treated using two techniques: pharmacological and non-pharmacological. Pharmacological techniques involve collaborating with a doctor to administer medication such as Haloperidol, Serenace, Lodomer, and Chlorpromazine. Non-pharmacological techniques in this study include video therapy. The objective is to determine the effectiveness of video therapy in treating sensory perception hallucinations at Magelang Mental Hospital. **Method:** This study uses a qualitative approach with a case study design. **Result:** The case study results showed that sensory perception disorders were resolved. Therefore, it can be concluded that nursing care, which includes assessment, diagnosis, intervention, implementation, and evaluation, combined with the application of video therapy, effectively reduces the level of hallucinations, frequency of hallucinations, and duration of hallucinations in schizophrenia patients. **Conclusion:** After implementing video therapy for 3 days, it was found that video therapy can be applied to schizophrenia patients with auditory hallucinations.

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### Introduction

Mental disorders are serious mental health problems that cause cognitive and emotional disturbances as well as social dysfunction, rendering individuals unable to perform their daily activities. Mental disorders can affect people of all ages, from

children to adolescents, adults, and the elderly (Syahputra et al., 2021). Mental disorders are serious health issues due to the increasing number of cases, including chronic conditions like schizophrenia, which affect the thought processes of those affected. As a result, individuals with schizophrenia may struggle with clear thinking, managing emotions, and socializing (Hairani et al., 2021).

Schizophrenia is a disorder that affects brain function. Schizophrenia involves numerous factors, including physical brain structure, changes in brain chemistry, and genetic factors. Schizophrenia is a chronic heterogeneous syndrome characterized by disorganized thinking, delusions, hallucinations, inappropriate behavioral changes, and impaired psychosocial functioning (Yunita, 2020). Schizophrenia is a severe mental disorder (psychosis) characterized by distortions in thought, perception, emotion, speech, self-awareness, and behavior. Schizophrenia is one of the 25 most common diseases worldwide that can cause disability, affecting the patient, their family, and the community around them (Sadock, 2011).

According to data from the World Health Organization (WHO, 2022), approximately 24 million people (2.5%) suffer from schizophrenia, or about 1 in 300 people (0.32%) worldwide, with 1 in 22 people (0.45%) being adults known to have schizophrenia, with the onset of schizophrenia occurring in late adolescence, around the age of twenty, and occurring earlier in men than in women (WHO, 2022). Out of 300,000 household samples or approximately 1.2 million people, the proportion of households with schizophrenia psychosis in Indonesia has significantly increased from 2% in 2013 to 7% in 2018, resulting in approximately 450,000 people with severe mental disorders (ODGJ), with the highest rate in Bali Province at 11%, the lowest in Riau Islands Province at 3%, and Central Java at 9% in 2018 (Riskesdas, 2018).

At Soerojo Mental Hospital in Magelang, data shows that the number of mental health patients admitted for inpatient care reached 6,823 during the January-December 2023 period, with 1,323 patients diagnosed with hallucinations. Of the total 1,323 patients with hallucinations, 926 experienced auditory hallucinations, 265 experienced visual hallucinations, and 132 experienced olfactory, gustatory, and tactile hallucinations. Hallucinations are perceptual disturbances where patients perceive something that is not actually occurring. Auditory hallucinations involve misperceptions of sounds heard by individuals with mental disorders, and the sounds heard can be pleasant, threatening, or even deadly and destructive (Aji, 2019).

Auditory hallucinations are characterized by sudden changes in behavior, such as laughing alone, talking to oneself, becoming angry, or covering one's ears, as the patient believes they are hearing someone speaking to them. Auditory hallucinations require proper management. One of the effects on someone with auditory hallucinations is the loss of self-control, making them more prone to panic, excessive fear, and engaging in harmful behaviors such as doing things that are dangerous to themselves (Mister et al., 2022).

One method for treating patients with auditory hallucinations is through scheduled video-watching activities. Watching videos is a form of sensory therapy within group activity therapy. The purpose of sensory stimulation through video-watching is to stimulate all five senses (sensory) to elicit an appropriate response. The benefits of video-watching therapy include improving reality testing skills through communication and feedback with or from others, motivating the thinking process, recognizing hallucinations, training patients to control hallucinations, increasing awareness of the relationship between one's own emotional reactions and social

relationships for daily application, and being rehabilitative: improving self-expression, social skills, self-confidence, empathy, and the ability to recognize life problems and their solutions (Maulana, 2021).

Based on the above background, the author is interested in conducting a case study on "The Application of Video Viewing Therapy in Auditory Hallucination Sensory Perception Disorders at Soerojo Mental Hospital in Magelang."

### **Objective**

Based on this background, the author was interested in conducting this study with the aim of determining the results of the application of video viewing therapy on sensory perception disorders and auditory hallucinations at Soerojo Mental Hospital in Magelang.

### **Method**

This final nursing thesis uses a descriptive research design with the application of previous case study results, using a mental health nursing approach and an innovative intervention, namely video viewing therapy. Therefore, the instruments used are the mental health nursing format and the SOP for Video Viewing Therapy.

The subject of this final nursing thesis is an individual (one client) with sensory perception disorders and auditory hallucinations at Soerojo Mental Hospital in Magelang, conducted over three days from March 26, 2025, to March 28, 2025, with video therapy sessions lasting 10–20 minutes. The data collection techniques used in this study included interviews, observations, and documentation. The data collected were sourced from the patient (Mr. A) as primary data, the patient's medical records, and the nurses on duty in Room Wisma Lily 9 at Soerojo Magelang Psychiatric Hospital as additional data.

From the research data collected and documented in the format of mental health assessment, the author analyzed the data into objective and subjective data, then formulated mental health nursing diagnoses for each individual data collected. Subsequently, nursing interventions were developed based on the principles of implementation strategies, followed by implementation through the application of music therapy and nursing evaluation.

### **Results**

Following an assessment conducted on Wednesday, March 26, 2025, the following patient data was obtained: Mr. A, 44 years old, male, with an educational background of elementary school and currently unemployed, residing in Temanggung, Central Java. The patient was admitted on March 18, 2025 (1:00 PM WIB), with a medical diagnosis of (F20.0) Paranoid schizophrenia. The reason for admission was that the patient became violent, threatening, and angry suddenly after hearing voices telling him to throw/smash objects, hit doors, and damage neighbors' property. The patient also tends to isolate himself. In the current medical history assessment, approximately one week before admission to the psychiatric hospital, the patient reported frequently becoming angry, threatening, and disturbing the surrounding environment. Subsequently, the patient was brought to Soerojo Psychiatric Hospital in Magelang by their family.

The primary nursing diagnosis here is sensory perception disorder with auditory hallucinations. The increased sensory perception is supported by major data such as

hearing whispers to throw objects in a rage and minor data such as expressing frustration. Additionally, the patient tends to daydream and isolate themselves.

The intervention in this case study involves primary hallucination management interventions, including observation, therapeutic approaches, education, and collaboration, as well as the implementation of strategies and the provision of video therapy.

**TABLE 1.** Documentation of the Implementation of Video Viewing Therapy

<b>Day</b>	<b>Patient Response</b>
1	<i>“Often hearing whispers telling him to throw things, get angry, and rage, the patient said that the hallucinations appeared suddenly and unpredictably, with the frequency of the patient hearing these whispers ranging from 1 to &gt;3 times a day, with the duration of the hallucinations lasting approximately 15 seconds.”</i>
2	<i>“Still hearing whispers telling him to throw things, the frequency with which the patient hears these whispers has decreased compared to the previous day, to only twice, with the duration of the hallucinations lasting approximately 10 seconds.”</i>
3	<i>“He no longer hears voices telling him to throw things, so the patient feels happier and can rest more peacefully.”</i>

## Discussion

The assessment found that the patient was admitted to Room Wisma Lily 9 at Soerojo Magelang Mental Hospital because the patient was violent, threatening, and hearing voices, after which neighbors and the surrounding community labeled him as crazy. Since then, the patient has refused to take medication, leading to behaviors such as talking to oneself, becoming violent, making threats, suddenly becoming angry, throwing or breaking objects, hitting doors, and damaging neighbors' property. The patient also tends to isolate themselves. During the interview, Mr. A expressed frustration because he frequently hears voices telling him to get angry and throw objects. The medical diagnosis recorded in the medical records is schizophrenia.

The assessment conducted on the patient revealed several symptoms pointing to a diagnosis of sensory perception disorders: auditory hallucinations associated with psychotic disorders. This aligns with the SDKI (2019), where the signs of sensory perception disorders include auditory hallucinations such as hearing whispers, perceiving sounds through the sense of hearing, acting as if hearing something, having poor concentration, daydreaming, and preferring solitude. Auditory hallucinations involve hearing voices or noises, most commonly human voices. The sounds range from unclear noises to clear words spoken about the client, even to complete conversations between two people experiencing hallucinations. The thoughts heard, where the client hears instructions to do something, can sometimes be dangerous (Azizah, 2016; Dwi, 2020).

The condition experienced by patients is associated with unpleasant behaviors that trigger stress and discontinuation of treatment without the consent of healthcare professionals. The process of hallucination onset is explained using Stuart's stress adaptation concept, which includes stressors from predisposing and precipitating factors. Additionally, hallucinations can also be caused by social isolation, which can lead to hallucinations and increase the risk of violent behavior. Patients with sensory

perception disorders involving hallucinations typically experience unpleasant experiences and have a history of discontinuing medication or stopping treatment (Stuart Laraia, 2010). Information about unpleasant behavior and discontinuation of treatment was obtained from the patient's parents, who stated that the patient refused to take medication because it caused drowsiness.

The plan provided to the client involves hallucination management. Hallucination management interventions include observing behaviors indicative of hallucinations, monitoring the content of hallucinations, maintaining a safe environment, discussing feelings and responses to hallucinations, and avoiding debates about the validity of hallucinations. Additionally, education is provided on how to control hallucinations and collaborate on the administration of antipsychotic and anxiolytic medications (SIKI, 2019).

According to Pima (2020), hallucination management also includes Implementation Strategies (IS) such as helping individuals recognize hallucinations, controlling hallucinations through confrontation, taking medication regularly, engaging in conversation with others, and participating in scheduled activities. These strategies are expected to reduce verbalization of hearing whispers, reduce hallucinatory behavior, and decrease withdrawal and daydreaming (SLKI, 2019). Hallucination control is achieved through modality therapy, which is divided into four categories: activity therapy, social therapy, group therapy, and environmental therapy (Hidayah, 2019).

The modality therapy conducted by the researcher is activity therapy, one of which is video-watching therapy. Video-watching therapy was implemented over three days, with a duration of 10–20 minutes per day. During the therapy, the patient watched videos using a laptop. Afterward, the patient was asked about the hallucinatory responses experienced after the video-watching therapy. On the first day, the patient stated, "I frequently hear voices instructing me to throw objects, become angry, and act violently. The patient mentioned that hallucinations appear unpredictably and suddenly, with the frequency of hearing such voices occurring up to more than three times in a day, lasting approximately 15 seconds each time." On the second day, the patient reported, "Still hearing voices telling him to throw objects, but the frequency of hearing these voices has decreased compared to the previous day, occurring only twice with a duration of approximately 10 seconds." On the third day, the patient stated, "I no longer hear the voices telling me to throw objects, so I feel happier and can rest more peacefully" (Mr. A, 2025).

This is in line with the research conducted by Utama et al. (2025) entitled "The Application of Video Viewing Therapy in Patients with Auditory Hallucinations at the Regional Mental Hospital in Lampung Province," which found that the application of video viewing therapy in patients with auditory hallucinations can be used to control hallucinations and improve patients' ability to control their hallucinations. Therefore, the application of video-watching therapy for patients with auditory hallucinations is effective in distracting patients and helping them control their hallucinations.

Group activity therapy: sensory stimulation is an effort to stimulate all five senses (sensory) to elicit an adequate response. The application of TAK was also implemented in the study by Noor et al. (2017) titled "Group Activity Therapy for Sensory Stimulation: Auditory Hallucinations in the Eagle Room at RSJD Atma Husada Mahakam Samarinda," with results indicating that TAK can be used to

control hallucinations and improve the ability to control them. This means that the therapy of watching videos can be used to reduce the frequency of hallucinations.

Based on the results of the above case study, it can be concluded that when simultaneously implementing hallucination management interventions and implementation strategies (IS), the application of video-watching therapy can reduce the severity of hallucinations, the frequency of hallucinations, and the duration of hallucinations in schizophrenia patients, thereby addressing the sensory perception disorder of auditory hallucinations.

## Conclusion

After implementing the viewing therapy for 3 days, the results showed that video viewing therapy can be applied to schizophrenia patients with sensory perception disorders and auditory hallucinations. This was proven by the decrease in the level, frequency, and duration of hallucinations that appeared. In addition, patients became more able to interact with others, their concentration improved, and they felt more comfortable and happy.

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