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NURSING INTERVENTION WITH COMBINED PSYCHORELIGIOUS THERAPY IN PATIENTS WITH AUDITORY AND VISUAL HALLUCINATIONS: A CASE REPORT

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Abstract

Hallucinations are a common symptom often experienced by people with schizophrenia. Treatment can be carried out through psychiatric nursing care combined with psychoreligious therapy. This study aims to describe the application of a combination of nursing care and psychoreligious therapy in patients diagnosed with sensory perception disorders: auditory and visual hallucinations. The method used was a clinical case report with five stages of the nursing process, from assessment to evaluation. The intervention was conducted over seven days, and psychoreligious therapy was administered twice daily for 10–20 minutes per session. The study subject was a patient, Mr. I, diagnosed with schizophrenia and experiencing auditory and visual hallucinations. The patient had a history of repeated hospitalizations at the psychiatric hospital with the same symptoms since 2019. Mr. I presented with complaints of laughing and talking to himself. The patient's speech was incoherent, his affect was labile, he had difficulty focusing, and he exhibited a flight of ideas. The results showed that this intervention was effective for Mr. I, as the patient was able to recognize, dismiss, and redirect hallucinations independently, showed improved adherence to treatment, was able to maintain focus during conversations, was calmer, could open up emotionally, and experienced a reduction in the frequency of hallucinations. The conclusion of this study is that the combination of nursing care and psychoreligious therapy can be proven effective in enhancing the ability of schizophrenia patients to manage auditory and visual hallucinations independently.

Introduction

Mental health is one of the key aspects supporting the achievement of overall individual well-being. According to the World Health Organization (WHO), mental health is not merely defined as the absence of mental disorders but also encompasses an individual's psychological, social, and physical well-being (Nurhalimah, 2016). Everyone has the potential to experience mental disorders, which can significantly affect thoughts, emotions, and behavior in a clinically significant way. These disorders are often associated with severe emotional distress, loss of social functioning, dependency, and reduced capacity to perform daily roles. Mental disorders are psychological conditions characterized by disturbances in behavior, emotions, or thought patterns that have clinical significance (Anisyah & Nadhirah, 2024). These conditions are often associated with severe psychological stress, disability, or increased risk of emotional distress, loss of social functioning, and inability to maintain independence.

Videbeck (2008) in Akbar & Rahayu (2021) emphasizes that if not properly addressed, mental disorders can significantly reduce an individual's quality of life. One form of severe mental disorder is psychosis, a condition in which a person experiences perceptual disturbances and loses contact with reality (Ardiyani.I., H, 2019). The most common diagnosis within the psychosis spectrum is schizophrenia, a chronic mental disorder characterized by symptoms such as hallucinations, disorganized thoughts, delusions, abnormal behavior, and impairments in social functioning and self-care (Fatima & Widianti, 2024). Schizophrenia is classified as a severe psychiatric disorder that can impair an individual's ability to perform daily activities, such as self-care, work, study, and build interpersonal relationships (Emulyani & Herlambang, 2020).

According to WHO data (2022), there are approximately 24 million people with schizophrenia worldwide, equivalent to 1 in 300 people (0.32%). In Indonesia, according to the Indonesian Ministry of Health (2019), the number of people with schizophrenia is estimated to reach 400,000, or approximately 1.7 per 1,000 people. Meanwhile, in West Java Province, there are 48,722 people living with schizophrenia (2.52%), with an annual average of 44,806.33 cases (Ministry of Health of the Republic of Indonesia, 2022). One of the most common positive symptoms in people with schizophrenia is hallucinations. Approximately 90% of schizophrenia survivors are confirmed to experience hallucinations (Fatima & Widianti, 2024). Hallucinations are sensory perception disorders where individuals perceive false stimuli such as sounds, visions, tastes, touches, or smells that do not originate from the real world (Kusumawaty et al., 2021). Hallucinations are the most common clinical manifestation of sensory perception disorders, where individuals experience false sensations that do not originate from real external stimuli. This phenomenon can involve various sensory modalities, such as auditory (hearing), visual (sight), gustatory (taste), tactile (touch), or olfactory (smell). The sensations experienced do not originate from the objective environment but rather from the individual's internal perception. Therefore, hallucinations are classified as sensory perceptions that do not align with reality (Akbar & Rahayu, 2021).

Based on the findings of Livana et al. (2018), auditory hallucinations are the most common type of hallucination experienced by people with mental disorders, accounting for around 70% of cases, followed by visual hallucinations at 20%, and the remaining 10% each for gustatory and tactile hallucinations. Auditory hallucinations occur when an individual perceives sounds or noises that do not actually exist. These sounds may include whispers or commands that prompt someone to engage in harmful actions toward themselves or others (Mabruro et al., 2024). Meanwhile, visual hallucinations are a condition where a person sees unreal stimuli, such as human figures, objects, shadows, or flashes of light, as if they were real (Amelia et al., 2025). Research by Lim et al. (2016) in Amelia et al. (2025) mentions that hallucinations can occur simultaneously in several senses. Multisensory hallucinations are false perceptions involving two or more sensory modalities simultaneously or sequentially with overlapping experiences. This condition tends to increase the intensity of belief and psychological pressure on the individual experiencing it (Toh et al., 2022). Visual and auditory hallucinations, as the primary positive symptoms of schizophrenia, not only disrupt the patient's emotional stability but also have the potential to significantly impact behavioral control. This means the patient may lose the ability to distinguish between reality and their internal perceptions, which can lead them to engage in harmful actions, whether toward themselves—such as self-harm or suicide attempts—or toward others, including aggressive behavior up to murder. (Andri et al., 2019) Therefore, a comprehensive and early intervention approach is of utmost importance.

These interventions include pharmacological treatment (primarily antipsychotics) and the implementation of structured and continuous nursing care. This approach aims not only to reduce the frequency and intensity of hallucinations, but also to improve patients' quality of life through the strengthening of social functioning and better adaptation to reality. Nurses play a central role in managing hallucination symptoms, particularly in psychiatric hospital settings. One of the primary responsibilities of nurses is to systematically and structurally implement nursing care standards. These procedures include intervention plans aimed at reducing the intensity and frequency of hallucinations and improving patients' behavioral adaptation. (Akbar & Rahayu, 2021).

The intervention strategy used includes several key components, such as helping patients recognize the onset of hallucinations, training them to perform self-instructional responses such as rebuking hallucinations, encouraging compliance with antipsychotic medication, and teaching patients to actively interact with their social environment through verbal communication, especially when symptoms arise. Structured activities are also recommended to minimize the likelihood of relapse (Livana et al., 2018). Patients with hallucinations need to be guided to develop more adaptive response patterns to unreal internal stimuli. This can be achieved through a holistic, consistent, and individually tailored nursing approach. Additional therapeutic modalities, both pharmacological and non-pharmacological, also play a crucial role in supporting the success of nursing interventions (Kamariyah & Yuliana, 2021).

Pharmacologically, therapy focuses on the administration of antipsychotics to control neurotransmitter imbalances that are the biological basis of psychotic symptoms. On the other hand, non-pharmacological therapy includes alternative therapeutic approaches, one of which is psychoreligious therapy that can be combined with nursing interventions. This approach seeks to activate spiritual aspects as a source of inner calm, as well as a distraction from hallucinatory stimuli (Akbar & Rahayu, 2021). One form of psychoreligious therapy that can be effectively applied is dhikr. Dhikr serves as a self-regulation technique through verbal repetitive activities that involve mind focus and full concentration (khushu). This practice helps individuals to distract themselves from distracting internal stimuli, such as hallucinatory voices, and increases their ability to control their symptoms. Dhikr can also create a more stable emotional state, reduce anxiety, and strengthen patients' confidence in dealing with perceptual disorders (Putri et al., 2021).

Based on this description, the author is encouraged to broaden his insight and experience in the management of mental disorders, especially in cases of auditory and visual hallucinations. Therefore, the author is interested in practicing nursing care in patients with schizophrenia who experience sensory perception disorders, with a combined intervention approach between professional nursing care and psychoreligious dhikr therapy.

Method

This study and research was conducted in the form of a case report design focusing on the implementation of nursing care. The nursing care process begins with an assessment stage, followed by the establishment of a nursing diagnosis, intervention planning, implementation of nursing actions, and finally an evaluation of the results of the interventions that have been carried out (Hutagalung, 2019). During the implementation of the intervention, a combination of psychoreligious therapy was performed, consisting of a series of dzikir (remembrance of God) in the form of reciting istighfar (astagfirullahal'adzim) three times, followed by tasbih (Subhanallah) 33 times, tahmid (Alhamdulillah) 33 times, and takbir (Allahuakbar) 33 times. This intervention was carried out for four consecutive days and was included in the daily schedule with each session lasting between 10 and 20 minutes. The dzikir phrases and

procedures used referred to the protocol developed by Munandar et al. (2019) and reinforced by the research of Akbar & Rahayu (2021).

The subject of this case report is a patient with schizophrenia who experienced nursing problems in the form of hallucinations and was treated at a mental hospital in West Java. This study was conducted over a period of seven days, from October 29, 2024, to November 4, 2024. Data collection was conducted through direct observation, document review, and interviews with the subject in question. Data analysis was performed using a psychosis assessment protocol developed by the Mental Health Nursing Team, Faculty of Nursing, Padjadjaran University. The management strategy (MS) was tailored to the standard operating procedures (SOP) of the psychiatric hospital applicable to patients with hallucinations. The implementation of this strategy was based on the results of interviews with patients and information contained in hospital medical records. The data obtained was then analyzed for the purpose of evaluation and nursing diagnosis, which served as the basis for intervention until the patient's condition improved.

Results and Discussion

Based on the assessment, the patient is a 21-year-old male with a junior high school education, Muslim, unmarried, and diagnosed with hebephrenic schizophrenia. According to research conducted by Abdulah et al. (2023), men are at a 2.48% higher risk of developing mental disorders because they are less likely to accept life situations compared to women. The patient also has a diagnosis of schizophrenia and a history of being hospitalized in a psychiatric hospital since the age of 16, at which time he was still at the junior high school education level. This situation is supported by research conducted by Malfasari et al. (2020), which states that most Generation Z individuals experiencing mental health issues are students at the secondary education level. This is because adolescents are in the fifth stage of development according to Erikson, which is the stage of identity formation versus role confusion. At this stage, individuals are prone to emotional instability because they are facing a conflict between forming their identity and adjusting to their expected social roles. This condition is an important challenge in the psychosocial development process of adolescents (Suharto et al., 2018).

The patient's predisposing factors stem from psychological factors, namely violence by his father and bullying by his friends. The patient was bullied due to his parents' economic circumstances, as they worked as street food vendors. Additionally, the patient mentioned that he was often mocked as crazy for talking to cats. The patient felt more comfortable talking to animals than to humans. Bullying has a significant impact on the victim's mental health, causing fear, anxiety, and shame. If bullying continues, the victim may develop depression (Ayu et al., 2020). Victims of bullying are at high risk of developing mental disorders. This occurs because bullying can cause psychological trauma that disrupts mental and physical balance. This trauma triggers changes in the neurotransmitter system and biochemical processes in the body, leaving deep imprints in memory. As a result, everyday events, including positive and enjoyable experiences, feel meaningless or overlooked by the individual experiencing them (Yosep et al., 2008). Children or adolescents who experience bullying have approximately twice the risk of developing psychotic symptoms, both during adolescence and adulthood. This risk increases linearly with the frequency and severity of the bullying experienced (Boden et al., 2016).

According to Suryani in Andri et al., (2019), patients with schizophrenia generally exhibit various symptoms such as hallucinations, thought content disorders (delusions), disturbances in thought processes and language use, and dysfunction in behavior and self-control. In

addition, there may also be a decrease in emotional expression and productive thinking abilities. Based on the findings of this study, patients exhibit several clinical manifestations consistent with a diagnosis of sensory perception disorders, namely auditory and visual hallucinations, which are part of psychotic symptoms. This aligns with the 2017 SDKI Edition 1, where the primary symptoms of individuals experiencing hallucinations include seeing objects and hearing voices without any actual objects present, talking and laughing to oneself, and being unable to focus one's thoughts. Optimizing the management of patients with schizophrenia in addressing hallucinations includes the application of nursing care standards using implementation strategies for patients with hallucinations, which include activities such as recognizing hallucinations, teaching patients to confront hallucinations, taking medication regularly, talking to others when hallucinations occur, and engaging in scheduled activities to prevent hallucinations (Andri et al., 2019).

On the first day, the nursing intervention was implemented according to the plan that had been drawn up, starting with the application of Management Strategy (MS) 1. This activity included efforts to build mutual trust (MUT) between nurses and patients, as well as helping patients identify and recognize the hallucinations they were experiencing. BHSP serves as the foundation for therapeutic interventions in schizophrenia patients and requires empathy and psychological understanding without stigma to establish an effective therapeutic relationship (Fatima & Widianti, 2024). The patient actively communicates despite experiencing a flight of ideas and exhibits hallucination symptoms such as talking and laughing to oneself. Patients can identify their hallucinations, including the type, content, time, frequency, and their response. The patient appears happy with their condition and is unaware that what they see is not real. They repeatedly mention seeing animals such as cats, dogs, pigeons, and white dragons while laughing. The patient believes these hallucinations are real and considers them as enjoyable companions. According to Pratiwi & Rahmawati Arni (2022), the stages of hallucination development are divided into four phases: the first phase (feeling comfortable), the second phase (blaming or intimidating), the third phase (controlling behavior), and the fourth phase (controlling or conquering hallucinations). The patient is in the comforting phase, where the hallucinations are pleasant, and has not yet gained insight into their hallucinatory condition.

On the second day, the continuation of SP 1 was provided, which involved teaching the technique of shouting with the aim of enabling patients to control their hallucinations through shouting. The shouting technique is said to be effective in line with the research by Rahim & Yulianti (2024), which states that shouting has been proven to reduce the symptoms of hallucinations.

By shouting, an individual can actively redirect their attention to the real world rather than the hallucinations (Rahim & Yulianti, 2024). On the third day, an evaluation of SP 1 and intervention SP 2 were conducted. The patient's response indicated that hallucinations were still experienced, but the patient could recognize and control them through shouting. The effectiveness of shouting is supported by research conducted by Hugdahl (2017) on schizophrenia patients at the University of Bergen, Norway. Shouting is considered effective because when the patient speaks loudly (shouting), the real external auditory stimuli compete with the hallucinatory voices in the brain. This can disrupt abnormal activity in the Broca and Wernicke areas (parts of the brain that process language and sound), which are typically overactive during hallucinations.

Next, on the fourth to sixth days, patients are still given SP 2 intervention, which teaches them about medication adherence, including the importance of treatment programs and the 6B

principles of taking medication. Pharmacological therapy works by improving nerve cell function through increased impulse transmission by neurotransmitters in the central nervous system. This process contributes to improvements in cognitive function, perception, emotional regulation, and patient behavior. Adherence to regular medication intake can enhance calmness, cooperation, independence in daily activities, and the ability to control emotions in response to various internal and external stimuli. (Utami et al., 2022). On the fifth day, the patient could name the type and number of medications using the 6B principle, but needed guidance from the nurse and repeated instruction. On the sixth day, the patient showed progress, being able to recall the medications taken using the 6B principle smoothly without needing guidance from the nurse. The patient could also explain the importance of taking medications smoothly..

Patient response in understanding and remembering the principles of medication adherence based on the 6B (type, use, dosage, frequency, method, and continuity of medication) shows limitations, so repeated educational interventions are needed. This obstacle occurs because patients have difficulty concentrating during the information delivery process. Cognitive dysfunction, particularly in terms of information processing speed, visual memory, and rational thinking ability, is a common symptom found in individuals with schizophrenia. This condition causes patients to require more time to absorb and understand the information provided. Risdianto & Putra (2023) state that individuals with schizophrenia experience a decline in cognitive function, including information processing speed, memory, attention, reasoning, and social cognition, which directly impacts their ability to learn and retain information. Therefore, healthcare professionals, particularly nurses, need to consistently and repeatedly deliver educational materials so that patients become accustomed to hearing the information, thereby enabling the internalization and retention of information to occur more effectively.

On the seventh day, SP 3 nursing intervention was performed, namely conversation exercises aimed at distracting the patient from the hallucinatory stimuli they were experiencing. During the intervention process, the patient showed a cooperative response and was able to follow the exercises well. The patient stated that he felt more comfortable talking with his roommate than remaining silent, as when not engaged in activities, he frequently experienced the emergence of voices or animal-like visions identified as hallucinations. The patient's statements and behavior indicate that conversation activities can serve as an effective form of distraction in reducing the intensity and frequency of hallucination symptoms. This aligns with the principles of non-pharmacological therapy, which emphasize the importance of social engagement in helping individuals with sensory perception disorders shift their attention away from pathological internal stimuli. According to research conducted by Abdimas (2021), conversational activities can enhance patients' communication skills as a distraction strategy against hallucinations. This process not only helps shift the patient's focus away from hallucinatory stimuli but also contributes to the development of more adaptive and functional social skills. Empowering patients through these activities on an ongoing basis can encourage positive behavioral changes. With consistent intervention, individuals can undergo a process of habituation that contributes to the formation of new, more functional behavioral patterns in coping with hallucination symptoms.

In addition to intervention through management strategies, patients were also given additional therapy in the form of psychoreligious dzikir therapy, which was carried out simultaneously from the fourth to the seventh day. The choice of dzikir sentences used repetitive and simple sentences that were in accordance with Hadith Riwayat Muslim no. 597. This was intended to make it easier for patients to remember and apply them. Psychoreligious dzikir therapy is

derived from the phrase “Dzakar,” which means “to remember.” Dzikir is also associated with “keeping in memory” (Putri et al., 2021). The purpose of dzikir is to remember Allah, promote physical health, purify the heart and soul, and heal illnesses. This aligns with Jean Watson's nursing theory on the “philosophy and science of caring,” which emphasizes that therapeutic relationships, empathy, and spiritual aspects are effective in healing (Munandar et al., 2019). Involving patients in dzikir creates a spiritual bond between nurses and patients and enhances the sense of humanized care.

This therapy is conducted twice a day with a duration of 10–20 minutes per session. The application of dzikir in patients with hallucinations is considered effective because the practice of dzikir, which is carried out in a focused, consistent, and repetitive manner, can serve as a distraction. Thus, when hallucinations arise, patients can divert their attention from hallucinatory stimuli by engaging in this spiritual activity. (Putri et al., 2021). At the beginning of the dzikir therapy, patients showed difficulty in concentrating and were easily distracted by stimuli from the surrounding environment, so the therapy could not be completed optimally. However, on the seventh day of therapy, there was an improvement in the patients' responses. Patients were able to follow all stages of the dzikir therapy calmly and with focus, and recite the dzikir more clearly and completely. Patients also reported an improvement in their psychological condition, feeling more calm, comfortable, and relieved after successfully completing the therapy session. Additionally, the patient stated that the frequency of hallucinations had significantly decreased. If hallucinations did occur, the patient was able to control them until the symptoms subsided.

The process of dzikir therapy in helping to control hallucinations is related to the function of the central nervous system in receiving, processing, and transmitting information.

Stimuli received by the sensory system are processed and integrated in the brain, particularly in the frontal lobe, which plays a crucial role in planning, decision-making, attention focus, emotional regulation, as well as character and behavior formation.

This area is known as the prefrontal cortex, which is involved in higher cognitive functions and directs neural signals to the posterior regions of the brain, namely the premotor and motor cortices, which control bodily movements, internal organ activities, and the hormonal system through the autonomic nervous system (Ikawati, 2014). Previous research has also shown that psychoreligious dzikir therapy can calm the heart, enhance relaxation, and assist patients in controlling hallucinations. Additionally, this therapy can reduce the frequency of hallucinations, enable patients to express their feelings after performing dzikir, and understand the benefits of dzikir in addressing the hallucinations they experience (Akbar & Rahayu, 2021).

Based on the results of nursing care, which includes the stages of assessment, problem identification, nursing diagnosis, intervention planning, implementation, and evaluation, it can be concluded that the nursing approach provided to patients with sensory perception disorders: Auditory and visual hallucinations using a combination of implementation strategies and psychoreligious therapy produced optimal results and aligned with the expected outcomes, such as countering hallucinations by scolding, explaining appropriate ways to control hallucinations, taking medication according to the 6 principles, diverting hallucinations through distractive conversation, and experiencing benefits before and after exercises. Patients then experience improved coherence in speech, the ability to maintain focus during conversation, greater calmness, emotional openness, and a reduction in the frequency of hallucinations. These findings align with the statement by Potter and Perry (2013) that care for patients should be tailored to their needs and conditions. By providing comprehensive nursing care, nurses can

assist patients in managing symptoms of sensory perception disorders, including auditory and visual hallucinations.

Conclusion

Patients with hebephrenic schizophrenia show persistent symptoms of auditory and visual hallucinations, accompanied by aggressive behavior, disorganization of thought, and labile affect. A history of childhood trauma, *bullying*, family violence, and non-compliance with taking medication are predisposing and precipitating factors for the disorder experienced. Nursing care is carried out with a phased approach through SP 1 to SP 4 interventions aimed at helping patients recognize, control, and divert hallucinations. This intervention is combined with psychoreligious therapy in the form of dhikr which is proven to be able to increase the patient's calmness, focus, and awareness of his hallucinatory condition.

The application of nursing care combined with dhikr psychoreligious therapy in schizophrenic patients with auditory and visual hallucinations shows positive developments. On the first day, the patient did not realize that the hallucinations experienced were not real and showed symptoms of disorientation and incoherence. Over time, the patient began to recognize, rebuke, and redirect the hallucinations independently. Patients also showed improvement in medication adherence, remembering the 6B principles, and understanding the importance of the therapy program. The dzikir psychoreligious therapy provided a calming effect and helped the patient to be more focused and emotionally open. At the end of the intervention, the patient was able to control hallucinations in a way that had been taught, the frequency of hallucinations decreased and began to interact socially adaptively, until finally declared stable and allowed to go home by the doctor.

Overall, the application of structured nursing care with a stepwise approach, combined with psychoreligious therapy, proved effective in improving the ability of schizophrenia patients to manage auditory and visual hallucinations independently.

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