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# Application Of Individual Therapy In Patients With Hearing Hallucinations

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## ABSTRACT

Hallucinations are a symptom of mental disorders where the patient experiences changes in sensory perception, false sensations in the form of sound, sight, taste, touch or smell, the client perceives stimuli that do not actually exist. Objective: to study the application of individual speech therapy in patients with auditory hallucinations. Method: The descriptive case study design method is used in qualitative research. Results: Shows that with individual speech therapy, the patient can direct the patient's attention so that he can control the hallucinations he experiences. Conclusion: Individual speech therapy for patients with auditory hallucinations is effective in controlling hallucinations. Recommendations should consider creating new policies for nurses, particularly ward nurses, to implement consistently, with the aim of reducing the number of patients with mental health problems.

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## 1. INTRODUCTION

Anyone can suffer from mental disorders. Usually, mental disorders are seen by society as stupid, strange and dangerous [1]. As a consequence of this belief, many mental patients are not taken to doctors or psychiatrists but are hidden. Even if they go for treatment, they are not taken to a doctor but to a shaman. Mental health is a primary element that supports the quality of human life. If a person can control himself in facing stressors/cases despite the surrounding environment and always thinks positively, he can be said to have a healthy soul. This can be observed based on the many reports that hallucinations that are not treated immediately will result in worse problems, in this case it will have an impact on hallucinations sufferers globally.

WHO estimates that around 450 million people in the world experience mental health disorders, 135 million of whom experience hallucinations [2]. According to data, the number of people suffering from mental disorders has increased significantly in Indonesia. This is reflected in the increase in the number of people with mental disorders in households to 7 per mile per household. This means that for every 1,000 households, 7 households have families with mental disorders, and an estimated 450,000 people experience serious mental disorders. Hallucinations are wrong perceptions or wrong responses to sensory stimulation and hallucination sufferers experience inaccuracies in perceiving stimuli or objects that are not actually real, but are considered real. Schizophrenia is a mental disorder that will cause deep suffering for the individual and a heavy burden for the family. Family support can function for various intelligences, reasons to improve health and family adaptation in life.

Hallucination sensory perception disorders are one of the mental health problems. Hallucinations are a symptom of mental disorders in individuals which are characterized by changes in sensory perception, feeling false whispers in the form of sound, sight, taste, touch or smell [3], [4]. Hallucinations are false perceptual distortions that occur due to maladaptive neurobiological responses, sufferers actually experience sensory

distortions as real things and respond to them. It is estimated that  $\geq 90\%$  of people suffering from mental disorders have hallucinations with varying forms but the majority experience auditory hallucinations which can come from within the individual or from outside the individual, the voices they hear may be familiar, the type of single or multiple voices which they think can give instructions regarding the individual's own behavior. Carrying out scheduled activities to reduce the risk of hallucinations appearing again is to keep yourself busy doing regular activities. Take medicine. regularly can control hallucinations, patients must also be trained to take medication regularly according to the doctor's therapy program. One example of a control method that has been used for patients with auditory hallucinations is through conversation. Conversing with other people causes distraction, the focus of the patient's attention will shift from hallucinations to conversations with other people. This study aims to determine the application of individual conversational therapy to patients with auditory hallucinations [5].

The role of nurses in dealing with hallucinations in hospitals is to apply nursing care standards which include assessment, nursing diagnosis, planning, implementation and evaluation as well as including the implementation of strategies for implementing hallucinations [6]. The implementation strategy is the implementation of scheduled nursing care standards applied to patients with the aim of reducing the mental nursing problems being handled. Implementation strategies for patients with hallucinations include activities to recognize hallucinations, teach patients to rebuke hallucinations, talk to other people when hallucinations appear, carry out scheduled activities to prevent hallucinations, and take medication regularly. Implementing standard nursing care can help reduce signs and symptoms of hallucinations by 14%.

## 2. RESEARCH METHOD

The research carried out in this case used a case study design. The case study was conducted at RSJ Ernadi Bahar, South Sumatra in the Bangau Room on Mr.A and Mr. with the nursing problem of Sensory Perception Disorders: Hearing Hallucinations and carried out on November 7 2023. The research method carried out in this scientific paper uses interviews, observation and documentation studies. The aim of this case study is to determine the results of implementing conversation in patients with sensory perception disorders: auditory hallucinations.

## 3. RESULTS AND ANALYSIS

### 3.1. Results

The results of the research showed that the sample size was 2 people who met the inclusion criteria. The study was carried out on November 7 2023 at 08.00 WIB at a mental hospital and obtained client data:

**Table 1.**

**Respondent Characteristics**

Assessment data	Client 1	Client 2
Age	31 years	26 years
Gender	Man	Man
Education	Senior High School	Junior High School
Position in the family	The client is the 4th of 6 children, the client is married and has become a father	The client is the first child of 3 siblings and the client has 2 sisters.
Been in care since	The client has been treated in hospital since September 9, 2023.	The client has been treated in hospital since November 1, 2023.
Reason for treatment	The client was admitted to a mental hospital because he often talked to himself and daydreamed, initially because the client's wife died and the client often blamed himself and became angry at his child.	The client was admitted to a mental hospital because he often heard whispers and someone telling him to hurt himself, without any form. The client said that without realizing he often talked to himself.
How many times was it treated?	This client is being treated for the first time in a mental hospital.	This is your first time being treated in a mental hospital
Families experiencing mental disorders	The client said that no one in his family had mental disorders.	The client said that no one in his family had mental disorders.
The initial symptoms that appear when hallucinations occur	When the client is alone, the client often stays up at night and often	When the client's mind is empty, a voice appears without any form



	hears sounds like blaming him. When he hears that sound, the patient often talks to himself.	telling the client to hurt himself and the client often talks to himself
When do the first symptoms of hallucinations appear?	The client said the hallucinations appeared when the client was alone	The client said the hallucinations appeared when the client was daydreaming.
Behavior that appears during hallucinations	When the client experiences hallucinations, he often daydreams and talks to himself	The client said that when his hallucinations appeared he often talked to himself.
History of drug withdrawal	The client never stopped taking medication.	The client never stopped taking medication.
Who are the closest family members?	The client said the closest people were his father, mother and child's family	The client said the closest people were his father and mother.
Family visit	The client was visited by his family once while being treated in hospital.	The client has never been visited by his family.

**3.1. Discussion**

**3.1.1. Client 1**

**3.1.1.1. Client Assessment in Client 1**

The study carried out on Tuesday 7 November 2023 obtained data from client 1, 31 year old with a medical diagnosis (hallucinatory schizophrenia) and subjective data was obtained that Mr. a said the client was admitted to a mental hospital because he often talked to himself and daydreamed, initially because the client's wife died and the client often blamed himself so he got angry at his child. When the client is alone, the client often stays up at night and often hears sounds like blaming him. When he hears that sound, the patient often talks to himself. When the client experiences hallucinations, he often daydreams and talks to himself.

**3.1.1.2. Diagnosis**

Analysis of all data is carried out to confirm nursing diagnoses. According to the study of all the data, the diagnosis that emerged was sensory perception disorder: auditory hallucinations. According to the study of all the data, the diagnosis that emerged was sensory perception disorders: visual and auditory hallucinations. The diagnosis that emerged in Mr. G based on the main priority according to Damaiyanti & Iskandar (2019) that sensory perception disorders: hallucinations are one of the symptoms of mental disorders where the client experiences changes in sensory perception, feels false sensations in the form of sound, sight, taste, touch or nose, the client feels stimuli that are not actually [7].

This is in accordance with Muhith's (2019) theory that hallucinations are a priority for immediate treatment because of the inability to perceive real stimuli which can make the patient's life difficult. If not treated immediately, the patient will be increasingly affected and can harm the patient, other people and the environment.

**3.1.1.3. Intervention**

According to Rohmah (2019), first priority is given to actual problems and second priority to potential problems. Based on the signs and symptoms that appear as well as analysis of the data obtained, the author determines the main diagnosis of Mr. T is hallucinatory sensory perception disorder. Based on data obtained from clients, the nursing plan for overcoming hallucinations according to Damaiyanti (2019) is that the general goal is for clients to be able to control their hallucinations with specific goals which include clients being able to build a relationship of mutual trust, clients being able to recognize their hallucinations and clients being able to control their hallucinations. Based on this theory, the nursing plan determined includes building a relationship of mutual trust (BHSP), according to Djati (2020) BHSP is a form of manifestation of empathy which includes affective and cognitive aspects carried out with communication. To carry out BHSP what must be done is to get acquainted, introduce yourself, greeting, simple daily chats such as asking if you have showered or eaten for at least 10 minutes.

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After BHSP is achieved the second plan is to introduce hallucinations to the client. The nursing action plan is to help clients recognize the hallucinations they are experiencing by discussing with the client the content of the hallucinations (what is heard or seen, when the hallucinations occur, the frequency with which the hallucinations occur, the situation that causes the hallucinations to appear, and the client's response when the hallucinations appear) [8]. Once found and recognized, the next plan to implement is to practice how to control hallucinations by rebuking them. Rebuking is one of the efforts made to control hallucinations by rejecting the hallucinations that appear. According to [9] Clients with auditory hallucinations are advised to rebuke by covering their ears, this is because when they cover their ears the client becomes more focused and concentrates on getting rid of the hallucinations. After the client has been able to rebuke the client, the next step is to control the hallucinations with medication. Controlling hallucinations by practicing using medication regularly with the aim of clients being able to mention or know the benefits of the medication they are taking, namely by explaining the importance of using medication, explaining the consequences of using medication that is not according to the program, explaining the consequences of drug withdrawal, explaining how to get medication/how to receive treatment, explain how to treat with the 6 correct medications (type, use, dose, frequency, method and continuity of taking medication). After achieving this, the next intervention is to control the hallucinations by having a conversation. Controlling hallucinations by conversing can be done by teaching clients how to ask other people to accompany the client to chat to divert the hallucinations politely and not forcefully, which states that individual conversational therapy can cause distraction and the focus of the patient's attention will shift from hallucinations to conversation. After achieving the final intervention, namely controlling the hallucinations with activities. Controlling hallucinations with activities is by carrying out positive activities that can be carried out by the client, by explaining the importance of regular activities to control hallucinations, arranging a schedule of daily activities according to the activities that have been trained and monitoring their implementation in the activity schedule [10].

#### 3.1.1.4. Implementation

Implementation was carried out over three days. At the first meeting on November 7 2023, the aim was to build a relationship of mutual trust, namely by getting to know the client, asking for their preferred name and nickname, explaining the aims and objectives and allowing the client to express his feelings. This is very important to do considering the condition that the client is unable to differentiate between real things and hallucinations which causes the client to feel that his experience is real so it will be difficult to tell stories to people who the client thinks are strangers. Apart from that, the next action is to recognize hallucinations and train how to rebuke them. This is done because the client needs education about hallucinations and how to deal with them considering that this is the first time the client has been brought to an RSJ, so it is very possible that the client does not understand and is unfamiliar with this matter. Apart from that, this also aims to enable clients to differentiate between hallucinations and reality and prevent hallucinations from appearing.

At the second meeting on November 8 2023, the intervention implemented was to build a relationship of mutual trust with the client, which aims to ensure that the client can remember and get to know the author so that the client will be more open because at the first meeting the client did not seem to believe it and the client did not want to repeat the appropriate rebuke. taught by the author, the method used is to reintroduce oneself to the client, accompany him on a walk, accompany the client to eat, and greet the client, as well as evaluating his hallucinations. Based on evaluation data obtained from the client on the first day for the second activity, namely by training the client to rebuke again which aims to remind the client again, to find out the client's understanding the author recommends the client repeat what the author taught, after that the author recommends including it in the daily activity schedule The aim of the client is to be able to monitor the client whether rebuke is carried out every time a hallucination appears or not.

At the third meeting on November 9 2023, a relationship of mutual trust was carried out again, with the aim of being closer to the client so that nothing was hidden by the client regarding what he was feeling because when asked about his hallucinations the client gave different answers between the writer and the room nurse. who is on guard, the activities carried out are guiding and accompanying meals, evaluating hallucinations, aiming to find out the extent of success in recognizing hallucinations and how to overcome them, the result is that the client says he is still hearing. Based on the previous day's evaluation, the action on the third day was to teach the 6 correct medications and what medications the



client is taking. This is important for the client to know so that the client does not take the wrong medication and can take the medication according to the dose and time, apart from that, the client is only taught 6 correct medication which should be 6 correct medication because the last correct one is correct documentation according to the author this does not need to be done by the client because documentation is only the nurse's proof that the drug has really been given correctly while the client only needs to take it regularly without having to document it and then do it again Building a relationship of mutual trust is because more trust is needed so that clients are more open about what they feel so that the author can evaluate the patient's true condition without hiding anything, namely by guiding and accompanying them to eat. Based on the previous day's evaluation, the next intervention to be carried out is to teach how to control hallucinations by talking, namely by inviting a friend or nurse on duty to chat either about the hallucinations or anything the client wants to express so that the hallucinations can be diverted. The method that can be used is for the client to express that the client needs a friend to chat with, for example "Sir orderly, I hear voices, please accompany me to chat." The purpose of conversation is so that the client can adapt to the existing environment and can divert his hallucinations by talking so that the focus in his hallucinations can be lost.

### 3.1.1.5. Evaluation

The first evaluation was carried out on November 7 2023 with the result that the client said he heard voices blaming him, the client knew how to control hallucinations by rebuking him but the client did not want to repeat the rebuke method.

The second evaluation was carried out on November 8 2023 with the results that the client still heard voices, the content was unclear, when asked whether the client often heard these voices and how many times a day the client answered often, maybe 5 times a day, afraid, very disturbing, when it appeared I to sleep, the client already knows how to control hallucinations by rebuking but forgets, the client wants to repeat the rebuke method.

Evaluation on the third day was carried out on November 9 2023 with the results that the client still heard voices like yesterday, the client demonstrated how to rebuke, the client knew how to control hallucinations with medication. The client is able to control the hallucinations by shouting and taking medication, the client knows how to control the hallucinations by having a conversation. The evaluation results obtained illustrate that the planned intervention was partially resolved. It was found that hallucinations still appeared but their frequency was reduced.

### 3.1.2. Client 2

#### 3.1.2.1. Client Assessment in Client 2

From the data obtained, the patient appears anxious, anxiety is a feeling of being uneasy and always feeling worried (related to mood) and is usually expressed by body movements such as hands or feet that are constantly moving. According to [11] Anxiety describes a person who is not at peace in his heart or actions, meaning he feels restless, worried, worried or afraid and disgusted. Humans will experience anxiety at some point in their lives. The patient appears dreamy, Daydreaming is a momentary condition of disconnecting one's mind from the surrounding environment, in which one's contact becomes blurred and is partly replaced by visual fantasies, especially about pleasant things, hopes or ambitions, and is experienced while awake. According to [12] Loneliness makes sufferers daydream and this can stimulate the emergence of hallucinations. Caring for schizophrenic sufferers who experience hallucinations is very important to involve schizophrenic sufferers in various activities so that the sufferer does not have time to be alone and daydream.

The client's psychosocial genogram data shows that he is the first child of 2 siblings, no other family members have mental disorders. Mental status obtained from general appearance, the client looks sloppy, the client looks cooperative, the client looks anxious when interacting directly. The patient's natural mood seems sad because he wants to see his family. The patient's affect is appropriate to the situation he is experiencing, the patient appears to laugh more. During interactions, the client's eye contact is lacking. The client's perception is that he is experiencing auditory hallucinations. Thought process, the client just wants to go home and meet his family. Thought content, the client does not experience thought disturbances or feelings, all the client wants is to go home. The client's level of awareness, components and the client experienced a little disorientation such as the name of the nurse and when he first entered the hospital. The client's memory is lacking. The level of concentration and

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numeracy, the patient is able to count well. The client's judgment ability is not impaired. Your self-awareness is able to accept your condition. The client said he was taken to the hospital accompanied by his family. Coping mechanisms, adaptive when at home when hearing the sound of the client talking to himself, and maladaptive when the client hears the sound of looking for a sharp object to kill himself.

### 3.1.2.2. Nursing Diagnosis in Client 2

The first analysis found was in the subjective data that the client said that when he heard a whisper the client was talking to himself and the whisper encouraged him to hurt himself. Objective data found tense facial expressions, restlessness, eye contact (-), patient cooperative. From these data the author raised a nursing diagnosis of sensory perception disorder: auditory hallucinations. According to [13] Signs and symptoms in clients with auditory hallucinations are talking or laughing to themselves, getting angry for no reason, putting their ears in a certain direction, covering their ears, hearing voices or noise, hearing voices inviting conversation, hearing voices telling them to do something dangerous.

### 3.1.2.3. Nursing Intervention in Client 2

The main priority in nursing problems is auditory hallucinations. Because, according to the author, the client was not listening to whispers, but had heard whispers telling him to hurt himself, and he did not yet have the capacity to carry out this action. Prevent hallucinatory acts and control hallucinations. Highest priority means this problem requires caregiver attention because it can affect the client's overall health and slow resolution of the problem. Therefore, the implementation of the second and subsequent priorities can be handled collectively and sustainably. After conducting an assessment and implementing a nursing diagnosis, of course it is necessary to develop a strategy to handle, prevent and alleviate the client problems identified in the nursing diagnosis.

The intervention that the author will provide consists of implementing strategies with clients with sensory perception disorders: auditory hallucinations. When implementing a nursing intervention, the author needs to determine the goals and outcome criteria so that the actions taken can be achieved. The first specific goal that should be applied to clients considering auditory hallucinations is to build a relationship of mutual trust using the principles of therapeutic communication. According to [3] Auditory hallucinations are a situation where the client hears voices that have nothing to do with the stimulus that other people cannot actually hear. Auditory hallucinations require good treatment to control themselves from the effects that will occur.

The second specific objective is that the client is able to state the causes, signs and symptoms of auditory hallucinations, the client is able to identify the hallucinations they hear. Clients can identify constructively in identifying auditory hallucinations. Teaching how to rebuke auditory hallucinations is one way to prevent the appearance of whispering sounds. By teaching how to rebuke, put your hand to your ear and say "go away, you are a fake voice, you are not a real voice" until the voice is no longer heard. The third specific goal is to teach patients to converse with friends. The fourth specific goal is to teach patients to schedule routine activities from waking up until going back to sleep. And the fifth specific aim is to teach patients to take medication regularly and explain the 6 principles of taking medication correctly, namely as follows:

- a. That's right client
- b. Medication is given to the right client by ensuring the client's identity bracelet complies with applicable procedures.
- c. Correct medication means that the medication given to the client must be as prescribed, the nurse must write down the prescription in the client's medical record. It is correct that this dose is given according to the client's characteristics according to the calculation results and the type of medication (tablets, liquid) in a certain amount. The nurse must be able to calculate the dose of medication the client needs.
- d. Correct timing, the medication given must be in accordance with the administration program, frequency and administration schedule.
- e. Correct documentation, documentation must be carried out after administering the drug and documenting the reasons why the drug was not given in the correct route.



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#### 3.1.2.4. Implementation in Client 2

After creating a nursing intervention the author will carry out nursing implementation which is the fourth stage of the nursing process. The first implementation was carried out by the author on Tuesday, November 7 2023, namely the first, the author gave a therapeutic greeting and got to know each other and built a relationship of mutual trust. To carry out effective communication with clients, you must first build a relationship of mutual trust so that clients can be invited to collaborate which is marked by exchanging behavior, feelings, thoughts and experiences in building good relationships with clients with mental disorders with the client's condition being sensory perception disorders: hallucinations. hearing, clients will be easily sensitive to body language, expressions, faces, posture, movements, voice intonation and others.

The second meeting on Wednesday 8 November 2023 saw the author identify the cause so that he could know when the sound appeared. The author asks the client for signs and symptoms, whether the client knows what signs and symptoms are at risk when the sound appears. If the client doesn't understand, the writer will educate the client liketalking or laughing to oneself, getting angry for no reason, putting one's ears in a certain direction, covering one's ears, hearing voices or noises, hearing voices inviting conversation, hearing voices ordering you to do something dangerous. Then the author teaches clients to control hallucinations by shouting so that the voices disappear. Explain how to accredit, namely the patient's hands cover the ears so that the sound cannot be heard and the patient says "go away, you make a fake sound, you make a real sound" until the sound cannot be heard again. Encourage the client to repeat the rebuke method, provide positive reinforcement to the client.

The third meeting on Thursday 9 November 2023, the author carried out the third implementation by providing therapeutic greetings, validating the previous daily activities, namely how to rebuke hallucinations. The client can repeat and carry out previous activities well, then teach the client to control by having a conversation with a friend. The fourth meeting on Friday 10 November 2023, the author carried out the fourth implementation by giving therapeutic greetings, then validating the previous daily activities regarding rebuking hallucinations and having conversations. Clients can repeat and practice it well then continue teaching clients to control hallucinations by making a routine activity schedule from waking up until going back to sleep.

The fifth meeting on Saturday 11 November 2023, the author carried out the fifth implementation for clients by providing therapeutic greetings, validating all daily activities that had been taught about rebuking, conversing and making activity schedules. Clients can practice it or do it in an appropriate and good way, then the author continues physical exercise 4. Control hallucinations by obediently taking medication. The principle of taking medication is done in 6 ways, namely (type, use, dose, frequency, method and continuity of medication). This implementation is a way to control hallucinations with medication.

#### 4. CONCLUSION

Hallucinations are perceptual disorders where the client perceives something that is not actually there. There are 5 types of hallucinations, namely hallucinations of sight, hearing, smell, touch and taste. Auditory hallucinations are when you hear a sound, for example a person's voice, footsteps or knocking on a door, but other people don't hear it, because the sound is not actually real. The assessment process for Mr. A and Mr. B begins with building a relationship of mutual trust (BHSP) to approach and get to know the patient. Each meeting still repeats building relationships of mutual trust (BHSP). After carrying out the BHSP, we continue to teach SP 1, namely rebuking, SP 2, teaching how to converse with other people, SP 3, namely training in carrying out scheduled activities. SP 4 is teaching you to take medicine with the 5 principles of the correct way to take medicine.

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