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The effectiveness of drawing occupation therapy on auditory hallucinations among patients with schizophrenia

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Abstract

Background: Hallucinations are symptoms of mental disorders that affect sensory perception and impair thought control, often leading to risky behaviors if not supported by family or friends.

Purpose: To evaluate the effectiveness of occupational drawing therapy in reducing auditory hallucinations in patients with schizophrenia.

Method: A qualitative case study aimed to examine changes in hallucinatory symptoms and the ability to control them through drawing occupational therapy. The intervention was conducted from January 25 to February 1, 2025, involving one patient who received daily sessions lasting 20–30 minutes. Instruments used included the Drawing Therapy SOP, Auditory Hallucination Rating Scale (AHRS), and a symptom observation sheet.

Results: Before therapy, the patient's AHRS score was 19, and symptom observation was 12. After therapy, the scores decreased to 9 and 4, respectively.

Conclusion: Drawing therapy helped divert attention from hallucinations, encouraged emotional expression, and reduced symptom intensity.

Keywords: Hallucinations; Occupational Drawing Therapy; Schizophrenia.

INTRODUCTION

Hallucinations are symptoms of mental disorders that indicate a change in the way a person perceives sensory information. Hallucinations can take the form of sensations such as objects or sounds that do not actually exist. They occur when a person perceives something in the environment without any real external stimulus, causing them to believe that something is present even though there is no actual stimulation (Sutinah, Harkomah, & Saswati, 2020). Based on data, it is estimated that the number of severe mental disorder cases, including hallucinations, in East Java reaches 0.19% or approximately 75.427 cases of people with

severe mental illness (ODGJ) each year. Of this number, it is estimated that 2–3% of individuals with mental disorders experience hallucinations, amounting to around 1 to 1.5 million people. Among those experiencing hallucinations, approximately 70% have auditory hallucinations, 20% have visual hallucinations, and 10% experience gustatory, olfactory, or tactile hallucinations (Strock, 2024).

Auditory hallucinations are the most common symptom, in which the participant hears voices that give commands or make comments, making it difficult to control their thoughts and behavior (Rokhimmah &

Rahayu, 2020). Without support from family or friends, this condition can worsen and may lead to dangerous behaviors such as suicide or violence (Sujiah, Warni, & Fikrinas, 2023). Therefore, hallucination control is crucial, and the role of nurses is key in helping participants manage this condition. Nursing interventions for participants with hallucinations begin with an assessment of what the participant sees or hears, when and how often the hallucinations occur, as well as the triggering situations and the participant's responses (Nursiamti & Gati, 2024).

One effective intervention is occupational therapy, which involves structured activities tailored to the participant's abilities to help restore mental function (Damayanti, Yunitasari, Sulistyowati, & Putri, 2024). One form of this is drawing therapy, which helps divert the participant's attention away from hallucinations. A decrease in the average sensory perception score from 11.80 to 6.50 after drawing therapy (Ernida, Eliyanti, & Kurnia, 2023). A reduction in hallucination signs and symptoms following this intervention. Based on these findings, the researcher is interested in evaluating the effect of drawing-based occupational therapy on auditory hallucination symptoms (Hidayat & Nafiah, 2023).

RESEARCH METHOD

The participant, Mr. I, is a 41-year-old male diagnosed with hebephrenic schizophrenia at Radjiman Wediodiningrat Hospital in Lawang. He was admitted to the hospital on January 21, 2025. The inclusion criteria for selecting the participant were: willingness to participate, cooperativeness during treatment, and experiencing sensory perception disturbances in the form of hallucinations. The exclusion criteria included participants who were already in the controlling or conquering phase of hallucinations. Informed consent was obtained through a procedure involving permission from the participant and family, who are responsible for the participant, due to the participant's limitations in cognitive ability and decision-making capacity. Occupational therapy can be conducted at any time according to the participant's willingness. The therapy

will be carried out over six days, with one session per day, each lasting 20–30 minutes. The tools and materials used include HVS paper and drawing tools (pencil and pen). Drawing activities can be done anywhere in a comfortable setting.

The instruments used in this study include the Standard Operating Procedure (SOP) for drawing therapy, the psychiatric nursing assessment form, the Auditory Hallucination Rating Scale (AHRs) questionnaire, and an observation sheet for signs and symptoms of hallucinations adapted from the Indonesian Nursing Diagnosis Standards (SDKI, 2017), consisting of 14 indicators. Data analysis was conducted using descriptive analysis, where the facts or data obtained were compared with existing theories on hallucinations, as documented in previous research, journals, or textbooks. The analysis focused on the changes in signs and symptoms of violent behavior before and after the implementation of the Implementation Strategies (SP) 1–4 and the drawing occupational therapy. The implementation was carried out over six days of treatment. Each session included one Implementation Strategy (SP) with a duration of approximately 20–30 minutes, followed by a drawing therapy session lasting 20–30 minutes.

On the first day of treatment, the participant was not yet willing to interact and only watched TV together in the treatment room; this was done to establish a trusting relationship. On the second day, the participant was able to perform SP 1, which involved rebuking the hallucinations, and was able to draw a person he loved. On the third day, the participant agreed to have a casual conversation and discussed the importance of medication adherence (SP 2). He then drew a pleasant memory he recalled from home and his personal goals. On the fourth day, the participant agreed to chat with the patient next to him and proceeded to draw something he wished to have, which was a chicken and its coop. On the fifth day, the participant and the ward nurse arranged a daily activity schedule. On this day, the participant was able to draw the content of his hallucinations and openly shared with the nurse about the frequency, content, and timing of the hallucinations.

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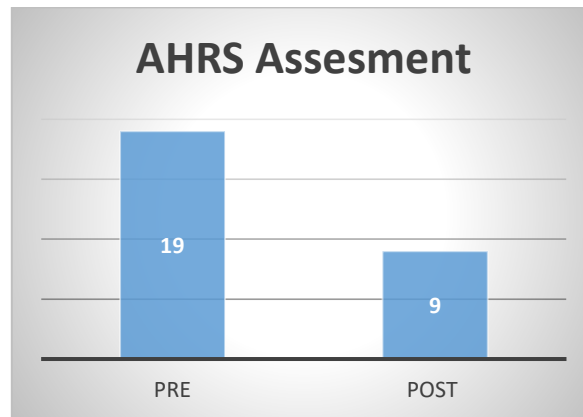
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On the sixth day, the participant evaluated the previous activities and continued with the scheduled plans. On

the final day, the participant drew the person he loved most—his youngest child.

RESEARCH RESULTS

Table 1. Hallucination Level Assessment Using The AHRS



On the first day of assessment, the AHRS score was 19, which could be categorized as moderate hallucinations. Meanwhile, at the end of the session/therapy, the hallucination score was 9, indicating mild hallucinations.

Table 2. Observation of Signs and Symptoms of Hallucinations

Signs and Symptoms	Dates Observed					
	27-01-2025	28-01-2025	29-01-2025	30-01-2025	31-01-2025	01-02-2025
Hearing whispering voices	1	1	1	1	0	1
Sensory disturbance (touch, smell, vision, taste)	0	0	0	0	0	0
Sensory distortion	1	1	1	1	1	1
Inappropriate response	1	1	1	0	0	0
Acting as if seeing/hearing/tasting/smelling/touching something	1	1	1	1	1	0
Expressing distress	1	1	1	1	0	0
Social withdrawal	1	1	0	0	0	0
Daydreaming	1	1	1	1	1	0
Poor concentration	1	1	0	1	0	0
Disorientation (time, place, person, or situation)	0	0	0	0	0	0
Suspiciousness	1	1	0	0	0	0
Staring in one direction	1	1	0	0	1	0

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Pacing back and forth	1	1	1	1	1	1
Talking to oneself	1	1	1	1	0	1

Symptoms after the therapy showed that by the third day, the participant's hallucinatory signs had decreased. The participant began to respond appropriately—for example, laughing at something funny—and their concentration started to improve and became less easily distracted. As a result, the participant was able to draw their current feelings, such as recalling memories of being at home and expressing a desire for curry.

DISCUSSION

Mr. I, a 41-year-old male participant, has been hospitalized in a psychiatric facility since 2023 and is currently in the adult developmental stage, where expected achievements include establishing a family, socializing well, and serving as a role model. Repeated failures in achieving these tasks—such as losing his job and being unable to find a partner—have contributed to low self-esteem, feelings of pressure, and withdrawal from his environment. These unfulfilled developmental tasks, combined with a lack of family support, have led the participant to feel useless, neglected, and increasingly isolated. Prolonged exposure to such stressors, coupled with maladaptive coping responses like withdrawal and emotional distress, may trigger psychological disturbances such as hallucinations. Based on these facts and theories, the researcher assumes that the hallucinations experienced by the participant are closely related to the failure to achieve developmental tasks in adulthood, leading to psychological imbalance, low self-esteem, and a lack of resilience—further exacerbated by insufficient social support, especially from family, which plays a vital role in buffering psychological stress and preventing emotional and psychotic disorders (Agustin, Kurniyawan, Kusumaningsih, & Deviantony, 2022).

On the assessment conducted on January 27, 2025, the participant exhibited rapidly shifting emotions with poor control, frequently laughed and talked to himself, wandered aimlessly, and isolated himself from others. He showed no interaction with peers, did not participate in morning exercises, and had not changed clothes for three days. During interactions, he was easily distracted and often stared at objects without explanation. These behaviors align with the sensory perception disturbance

diagnosis in SDKI (Firdaus, Kaamilah, & Muhaafidhin, 2022). Including hearing whispering voices, acting as if responding to unheard stimuli, social withdrawal, daydreaming, poor concentration, staring in one direction, pacing, and talking to oneself. The researcher assumes the participant is experiencing sensory perception disturbances marked by emotional instability, isolative behavior, and psychotic symptoms such as hallucinations. His uncontrolled emotional responses, social disengagement, and inability to process sensory stimuli appropriately indicate significant mental dysfunction.

On the first day of treatment, the participant was not yet willing to interact and chose only to watch television in the treatment room as part of establishing a trusting relationship. The participant exhibited multiple signs and symptoms of hallucinations, including hearing whispering voices, sensory distortion, inappropriate responses, acting as if responding to unseen stimuli, expressing distress, social withdrawal, daydreaming, poor concentration, suspicion, staring in one direction, pacing, and talking to himself. At this stage, the participant was not yet willing to engage in drawing occupational therapy and showed no ability to control his hallucinations. Individuals with sensory perception disturbances often struggle to control their hallucinations due to inadequate coping mechanisms (Harkomah, Maulani, & Ningrum, 2023). The researcher assumes that on the first day, the participant was still in the process of building trust, as individuals with hallucinations tend to be suspicious of new people and therefore require more time for the establishment of a therapeutic relationship. On the second day, the participant was able to perform Implementation Strategy

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1 by rebuking the hallucinations and drawing a loved one. However, there was no change in the signs and symptoms compared to the first day; the participant still experienced the same hallucination-related behaviors. Although the participant demonstrated the ability to rebuke voices and draw, these abilities did not indicate a fundamental change in internal perception or symptoms. Positive symptoms in hallucinating patients typically improve only after a longer and more consistent duration of therapy. The researcher assumes that the participant's continued symptoms may be due to limited intervention time and low self-awareness of the mental disorder, which are key factors in the persistence of hallucinatory signs (Lee, Chen, Hsu, Chen, Lin, Huang, & Chen, 2024).

On the third day of treatment, the participant agreed to have a casual conversation and discussed the importance of medication adherence (SP 2), followed by drawing a pleasant memory from home and personal aspirations. Observable improvements included reduced isolation, better concentration, and decreased episodes of staring into space. Patients who develop the ability to control hallucinations tend to take immediate action when symptoms arise, which prevents further hallucinatory manifestations such as hearing voices. The researcher assumes that the reduction in symptoms on the third day was influenced by the participant's active engagement in drawing therapy. Through drawing, the participant was able to express thoughts, emotions, and feelings that are typically difficult to verbalize. This activity provided motivation, enjoyment, and relief, which helped reduce anxiety, anger, and confusion, thereby improving emotional regulation and mental clarity (Angriani, Syarif, & Salaka, 2024). On the fourth day, the participant agreed to have a conversation with the neighboring patient and then drew something he wished to have a chicken and its coop. Although the participant responded appropriately during interactions, his concentration declined, and the number of hallucinatory symptoms remained at eight. This persistence of symptoms is likely due to ineffective coping with stressors, which can lead to social withdrawal and isolation (Ozelie, Panfil, Swiderski, &

Walz, 2018). The researcher assumes that despite the participant's ability to express desires through drawing, he was easily distracted by external stressors such as arguments between other patients and a strong desire to go home. These factors reduced his focus during therapy, contributing to the unchanged symptom count observed on the fourth day.

On the fifth day, the participant and the ward nurse created a daily activity schedule. The participant was able to draw the content of his hallucinations and openly share with the nurse about their frequency, content, and timing. Observations showed that the whispering voices had become less frequent, the participant appeared more cheerful and less irritable, concentration had improved, and he no longer talked to himself. Drawing activities helped divert the participant's attention from hallucinations, as he remained focused and enjoyed the task, following the researcher's guidance (Mato, Angriani, Jaya, Nur, & Erawan, 2024). That nurses can assist patients in managing hallucinations by helping them stay focused and distracted from internal stimuli. The researcher assumes that having a structured daily routine minimized the participant's interaction with hallucinations, thus contributing to the reduction in symptoms (Litasari & Fitria, 2023). On the sixth day, the participant evaluated the previous activities and continued with the planned schedule. On the final day, he drew a picture of someone he loved—his youngest child. By this point, the participant no longer acted as if hearing voices, was willing to interact, had stopped daydreaming, and exhibited reduced episodes of staring in one direction. Implementing drawing-based occupational therapy over six days can support patients' emotional well-being and self-awareness (Zengin & Huri, 2022). The researcher assumes that the shared evaluation on the sixth day provided reflection and positive reinforcement. By visually expressing his affection for his child, the participant experienced increased motivation and deeper engagement in therapy, indicating improved self-awareness and a renewed sense of hope (Cintai, Riyana, Cahyati, & Somantri, 2025).

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The researcher assumes that nursing interventions for Mr. I, who experienced hallucinations, showed a non-linear and dynamic response influenced by internal and external factors. Initially, the participant's ability to control hallucinations was low due to trust-building, during which suspicion toward nurses was common. Significant improvements appeared by the third day, with reduced symptoms, better concentration, and increased social interaction. Drawing activities served as emotional stimulation, reducing anxiety and aiding self-regulation, especially for individuals who struggle to express emotions verbally. On the fourth day, environmental stressors led to stagnation in progress. However, by the fifth and sixth days, consistent therapy showed cumulative benefits, as the participant became more open about his hallucinations. Drawing meaningful subjects helped boost intrinsic motivation and emotional connection to reality. The researcher believes that the participant still experiences hallucinatory symptoms during moments of anxiety or daydreaming, indicating the need for further intervention. Although residual symptoms such as hearing whispers, sensory distortion, pacing, and talking to oneself persist, they suggest that recovery is ongoing and requires continued support through occupational therapy, pharmacological treatment, and psychotherapy. While drawing therapy has proven helpful in reducing hallucination symptoms, it should be viewed as a complementary approach alongside medical treatment. When applied consistently, drawing therapy can serve as an effective adjunct, gradually strengthening the participant's ability to manage hallucinations (Firdaus, Hernawaty, Suryani, & Banda, 2023).

Although this study showed positive results, several challenges were encountered. The participant showed limited interest in drawing therapy, expressing dissatisfaction with his drawings and often becoming distracted or shifting focus to unrelated conversations. When participants do not enjoy the activity, the effectiveness of occupational therapy may be reduced. The researcher assumes that occupational therapy should be tailored to the participant's age and personal interests to increase engagement. A limitation of this

study was the inconsistency in the therapy duration. Although each session was intended to last 20–30 minutes, the actual duration varied due to overlapping rehabilitation schedules or the participant's lack of cooperation, resulting in shorter or extended sessions (El Ashry, Abd El Dayem, & Ramadan, 2021).

CONCLUSION

Drawing-based occupational therapy and Implementation Strategies (SP) 1–4 can reduce hallucinatory symptoms in participants with auditory hallucinations. This is supported by a decrease in AHRS scores in the post-test and a reduction in observed hallucinatory signs on the observation sheet. The participant was also able to identify the content of his hallucinations, rebuke the hallucinations, explain the six rights of medication, engage in conversations, schedule regular exercises, and express his emotions through art—specifically drawing—which generated feelings of joy and helped shift his focus away from himself.

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