

THE EFFECT OF PERCEPTION STIMULATION GROUP ACTIVITY ON PATIENT'S ABILITY TO CONTROL HALLUCINATION IN MENTAL REHABILITATION IN MENTARI HATI, WEST JAVA, INDONESIARidwan Kustiawan¹, Peni Cahyati¹ and Hadiyat Miko^{2*}

Department of Nursing, Polytechnic of Health of Tasikmalaya, West Java Indonesia.

***Corresponding Author: Hadiyat Miko**

Department of Nursing, Polytechnic of Health of Tasikmalaya, West Java Indonesia.

Article Received on 29/10/2017

Article Revised on 19/11/2017

Article Accepted on 10/12/2017

ABSTRACT

Mental disorder is one of four primary health issues in developed countries. The four primary health issues are degenerative diseases, cancer, mental disorder and accident (Marjono 1992 in Hawari 2001). Mental disorder is a very serious across the world. TAK Sensory Stimulation is an activity used to stimulate client's senses. The general purpose of this study was to determine the effect of group activity therapy on hallucination patients in Yayasan Mentari of Tasikmalaya. The research type was analytic research with quasi-experimental approach to assess the patients' ability to control their hallucination before and after the group activity therapy. It was found that after the group activity 34 of 36 respondents or 94,4 % respondents couldn't control hallucination with ($p = 0,50 > 0,05$) so that $H_0 =$ not rejected. There was no significant effect of the group activity therapy (sessions 1-5) on the patients' ability to control hallucination. However, in each session, there was effect on the patients' ability to control hallucination. Suggestion Before performing a research outside of psychiatric hospital, take longer time to build trusting relationship instead of immediately performing the research.

KEYWORDS: Group Activity Therapy, Hallucination.**INTRODUCTION**

Group activity therapy is often used in mental treatment. Lately, group activity therapy is a very important part of therapeutic skill in nursing (Keliatand Akemat, 2005). However, TAK is only performed in psychiatric hospitals, while mental rehabilitation institutions rarely use it. The researcher was interested to perform a study titled the effect of TAK on clients with hallucination in public mental rehabilitation in Yayasan Mentari Hati.

MATERIAL AND RESEARCH METHODOLOGY

The research type was analytic research with quasi-experimental approach to assess the patients' ability to control their hallucination before and after the group activity therapy.

Research Population and Sample

The population was all patients with hallucination in Yayasan Mentari of Tasikmalaya. *There were 200 patients overall.* Sampling technique for population > 100 according to Arikunto, 2006 was collecting 10-15%, so that there were 36 respondents in this study.

Research Variable

Variable is research object or focus of a research (Arikunto, 2006). The variables of this study were group

activity therapy and client's ability to control hallucination.

Data Collection Instrument and Method

The research instrument was group activity therapy guidebook (Keliatand Akemat, 2005). TAK implementation was assisted by nursing students who passed Mental treatment subject. Every group performed 5 sessions (5 meetings) of TAK.

Data Analysis

This study performed bivariate analysis, which was identifying the effect of group activity therapy on ability to control hallucination. The statistical test used was McNemar test.

RESEARCH RESULT

Table 1: Illustration on client's ability to control hallucination before and after session 1 of TAK intervention in Yayasan Mentari Hati of Tasikmalayain 2016.

Variable	Before Intervention	After Intervention	P value
Able	0	25	0,000
Not able	36	11	

The result of analysis of McNamar test showed that the clients' ability before and after all sessions of TAK intervention has $\rho = 0,50$ ($\rho > \alpha$). So, H_0 = not rejected, or there was no significant effect of group activity therapy (sessions 1-5) on patient's ability to control hallucination.

DISCUSSION

Illustration of patient's ability to control hallucination in session 1 (recognizing hallucination) before and after group activity therapy

Cognitive ability will form one's way of thinking to understand factors related with their condition and related with behavioral change (Notoatmodjo 2007). Knowledge can create awareness, so that eventually people behave in accordance with their knowledge. The result of behavioral change in this way takes a long time but will last because it's based on their own awareness.

Illustration of patient's ability to control hallucination in session 2 (rebuking) before and after group activity therapy

In session 2, most respondents were able to state and practice rebuking. In this session, the roles of leader, co-leader and facilitators increased. This was supported by Stuart & Laraia (2001), who state that there should be selection process and criteria for group leader's tasks. According to Stuart & Laraia (2005), a common behavior of schizophrenic client is lack of motivation (81%), so that some people couldn't practice this due to lack of motivation.

Illustration of patient's ability to control hallucination in session 3 (drinking medication) before and after group activity therapy

According to Stuart & Laraia (2005), another common behavior of schizophrenic client is not taking medication regularly (40%). Patient in psychiatric hospital or at home who should take medication regularly need motivation to keep taking the medication.

This was supported by the study by Xiang et al (1994) on 69 families with schizophrenia and 8 families with affective psychosis in three different cities China for 4 months. They are randomly separated into 2 groups, i.e. intervention group which receives family psycho education and control group which only receives medication. The intervention group shows significant positive change not founding the control group which only receive complete medication.

Illustration of patient's ability to control hallucination in session 4 (conversing) before and after group activity therapy

According to Kaplan (2007), many doctors medicate patients, but it will be more effective if they add counseling. Counseling therapies include logo therapy, triangle and psycho education (NIMMS, 1998 in Shives 2005). Patient with mental disorder require counseling, conversing to solve their problems.

Social relation with patient only with brief meeting focused on symptom management isn't enough to improve rehabilitation effort, requiring supports from family, friends, and the society (Vide beck 2008). Since in yaysanmentarihati, there is no relative, it can be replaced by the foundation managers by spending time to communicate with patients with mental disorder. This is consistent with the theory that communication can be performed by spending time with client, listening to client (Vide beck 2008).

Illustration of patient's ability to control hallucination in session 5 (making activity schedule) before and after group activity therapy

Generally, patients with mental disorder don't like being active, tend to isolate themselves, thus producing hallucination. Teaching them to perform activities was expected to return their motor ability and reduce hallucination. This is important for patients with schizophrenia, which is characterized by hallucination. Schizophrenia is a mental disorder characterized by reduction or inability to communicate, reality disturbance, unnatural or dull affect, cognitive disorder and difficulty in performing daily activities (Keliat et al, 2006). The main factor of chronic disease is the high amount of time patient spends not doing anything (Nasir and Muhith 2011). So, they tried making daily schedule to control their activities.

Illustration of patient's ability to control hallucination before and after group activity therapy

A study on TAK by Talilah (2011) shows that TAK perception stimulation influences ability to control hallucination. Similarly, Suryaningsih (2007) states that TAK perception stimulation reduces frequency of hallucination.

The studies above show the effect of TAK on patient's ability to control hallucination. The research locations are psychiatric hospitals. The management of patient treatment in psychiatric hospital involves all health professionals in handling patient with mental disorder. They receive medication from medical staff, food from nutritionist, counseling from psychologist, and other treating actions, here also being tried the use of herbal medicines (Kamelia, Emma, et al 2016). Since many patients with mental disorder interacts with nurses, the treatment is multidisciplinary. Therefore, the characteristics of patients in psychiatric hospital are different from those in community foundations.

REFERENCES

1. Arikunto, Suharsimi. *Prosedur penelitian Suatu Pendekatan Praktek*. Jakarta: Rineka Cipta, 2006.
2. Chien T.W., Wong F.K. *A family psychoeducation group program for chinese people with schizophrenia in hongkong*. Arlington, 2007.
3. Keliat, B. A. dkk. *Proses Keperawatan Kesehatan Jiwa*. Jakarta: EGC, 2006.

4. Keliat, B. A. dan Akemat, Terapi Aktivitas Kelompok. Jakarta, EGC, 2005.
5. Kamelia, Emma, et al. "Neurogenesis and brain-derived neurotrophic factor levels in herbal therapy." *International Journal of Research in Medical Sciences*, 2016; 4(11): 4654-4658.
6. Kaplan, et all, *Synopsis of psychiatry: Behavioral sciences/clinical psychiatry*, 10th edition, Lippincot Williams & Wilkins, 2007.
7. Notoadmodjo, S, *Promosi kesehatan dan ilmu perilaku* : PT rineka ciptam, 2007.
8. Nasir A & Muhith A. *Dasar-dasar keperawatan jiwa pengantar dan teori*. Jakarta. Salemba Medika, 2011.
9. Shives, L.R. *Basic concepts of psychiatric-mental health nursing*. (4th ed), Philadelphia: Lippincott, 1998.
10. Stuart, G.W & Laraia, M.T. *Principles and Practice of psychiatric nursing*. (7th edition). St Louis: Mosby, 2005.
11. Townsend, M.C, *Essentials of psychiatric mental health nursing*. (3rd ed) Philadelphia, F.A.Davis Company, 2005.
12. Videbeck, S.L. *Psychiatric Mental Health Nursing*. (3rd edition). Philadhelpia: Lippincott Williams & Wilkins, 2006.
13. Yosep.I. *Keperawatan jiwa*. Bandung: PT. Refika Aditama. Bandung, 2007.