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Analysis of Mental Nursing Care for Sensory Perception Disorder: Auditory Hallucinations with Thought Stopping Therapy

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Abstract: Mental disorders are conditions characterized by disharmonious relationships with others, hostility, threats, and often unproductivity. Hallucinations are false perceptions without external objects. This case study aimed to analyze the effect of Thought Stopping therapy on controlling auditory hallucinations in a patient with schizophrenia. A 54-year-old female patient (Mrs. P) with auditory hallucinations was included. Though stopping therapy was administered for 10-15 minutes per session, twice daily for 3 days. The intervention included teaching the patient to say "STOP" loudly and internally when hallucinatory thoughts appeared, then replacing negative thoughts with positive ones. Outcomes were measured by changes in hallucination frequency, duration, and patient's ability to control hallucinations. Results showed a progressive decrease in hallucination frequency from 1-2 times daily to rarely occurring. The patient could perform thoughts, stopping independently by day 3. No adverse effects were observed. Thought stopping therapy effectively reduced auditory hallucination symptoms in this patient with schizophrenia. This non-pharmacological intervention is recommended as an adjunct therapy in mental health nursing care.

Keywords: auditory hallucinations; schizophrenia; thought stopping therapy; mental health nursing; sensory perception disorder

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Introduction

Mental health is a state of well-being in which an individual can realize their own abilities, cope with normal life stresses, work productively, and contribute to their community (WHO, 2022). Conversely, mental disorders disrupt these functions, leading to significant distress and disability. Schizophrenia is one of the most severe mental disorders, affecting approximately 24 million people worldwide (WHO, 2022). In Indonesia, the prevalence of severe mental disorders increased from 1.7‰ to 7‰ of households between 2013 and 2018 (Riskesdas, 2018). West Java Province reported 69,569 people with mental disorders, with the highest concentration in Bogor Regency (Dinkes Jawa Barat, 2021).

Auditory hallucinations are the most common positive symptom in schizophrenia, occurring in over 70% of patients (Muhith, 2015). Hallucinations are false sensory perceptions without external stimuli, often manifesting as voices or whispers that may command,

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threaten, or engage the patient. If uncontrolled, hallucinations can lead to risky behaviors, social isolation, and violence. Standard management includes pharmacological therapy (antipsychotics) and non-pharmacological interventions. However, medication alone is often insufficient, and side effects may reduce adherence.

Thought stopping therapy, introduced by Joseph Wolpe (2015), is a cognitive-behavioral technique designed to interrupt maladaptive thought patterns. The patient is taught to say "STOP" either aloud or internally when a negative thought or hallucination occurs, then replace it with a positive thought. This technique has been shown to reduce anxiety, obsessive thoughts, and hallucinations. Previous studies by Twistiandayani & Widati (2020), Fazrina (2024), and Syaifullah & Lisnawati (2024) demonstrated significant reductions in hallucination frequency and improved control among schizophrenia patients.

This case study aims to analyze the implementation of thought stopping therapy in a patient with auditory hallucinations at Camar Ward, West Java Provincial Mental Hospital, and to evaluate its effectiveness in reducing hallucination symptoms.

Method

This study used a descriptive case study design with a single respondent (Mrs. P), a 54-year-old female diagnosed with schizophrenia who experienced auditory hallucinations. The study was conducted at Camar Ward (acute female ward) of West Java Provincial Mental Hospital from February 27 to February 29, 2024.

The patient was diagnosed with schizophrenia, experienced auditory hallucinations, was cooperative and willing to participate, and had no verbal communication disorders or decreased consciousness. The intervention was delivered over 3 consecutive days, with two sessions per day (morning and afternoon), each lasting 10-15 minutes. The procedure followed standardized operational guidelines:

1. Building a therapeutic relationship: The nurse introduced herself, explained the purpose, and established trust.
2. Identifying hallucination characteristics: The patient was asked about the content, frequency, timing, triggers, and feelings associated with hallucinations.
3. Teaching the thought stopping technique:

a) Patient closed her eyes and imagined the hallucinatory experience.
b) When the thought/image appeared, the patient was instructed to say "STOP" loudly.
c) The patient repeated "STOP" internally (in the heart/mind).
d) Patient opened her eyes.
e) The nurse helped the patient replace negative thoughts with positive ones (e.g., "I am safe," "That voice is not real").

4. Practice and reinforcement: The patient practiced the technique repeatedly with feedback.

Scheduling: The patient was encouraged to incorporate thoughts into daily routines.

Written informed consent was obtained from the patient. Confidentiality was maintained, and the patient could withdraw at any time without affecting her care. Outcomes were assessed through hallucination frequency (number of episodes per day), patient's ability to perform thought stopping independently, and subjective report of distress or control.

Result and Discussion

Table 1. Patient's Hallucination Response to Thought Stopping Therapy

Day	Frequency	Ability to Perform Thought Stopping	Independence Level
Day 1st	1-2 times/ day	Unable; confused about the technique	Fully dependen
Day 2nd	1 time/day	Able with verbal prompting	Partial assistanc
Day 3rd	Rarely (once or none)	Able independently without prompting	Independent

Day 1 (February 27, 2024): Mrs. P reported hearing negative whispers and seeing her husband in the corner of the room. She appeared confused, spoke to herself, smiled inappropriately, and paced. She could not perform thought stopping despite instructions. Hallucination frequency was 1-2 times, mainly at night.

Day 2 (February 28, 2024): After repeated practice, Mrs. P began to understand the technique. She could say "STOP" when hallucinations occurred but still needed occasional reminders. Hallucination frequency decreased to once during the day.

Day 3 (February 29, 2024): Mrs. P demonstrated independent use of thought stopping. She reported that whispers were "rarely" heard. She could close her eyes,

say "STOP" internally, and replace negative thoughts with positive ones (e.g., "I want to go home healthy"). No adverse effects were observed.

The results demonstrate that thought stopping therapy effectively reduced the frequency and intensity of auditory hallucinations in Mrs. P. By day 3, the patient achieved independent control over her hallucinations. This finding aligns with multiple previous studies.

Thought stopping operates through cognitive restructuring. According to Stuart (2021), hallucinations arise from neurobiological dysregulation, particularly excessive dopaminergic activity in the mesolimbic pathway. However, cognitive-behavioral interventions can modify the patient's response to these aberrant perceptions. By repeatedly pairing the hallucinatory experience with the command "STOP," the patient learns to interrupt the automatic thought chain. Replacing negative thoughts with positive ones further weakens the association between hallucinations and distress (Tang & DeRubies, 2015).

In Mrs. P's case, the trigger was memories of her husband's election failure five years prior. The thought stopping technique allowed her to say "STOP" when that memory intruded, then replace it with a positive affirmation ("I have a loving family"). This reduced emotional arousal and prevented escalation.

Conclusion

Thought stopping therapy effectively reduced the frequency and severity of auditory hallucinations in Mrs. P, a patient with schizophrenia. After 3 days of intervention, the patient could independently control her hallucinations using the "STOP" technique and replace negative thoughts with positive ones. This non-pharmacological intervention is safe, cost-effective, easy to implement, and empowers patients. Mental health nurses are encouraged to integrate thought stopping therapy into standard care protocols for patients with auditory hallucinations. Further research with larger sample sizes, validated outcome measures, and long-term follow-up is recommended.

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Author Contributions

Conceptualization, N.D.P. and T.S.; methodology, N.D.P.; validation, T.S.; formal analysis, N.D.P.; investigation, N.D.P.; data curation, N.D.P.; writing—original draft preparation, N.D.P.; writing—review and editing, T.S.; visualization, N.D.P.; supervision, T.S. All authors have read and agreed to the published version of the manuscript.

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Conflicts of Interest

The authors declare no conflict of interest.

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