IMPLEMENTATION OF CLASSICAL THERAPY TO REDUCE SIGNS AND SYMPTOMS IN PATIENTS WITH SENSORY PERCEPTION DISORDERS (AUDITORY HALLUCINATIONS) IN THE INDRAGIRI WARD OF THE TAMPAN MENTAL HOSPITAL

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Abstract

Auditory hallucinations are one of the most common symptoms experienced by patients with schizophrenia. Classical music therapy, especially Mozart's compositions, is believed to have a calming effect, improve concentration, and reduce the signs and symptoms of hallucinations. This study aimed to determine the effectiveness of classical music therapy in reducing auditory hallucinations among patients in the Indragiri Ward of Tampan Mental Hospital. The research employed a case study design with a pre-test and post-test approach involving two patients with schizophrenia. Therapy was administered for three consecutive days, with each session lasting 10–15 minutes. The instruments used were an observation sheet for hallucination symptoms and the Auditory Hallucination Rating Scale (AHRS). The findings revealed a significant reduction in hallucination symptoms. The first patient's AHRS score decreased from 12 (severe category) to 4 (mild category), while the second patient's score decreased from 10 (severe category) to 3 (mild category). The study concludes that Mozart classical music therapy is effective in reducing auditory hallucinations and can be considered a non-pharmacological intervention in psychiatric
Keyword: *Auditory Hallucinations, Schizophrenia, Classical Music Therapy, Mozart*

INTRODUCTION

Mental health is a condition in which an individual can develop physically, mentally, spiritually, and socially so that the individual realizes their own abilities, can cope with stress, can work productively, and is able to contribute to their community. Mental disorders are a syndrome of psychological or behavioral changes that clinically occur in a person and can be described as distress, a manifestation of behavioral abnormalities due to emotional distortion, resulting in unusual behavior. This occurs due to a decline in mental function (Nurfiana and Yunitasari, 2022), which causes various mental disorders including schizophrenia (Nurfiana and Yunitasari, 2022).

The prevalence of schizophrenia worldwide is high, affecting around 24 million people or 1 in 300 people (0.32%) (World Health Organization, 2022). In Indonesia alone, data from the Indonesian Health Survey (SKI) in 2023 shows that the prevalence of mental disorders reaches 630,827 people (Ministry of Health, 2023). In addition, the prevalence of schizophrenia in Indonesia according to Riskesdas 2018 data has also increased significantly, reaching 7 per 1000 population. In people with schizophrenia, the symptoms that appear are very diverse, but one of the most common is hallucinations, especially auditory hallucinations, which are characteristic of this disorder (Kakiay and Wigiyanti, 2022).

Riau Province is one of the regions with a relatively high prevalence of mental disorders. Data from the 2018 Riskesdas shows that the prevalence of mental disorders in Riau reached around 273,519 people, with an increase in the prevalence of schizophrenia from 1.5% to 6% in the last five years. This indicates a significant increase in cases of severe mental disorders, including hallucinations, which are one of the characteristic symptoms of

schizophrenia (Sari, et al. 2024). The high rate of auditory hallucinations is a serious problem for the health and nursing sectors in Indonesia.

Hallucinations are one of the positive symptoms of schizophrenia. Approximately 60-80% of people with schizophrenia experience hallucinations (Silverstein & Lai, 2021). Hallucinations are a characteristic symptom of schizophrenia and other psychotic disorders. Hallucinations occur when a person experiences sensory perceptions without external stimuli. The types of hallucinations are auditory, visual, olfactory, gustatory, and tactile (Syafitri et al., 2025). Auditory hallucinations are when a person hears voices or noises (most often human voices). The voices are unclear noises, and the patient is told to do something that is sometimes dangerous. Auditory hallucinations involve hearing sounds or noises ranging from simple sounds to voices speaking about the client, causing the client to respond to these sounds or noises (Pradana and Riyana, 2024).

Hallucinations can have dangerous consequences, such as the risk of harming oneself, others, or the environment. This condition occurs when patients act outside of consciousness, especially during the most severe phase (the conquering phase), which causes them to lose self-control (Subekti et al., 2026). Hallucinations can be managed through pharmacological and non-pharmacological therapies. Non-pharmacological therapy is safer to use because it does not cause side effects like medications. One effective non-pharmacological therapy is music therapy. Music therapy is a relaxation technique aimed at providing a sense of calm, controlling emotions, and healing psychological disorders (Nurfiana and Yunitasari, 2022). Music therapy can be used in the nursing care of patients with hallucinations because it is considered to aid the healing process. The music played can make patients with hallucinations feel calmer, more cooperative in carrying out activities, more focused when communicating with others, less likely to talk to themselves, and able to control their hallucinations (Pratiwi et al., 2026).

There are several types of music that can assist in the recovery process of patients with auditory hallucinations, one of which is classical music therapy. In general, some classical music has psychophysical effects that provide a sense of relaxation, stabilize the pulse, have a calming effect, and can reduce stress. Research conducted by Wijayanto and Agustina reported that music therapy is effective in reducing the signs and symptoms of hallucinations, with a P value of 0.000 ($\alpha<0.05$). The therapy was administered for 10-15 minutes (Pradana and Riyana, 2024).

These data illustrate the high need for effective intervention for patients with hallucinations in Riau, particularly at Tampan Mental Hospital. Therefore, research on the effectiveness of classical music therapy as an alternative to non-pharmacological therapy is highly relevant in order to provide treatment options that can significantly reduce the signs and symptoms of hallucinations and improve patients' quality of life.

RESEARCH METHODS

The implementation of Evidence-Based Nursing Practice (EBN) in this study was carried out by providing Mozart classical music therapy to patients with auditory hallucinations in the Indragiri Room of the Tampan Mental Hospital. The application used a case study with a pre-test and post-test approach to assess the effectiveness of the intervention. The therapy was given for three consecutive days, with a duration of 10–15 minutes each day in a quiet atmosphere. Patients were positioned as comfortably as possible and given music therapy using small speakers or headsets. Before therapy, initial observations were made using observation sheets and the AHRS (Auditory Hallucination Rating Scale), and after therapy was completed, a reassessment was carried out to see if there were any changes in symptoms.

Data collection was successful. The indicators of success of the intervention were determined based on the Indonesian Nursing Outcome Standards (SLKI). The success of the intervention was assessed based on the pre- and post-assessment scores on the AHRS (Auditory Hallucination Rating Scale) according to EBP. Data analysis was performed descriptively by comparing the pre-test and post-test results before and after classical music therapy. The results are presented in the form of a frequency distribution table and tested using a Paired Sample t-Test to determine the effectiveness of the therapy.

RESEARCH RESULTS

The results of Mozart classical music therapy were conducted on two patients, Ms. R and Ms. S, who had schizophrenia and complained of auditory hallucinations, pacing, hearing whispers, flat affect, talking and laughing to themselves, lethargy, isolation, red ears on one side, and covering their ears. The application of Mozart classical music therapy is a non-pharmacological therapy that can be given to patients to overcome sensory disturbances or auditory hallucinations.

This implementation was conducted on patients Ms. R and Ms. S for three consecutive days. Mozart classical music therapy was applied for 10-15 minutes once a day, starting from June 16-18, 2025. The evaluation of the Mozart classical music therapy implementation was conducted using the AHARS questionnaire and observation sheets with a pretest and posttest case study method.

Tabel 1 AHARS Assessment Results

Patient 1 (Ms.R)		Patient 2 (Ms.S)	
Pretest (15 June 2025)	Posttest (18 June 2025)	Pretest (15 June 2025)	Posttest (18 June 2025)
12	4	10	3

Tabel 2 Results of Observation of Signs and Symptoms of Hallucinations

Patient 1 (Ms.R)		Patient 2 (Ms.S)	
Pretest (15 June 2025)	Posttest (18 June 2025)	Pretest (15 June 2025)	Posttest (18 June 2025)
6	2	6	2

The results of the Auditory Hallucination Rating Scale (AHARS) questionnaire were obtained from patient 1 (Mrs. R). The pretest results showed a score of 12 for the category of severe auditory hallucinations. After implementation for 3 consecutive days, the posttest results showed a score of 4 for the category of mild hallucinations. The results for patient 2 (Ms. S) showed a pretest score of 10 for the category of severe auditory hallucinations. After implementation for 3 consecutive days, the posttest results showed a score of 3 for the category of mild hallucinations. The results of the observation of signs and symptoms of hallucinations in patients were conducted for 3 consecutive days in patient 1 (Ms. R). The results on the first day showed a pretest score of 6 signs and symptoms and a posttest score of 2 signs and symptoms. In patient 2 (Ms. S), the results on the first day showed a pretest score of 6 signs and symptoms and a posttest score of 2 signs and symptoms.

DISCUSSION

1. Nursing Asessment

Patient Ms. R, 38 years old, a patient with schizophrenia, Ms. R appears clean and neat, likes to pace back and forth, Ms. R appears to laugh and talk to herself, is protective, likes to cover her ears, and gets angry for no reason. The patient also says, "Let's kill him," in response to the voices she hears. She becomes angry, and the voices appear for about 1-3 minutes. Ms. R says that when she hears the voices, she covers her ears, and the voices appear when she is alone and deep in thought. The patient was admitted through the emergency room two weeks ago. She does not take her medication, appears restless, refuses to take her medication, threatens people, and is sometimes confused. She has a history of mental disorders (yes) and previous treatment (unsuccessful). Ms. R was once forced to use methamphetamine by two of her friends and feels pressured and ridiculed by the community around her home. Received therapy with Risperidone 2 mg (twice daily) morning and night, Clozapine 25 mg at night, and Trihexyphenidyl 2 mg (twice daily) morning and night.

Patient Ms. S has schizophrenia. Ms. S appears angry for no reason, talks to herself, laughs to herself, and likes to cover her ears. Ms. S says she often hears whispers saying, "Come on, go outside, don't stay here." Mrs. S responds to the whispers by remaining silent. The voices appear for about 1-5 minutes. Ms. S says that when she hears the whispers, she just remains silent, and the voices appear when she is bored. The patient was admitted through the Emergency Room/UPIP 3 weeks ago. She appeared restless, prone to anger, confused, and had stopped taking her medication. Ms. S had been hospitalized at Tampan Psychiatric Hospital before but did not follow up or receive additional medication due to the long distance and transportation costs. Past history of mental illness (Yes), previous treatment (unsuccessful). Ms. S had experienced domestic violence by her husband and was cheated on by him. She experienced prolonged sadness, frequent anger, and confusion. She was prescribed Risperidone 2 mg (twice daily) for morning and night, and Lorazepam 2 mg for night.

2. Nursing Diagnosa

In the implementation of nursing care for schizophrenia in patient 1 (Ms. R), a nursing diagnosis of risk of violent behavior, hallucinations, and social isolation was established. Case management for patient 1 (Ms. R) with a nursing diagnosis taken in the application of evidence-based practice in Ms. R was the application of classical music therapy, which can reduce signs and symptoms in patients with hallucinations.

In the implementation of nursing care for schizophrenia in patient 2 (Ms. S), a nursing diagnosis of risk of violent behavior, hallucinations, and social isolation was established. Case management for patient 2 (Ms. S) with a nursing diagnosis taken in the application of evidence-based practice on Ms. S, namely the application of classical music therapy, which can reduce signs and symptoms in patients with hallucinations.

3. Nursing Intervention

In the case of patient Ms. R with schizophrenia who was treated for 3 days in the Indragiri room based on the Indonesian Nursing Intervention Standards (SIKI), namely hallucination management with actions to monitor the content of hallucinations, discuss feelings and responses to hallucinations, teaching about hallucinations, teaching self-monitoring of situations where hallucinations occur, collaborating on the administration of antipsychotic and anti-anxiety medication if necessary, and evidence-based nursing practice measures, namely classical music therapy.

Ms. S, a patient with schizophrenia, was managed for 3 days in the Indragiri room based on the Indonesian Nursing Intervention Standards (SIKI), namely hallucination management with

actions to monitor the content of hallucinations, discuss feelings and responses to hallucinations, teach about hallucinations, teaching self-monitoring of situations where hallucinations occur, collaborating on the administration of antipsychotic and anti-anxiety medications if necessary, and implementing evidence-based nursing practices such as classical music therapy.

4. Nursing Implemention

The implementation was carried out on a patient under the care of Ms. R with schizophrenia and a nursing diagnosis of hallucinations. The implementation was carried out over 3 days, starting on June 16-18, 2025. The implementation addressed the problem with hallucination management. The implementation included monitoring the content of hallucinations, discussing feelings and responses to hallucinations, teaching about hallucinations, teaching self-monitoring of hallucination situations, collaborating on the administration of antipsychotic and anti-anxiety drugs if necessary, and evidence-based nursing practice measures, namely classical music therapy.

The implementation was carried out on a patient under the care of Ms. S with schizophrenia and a nursing diagnosis of hallucinations. The implementation was carried out for 3 days starting from June 16-18, 2025. The implementation addressed the problem with hallucination management. The implementation included monitoring the content of hallucinations, discussing feelings and responses to hallucinations, teaching about hallucinations, teaching self-monitoring of situations where hallucinations occur, collaborating on the administration of antipsychotic and anti-anxiety medications if necessary, and implementing evidence-based nursing practices such as classical music therapy.

5. Nursing Evaluation

Based on the nursing care provided to Ms. R patient for 3 consecutive days, a nursing evaluation was conducted using the Indonesian Nursing Outcome Standards (SLKI) for the nursing problems that had been identified (PPNI, 2019). The nursing problem is hallucinations with the outcome being improved sensory perception with the criteria of decreased verbalization of hearing voices, decreased hallucinatory behavior, and decreased pacing. Based on the evaluation results, it can be concluded that classical music therapy can reduce the signs and symptoms of auditory hallucinations. The evaluation results show that the AHARS questionnaire and observation scores

Based on the nursing care provided to Ms. S for three consecutive days, nursing evaluation was conducted using the Indonesian Nursing Outcome Standards (SLKI) for the established nursing problem (PPNI, 2019). The nursing problem of hallucinations with the outcome of improved sensory perception with the criteria of decreased verbalization of hearing whispers, decreased hallucinatory behavior, and decreased pacing. Based on the evaluation results, it can be concluded that classical music therapy can reduce the signs and symptoms of auditory hallucinations. The evaluation results showed that the AHARS questionnaire scores and observations

CONCLUSION

Mozart's classical music therapy has been proven effective in reducing signs and symptoms of auditory hallucinations in schizophrenia patients. After three days of intervention, AHRS scores and the number of hallucination signs decreased significantly in both patients. This

therapy can be used as a beneficial nonpharmacological alternative for health professionals in providing psychiatric nursing care.

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