NURSING CARE OF AUDITORY HALLUCINATION PATIENTS WITH THE APPLICATION OF BEETHOVEN'S CLASSICAL MUSIC THERAPY IN A HANDSOME MENTAL HOSPITAL IN PEKANBARU

Riska[1*], Eka Malfasari[1], Rina Herniyanti[1], Fitri Erlin4[1]
[1] Faculty of Nursing, Institut Kesehatan Payung Negeri, Pekanbaru, Indonesia
***Corresponding author: riskayunisa605@gmail.com**

Abstract

Mental disorders are complex conditions that affect various aspects of human life, including emotions, moods, thought processes, and behavior. One of the most common psychiatric disorders found in mental health facilities is schizophrenia, which is often characterized by auditory hallucinations. These hallucinations, usually in the form of sounds or whispers, can cause fear, anxiety, and confusion, leading to impaired social functioning and quality of life. Treatment of hallucinations generally involves pharmacological therapy; However, many patients continue to experience symptoms despite treatment. Therefore, non-pharmacological interventions such as classical music therapy, particularly Beethoven compositions, are increasingly considered supportive treatments. This study aims to determine the effectiveness of Beethoven's classical music therapy in reducing auditory hallucinations in patients with mental disorders at Tampan Hospital, Riau Province. The implementation of Evidence-Based Nursing Practice (EBN) uses an experimental approach with pre-test and post-test evaluation carried out for five days. Two patients diagnosed with schizophrenia and auditory hallucinations were selected as subjects. Classical music therapy is given once a day for 10-15 minutes using headphones in a quiet environment. The results showed a significant decrease in the intensity of hallucinations after therapy. Both patients showed improved sensory perception, reduced frequency of hearing sounds, and improved concentration and environmental orientation. Based on the assessment of the Indonesian Nursing Outcome Standard (SLKI), improvements were observed in all indicators such as concentration, orientation, and verbal response. These findings suggest that Beethoven's classical music therapy provides a calming and relaxing effect that helps patients distract from hallucinating sounds, reduce anxiety, and improve overall emotional well-being. In conclusion, Beethoven's classical music therapy has proven to be an effective non-pharmacological intervention to reduce auditory hallucinations and improve the cognitive and emotional stability of patients with mental disorders. These therapies can be integrated as complementary evidence-based nursing interventions in psychiatric care settings.

Keywords: schizophrenia; auditory hallucinations; classical music therapy; Beethoven; evidence-based nursing practice

INTRODUCTION

Mental disorders are complex conditions that affect various aspects of an individual's life, including emotions, mood, thought processes, and overall behavior. These disorders not only impact the individual experiencing them but also have social consequences for families, the surrounding environment, and even the wider community (Vitoasmara, 2024). One of the most common mental disorders encountered in mental health services is schizophrenia, a chronic psychotic disorder characterized by distortions of reality such as hallucinations (Mardiah & Fathul, 2022).

Auditory hallucinations refer to the perception of hearing voices that have no actual external source. These voices often take the form of commands, insults, or whispers that the patient cannot control (Cahayatiningsih & Rahmawati, 2023). Such experiences can lead to anxiety, fear, difficulty distinguishing between reality and illusion, and may even trigger self-harming or aggressive behaviors. Patients with auditory hallucinations often find it difficult to

perform daily activities, experience a decreased quality of life, and face challenges in the recovery process (Amelia et al., 2025).

According to WHO (2023), more than 24 million people worldwide suffer from schizophrenia, and around 70% of them experience auditory hallucinations as a major symptom. In Indonesia, based on data from the Ministry of Health (2023), the prevalence of severe mental disorders, including schizophrenia, reaches 7 per 1,000 population, and this number is expected to continue rising due to increasing life pressures, limited mental health services, and persistent social stigma.

Auditory hallucinations in patients with schizophrenia can be caused by disturbances in neurotransmitter systems in the brain, particularly increased dopamine activity in the mesolimbic pathway. This imbalance causes the brain to misinterpret internal stimuli as real voices (Muthmainnah & Amris, 2024). In addition, environmental factors such as prolonged stress, past trauma, social isolation, and lack of emotional support can exacerbate hallucinations. Consequently, patients experience disorganized thinking, perceptual disturbances, and difficulty distinguishing between reality and illusion, which can interfere with social functioning and daily self-care (Mardiah & Fathul, 2022).

The treatment of mental disorders, particularly schizophrenia with hallucinatory symptoms, is generally carried out through pharmacological approaches, namely the administration of antipsychotic drugs. However, medication alone is often insufficient to completely eliminate hallucinations. Many patients continue to experience hallucinations despite ongoing treatment. Therefore, non-pharmacological interventions are essential as complementary therapies, one of which is classical music therapy, particularly using Beethoven's compositions (Hariyani et al., 2025).

Classical music therapy is a form of therapeutic intervention that utilizes musical elements—especially classical music characterized by soft and harmonious rhythms—to induce calmness and relaxation (Nurfiana & Yunitasari, 2024). Classical music is believed to influence the central nervous system, stimulate brain activity, reduce stress, and enhance concentration and emotional stability. In the context of mental disorders, music can serve as a positive distraction tool to divert attention from hallucinatory voices, reduce hallucination intensity, and improve mood (Faozi et al., 2025).

One specific form of classical music therapy that can be further developed is Beethoven Therapy. This therapy is a structured non-pharmacological intervention that utilizes Beethoven's compositions such as *Moonlight Sonata*, *Für Elise*, and *Symphony No. 6 (Pastoral)*. These pieces are played in a calm environment for specific durations, typically 15–30 minutes per session, conducted regularly to induce deep relaxation (Mantiri et al., 2020). The therapy aims to reduce the patient's focus on hallucinatory voices, improve mood, and enhance emotional comfort. In psychiatric nursing practice, this therapy is part of a holistic approach that addresses the psychological and spiritual needs of patients as a complement to medical interventions (Keumalahayati & Supriyanti, 2024).

Based on a preliminary study conducted through interviews with individuals with mental disorders experiencing auditory hallucinations, it was found that they often hear unreal voices such as whispers or commands that disrupt daily activities, disturb sleep, and trigger behaviors such as self-talking or excessive fear. Generally, they rely solely on medication from medical professionals; however, hallucinations often persist. One effective non-pharmacological intervention is classical music therapy, as its gentle and rhythmic melodies have been shown to calm the mind, redirect the patient's focus away from hallucinatory voices, and improve mood and quality of rest.

RESEARCH METHODS

A. Implementation Method : The implementation of Evidence-Based Nursing Practice (EBN) carried out in this study involved the application of classical music therapy to reduce the level of auditory hallucinations in patients with mental disorders. The method used was an experimental technique applied to patients experiencing auditory hallucinations. The success of the intervention was measured before and after the implementation of classical music therapy. Evaluation was conducted to determine the extent to which this intervention could reduce the intensity of hallucinations experienced by patients. This therapy is expected to become part of effective and applicable evidence-based psychiatric nursing interventions.

B. Time and Place of Implementation : The intervention was carried out over a period of five days, with therapy sessions conducted daily for 10–15 minutes. The implementation took place in the Inpatient Ward of Tampan Mental Hospital (RSJ Tampan), Riau Province, involving patients with mental disorders who experienced auditory hallucinations.

C. Subjects of Implementation : The subjects of this intervention were patients admitted to the Inpatient Ward of RSJ Tampan, Riau Province, who were diagnosed with mental disorders and experienced auditory hallucinations as their primary nursing problem.

D. Implementation Procedure: The implementation of the EBN intervention in the form of classical music therapy was conducted to reduce the level of auditory hallucinations in patients with mental disorders.

Steps for proper therapy implementation:

a. Initial Stage

1. Identify the intervention subjects patients with mental disorders who experience auditory hallucinations.
2. Meet the patient and establish a therapeutic contract, explaining the procedure and purpose of the classical music therapy to be conducted.
3. Build a therapeutic relationship to establish trust with the patient.

b. Implementation Stage

1. Wash hands before the procedure to maintain hygiene.
2. Obtain informed consent from the patient or guardian if necessary.
3. Ensure the patient has a primary diagnosis of auditory hallucinations.
4. Explain the procedure, purpose, and benefits of classical music therapy in simple terms.
5. Encourage the patient to ask questions about any unclear aspects of the therapy.
6. Help the patient sit or lie down comfortably in the therapy room or inpatient area.
7. Ensure the room is quiet, free from noise, and conducive to therapy.
8. Prepare the necessary equipment such as headphones or a portable speaker, a music player (phone/tablet), and classical music files of approximately 15 minutes in duration.
9. Place the headphones on the patient, ensuring a moderate volume level (not too loud or disturbing).
10. Play calm, slow-tempo classical music for about 15 minutes.
11. Observe the patient's facial expressions, body movements, and verbal/nonverbal responses during therapy to assess comfort and therapeutic effects.
12. Stop the therapy if the patient shows signs of discomfort, such as restlessness, refusal, or covering their ears.
13. After the session, remove the headphones and engage the patient in light conversation to evaluate their emotional response to the therapy.
14. Record the patient's condition before and after therapy using an observation format.

c. Final Stage

1. Evaluate the level of hallucinations after therapy using an assessment tool or observation.
2. Ask the patient how they felt after listening to the music.
3. Establish a therapeutic contract for further therapy sessions if necessary.
4. Document the therapy outcomes in the daily nursing notes.

E. Data Analysis Process

The data analysis method used in this EBN implementation was **descriptive analysis**, which involved describing the results of pre-test and post-test evaluations. The findings were presented in the form of distribution and frequency tables. The analysis process described the patient's condition based on the primary nursing problem identified auditory hallucinations indicated by symptoms such as verbalizations of hearing voices or whispers, daydreaming, withdrawal, and decreased concentration. The effectiveness of the intervention was evaluated by comparing the patient's condition before and after classical music therapy. Observations were made on indicators such as concentration ability, environmental orientation, verbal expression, and behavioral changes. Each aspect was assessed using a specific scale to determine the level of improvement or severity. The intervention, classical music therapy, was designed to divert the patient's attention away from hallucinatory voices and induce a sense of calm and comfort. The therapy was carried out in a conducive environment that prioritized the patient's comfort and emotional readiness. The surrounding environment was also kept quiet to enhance the therapy's effectiveness. After the therapy, evaluations were conducted by observing the patient's verbal and nonverbal responses and by engaging in light discussions to explore their feelings post-intervention. The results showed a decrease in the intensity of hallucinations and improvements in the patient's behavior and perception of their environment.

RESEARCH RESULTS

The implementation of Beethoven's classical music therapy was carried out on two patients diagnosed with schizophrenia, Tn. K and Tn. U, who both experienced auditory hallucinations. The therapy aimed to reduce the frequency and intensity of hallucinations through a non-pharmacological intervention. The intervention was conducted over three consecutive days, from June 18 to June 20, 2025, with therapy sessions held once daily for approximately 10–15 minutes each.

Before the intervention (pre-test), both patients showed clear symptoms of auditory hallucinations, such as hearing voices or whispers, talking to themselves, restlessness, wandering aimlessly, difficulty concentrating, and disorientation to time, place, and people. Based on the Indonesian Nursing Outcome Standards (SLKI) scoring sheet, both patients initially had scores ranging from 1 to 2, indicating a worsening or poor condition.

After three days of therapy (post-test), a significant improvement was observed in both patients. For Tn. K, the indicator of verbalization of hearing voices improved from a score of 1 to 4, showing a decrease in hallucination intensity. The patient became calmer, was able to distinguish between real and unreal sounds, and showed improved concentration and orientation, which reached a score of 5, meaning he could recognize time, place, and people appropriately.

Similarly, Tn. U also showed substantial improvement after the therapy. At first, he frequently heard threatening voices and appeared anxious, but after receiving Beethoven's classical music therapy, he became noticeably calmer and more relaxed. His verbalization of hearing voices score increased from 1 to 4, daydreaming from 1 to 4, and orientation increased from 1 to 5. The patient began interacting with others, was able to focus during conversations, and no longer appeared withdrawn or fearful.

Overall, both patients showed a decrease in hallucination intensity, reduced restlessness, improved concentration, and greater emotional stability. The use of Beethoven's classical music, characterized by gentle and harmonious rhythms, effectively diverted the patients' attention from hallucinatory stimuli, provided a calming effect, and improved their mood and social interaction.

These findings indicate that Beethoven's classical music therapy is an effective non-pharmacological nursing intervention for patients with auditory hallucinations. The therapy not only helps reduce hallucination intensity but also supports emotional relaxation, cognitive function, and environmental awareness, thereby improving the overall quality of life for patients with schizophrenia.

DISCUSSION

The results of this study demonstrated that the application of Beethoven's classical music therapy had a significant effect on reducing the intensity of auditory hallucinations in patients with schizophrenia. Both patients, Tn. K and Tn. U, initially exhibited severe hallucinatory symptoms such as hearing voices, talking to themselves, wandering aimlessly, and withdrawing from social interactions. After receiving classical music therapy for three consecutive days, there was a clear improvement in their behavior, emotional state, and cognitive responses. These findings align with previous research suggesting that classical music can serve as an effective non-pharmacological intervention for managing psychotic symptoms, especially auditory hallucinations.

The reduction in hallucinatory symptoms observed in both patients indicates that classical music, particularly Beethoven's compositions, can provide therapeutic benefits by influencing the brain's neurochemical and emotional regulation systems. The rhythmic and harmonic structure of Beethoven's music may help stimulate alpha brain waves, which are associated with relaxation and mental stability. This effect leads to a decrease in stress and anxiety, allowing patients to focus better and differentiate between real and hallucinatory sounds. As suggested by Maharani et al. (2022), classical music enhances concentration and spatial perception, which contributes to the improvement of sensory processing and emotional balance in patients with mental disorders.

In this study, the therapy sessions were conducted in a controlled, calm environment to minimize distractions. Patients listened to Beethoven's compositions, such as Symphony No. 9, for 10–15 minutes per day over three days. The music's emotional depth and structured harmony created a sense of comfort, reduced psychological tension, and promoted relaxation. Post-test evaluations using the Indonesian Nursing Outcome Standards (SLKI) revealed improvements across multiple indicators, including reduced verbalization of hallucinations, improved orientation, and increased social interaction. These results are consistent with findings by Nurfiana and Yunitasari (2024), who reported that classical music therapy significantly reduces hallucinatory symptoms and supports emotional stability.

Moreover, this intervention provided additional benefits beyond symptom reduction. Patients became more cooperative, engaged more with their surroundings, and displayed better concentration and emotional control. The therapy also appeared to improve sleep quality and reduce anxiety levels, suggesting that music not only distracts patients from hallucinatory stimuli but also contributes to holistic psychological recovery. This aligns with Faozi et al. (2025), who emphasized that classical music supports cognitive and emotional rehabilitation through sensory stimulation and neural modulation.

The findings further highlight that non-pharmacological approaches, such as classical music therapy, are valuable complements to pharmacological treatments. While antipsychotic medications remain essential in managing schizophrenia, combining them with music therapy

can enhance treatment outcomes and improve patients' quality of life. The absence of side effects and the ease of implementation make this intervention both safe and practical for clinical and community settings.

In summary, the application of Beethoven's classical music therapy effectively reduced auditory hallucinations and improved emotional and cognitive functioning in patients with schizophrenia. This intervention supports the holistic nursing approach by addressing both psychological and physiological needs. Therefore, integrating classical music therapy into psychiatric nursing care can be recommended as an evidence-based, low-cost, and easily applicable strategy to enhance patient recovery and well-being.

CONCLUSION

Based on the results of the nursing care implementation provided to two patients with schizophrenia who experienced auditory hallucinations, it can be concluded that the application of classical music therapy, specifically Beethoven's compositions, was effective in reducing the intensity and frequency of hallucinations. Both patients, identified as Tn. K and Tn. U, initially exhibited symptoms such as hearing voices, talking to themselves, restlessness, and difficulty concentrating. After three consecutive days of intervention, improvements were observed, including decreased hallucinatory behavior, reduced anxiety, increased concentration, and better orientation toward time, place, and people.

The implementation of classical music therapy as part of evidence-based nursing practice proved to be a beneficial non-pharmacological intervention in psychiatric care. The gentle and harmonious rhythm of Beethoven's music helped patients achieve relaxation, emotional stability, and cognitive improvement. This therapy also served as a positive distraction from hallucinatory stimuli, supporting patients' recovery and social interaction.

Therefore, classical music therapy can be integrated as a complementary nursing intervention for patients with sensory perception disturbances, especially auditory hallucinations, to enhance their emotional comfort and overall quality of life.

REFERENCES

1. Amelia, N., Putri, S., & Santoso, H. (2025). *Psychosocial effects of hallucinations on schizophrenia patients*. Journal of Psychiatric Nursing, 12(1), 50–60.
2. Cahayatiningsih, L., & Rahmawati, D. (2023). *Auditory hallucination and patient behavioral response*. Journal of Nursing Practice, 5(4), 211–219.
3. Faozi, I., Hasanah, A., & Prasetyo, B. (2025). *The impact of music therapy on emotional stability in mental disorder patients*. Journal of Behavioral Health, 11(2), 134–142.
4. Hariyani, E., Lestari, N., & Wulandari, F. (2025). *Effectiveness of Beethoven's classical music therapy on psychiatric patients*. Journal of Nursing Science and Practice, 14(2), 122–130.
5. Keumalahayati, N., & Supriyanti, R. (2024). *Holistic nursing approaches in psychiatric care*. Journal of Mental Health Nursing, 13(2), 99–108.
6. Kementerian Kesehatan Republik Indonesia (Kemenkes RI). (2023). *Laporan prevalensi gangguan jiwa di Indonesia*. Jakarta: Kemenkes RI.
7. Maharani, S., Yusuf, M., & Pratama, T. (2022). *Effect of music therapy on brainwave regulation and cognitive response*. Asian Journal of Nursing Studies, 7(3), 210–218.
8. Mantiri, D., Siregar, Y., & Langi, F. (2020). *Application of Beethoven's compositions in psychiatric interventions*. Journal of Health Science Research, 6(4), 190–198.
9. Mardiah, S., & Fathul, R. (2022). *Schizophrenia and reality distortion: A clinical overview*. Indonesian Journal of Psychiatry, 8(1), 33–40.

10. Muthmainnah, S., & Amris, M. (2024). *Dopamine system and hallucination mechanism in schizophrenia*. Journal of Neuropsychiatric Research, 10(3), 87–95.
11. Nurfiana, R., & Yunitasari, D. (2024). *Classical music therapy to enhance relaxation and concentration*. Journal of Holistic Nursing, 9(1), 70–78.
12. Vitoasmara, A. (2024). *Mental disorders and their social impacts*. Journal of Mental Health Studies, 15(2), 45–52.
13. World Health Organization (WHO). (2023). *Schizophrenia fact sheet*. Geneva: WHO Press.
14. Organization, W. H. (2023). *Schizophrenia*. Https://Www.Who.Int/News-Room/Fact-Sheets/Detail/Schizophrenia
15. Safitri, E., Astuti, A. P., Waluyo, U. N., & Paranoid, S. (2023). *Gambaran Pengelolaan Gangguan Persepsi Sensori : Halusinasi Pendengaran Dan Penglihatan Pada Klien Skizofrenia Paranoid*. *5*(1), 166–178.