CHAPTER II
LITERATURE REVIEW

A. Concept of Schizophrenia

1. Definition

Schizophrenia comes from the Greek words "Skhizein" which means cracked or broken, and "phren" which means mind, which is always associated with emotional function. Schizophrenia is a chronic psychotic disorder characterized by distortions of thought, perception, emotion, and behavioral processes, so that the patient loses the ability to accurately assess reality. This disorder causes impaired social, work, and self-care functioning (Sadock et al., 2019).

According to WHO (2022), schizophrenia is a severe mental disorder with manifestations of hallucinations, delusions, thought disorganization, and impaired cognitive function.

Patients with schizophrenia often experience hallucinations, especially auditory hallucinations, which are the most common symptoms (Janna et al., 2023).

2. Signs and Symptoms

The signs and symptoms of schizophrenia are generally categorized into positive symptoms, negative symptoms, and cognitive symptoms. This classification is used to understand the clinical characteristics of the patient as well as determine the appropriate therapeutic approach. The disorders that arise are generally chronic and can cause social, occupational, and significant deterioration in quality of life (Gordón-Solsona et al., 2022).

a. Positive Symptoms

Positive symptoms are clinical manifestations that indicate an addition or distortion of normal function, i.e., experiences or behaviors that do not occur in healthy individuals. Positive symptoms are usually associated with excessive dopamine activity in the mesolimbic pathway.

1) Hallucinations

Hallucinations are sensory perceptions in the absence of any real external stimulus. In schizophrenia, auditory hallucinations are the most common form that appears, characterized by the experience of hearing voices speak, command, or comment on the patient's behavior. The sound can be neutral, distracting, or threatening, triggering distress and maladaptive behavior.

2) Delusions

Delusion is a false belief, not in accordance with reality, but strongly maintained by the patient despite the evidence to the contrary. Examples of delusions in schizophrenia include persecutory, grandiose, and control (the belief that thoughts/behaviors are controlled by other parties). Delusions cause disturbances in the ability to judge reality.

3) Disordered Speech

This disorder reflects a disorganization of thought processes. Patients may experience incoherence, derailment (sudden change of topic), neologism (creating a new word), or tangentiality (answers out of the context of the question). This disorder shows cognitive dysfunction and difficulty processing information.

4) Chaotic or Aggressive Behavior

Unorganized behavior includes actions that are out of context, agitation, anxiety, or behavior that endangers oneself or others. In some cases, this is triggered by hallucinations of commands or delusions that cause extreme fear.

5) Waham Kebesaran and Waham Kejaran

Greatness arises when the patient believes that he or she has extraordinary abilities, special powers, or high standing. Meanwhile, chasing is the belief that the patient is being watched, followed, or about to be hurt. Both can lead to defensive or aggressive behavior.

b. Negative Symptoms

Negative symptoms describe a decrease or loss of normal function. This symptom is related to the hypoactivity of dopamine in the mesocortical pathway. Negative symptoms often persist and are the main cause of social disabilities in people with schizophrenia.

1) Flat Affect

Flat affect is characterized by a lack of emotional expression, lack of eye contact, flat voice intonation, and inappropriate emotional responses. The patient does not appear to show any emotional reactions even in situations that should trigger a response.

2) Acknowledgments

Alogia or speech poverty is characterized by a reduction in the number and content of speech. Patients provide short, slow, and lacking initiative answers to start a conversation. This reflects a disturbance in the ability to process and organize thoughts.

3) Avolition

Avolisi is a state of lack of motivation to start and maintain activities, including daily activities such as bathing, eating, or taking care of yourself. The patient appears passive and has no clear purpose in acting.

4) Anhedonia

Anhedonia is the inability to feel pleasure from activities that were previously thought to be enjoyable. This condition is closely related to dysfunction of the brain's reward system and can worsen social isolation.

5) Withdrawing from the Environment

Patients tend to avoid social interactions, do not want to communicate, and prefer to be alone. This can be triggered by social discomfort, delusions, or hallucinations that dominate the patient's attention. Withdrawal is a factor that aggravates long-term social dysfunction.

c. Cognitive Symptoms

Cognitive symptoms reflect impairments in intellectual function that play an important role in daily activities. These symptoms are often an important predictor of successful rehabilitation and social integration.

1) Attention Disorders

Patients have difficulty maintaining focus, are easily distracted by small stimuli, and have difficulty completing tasks. Poor concentration also hinders the patient's ability to follow conversations or instructions.

2) Memory Impairment

Working memory disorders are a major feature in schizophrenia. Patients have difficulty storing and manipulating information in a short period of time, which has an impact on the learning process, decision-making, and problem-solving.

3) Decline in Executive Function

Executive functions include the ability to plan, organize, make decisions, and control impulses. Decreased executive function makes it difficult for patients to plan daily activities, manage their time, or make rational decisions.

3. Classification

Mental Health UK (2022) states that there are eight types of schizophrenia, namely:

a. Paranoid schizophrenia: The most common type, paranoid schizophrenia develops more often later in life than other types.
b. Hebephrenic schizophrenia: also referred to as irregular schizophrenia, usually appears between the ages of 15 and 25.
c. Catatonic schizophrenia is the rarest diagnosis of schizophrenia, characterized by unusual, limited, and sudden movements.
d. Undifferentiated schizophrenia: The patient's diagnosis may have some signs of paranoid, hebephrenic, or catatonic schizophrenia, but it does not fit into any of these types alone.

e. Residual schizophrenia: a person who has a history of psychosis but only experiences negative symptoms such as slow movements, poor memory, lack of concentration, and poor hygiene may be diagnosed with residual schizophrenia.
f. Simple schizophrenia is rarely diagnosed most people experience negative symptoms, such as slow movements, poor memory, lack of concentration, and poor hygiene, while most people experience positive symptoms, such as hallucinations, delusions, and irregular thoughts.
g. Senestopathic schizophrenia: in which people with senestopathic schizophrenia experience unusual body sensations.
h. Schizophrenia is non-specific: i.e. symptoms meet the general conditions for diagnosis but do not fit into any of the above categories.

B. The Concept of Hallucinations

1. Definition

Hallucinations are defined as perceptual experiences that occur without a relevant perceptual object, with a quality of reality that equals actual perception, and that are undesirable and not completely controlled voluntarily by the person experiencing them (Nielsen *et al*., 2025).

Hallucinations are a typical symptom of schizophrenia, which is characterized by sensory perception disorders, so the sufferer will feel unreal sensations (Alfianti, 2025).

Hallucinations are sensory perception disorders in which there is a change in perception of stimuli, both internal and external, accompanied by reduced, excessive or distorted responses (Herlina, 2024).

2. Etiology

According to Bell *et al* (2024), the etiology of hallucinations can be classified into two main groups, namely predisposing factors and precipitation factors.

a. Predisposing Factors

Predisposing factors are congenital conditions or long-term experiences that increase a person's vulnerability to perceptual disorders.

1) Genetics

Genetic factors play a role in increasing a person's susceptibility to perceptual disorders. Individuals who have a family history of schizophrenia show a higher risk of experiencing hallucinations. This is related to the inheritance of neurobiological patterns that affect the process of perception and regulation of emotions.

2) Biochemistry

An imbalance of neurotransmitters such as dopamine, serotonin, and glutamate can cause distortions of perception. Dopamine hyperactivity in the mesolimbic pathway is the main mechanism that triggers the appearance of false sensory perceptions so that individuals experience hallucinations even in the absence of external stimuli.

3) Developmental Factors

Childhood experiences such as unstable parenting, lack of emotional warmth, or exposure to trauma can form long-term chronic stress patterns. This emotional and social development disorder can weaken the ability to self-regulate, so that individuals are more susceptible to experiencing perceptual disorders when dealing with stressors.

4) Psychological Factors

Psychological factors include unmanaged anxiety, low self-esteem, and interpersonal conflict. Fragile psychological conditions make it difficult for a person to process information adaptively, thus increasing the likelihood of the appearance of incorrect sensory perceptions.

5) Social and Cultural Factors

Social isolation, stigma, and high cultural demands can disrupt an individual's psychosocial balance. Exposure to an unsupportive environment triggers ongoing stress that ultimately worsens neuropsychological susceptibility to hallucinations.

b. Precipitation Factors

Precipitation factors are external stimuli or events that directly trigger hallucinations in individuals with predisposing susceptibility.

1) Environmental Stress

Events such as family conflict, job loss, or traumatic experiences can significantly increase anxiety. When the stress tolerance threshold is exceeded, individuals may experience perceptual disturbances in the form of hallucinations as an escape mechanism from oppressive reality.

2) Excessive Stimulus

Exposure to environmental stimuli that are too crowded, noisy, or scary can overload the brain's ability to filter sensory information. Stimulus overload inhibits the ability of the prefrontal cortex to control perception, thereby triggering the appearance of sensations or sounds that do not correspond to reality.

3) Biological Disorders

Abnormalities in neuronal communication pathways, including thalamic gating dysfunction, cause the brain to fail to filter sensory stimuli. This interference allows the entry of internal signals that are interpreted as external perceptions resulting in hallucinations.

4) Ineffective Coping

Individuals with poor coping skills have difficulty coping with stress and tend to experience mind disorganization. The inability to calm down or regulate stress leads to increased neurochemical activity that triggers hallucinations.

3. Signs and Symptoms

The signs and symptoms of hallucinations according to Sutejo (2017), can be assessed from the results of observations of clients and client expressions. The signs and symptoms in hallucination patients are:

a. Hearing noises or noises.
b. Hearing a voice that invites conversation.
c. Hearing a voice tells you to do something dangerous.

d. See shadows, rays, geometric shapes, cartoon shapes, see ghosts or monsters.
e. Smelling foul smells or fragrant odors such as the smell of blood, urine, feces, sometimes the smell is pleasant.
f. Feeling like feeling certain food or flavors that aren't real
g. Feeling something strange in his body like that creeping like an insect, a spirit creature
h. Feeling scared or happy with the hallucinations
i. Talk or laugh to yourself
j. Angry for no reason
k. Pointing the ear in a specific direction
l. Closing the ears

4. Classification

According to Sadock et al., (2022) hallucinations are classified based on impaired sensory modalities. The classification includes:

a. Auditory Hallucinations

The most common type of schizophrenia is a voice of speaking, whispering, or commanding without a real stimulus. Command hallucinations are considered the riskiest because they can encourage harmful actions.

b. Visual Hallucinations

Perception sees shadows, figures, or light that do not exist. It is more commonly associated with organic disorders or delirium, but can appear in psychotics.

c. Olfactory Hallucinations

The perception of smelling certain odors such as foul odors or chemicals in the absence of a source. It is often associated with neurological disorders, especially the temporal lobe.

d. Gustatory Hallucinations

Taste sensations that do not correspond to reality, such as bitter or metallic tastes. This type is rare and usually associated with a medical condition or poisoning.

e. Tactile/Somatic Hallucinations

Sensations of touch or movement in the body, such as a sensation of creeping or burning. Sometimes it is related to substance use or somatic delusions.

f. Kinesthetic Hallucinations

The perception of body movements when it does not happen, such as feeling floated or pushed. Related to sensorimotor perception disorders.

5. Pathophysiology

a. Phase Comforting

The hallucinations have a calming effect, and the patient's anxiety level is moderate. At this stage, hallucinations are generally pleasant. This stage is characterized by the appearance of feelings of guilt and anxiety on the part of the patient. At this stage, the patient tries to calm down to reduce anxiety. The person knows that the thoughts and sensory experiences he or she is experiencing are controllable and manageable (non-psychotic).

Observed behavior:

1) Move your lips without making a sound.
2) Inappropriate laughter
3) Quiet and filled with something exciting.
4) Slow verbal response.

b. Condemming Phase

Hallucinations are the cause, the patient experiences great anxiety, and the hallucinations do not please the patient. Characteristics Patients who experience hallucinations begin to feel out of control, the patient tries to distance himself from the perceived source of information, the patient feels ashamed of his sensory experience and withdraws from others (non-psychiatric).

Observed Behavior:

1) Improved functioning of the autonomic nervous system, Indicates the development of anxiety conditions, such as increased heart rate, increased blood pressure, and increased breathing.
2) Concentration decreases.
3) Loss of the ability to distinguish between hallucinations and reality.

c. Controlling Phase

At this stage the hallucinations begin to control the patient's behavior, the patient is at the level of severe anxiety. The sensory experience becomes the mastery of the patient, the characteristics of the patient who hallucinate at this stage give up to fight the hallucination experience and let the hallucinations take control of him. The content of the hallucinations can be supplication, the individual may experience loneliness if the experience ends.

Observed behavior:

1) Follow the hallucination instructions without saying no.
2) Difficulty interacting with others.
3) Attention spans of only a few minutes or seconds and physical symptoms of severe anxiety such as: sweating, shaking, and inability to follow directions.

d. Consquering Phase

The hallucinations at this point, were already very conquering and the level of anxiety was at the level of panic. In general, hallucinations become more complicated and intertwined with delusions. Characteristics: sensory experiences are frightening if the individual does not follow his hallucination commands.

Observed behavior:

1) Raging, agitation and withdrawal
2) Unable to respond to complex prompts.
3) Unable to respond to more than one person.

4) Terror-attacking behavior such as panic (Reliani and Rustarafaningsih, 2020).

6. Response Range

Hallucinations are one of the individual maladaptive responses that are in the range of neurobiological responses. This is the most maladaptive perceptual response. If the client is healthy, his perception is accurate and able to identify and interpret the stimulus based on the information received through the five senses (hearing, sight, smell, taste, bandage), the client hallucinations perceive a stimulus of the five senses even though the stimulus does not actually exist. The range of responses can be described as follows (Nurlaili, 2019).

Adaptive Response ⟷ **Maladaptive Response**

1. Logical Mind 2. Accurate perception 3. Emotions are consistent with experience 4. Appropriate behavior 5. Positive social relationships	1. Sometimes the mind is disturbed 2. Illusion 3. Excessive / under-emotion 4. Unusual behavior 5. Withdraw	1. Thought process disorders/delusions 2. Hallucinations 3. Inability to experience emotions 4. Unorganized behavior 5. Isolation

Table 2. 1 Response Range

a. Adaptive response

Adaptive response is a response that can be accepted by applicable socio-cultural norms. In other words, the individual within normal limits if facing a problem will be able to solve the problem, adaptive response:

1) Logical thoughts are views that lead to reality
2) Accurate perception is a proper view of reality.
3) Emotions are consistent with experience, i.e. feelings that arise from experience.

4) Social behavior is attitudes and behaviors that are still within the limits of reasonableness.
5) Social relationships are the process of interaction with other people and the environment.

b. Psychosocial Response

Psychosocial responses include:

1) Disturbed thought processes are thought processes that cause disturbances.
2) An illusion is a misinterpretation or judgment of a real application (a real object) due to a sensory stimulus.
3) Excessive or diminished emotions.
4) Unusual behavior is attitudes and behaviors that exceed the limits of reasonableness.
5) Withdrawing is an attempt to avoid interaction with others

c. Maladaptive Response

A maladaptive response is an individual's response in solving a problem that deviates from socio-cultural and environmental norms, while maladaptive responses include:

1) A mind disorder is a belief that is firmly maintained even though it is not believed by others and is contrary to social reality.
2) Hallucinations are false sensory perceptions or external perceptions that are not reality or do not exist.
3) Damage to emotional processes is a change in something that arises from the heart.
4) Unorganized behavior is an irregularity.
5) Social isolation is a condition of loneliness experienced by individuals and accepted as a condition by others and as a negative threatening accident.

7. Impact

According to Mendrofa et al. (2021), hallucinations provide several significant clinical and social impacts for patients, especially when not optimally treated. These impacts include:

a. Risk of Violent Behavior

Hallucinations, especially voices that are threatening or commanding, can prompt the patient to act aggressively towards themselves or others. The inability to distinguish between reality and internal perception makes patients susceptible to impulsive reactions.

b. Suicide

Negative hallucinations or commands to self-harm can increase the risk of suicide. Patients can feel overwhelmed, unable to resist the sound, thus triggering self-harming actions.

c. Social Isolation

Patients often withdraw from the environment because they feel disturbed, embarrassed, or afraid of the hallucinations they are experiencing. This withdrawal leads to reduced social interaction and exacerbates isolation.

d. Decline in Social Function

Hallucinations inhibit the patient's ability to carry out social roles, work, relationships, and carry out daily activities. The distraction from hallucinations makes it difficult for the patient to concentrate and maintain daily functioning.

e. Low Self-Esteem

Repeated experiences of experiencing unreal perceptions can cause feelings of inability to control oneself. This causes patients to feel failed, worthless, and lose confidence in their abilities.

8. Problem Tree

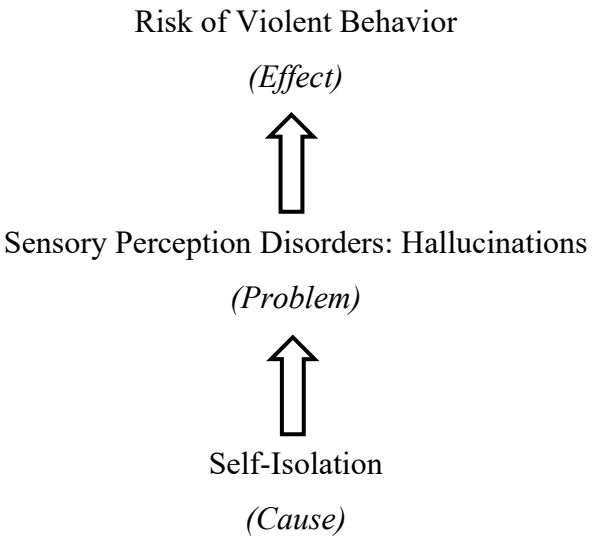

Chart 2. 1 Problem Tree

(Handayani et al., 2020)

9. Governance

a. Pharmacology

According to Sadock et al. (2019), pharmacological therapy is the main line in dealing with hallucinations in schizophrenia. Antipsychotic drugs work by stabilizing neurotransmitters, specifically dopamine, which play an important role in the appearance of psychotic symptoms.

1) Haloperidol

Typical antipsychotics that are effective reduce positive symptoms such as hallucinations and delusions. This drug works as a dopamine D2 antagonist.

2) Risperidone

Atypical antipsychotics that inhibit dopamine and serotonin receptors. Risperidone is often used as an initial option because it is effective in reducing hallucinations with a lower risk of motor side effects than typical antipsychotics.

3) Olanzapine

Atypical antipsychotics with a milder side effect profile of motor symptoms. Olanzapine helps to lower positive and negative symptoms, as well as improve the emotional stability of the patient.

4) Clozapine (for refractory cases)

Clozapine is recommended for patients with refractory schizophrenia who do not respond to two or more other antipsychotics. This drug is very effective in reducing severe hallucinations, but requires strict monitoring of the risk of agranulocytosis.

b. Electro Compulsive Therapy (ECT) is a physical therapy or treatment to artificially induce grand mal seizures by passing an electrical current through electrodes attached to one or two temples on the temples. The number of actions performed is a series that varies from patient to patient depending on the patient's problem and the therapeutic response according to the results of the assessment during the action. In schizophrenic patients, it is usually given 30 times. ECT is usually given 3 times a week although it is usually given less or more frequently. Indications for drug use: severe depressive illness that does not respond to medication, bipolar disorder in which the patient no longer responds to the medication and patients with acute suicide who have not received help for a long time.

c. Non-pharmacological

Non-pharmacological therapies include a wide range of interventions that support medical therapy. In psychiatric nursing care, this intervention includes generalist therapy (SP 1-4), Group Activity Therapy (TAK), as well as various modality and complementary therapies such as group activity therapy, deep breathing relaxation, guided imagery, generalist therapy, drawing therapy, coloring therapy, music therapy and Expressive Writing Therapy.

10. Nursing Measures

a. Patient Implementation Strategy (SP)

1) SP 1 Patient

a) Help the patient recognize hallucinations (content, time of occurrence, frequency, triggering situation, feeling when hallucinations occur)
b) Practice controlling hallucinations by reprimanding
c) The stages of action include:
   (1) Explain how to rebuke hallucinations
   (2) Demonstrate how to reprimand
   (3) Have the patient re-demonstrate
   (4) Monitor the application of this method, strengthen patient behavior.
d) Include in the patient's activity schedule

2) SP 2 Patient
   a) Evaluate past activities
      (1) Ask about the treatment program
      (2) Explain the importance of drug use in mental disorders
      (3) Explain the consequences if it is not used according to the program
      (4) Explain the consequences of stopping medication
      (5) Explain how to get medicine/treatment
      (6) Explain the 5 correct remedies
      (7) Train patients to take medication
   b) Include in the patient's daily schedule
3) SP 3 Patient
   a) Evaluate past activities
   b) Practice speaking/ talking to others when hallucinations arise
   c) Include in the patient's activity schedule
4) SP 4 Patients
   a) Evaluation of past activities (SP 1 and 2)
   b) Practice activities so that hallucinations do not appear. The stages:
      (1) Explain the importance of regular activities to cope with hallucinations

(2) Discuss the patient's usual activities
(3) Train patients to perform activities
(4) Arrange a daily activity schedule according to the activities that have been practiced (from waking up early to sleeping at night)
(5) Monitor the implementation of the activity schedule, provide reinforcement for positive behavior.

b. Family Implementation Strategy (SP)
1) SP 1 Family
a) Identify family problems in caring for patients.
b) Describe the hallucinations:
(1) Definition of hallucinations
(2) Types of hallucinations experienced by the patient
(3) Signs and symptoms of hallucinations
(4) How to treat a patient with hallucinations (how to communicate, administer medication, and give activities to the patient)
(5) Accessible sources of health services
(6) Role-playing how to take care
c) Family follow-up plan, family schedule for treating patients
2) SP 2 Family
a) Family Capability Evaluation (SP1)
b) Train families to care for patients
c) Family RTL/ family schedule to treat patients
3) SP 3 Family
a) Family Capability Evaluation (SP2)
b) Train families to care for patients
c) Family RTL/ family schedule to treat patients
4) SP 4 Family
a) Evaluation of family capabilities
b) Train families to care for patients

c) Family RTL: follow-up and referral

11. Rating

The method used to measure hallucination scores uses the Auditory Halutination Rating Scale (AHRS) instrument, to perform this measurement using structured interview techniques designed to obtain specific details regarding the different dimensions of auditory hallucinations. When asking questions, the interviewer assessed the patient's experience of hearing voices over the past week.

The Auditory Hallucinations Rating Scale (AHRS) is an instrument to determine the auditory hallucination of schizophrenia patients. AHRS was developed by Haddock (1994). This questionnaire sheet consists of 11 statements containing the sub-variables of frequency, duration, location, sound strength, belief in the origin of the voice, the amount of negative voice content, negative voice intensity, the number of suppressing voices, the intensity of suppressing voices, noise interference due to sound, and finally control over sound. The instrument has a score of 0 (no hallucinations), between 1-11 (mild hallucinations), between 12-22 (moderate hallucinations), between 23-33 (severe hallucinations), and between 34-44 (very severe hallucinations).

C. The Concept of Music Therapy

1. Definition

Music therapy or music therapy is one of the non-pharmacological interventions that are effectively used in the treatment of mental disorders. Music therapy is defined as the use of music to repair, recover, and maintain an individual's physical, mental, emotional, social, and spiritual health (Ridho, 2023). In the context of psychiatric nursing, music interventions are often used as therapeutic tools to facilitate the relationship between nurses and patients, as well as improve the overall approach to care (Cassola et al., 2024). Specifically, classical music therapy, such as Mozart's work, is often used because it has 80 Hz waves that are able to calm and relax the brain (Wahyuningtyas et al., 2023).

2. Purpose

The main purpose of providing music therapy to schizophrenic patients is to create a relaxing atmosphere that can lower anxiety and stress levels, which are often triggers for the appearance of hallucinations. This therapy aims to shift the patient's focus from an internal stimulus (hallucinations) to an external stimulus (music), so that the patient can interact with the environment more adaptively (Wahyuningtyas et al., 2023). In addition, music therapy also aims to facilitate emotional expression, increase motivation for treatment, and reduce social isolation by providing a sense of security and comfort (Cassola et al., 2024; Ridho, 2023).

3. Benefits

The application of music therapy provides various physiological and psychological benefits for schizophrenic patients, including:

a. Neurotransmitter Modulation

Music can trigger changes in important neuromodulators such as dopamine, endorphins, and gamma-aminobutyric acid (GABA). The release of these substances helps eliminate the neurotransmitters that cause stress and anxiety, replacing them with feelings of calm (Ridho, 2023).

b. Hallucinogenic Distractions

Music stimulates areas of the brain related to emotions (limbic system) and cognition, effectively distracting patients from hallucinating sounds (Wahyuningtyas et al., 2023; Wawo & Raya, 2025).

c. Cognitive and Social Improvement

Music therapy has been shown to improve concentration, memory, and spatial ability, as well as reduce negative symptoms such as withdrawal (Wawo & Raya, 2025).

4. Implementation Procedure

a. Position the patient in a relaxed state, in a comfortable sitting position.
b. Play Mozart classical music at 80 Hz waves
c. Instruct the patient to close their eyes and focus their full attention on the classical music of Mozart being played.

d. Let the patient listen to music until the 10-minute duration is complete to balance the limbic system and reduce anxiety.
e. Intervention was carried out for 4 days

D. Concept of Expressive Writing Therapy

1. Definition

Expressive Writing Therapy is a simple form of psychotherapy in which individuals are asked to write down their innermost thoughts and feelings regarding traumatic or emotional experiences (Septiana et al., 2022). This therapy is a process of self-reflection that is carried out with one's own wishes or the guidance of a therapist to capture emotional experiences and relieve tension (Rusdi & Kholifah, 2022).

2. Purpose

The main goal of EWT is to facilitate catharsis or the release of pent-up emotions. By writing down painful or traumatic experiences, patients are expected to gain new insights, reconstruct their cognition of the event, and find new solutions or meanings to the trauma experienced (Rusdi & Kholifah, 2022). This therapy also aims to normalize the thought process and help the patient understand the symptoms he or she is experiencing (Septiana et al., 2022).

3. Benefits

The benefits of expressive writing therapy in patients with mental disorders include:

a. Decreased Psychological Symptoms: This therapy is effective in lowering the levels of anxiety, depression, and post-traumatic stress that often accompany schizophrenia (Septiana et al., 2022).
b. Hallucination Control: By channeling negative emotions through writing, the psychological burden of the patient is reduced, so the intensity and frequency of hallucinations can decrease (Nurjannah et al., 2024)
c. Improved Physical and Social Health: Expressive writing can decrease the activity of the nervous system that is tense, lower blood pressure, and

improve the patient's interpersonal communication skills and social function (Rusdi & Kholifah, 2022).

4. Implementation Procedure

Expressive writing therapy is carried out in four sessions. Before starting therapy, the patient is given a pen and paper. Each session lasts about 10 minutes and is facilitated in a calm and comfortable environment to encourage emotional expression.

a. Session 1: Free Writing. Patients are encouraged to write freely about whatever comes to mind to create a sense of comfort and stimulate enthusiasm in writing.
b. Session 2: Writing Personal Experiences. Patients were asked to describe both sad and pleasant experiences they had in life.
c. Session 3: Writing Future Expectations and Goals. In these sessions, patients write about their aspirations, dreams, and life goals, which helps build positive thinking and motivation.
d. Session 4: Termination Session. Patients are guided to express their current feelings and reflection after completing the writing session, in order to allow for emotional release and self-awareness.

E. Effect of Music Therapy and Expressive Writing Therapy on Hallucination Scores in Schizophrenic Patients

The combination of music therapy and EWT offers a holistic approach to the management of hallucinations. Auditory hallucinations are often triggered by a lack of activity (free time), anxiety, and an inability to manage negative emotions (Alfiya et al., 2024).

Music therapy works with distraction and relaxation mechanisms. Pleasurable musical stimuli can block the internal stimulus of hallucinations and calm the limbic system, thereby reducing the anxiety that fuels hallucinations (Ridho, 2023; Alfiya et al., 2024). On the other hand, EWT works on the cognitive and emotional aspects by providing a safe channel for expressing feelings that cannot be expressed verbally. Writing activities help patients

validate their feelings and reduce psychological distress that exacerbates psychotic symptoms (Nurjannah et al., 2024; Septiana et al., 2022).

Research shows that the application of these two therapies as leisure activities is very effective. A case study conducted by Alfiya et al. (2024) found that a combination of listening to music and expressive writing for 30 minutes could distract patients from their hallucinations. Music provides a relaxation effect that makes the patient calmer to start the writing process, and writing provides emotional relief. The result is a decrease in the frequency and intensity of hallucinations, as well as an increase in the patient's ability to control emotions and adapt to their environment (Alfiya et al., 2024; Rusdi & Kholifah, 2022).

F. Generalist Therapy Concept

1. Definition

   Generalist therapy is an approach that helps patients understand hallucinations, learn to deal with hallucinations, communicate with others, carry out routine activities, and maintain regularity in taking medication in the form of the implementation of Implementation Strategies (SP). Generalist therapy was carried out for 4 days with a duration of 10 minutes (Rusdianti, 2024).

2. Purpose

   The goal of this generalist therapy is for clients to improve their ability to control auditory hallucinations and improve the way they adapt to the surrounding environment (Rusdianti, 2024).

3. Implementation procedure

   1) SP 1 Patient

      a) Help the patient recognize hallucinations (content, time of occurrence, frequency, triggering situation, feeling when hallucinations occur)

      b) Practice controlling hallucinations by reprimanding

      c) The stages of action include:

         (1)Explain how to rebuke hallucinations

         (2)Demonstrate how to reprimand

         (3)Have the patient re-demonstrate

(4)Monitor the application of this method, strengthen patient behavior.

d) Include in the patient's activity schedule

2) SP 2 Patient

a) Evaluate past activities

(1)Ask about the treatment program

(2)Explain the importance of drug use in mental disorders

(3)Explain the consequences if it is not used according to the program

(4)Explain the consequences of stopping medication

(5)Explain how to get medicine/treatment

(6)Explain the 5 correct remedies

(7)Train patients to take medication

b) Include in the patient's daily schedule

3) SP 3 Patient

a) Evaluate past activities

b) Practice speaking/ talking to others when hallucinations arise

c) Include in the patient's activity schedule

4) SP 4 Patients

a) Evaluation of past activities (SP 1 and 2)

b) Practice activities so that hallucinations do not appear. The stages:

(1)Explain the importance of regular activities to cope with hallucinations

(2)Discuss the patient's usual activities

(3)Train patients to do activities, one of which is by drawing

(4)Arrange a daily activity schedule according to the activities that have been practiced (from waking up early to sleeping at night)

(5)Monitor the implementation of the activity schedule, provide reinforcement for positive behavior.

G. Concept of Drawing Therapy

1. Definition

Drawing therapy is a form of occupational therapy using visual art media as a non-verbal communication tool to express emotions and thoughts that are

difficult for patients to verify. Physiologically, this activity helps balance brain neurotransmitters that play a role in mood improvement and cognitive stability (Firmawati et al., 2023)

2. Purpose

   The main purpose of this therapy is as a distraction technique to divert the patient's attention from the hallucinating stimulus to structured real activities. In addition, drawing serves as a means of emotional catharsis to release anxiety as well as train the patient's reality orientation and focus on the surrounding environment (Muthmainnah et al., 2023).

3. Implementation Procedure
   a. Prepare tools and materials in the form of drawing paper, pencils, erasers, and colored pencils.
   b. Ensure that the patient's condition is cooperative and in a calm environment with minimal distractions.
   c. Explain to the patient that the drawing activity is intended to help distract from the hallucination sounds that appear.
   d. Instruct the patient to draw freely according to the desires or feelings being experienced without restricting his creativity.
   e. Accompany the patient during the drawing process which lasts approximately 10 to 15 minutes to ensure the patient stays focused on the activity.
   f. Ask the patient to tell the meaning or content of the completed picture as a form of emotional expression and communication exercise.
   g. Give appreciation or praise for the patient's efforts in completing the drawings to improve the patient's self-esteem.
   h. Guiding patients to incorporate drawing activities into their daily activity schedule as an independent strategy in controlling hallucinations (Firmawati et al., 2023).

H. Theoretical Framework

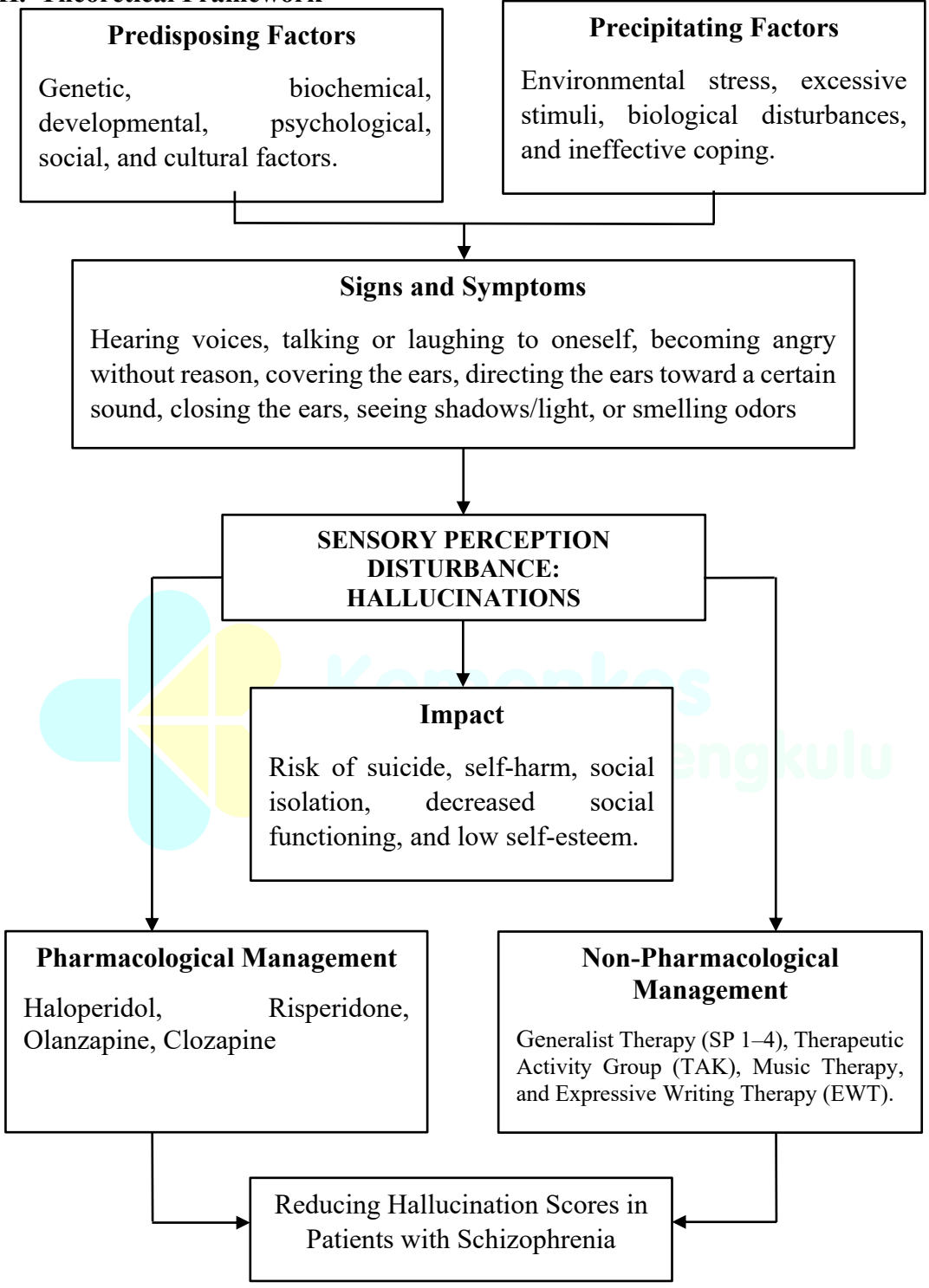

Chart 2. 2 Theoretical Framework

Sources: (Bell *et al*., 2024; Sutejo, 2017; Sadock *et al*., 2019; Wahyuningtyas *et al*., 2023; Nurjannah *et al*., 2024)