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Application of Classical Music Therapy to Reduce the Level of Auditory Hallucinations in Patients with Psychiatric Disorders at Dr. RM Soedjarwadi Regional Mental Hospital

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Abstract

Background: Hallucinations are perceptual disturbances that occur without external stimuli, affecting one or more of the five senses while the individual is fully conscious. In 2024, schizophrenia patients experiencing hallucinations accounted for 2,335 (54.2%) of total admissions at Dr. RM Soedjarwadi Regional Mental Hospital, Central Java Province, making them the largest patient group treated at the facility. Non-pharmacological interventions play a vital role in managing psychiatric symptoms, and music therapy, particularly classical music has shown potential in reducing psychological distress and improving cognitive and emotional functioning. **Objective:** This study aims to evaluate the effectiveness of classical music therapy in reducing the severity of auditory hallucinations among patients with psychiatric disorders at Dr. RM Soedjarwadi Regional Mental Hospital. **Methods:** A descriptive case study design was employed, with two respondents undergoing classical music therapy based on the pretest-posttest method. The Auditory Hallucinations Rating Scale (AHRS) questionnaire was used to assess changes in the frequency, intensity, and impact of hallucinations before and after the intervention. **Results:** Prior to the intervention, both respondents exhibited severe levels of auditory hallucinations, with baseline AHRS scores of 23 and 26, respectively. Following the implementation of classical music therapy, scores decreased significantly to 8 and 9, both falling within the mild category. **Conclusion:** The findings indicate that classical music therapy, particularly the use of Mozart compositions, is effective in reducing the severity of auditory hallucinations in patients with psychiatric disorders. This suggests that music therapy can serve as a valuable non-pharmacological adjunct in the management of hallucinatory symptoms in clinical psychiatric settings.

Keywords: Classical Music, Auditory Hallucinations, Mental Disorders

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1. BACKGROUND

Mental disorders are characterized by significant disturbances in cognitive, emotional, and behavioral functioning, often resulting in psychological distress and impairments in social, occupational, or other important areas of daily life. These conditions frequently become chronic and are commonly associated with functional decline and disability. Among the most prominent symptoms experienced by individuals with severe mental illness are disturbances in reality testing, including delusions and hallucinations. Hallucinations are defined as sensory perceptions that occur without external stimuli while the individual is fully conscious (Dewantara et al., 2023). Auditory hallucinations, in particular, are the most prevalent form, manifesting as hearing voices, whispers, commands, or unidentifiable sounds that are not present in the environment, often leading patients to respond verbally or behaviorally as if interacting with real stimuli (Safitri et al., 2022).

According to the World Health Organization (WHO, 2022), approximately 450 million people worldwide suffer from mental disorders, with an estimated 135 million experiencing hallucinations. Among the 21 million individuals diagnosed with schizophrenia globally, 70% report auditory hallucinations, 20% experience visual hallucinations, and the remaining 10% exhibit other sensory forms. Schizophrenia, a severe and chronic psychiatric disorder, is marked by profound disruptions in thought, perception, and behavior, and is associated with a reduced life expectancy of 10–20 years compared to the general population (Masthura, 2023).

The global prevalence of mental disorders is relatively consistent across both developed and developing nations, affecting approximately 21% of the adult population. In Indonesia, the 2018 Basic Health Research (Riset Kesehatan Dasar/Riskesdas) reported that the prevalence of schizophrenia reaches 1.7 per 1,000 individuals, amounting to approximately 400,000 people nationwide. Central Java Province accounts for 8.7% of this burden, equating to an estimated 84,090 individuals living with schizophrenia. Notably, Central Java ranks among the top seven provinces in Indonesia with the highest prevalence of hallucinations, affecting up to 25% of psychiatric patients in the region. Data from Dr. RM Soedjarwadi Regional Mental Hospital in Central Java indicate that

schizophrenia remains the most prevalent psychiatric diagnosis. Between July and September 2020, 208 (71%) of inpatients were diagnosed with schizophrenia. In January 2022, schizophrenia ranked first among the ten most common mental illnesses at the hospital. By January 2023, there were 75 inpatients and 1,250 outpatients diagnosed with schizophrenia. In 2024, a total of 2,335 schizophrenia patients (54.2%) with comorbid hallucinations were treated at the facility, representing the largest patient group receiving care (Anis et al., 2023).

Patients experiencing auditory hallucinations often display observable behaviors such as talking to themselves, unprovoked laughter, sudden anger, staring into space, responding to unseen stimuli, or exhibiting signs of fear and confusion. These symptoms can lead to severe consequences, including impaired self-control, panic attacks, self-harm, suicidal ideation, aggression toward others, or destructive behaviors. Without timely identification and intervention, hallucinations may significantly compromise patient safety and treatment outcomes (Nuuru & Pratiwi, 2024). Therefore, comprehensive and effective management strategies are essential to mitigate the impact of these symptoms.

Management of hallucinations typically involves a combination of pharmacological and non-pharmacological approaches. While antipsychotic medications remain the cornerstone of treatment, they are often associated with adverse effects that may affect adherence and quality of life. Non-pharmacological interventions, in contrast, offer a safer alternative by leveraging physiological and psychological mechanisms without the risk of pharmacological side effects. Among these, music therapy has emerged as a promising adjunctive treatment. Music has long been recognized for its therapeutic potential, which can enhance emotional regulation, reduce anxiety, improve cognitive function, and promote overall psychological well-being (Abidin, 2020). Specifically, music therapy aims to induce relaxation, regulate emotions, support spiritual development, and alleviate symptoms of psychosocial distress (Saftirta & Norman, 2023).

Classical music, particularly compositions by Wolfgang Amadeus Mozart, has gained attention for its calming effects and neurocognitive benefits. Known as the "Mozart Effect," this phenomenon suggests that listening to Mozart's music can enhance spatial-temporal reasoning, promote mental

clarity, and stimulate neural pathways associated with emotional regulation and healing. Classical music's rhythmic structure, melodic harmony, and high-frequency tones are believed to activate the parasympathetic nervous system, reduce stress hormones, and foster a sense of inner peace (Piola & Firmawati, 2022).

Empirical evidence supports the efficacy of classical music therapy in reducing auditory hallucinations. A study by Saftirta and Norman (2023) titled "Classical Music Therapy on Reducing Auditory Hallucinations in Mental Disorder Patients" demonstrated a statistically significant reduction in hallucination symptoms after intervention ($p = 0.000$, $p < 0.05$). Prior to therapy, 90% (27 out of 30) of participants exhibited active hallucinations, which decreased markedly following regular exposure to classical music.

A preliminary assessment conducted by the author on March 6, 2025, revealed that Dr. RM Soedjarwadi Regional Mental Hospital admitted 4,305 psychiatric inpatients in 2024. In the Dewandaru Ward, 845 patients were hospitalized, of whom 404 were primarily diagnosed with hallucinations as their main nursing problem. In February 2025, 18 inpatients in the same ward were actively experiencing hallucinations, making it the most prevalent nursing diagnosis in the unit.

Given the high prevalence of auditory hallucinations and the need for safe, effective, and accessible interventions, this study aims to conduct a case analysis on the application of classical music therapy in reducing the severity of auditory hallucinations among patients with mental disorders at Dr. RM Soedjarwadi Regional Mental Hospital, Central Java Province. The findings may contribute to developing holistic, evidence-based nursing care strategies in psychiatric settings.

2. METHODS

This study employed a descriptive case study design with a pretest-posttest approach to evaluate the effectiveness of classical music therapy in reducing the severity of auditory hallucinations among patients with schizophrenia. The research was conducted in the Dewandaru Ward of Dr. RM Soedjarwadi Regional Mental Hospital, Central Java Province, from March 7 to March 9, 2025.

The study population consisted of inpatients diagnosed with schizophrenia and experiencing auditory hallucinations. Two participants were selected based on predefined inclusion and exclusion criteria. The inclusion criteria were: (1) confirmed

diagnosis of schizophrenia with persistent auditory hallucinations, (2) willingness to participate in the study, (3) current inpatient status at the hospital, and (4) sufficient cognitive and emotional stability to cooperate with the intervention and assessment procedures. Exclusion criteria included: (1) imminent discharge from the hospital, or (2) critical clinical condition that would impede participation in therapeutic activities.

The two selected participants were: (1) Ms. G, a 22-year-old female admitted on March 1, 2025, with a two-year history of auditory hallucinations, and (2) Mrs. A, a 56-year-old female admitted on February 24, 2025, who had experienced continuous auditory hallucinations for five years. Both patients were undergoing treatment in the Dewandaru Ward during the study period.

Data collection utilized a pretest-posttest design, with assessments conducted before and after the intervention using structured interviews and the Auditory Hallucinations Rating Scale (AHRS) questionnaire. The AHRS is a validated instrument consisting of 11 items that assess multiple dimensions of auditory hallucinations, including frequency, duration, loudness, content, emotional distress, belief in the reality of the voices, interference with daily functioning, and perceived control over the hallucinations. Total scores range from 0 (no hallucination) to 44, with severity categorized as mild (1–11), moderate (12–22), severe (23–33), and extremely severe (34–44).

The independent variable in this study was classical music therapy, specifically compositions by Wolfgang Amadeus Mozart, delivered via headphones connected to a smartphone preloaded with the selected audio files. The intervention was administered in a quiet, controlled environment within the ward, following standard operating procedures. Each therapy session lasted between 10 and 15 minutes and was conducted once daily over three consecutive days.

Operational definitions were established to ensure clarity and consistency in measurement. The independent variable—classical music therapy—was the structured auditory exposure to Mozart's compositions to induce relaxation, modulate brainwave activity, and improve emotional regulation. The dependent variable—level of auditory hallucinations—was operationally defined as the score obtained on the AHRS before and after the intervention.

Ethical approval and institutional permission were obtained from the hospital management before data collection. Participants were fully

informed about the study's purpose, procedures, potential benefits, and their right to withdraw without affecting their medical care. Written informed consent was obtained from each participant. To ensure confidentiality, all documentation identified participants using pseudonyms and coded identifiers.

Data analysis was performed through a narrative and tabular comparison of pre- and post-intervention AHRS scores, focusing on changes in the frequency, intensity, emotional impact, and functional interference of hallucinations. The results were interpreted to determine the extent of symptom reduction following the intervention.

Ethical principles were rigorously upheld throughout the study. The research adhered to the core values of beneficence (maximizing benefits), non-maleficence (avoiding harm), autonomy (respecting informed consent), justice (fair participant selection), veracity (truthfulness), and confidentiality. The researchers ensured that the intervention posed no risk and had the potential to provide therapeutic benefit to the participants. All collected data were securely documented and used solely for research purposes.

3. RESULTS

The case study was conducted in the Dewandaru Ward of Dr. RM Soedjarwadi Regional Mental Hospital, Central Java Province, over three consecutive days from March 7 to March 9, 2025. The intervention was administered once daily to two patients: Ms. G and Mrs. A.

Table 1. Distribution of AHRS Observation Sheet Before Implementation of Mozart Classical Music Therapy

Date	Respondents	Score	Category
07-03-2025	Ms. G	23	Severe
07-03-2025	Mrs. A	26	Severe

Based on Table 1, both participants exhibited severe levels of auditory hallucinations. Ms. G scored 23, and Mrs. A scored 26 on the Auditory Hallucinations Rating Scale (AHRS), indicating high frequency, intensity, and distress associated with their hallucinatory experiences.

Table 2. Distribution of AHRS Observation Sheet After Implementation of Mozart Classical Music Therapy

Date	Respondents	Score	Category
09-03-2025	Ms. G	23	Mild
09-03-2025	Mrs. A	26	Mild

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Table 2 presents the post-intervention results. Following three days of Mozart classical music therapy, both patients showed a significant reduction in the severity of auditory hallucinations. Ms. G's score decreased to 8, and Mrs. A's to 9, both falling within the "mild" category (1–11), indicating substantial improvement in symptom control and reduced distress.

Table 3. Distribution of AHRS Observation Sheet Before and After Daily Implementation of Mozart Classical Music Therapy

Respondents	Date	Day 1 (Pre)	Day 3 (Post)	Category (Pre to Post)
Ms. G	07-03-2025	23	22	Severe → Severe
	08-03-2025	18	16	Moderate → Moderate
	09-03-2025	10	8	Mild → Mild
Mrs. A	07-03-2025	26	24	Severe → Severe
	08-03-2025	22	19	Severe → Moderate
	09-03-2025	13	9	Moderate → Mild

As shown in Table 3, a gradual decline in hallucination severity was observed over the three-day intervention period. On day one, both patients scored in the severe range (Ms. G: 23; Mrs. A: 26), with minimal improvement post-session (22 and 24, respectively). By day two, Ms. G's score improved from 18 to 16 (moderate), while Mrs. A's decreased from 22 to 19, transitioning from severe to moderate. On day three, Ms. G's score dropped from 10 to 8 (mild), indicating full control over hallucinations, while Mrs. A improved from 13 (moderate) to 9 (mild), demonstrating better but incomplete symptom management. This progressive reduction suggests a cumulative therapeutic effect of repeated music therapy sessions.

Table 4. Distribution of Comparison of final results before and after progressive muscle relaxation therapy in the Flmboyan ward of Dr. RM. Soejarwadi Klaten Mental Hospital.

Respondents	Day 1 (Pre)	Day 3 (Post)	Category (Pre to Post)
Ms. G	23	8	Severe → Mild
Mrs. A	26	9	Severe → Mild

Table 4 shows the overall change in auditory hallucination severity from baseline to the final assessment. Ms. G's score decreased by 15 points (from 23 to 8), and Mrs. A's by 17 points (from 26 to 9), with both transitioning from the "severe" to the "mild" category. These findings demonstrate a clinically significant reduction in the frequency, intensity, and emotional impact of auditory hallucinations following the intervention.

The results indicate that Mozart classical music therapy was effective in reducing auditory hallucination symptoms in both patients. The structured, daily application of music therapy contributed to improved emotional regulation, enhanced insight into the unreality of hallucinations, and greater perceived control over symptoms. These outcomes support the use of classical music as a safe, non-invasive, and effective adjunctive therapy in the management of psychotic symptoms among patients with schizophrenia.

4. DISCUSSION

Level of Auditory Hallucinations Prior to the Implementation of Mozart Classical Music Therapy

The pre-intervention assessment, as presented in Table 1, revealed that both participants exhibited severe levels of auditory hallucinations, with Ms. G scoring 23 and Mrs. A scoring 26 on the Auditory Hallucinations Rating Scale (AHRS), both falling within the "severe" severity range (23–33). These scores indicate a high frequency, intensity, and distress associated with the hallucinatory experiences.

Ms. G reported regularly hearing whispering voices, particularly at night, which interfered with her concentration. However, she demonstrated some capacity to recognize the hallucinations as unreal and could articulate her coping responses, suggesting partial insight and a degree of control. In contrast, Mrs. A experienced persistent whispering, especially during social interactions, and exhibited limited awareness and an inability to manage the hallucinations. She reported difficulty concentrating and could not describe effective strategies to respond to the voices, indicating poor insight and minimal control.

Both participants struggled to regulate or suppress the hallucinations, resulting in recurring and intrusive auditory experiences. This reflects a limited ability to reduce the severity of symptoms, as they lacked effective coping mechanisms, had uncertain perceptions of the voices' origin, and were unable to disengage from the hallucinatory content. These findings are consistent with the theoretical framework that emphasizes the role of insight and self-regulation in managing psychotic symptoms.

These results align with previous research by Yanti & Putri (2020), on classical music therapy at Prof. Dr. M. Ildrem Mental Hospital, which found that psychiatric patients exhibited low baseline abilities to control auditory hallucinations prior to intervention, with a standard

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deviation of 0.646—indicating minimal variability and uniformly poor symptom management. This supports the notion that, without targeted non-pharmacological interventions, patients often remain vulnerable to persistent and distressing hallucinations.

Reduction in Auditory Hallucinations Following Mozart Classical Music Therapy

As shown in Table 2, post-intervention results demonstrated a significant improvement in both participants. Ms. G's AHRS score decreased from 23 to 8, and Mrs. A's dropped from 26 to 9, falling into the "mild" category (1–11). This marked reduction indicates a substantial decline in the' frequency, intensity, and emotional impact of auditory hallucinations.

Following the intervention, Ms. G reported a noticeable decrease in voices and demonstrated improved ability to recognize them as non-real, leading to greater emotional stability and behavioral control. Mrs. A also experienced reduced frequency of whispers, particularly during conversations, and began to develop strategies to manage the hallucinations, although complete cessation was not achieved. Her increased awareness and partial control suggest a positive response to the therapy.

The duration of illness and psychosocial factors significantly affected treatment responsiveness. Ms. G had experienced auditory hallucinations for two years and had received consistent medical treatment and family support, particularly from her mother. In contrast, Mrs. A had suffered from symptoms for five years, lacked familial support, lived on the streets, and had irregular access to healthcare. These disparities likely contributed to the differing degrees of symptom improvement, with more extended illness duration and social isolation associated with more entrenched and treatment-resistant symptoms.

These findings are supported by Anis Anggoro Wati et al. (2023), who reported that listening to Mozart's classical music promotes relaxation, reduces psychological tension, and enhances cognitive reframing. Classical music's rhythmic and harmonic structure is believed to modulate brainwave activity, improve emotional regulation, and redirect attention away from hallucinatory stimuli, helping patients recognize the unreality of the voices and engage in more adaptive coping strategies.

Progression of Symptom Reduction During the Intervention Period

As illustrated in Table 3, both participants showed a consistent downward trend in hallucination severity over the three-day intervention period.

On day one, both patients scored in the severe range (Ms. G: 23; Mrs. A: 26), with minimal control over their hallucinations. After the first session, Ms. G's score decreased slightly to 22, and Mrs. A's to 24, indicating initial but limited improvement.

By day two, Ms. G's score improved to 18 (moderate), decreasing to 16 post-intervention. She began to recognize the voices as false and demonstrated increased self-control. Mrs. A's score declined from 22 to 19, shifting from severe to moderate severity. Although she still struggled with insight, a gradual improvement in symptom management was evident.

On day three, Ms. G's score reached 8 (mild), with complete cessation of voices and full conviction that the hallucinations were unreal. Mrs. A's score dropped from 13 (moderate) to 9 (mild); while occasional whispers persisted, her ability to manage them improved significantly.

Several factors influenced the rate of improvement, including age, cognitive flexibility, illness duration, and psychosocial support. Ms. G, being younger and having stronger family support, demonstrated faster cognitive adaptation and greater responsiveness to therapy. In contrast, Mrs. A's older age, longer illness duration, and lack of social support likely contributed to a slower but meaningful response.

Additionally, differences in regional dialects and language use during interviews posed minor challenges in communication, potentially affecting the accuracy of self-reported symptoms, as noted by Nurfiana and Yunitasari (2022). However, using trained staff and repeated clarification helped mitigate these limitations.

These findings are consistent with Mulia (2021), who observed a measurable reduction in auditory hallucinations following classical music therapy, with a notable one-point difference in scores between participants, reinforcing the therapeutic potential of music as an adjunct intervention.

Comparison of Auditory Hallucination Levels Before and After Intervention

The comparative analysis in Table 4, highlights a significant reduction in hallucination severity from baseline to post-intervention. Ms. G's score decreased by 15 points (23 to 8), while Mrs. A's

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decreased by 17 points (26 to 9), transitioning from severe to mild.

Age emerged as a key factor influencing treatment outcomes. Younger patients like Ms. G tend to exhibit greater neuroplasticity and responsiveness to non-pharmacological interventions. Moreover, illness duration and hospitalization history were critical; Ms. G had been hospitalized twice and had a two-year symptom history, whereas Mrs. A had three hospitalizations and a five-year history, suggesting more chronic and ingrained symptomatology.

Family involvement also played a crucial role. Ms. G's consistent care and treatment adherence likely enhanced the effectiveness of the therapy, while Mrs. A's lack of support and unstable living conditions may have limited her progress.

These results corroborate findings by Anis Anggoro Wati et al. (2023), who reported significant improvements after three days of classical music therapy, with a final score comparison of 22:20 between participants, reflecting the influence of medication adherence, coping ability, and illness duration. Collectively, these factors underscore the importance of a holistic, individualized approach to managing auditory hallucinations in clinical settings.

In conclusion, the application of Mozart's classical music therapy demonstrated a clear and positive effect in reducing the severity of auditory hallucinations in both patients. The intervention enhanced insight, improved emotional regulation, and empowered patients to exert greater control over their symptoms. These findings support the integration of classical music therapy as an effective, safe, and non-invasive adjunct to standard psychiatric care for patients with schizophrenia and comorbid auditory hallucinations.

5. CONCLUSION

Before the implementation of Mozart classical music therapy, respondent 1 scored 23 and respondent 2 scored 26, indicating both were in the severe category of auditory hallucinations. After the therapy was applied, respondent 1 scored 8 and respondent 2 scored 9, showing a significant decrease in auditory hallucinations, placing both respondents in the mild category. The development of both respondents after receiving the therapy showed progressive improvement: for respondent 1, the score decreased to 22 (still severe) on the first day, further declined to 16 (moderate) on the second day, and significantly dropped to 8 (mild) on the third day. For respondent 2, the score decreased to 24 (severe) on the first day, then to 19 (moderate) on the second day, and finally reached 9 (mild) on the

third day, indicating a significant reduction. A comparison between the two respondents before and after the therapy revealed that initial scores were in the severe category. However, after the intervention, both experienced substantial improvement and moved into the mild category. The differences in outcomes were influenced by the respondents' responses and attitudes toward managing hallucinations when they occurred, as well as other contributing factors. It is recommended that families of patients with hallucinations support their loved ones in following treatment and therapy programs independently at home. Additionally, hospitals are encouraged to develop additional therapeutic programs, such as classical music therapy, as a form of non-pharmacological rehabilitation that can stimulate balance in the patient's brain waves.

AUTHOR CONTRIBUTIONS

The author contributes in conceptualization, data collection and analysis Amalia Radhiyah Sholihah, Norman Wijaya Gati, and Wahyu Reknoningsih. Writing and manuscript revisions: Amalia Radhiyah Sholihah.

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CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest in this research.

DATA AVAILABILITY STATEMENT

The data are available from the corresponding author upon reasonable request.

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