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Art therapy as a nursing intervention for people with schizophrenia

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Abstract

Background: Patients experiencing auditory hallucinations are characterized by hearing whispers or seeing shadows and experiencing sensations through their senses of touch, smell, taste, sight, and hearing.

Purpose: To evaluate the effectiveness of occupational drawing therapy in reducing auditory hallucinations in patients with schizophrenia.

Method: Data collection on the respondents' cases used a descriptive case study design, with art therapy intervention provided. The intervention was conducted over three days. One respondent was treated with a nursing problem of sensory perception disorder (SPD) and hallucinations. Data collection was conducted before and after the procedure using the AHRs questionnaire and a checklist of signs and symptoms of hallucinations based on the Indonesian Child Health Association (IDHS). This intervention was administered over three days, with each session lasting 45 minutes.

Results: Drawing therapy has been shown to reduce the signs and symptoms of hallucinations. Before therapy, the patient's AHRs score was 11, categorized as severe, and the observation of signs and symptoms was 9. After therapy, the score decreased to 4, categorized as mild, and the observation of signs and symptoms was 2.

Conclusion: This additional intervention can be used as a reference for non-pharmacological therapy considerations because it has been proven effective in reducing the signs and symptoms of hallucinations.

Keywords: Drawing Therapy; Hallucinations; Schizophrenia.

INTRODUCTION

Mental health is not simply the absence of mental disorders, but rather a state in which a person possesses various positive characteristics that embody spiritual harmony and balance, reflecting maturity in their personality. Indonesia has the highest rate of mental disorders in Southeast Asia (Fekaristi, Hasanah, & Inayati, 2021). Mental disorders account for 13% of the total population and are likely to increase to 25% by 2030 (Kustiawan, Cahyati, & Nuralisah, 2023). In East Java, approximately 58,520 people suffer from severe mental disorders (Hartanto, Hendrawati, & Sugiyorini, 2021). One of the problems in mental

disorders is schizophrenia, where people with schizophrenia experience emotional disturbances that can include fear, anxiety, depression, and excessive joy. Depression in schizophrenia patients can lead to psychological conflict, typically stemming from internal or external conflict (Direja, Juksen, & Sunarsih, 2021). Based on the latest data from the Indonesian Ministry of Health in 2018, the highest prevalence of schizophrenia was found in Bali, at 11.1%, and Yogyakarta, at 10.4% of a total of 1,000 households in Indonesia (Adrias, 2022). People in Bali Province are vulnerable to mental

disorders, particularly schizophrenia (Du, Li, Lo, Hu, Hsu, Cheng, & Chen, 2024). According to World Health Organization (WHO) data in 2019, 264 million people experienced depression, 45 million people suffered from bipolar disorder, 50 million people suffered from dementia, and 20 million people suffered from schizophrenia (Wahyuningtyas, Mualifah, & Aziz, 2022). The prevalence of severe mental disorders, such as schizophrenia, is 1.7 per 1.000 residents (Janna, Aprilla, & Daud, 2023). Furthermore, in Central Java, people with mental disorders are considered quite numerous, at 8.7 per thousand (Pardede, 2020).

Schizophrenia presents a complex picture with multifactorial causes. However, advances in neuroscience have identified the role of key circuits, particularly those involving the frontal, temporal, and mesostriatal brain regions, in the development of positive, negative, and cognitive symptoms (Amira, Hendrawati, Maulana, & Platini, 2023). The signs and symptoms of schizophrenia are divided into three groups: cognitive symptoms, negative symptoms, and positive symptoms. Cognitive symptoms of schizophrenia may be subtle, especially early in the disease process; they are highly disruptive and contribute to the high disability complications associated with this disorder. Blunted and flat affect, alogia, attention deficits, avolition-apathy, anhedonia-asociality are some of the negative symptoms experienced by schizophrenia sufferers. Positive symptoms include delusions, bizarre behavior, positive formal thought disorder, and hallucinations. In Indonesian mental hospitals, approximately 70% of hallucinations experienced by people with mental disorders are auditory hallucinations, 20% are visual hallucinations, and 10% are olfactory, gustatory, and tactile hallucinations (Ibad, Alfianti, Arfianto, & Ariani, 2024). Patients who experience auditory hallucinations are characterized by hearing whispers or seeing shadows and feeling something through the senses of touch, smell, taste, sight, and hearing (Herlina, Hasanah, & Utami, 2024). Symptoms such as these include: inappropriate responses to reality, smiling and laughing to oneself, talking to oneself, doing physical activities that reflect the content of the hallucination, acting as if they are listening to something/tilting the head to one side as if someone

is listening to something, lack of interaction with others, and lack of concentration (Wahyuningtyas et al., 2023).

If hallucination sufferers are not treated promptly and properly, they can be detrimental to themselves, their families, others, and the environment. This occurs when someone experiencing hallucinations experiences panic and their behavior is controlled by their hallucinatory thoughts. Hallucination disorders can be treated with pharmacological and non-pharmacological therapy. Non-pharmacological therapy is safer to use because it does not cause side effects like drugs, because non-pharmacological therapy uses physiological processes that help accelerate the reduction of signs and symptoms of patients with auditory hallucinations (Erlanti & Suerni, 2024). Art therapy is a non-pharmacological therapy to help patients acquire artistic abilities, thereby increasing self-confidence, self-esteem, coping mechanisms, mood regulation, and social integration, while also alleviating symptoms associated with mental disorders (Du et al., 2024). The application of drawing art therapy can be effective in reducing the signs and symptoms of mental disorders in patients with a nursing diagnosis of auditory hallucinations (Pradana, Dewi, & Fitri, 2023).

RESEARCH METHOD

The descriptive type of research is using a case study approach method. The data collection tools used in this case study are an informed consent sheet for approval to become a respondent, an observation sheet containing pre- and post-test assessments, and Standard Operating Procedures (SOP) for conducting Sketch type Art Drawing Therapy. The measuring instrument of this study uses the Auditory Hallucinations Rating Scale (AHRS) questionnaire to measure the signs and symptoms of hallucination patients with characteristics of a scale of 1-4 including the mild category, a scale of 5-8 is the moderate category, a scale of 9-12 is the severe category, a scale of 13-16 is the very severe category and an observation sheet of signs and symptoms of hallucinations from the Indonesian Nursing diagnosis standard consisting of 14 indicators. The implementation of nursing care for this case was on October 8, 2025 - October 11, 2025

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in the Gili Trawangan, Ward DR Saiful Anwar Regional General Hospital, the subject in this case study used one patient who was adjusted to the inclusion and exclusion criteria. The inclusion criteria in this case study were patients with mental disorders with auditory hallucinations. The exclusion criteria were clients with mental disorders with auditory hallucinations who were still confused so that therapy could not be given. The implementation strategy was

implemented over 3 days, each meeting lasting 45 minutes. In the data collection process, the author assessed the patient. The assessment method used was interviews and observations by building a trusting relationship. The author also conducted observations during the implementation process by conducting rebuking. Then, the application of occupational therapy drawing was carried out and re-observed after the application.

RESEARCH RESULTS

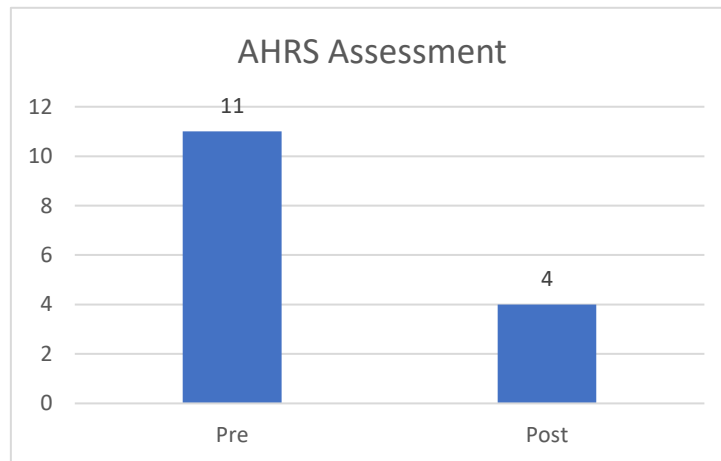


Figure: Assessment of Hallucination Level Using AHRS

On the first day of the results, the AHRS score was 11, which can be categorized as severe hallucinations. Meanwhile, at the end of the session/therapy, the hallucination score decreased to 4, indicating mild hallucinations.

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Table. Patient Monitoring Results

Signs and symptoms	Note the date			
	15 October 2025	16 October 2025	17 October 2025	18 October 2025
Hearing whispers	√	-	√	-
Feeling something through the sense of touch, smell, or taste	-	-	-	-
Sensory distortion	√	√	√	-
Inappropriate response	√	-	√	-
Act as if you see/hear/taste/touch/touch something	√	-	-	√
Be alone	√	√	√	√
Daydreaming	√	√	√	-
Poor concentration	-	-	-	-
Disorientation (of time, place, person, or situation)	√	-	-	√
Suspiciousness	√	-	-	-
Staring in one direction	-	-	√	-
Pacing back and forth	√	-	√	-
Talking to oneself				

Symptoms after therapy showed that on the second day, the patient's hallucinations had decreased, but on the third day, the patient showed a relapse, resulting in a high score again, as data showed the patient hearing whispers. The participant began responding appropriately—for example, laughing at something funny—and her concentration began to improve and she was less easily distracted.

DISCUSSION

Mrs. K is one of the female adolescent clients who is being treated in the Gili Trawangan room with nursing problems of sensory perception disorders,

Auditory Hallucinations, previously since 6 months ago the patient often had psychiatric check-ups with her close friends, without the knowledge of her brother and parents, when on the 1st on Wednesday the patient was at Wawa Husada for check-ups, while waiting in line suddenly the patient ran away, crying and getting angry, because the patient's condition was not controlled, she was referred to RSSA and then transferred to the Gili Trawangan room, when the assessment was carried out on Monday, October 6, 2025 at 09.25 the patient was fixed, because she heard whispers to harm herself with scissors, a 16-year-old female participant, has been treated in a

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psychiatric facility since 6 months ago and is currently in the middle adolescent development stage, the patient has a history of trauma due to being bullied by her school friends and physical violence by her father, this strengthens the presence of hallucinations because the patient prefers to be alone, the expected achievements include building a family, socialize well, and become role models (Arfianto, Haqqiyah, Widowati, & Ibad, 2023). Failure to build positive social relationships and the inability to develop a sense of security and stable self-esteem caused Mrs. K to withdraw from his environment and tend to close himself off.

Traumatic experiences and an unsupportive family environment can hinder the development of self-identity and lower adolescent self-esteem (Puspitasari & Astuti, 2025). This condition is evident in Mrs. K's behavior, which tends to withdraw, cry easily, and exhibits disturbances in social interactions. The lack of family support worsens the patient's psychological condition. This is reflected in the patient's behavior of seeking psychiatric control without the knowledge of his parents or siblings. Social support, especially from family, plays a crucial role in increasing stress resilience and reducing the risk of psychotic disorders (Mato, Angriani, Jaya, Nur, & Erawan, 2024). When this support is lacking, individuals become more vulnerable to emotional stress and impaired perception of reality. Repeated and prolonged exposure to stressors, accompanied by maladaptive coping mechanisms such as self-isolation and emotional suppression, can cause neuropsychological imbalances that trigger hallucinations (Litasari & Fitria, 2023). Based on these findings, the researchers assumed that Mrs. K's auditory hallucinations were closely related to the failure to achieve adolescent developmental tasks, leading to self-identity disorders, low self-esteem, and emotional instability. These factors, combined with a lack of family social support, play a significant role in exacerbating psychological stress and increasing the risk of psychotic disorders. During the assessment on Wednesday, October 7, 2025, at 10:00 a.m., the patient exhibited emotional instability with poor emotional control. He appeared restless and tended to isolate himself from his surroundings. During the observation, the patient showed no social interaction with peers and had not performed self-care activities,

such as changing clothes, for three days. Furthermore, during the therapeutic interaction session, the patient appeared to have difficulty maintaining focus in the conversation. He suddenly spoke about someone who he believed had told him to harm himself. This statement indicates a disturbance in the perception and thought processes (Firdaus, Kaamilah, & Muhaafidhin, 2022). Symptoms include hearing whispers, acting as if responding to inaudible stimuli, social withdrawal, and daydreaming. Individuals with sensory processing dysfunction are more susceptible to perceptual distortions in the form of auditory hallucinations, especially in adolescents. Impairments in the auditory processing system and inability to regulate emotions contribute to the development of auditory hallucinations (Barber, Reniers, & Upthegrove, 2021). Based on these findings, researchers assume that patients experience sensory perception disorders characterized by emotional instability, difficulty maintaining concentration, social isolation, and psychotic symptoms in the form of auditory hallucinations. The inability to control emotional responses and process sensory stimuli appropriately reflects a significant degree of mental dysfunction.

On the first day of treatment, the participant was willing to communicate, but only in short sentences. The participant exhibited various signs and symptoms of hallucinations, including hearing whispers, sensory distortions, inappropriate responses, acting as if responding to invisible stimuli, expressing distress, social withdrawal, daydreaming, poor concentration, and suspiciousness. At this stage, the participant was not yet willing to participate in occupational drawing therapy and did not demonstrate the ability to control her hallucinations. Individuals with sensory perception disorders often haven't developed effective coping strategies for dealing with ambiguous or overwhelming stimuli. As "noisy" or "unstructured" sensory input continues to enter, hallucinations become increasingly difficult to control. SPDs are not only associated with the occurrence of hallucinations but also with difficulties in interpreting and responding appropriately to sensory input, which in turn intensifies the hallucinatory state (Nishiura, Miyawaki, Hirai, Sukigara, Kakishita, & Inoue, 2024). Without adequate coping mechanisms (e.g., attention selection, distraction, relaxation strategies),

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hallucinations can become more intense and persistent.

The researchers assumed that on the first day, participants were still building trust, as individuals with hallucinations tend to be suspicious of new people and therefore require more time to establish a therapeutic relationship. On the second day, participants were able to implement the Implementation Strategy by reprimanding hallucinations and drawing pictures of what was in the patient's mind. However, there was no change in signs and symptoms compared to the first day; participants continued to experience the same hallucination-related behaviors. Although participants demonstrated the ability to reprimand voices and draw pictures, these abilities did not indicate a fundamental change in internal perception or symptoms. Positive symptoms in patients with hallucinations typically improve only after a longer and more consistent duration of therapy. The researchers speculated that the participants' persistent symptoms may be due to the limited intervention time and low self-awareness of mental disorders, which are key factors in the persistence of hallucinatory signs (Adrias, 2022). On the third day of treatment, participants agreed to engage in casual conversation and discuss the importance of medication adherence, followed by drawing pictures of happy memories at home and personal aspirations. Patients who began to gain control over their responses to hallucinations tended to demonstrate the ability to recognize and respond to symptoms more adaptively, thus preventing further manifestations such as hearing voices or social withdrawal. Researchers assumed that the improvement in their condition on the third day was influenced by the participants' active involvement in the casual conversation session and the drawing therapy activities with the themes "happy memories at home" and "personal aspirations."

Through drawing, participants were able to channel thoughts, emotions, and personal experiences that were difficult to express verbally. This activity created a sense of calm, motivation, and emotional satisfaction, which played a role in reducing anxiety, increasing focus, and reducing isolative behavior and episodes of blank staring. Artistic activities such as drawing can stimulate the limbic system and prefrontal cortex, thereby improving

emotional regulation and increasing mental clarity (Hidayat & Nafiah, 2023). On the fourth day, participants and ward nurses created a daily activity schedule. Participants were able to draw whatever they liked, and the patient drew a large tree full of apples. Observations showed that whispering voices had disappeared, the participant appeared happier and less irritable, concentration improved, and she no longer talked to herself. Drawing acts as an effective therapeutic intervention in reducing the intensity of hallucinations by redirecting attention from internal stimuli to directed visual activities. The creative process of drawing allows individuals to express emotions and thoughts that cannot be conveyed verbally, thereby reducing stress and psychological tension that can exacerbate psychotic symptoms. Furthermore, this activity helps improve emotional regulation, strengthens cognitive function, and encourages positive social engagement. Overall, active engagement in drawing therapy supports increased self-control over hallucinations and contributes to an individual's emotional stability and mental balance (Ibad, Alfianti, Arfianto, & Ariani, 2024). Nurses can assist patients in managing hallucinations by helping them stay focused and distracted from internal stimuli. Researchers hypothesize that having a structured daily routine minimizes participants' interaction with hallucinations, thus contributing to symptom reduction (Puspitasari & Astuti, 2024).

The researchers assumed that nursing interventions for Mrs. K, who experienced hallucinations, showed a nonlinear and dynamic response influenced by internal and external factors. Initially, the participant's ability to control the hallucinations was low due to building trust, where suspicion of nurses was common. Significant improvements emerged on the fourth day, with reduced symptoms, better concentration, and increased social interactions. The drawing activity served as emotional stimulation, reducing anxiety and aiding self-regulation, especially for individuals who had difficulty expressing emotions verbally. On the third day, environmental stressors caused stagnation in progress. However, by the fourth day, consistent therapy showed cumulative benefits, as the participant became more open about his hallucinations. Drawing meaningful subjects helped

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increase intrinsic motivation and emotional connection to reality. Meskipun terapi menggambar telah terbukti membantu mengurangi gejala halusinasi, terapi ini sebaiknya dipandang sebagai pendekatan pelengkap di samping perawatan medis. Jika diterapkan secara konsisten, terapi menggambar dapat berfungsi sebagai pelengkap yang efektif, secara bertahap memperkuat kemampuan peserta untuk mengelola halusinasi (Herlina, Hasanah, & Utami, 2024). Researchers believe that participants continued to experience hallucinatory symptoms during moments of anxiety or daydreaming, indicating the need for further intervention. Although residual symptoms such as hearing whispers, sensory distortions, pacing, and talking to themselves persisted, these symptoms indicate that recovery is ongoing and requires ongoing support through occupational therapy, pharmacological therapy, and psychotherapy (Lauren, 2025). Although this study showed positive results, several challenges were encountered. Participants showed limited interest in drawing therapy and were often distracted or distracted by irrelevant conversations. When participants don't enjoy the activity, the effectiveness of occupational therapy can be reduced. Researchers suggest that occupational therapy should be tailored to the participants' age and personal interests to increase engagement.

CONCLUSION

Patients with sensory perception disorders in the form of auditory hallucinations experienced symptom improvement after undergoing communication therapy and occupational drawing therapy. Drawing activities have been shown to help patients express emotions, improve focus, and divert attention from hallucinatory internal stimuli. Visual art therapy contributes to emotional regulation through limbic system stimulation and increased prefrontal cortex activity, ultimately reducing the frequency of hallucinations. Thus, drawing therapy can be an effective, supportive non-pharmacological intervention in the treatment of patients with sensory perception disorders.

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