

The effectiveness of generalist therapy in improving auditory hallucination control in schizophrenia patients at a mental hospital

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Abstract

Sensory perception disorders in the form of auditory hallucinations in schizophrenia patients can disrupt social functioning, reduce quality of life, and increase the risk of dangerous behavior. Method in this case report discusses the application of generalist therapy to a 40-year-old male patient with a history of schizophrenia and a relapse due to drug withdrawal, who was treated at Wisma Nakula, Grhasia Mental Hospital. During the four-day intervention, four strategies for hallucination control were implemented: warning techniques, medication adherence, conversations with others, and scheduled activities. Results showed improvement in the patient's abilities across nearly all indicators, accompanied by a decrease in the frequency and intensity of hallucinations. Symptoms such as poor concentration and pacing disappeared, while hearing whispers persisted but with reduced clinical impact. The patient was able to consistently practice reprimanding techniques, understand the shape, color, and schedule of medications, and report side effects of tremors. Furthermore, the patient was able to initiate social interactions using clear and polite language and participate in selected scheduled activities. Conclusion findings suggest that generalist therapy can be an effective, structured, and holistic nursing intervention to improve self-control and social functioning in patients with auditory hallucinations. This report adds to the clinical evidence that the application of targeted coping strategies can help patients with schizophrenia self-manage their symptoms and has the potential to be integrated into daily nursing care in mental health services.

Keywords: auditory hallucinations; conversation; generalist therapy; scheduled activities; scolding

1. Introduction

Mental disorders are conditions that disrupt cognition, emotions, or behavior, thereby impairing daily functioning and posing a risk of self-harm. According to data from the *World Health Organization*, approximately 970 million people worldwide experience mental disorders, with anxiety and depression being the most prevalent conditions. Meanwhile, schizophrenia affects around 24 million people globally (*World Health Organization*, 2022). Schizophrenia is a complex mental disorder characterized by hallucinations, delusions, and cognitive impairment (Zhuo et al., 2021). In Indonesia, based on the 2023 Indonesian Health Survey, there were 315,621 reported cases of schizophrenia, with 4,957 cases occurring in the Yogyakarta region (BKPK Kemenkes, 2023).

Hallucinations are false sensory perceptions that occur without external stimuli (Wijayaningsih, 2021). Auditory hallucinations refer to the perception of hearing voices or sounds without actual external stimuli, which typically feel real and beyond the individual's control (Bell et al., 2024). Auditory hallucinations may interfere with social and occupational functioning, trigger emotional distress such as fear and anxiety, increase the risk of aggressive or agitated behavior, and reduce quality of life through diminished sense of safety, comfort, and self-control. In some cases, they may exacerbate or precipitate other psychotic symptoms (Zhuo et al., 2021). Therefore, appropriate management is highly required. Law No. 11 of 2023, Articles 75 and 77, stipulates that mental health efforts must be implemented proactively, in an integrated and continuous manner. Furthermore, the central and regional governments are obliged to ensure equitable, high-quality, rights-based, and community-oriented services, involving families and including rehabilitation for individuals with mental disorders (Pemerintah Indonesia, 2023)

Hallucination management strategies are nursing interventions aimed at helping patients control and cope with their hallucinations. These strategies consist of four stages: (1) controlling by firmly rejecting the hallucination, (2) controlling by adhering to medication, (3) controlling by engaging in conversations with others, and (4) controlling through scheduled activities. The implementation of generalist therapy has been proven effective in assisting patients to manage hallucinations and improve their social functioning abilities (Fauzania et al., 2025 in (Livana et al., 2020)). In line with the findings of (Harun et al., 2024), the application of generalist therapy enables respondents to

regulate auditory hallucinations, with the level of success influenced by patient motivation and the guidance provided by nurses in accordance with real-life conditions.

Based on the aforementioned context, this paper is expected to serve as a reference in understanding the application of nursing theories into clinical practice and to enhance the competence of professional nursing students in managing patients with mental disorders in a professional manner, particularly in relation to Nursing Care for Patients with Sensory Perception Disturbances: Auditory Hallucinations at Wisma Nakula, Grhasia Psychiatric Hospital.

2. Method

The approach used in this study was a holistic case study of a single patient with auditory hallucinations who was hospitalized at Grhasia Psychiatric Hospital, Wisma Nakula. The subject was selected purposively based on the suitability of the patient's condition with the study objectives. The inclusion criteria were patients who were willing to participate, cooperative, followed the entire series of intervention activities, and had no physical limitations. The exclusion criteria included patients who refused to participate, were uncooperative, or had physical impairments. Data were collected using a psychiatric nursing assessment format to obtain subjective and objective data, a Daily Activity Schedule to monitor the patient's daily activities, and a behavioral observation sheet to record patient responses during interventions. The nursing care process consisted of assessment, formulation of nursing diagnoses, planning and implementation of hallucination management interventions (generalist hallucination therapy) through therapeutic communication, distraction techniques, and structured activities. Evaluation was carried out to assess changes in the frequency and intensity of hallucinations before and after the intervention. The entire series of nursing care was conducted over four days, from February 25 to 28, 2025, in the male inpatient ward (Wisma Nakula) of Grhasia Psychiatric Hospital.

3. Results and Discussion

The implementation of this generalist therapy was carried out on a patient with a sensory perception disorder in the form of auditory hallucinations, who was hospitalized at Grhasia Psychiatric Hospital, Wisma Nakula. The subject of the study was Mr. EP, a 40-year-old male with a junior high school-equivalent educational background. The medical history indicated that the patient had been experiencing symptoms since 2022 and had undergone two previous hospitalizations at Grhasia Psychiatric Hospital, Yogyakarta. The most recent relapse occurred due to abrupt discontinuation of medication (treatment non-adherence), which led to the recurrence of auditory hallucination symptoms.

3.1. Predisposing and Precipitating Factors in Patients with Auditory Hallucinations

Table 1. Distribution of Predisposing and Precipitating Factors in Patients with Auditory Hallucinations

Predispositional Factors		Presipitasi Factor	
Neurobiology	<ul style="list-style-type: none"> - The patient first experienced disturbances in 2018 but only received treatment at Wirosaban Hospital in 2022. - After treatment, the patient discontinued medication due to the caregiver's busy schedule, and subsequently resumed treatment in 2023 at dr. Soetarto (DKT) Hospital. However, over the past two months, the patient has not taken medication regularly. - On February 14, 2025, the patient was admitted again to Grhasia Psychiatric Hospital, Wisma Nakula. - There is a family history of mental disorder, namely in the patient's maternal aunt, who was diagnosed with Sensory Perception Disorder. 	<i>Nature</i>	Biological: irregular medication adherence
Psychology	<ul style="list-style-type: none"> - The patient is able to communicate fairly well but tends to be quiet and rarely asks questions unless prompted to speak. - The history indicates that in 2018, the patient experienced profound grief following the death of the mother, which marked the onset of the mental disorder. 	<i>Origin</i>	Internal
Sociocultural	<ul style="list-style-type: none"> - The patient is unmarried and is the first of five siblings. 	<i>Timing</i>	2 months

Predispositional Factors	Presipitasi Factor
<ul style="list-style-type: none"> – The patient’s highest level of education is equivalent to junior high school. – Currently, the patient is unemployed and lives at home with the father and younger siblings. – Prior to the onset of the disorder, the patient enjoyed wearing agate rings and held beliefs in mysticism, including practices involving shamans, ancestral spirits, and supernatural matters. 	

Based on Table 1, the patient has experienced mental disorders since 2018 and was first admitted to Wirosaban Hospital in 2022. After discontinuing medication, the patient was readmitted to dr. Soetarto Hospital in 2023 and to Grhasia Psychiatric Hospital on February 14, 2025. The relapse was triggered by non-adherence to medication during the past two months.

3.2. Sign and Symtoms of Sensory Perception Disturbance: Auditory Hallucinations

Table 2. Frequency Distribution of Respondents Based on Signs and Symptoms in Patients with Hallucinations

Signs and Symptoms	Pre	Post			
		1	2	3	4
Hearing whispers / seeing shadows	√	√	√	√	√
Experiencing unusual sensations through the sense of taste	–	–	–	–	–
Inappropriate responses	√	√	√	√	√
Acting as if hearing, tasting, or smelling something	√	√	√	√	–
Poor concentration	√	–	–	–	–
Disorientation of time, place, person, or situation	–	–	–	–	–
Suspiciousness	–	–	–	–	–
Staring in one direction	–	–	–	–	–
Pacing back and forth	√	√	–	–	–
Talking to oneself	–	–	–	–	–
Total	5	4	3	3	2

The data indicate an improvement in symptoms following four days of nursing intervention using generalist hallucination therapy. Symptoms of poor concentration decreased from the second day and were no longer observed at the end of the intervention, while pacing behavior (an indication of psychomotor agitation) subsided starting from the third day. However, two indicators, such as hearing whispers and inappropriate responses, remained persistent until the fourth day, although their intensity and clinical impact were reduced through the application of generalist hallucination therapy. These findings are consistent with the study by (Daniati & Permana, 2024) that after the implementation of generalist therapy, there was a reduction in signs and symptoms, although some symptoms continued to appear. The application of generalist therapy can decrease the frequency/intensity of hallucinations and enhance patients’ self-control, supporting the pattern of improvement in non-persistent symptoms (Hertati et al., 2022; R.Mualfatina et al., 2024).

The patient reported experiencing auditory hallucinations in the form of a disturbing male voice commanding him to walk around or pace within the house. These voices appeared mainly when the patient was alone, daydreaming, or before bedtime, with a frequency of 3–4 times per day. The mental status examination revealed that the patient had a quiet personality, spoke slowly with a low voice, and was unable to initiate conversations unless preceded by interaction from others. In addition, the patient appeared restless, frequently changed sitting positions when speaking for a prolonged period, demonstrated easily shifting eye contact, displayed blunted affect, and produced verbal responses only when given explicit stimuli, such as direct questions. The study (Mister et al., 2022) reported that patients who experienced whispering voices inviting them to talk, responded with a low voice, and had difficulty sleeping demonstrated a similar pattern of responses and self-awareness regarding their hallucinations. According to the study (Correll & Schooler, 2020) Verbal impairments such as slow speech, low voice, and inability to initiate conversation reflect symptoms of alogia, namely a reduction in the quantity and fluency of speech production, which is one of the core dimensions of negative

symptoms in schizophrenia. In addition, the patient's difficulties in nonverbal interactions, including facial expressions, body movements, and eye contact, are consistent with the findings of (Chapellier et al., 2022) which indicate that schizophrenia often causes disturbances in the perception and expression of nonverbal social cues, thereby contributing to a decline in patients' social functioning.

3.3. Ability To Rebuce Hallucinations

Table 3. Distribution of the Ability to Rebuce Hallucinations

Strategy of Implementation	Pre	Post			
		1	2	3	4
Mentioning the methods previously used to cope with hallucinations	√	√	√	√	√
Stating the method of managing hallucinations by confronting (rebuking) them	√	√	√	√	√
Method: covering both ears with both hands, closing the eyes, then saying, "Go away, those voices are false, I do not want to hear them."	–	–	√	√	√
Total	2	2	3	3	3

The implementation strategy of the rebuking technique for hallucinations, namely "covering the ears, closing the eyes, and saying 'Go away, go away, those voices are false, I do not want to hear them,'" was consistently applied by the patient starting from the third day. The results of this technique demonstrated an improvement in the patient's ability to control hallucinations, with the frequency decreasing from 3–4 times per day to once daily. This finding is in line with studies by (Abd Rahim et al., 2024; Rodin & Syamson, 2024) which reported that the rebuking technique significantly increased auditory hallucination control scores among patients with schizophrenia. Similarly, research by (Rizkiana & Rahmawati, 2024) found that after patients engaged in rebuking exercises, they were able to recognize hallucinations and begin to manage them independently. The progression from merely knowing the steps to being able to practice them indicates the transfer of knowledge into skills. This aligns with behavioral learning principles, wherein positive reinforcement from nurses, for example through praise or direct feedback, can enhance the retention and application of coping skills (Marin et al., 2023).

3.4. Medication Adherence Ability

Table 4. Distribution of Medication Adherence Ability

Strategy of Implementation	Pre	Post			
		1	2	3	4
Mentioning the form and color of the medication taken	–	√	√	√	√
Medication schedule (time of administration)	√	√	√	√	√
Name of medication (Clozapine 25 mg, Trihexyphenidyl 2 mg, Trifluoperazine 5 mg)	–	–	–	–	–
Side effects of medication	–	–	–	–	√
Total	1	2	2	2	3

The data show that since the second day, the patient was able to identify the form and color of the medication consumed, retained this knowledge until the fourth day, and was aware of the medication schedule from the beginning of the intervention. By the fourth day, the patient began to understand the side effects of the medication but was still unable to mention the full names of the drugs. This indicates that the patient's medication literacy remains at a basic to intermediate level. Contributing factors often include polypharmacy as well as cognitive or memory impairments (Guo et al., 2023; Misdrahi et al., 2023). Medication education covering drug name, dosage, form, and color has been shown to improve understanding and long-term adherence (Kirchner et al., 2022). Non-adherence rates in Indonesia remain high, with 80% of patients relapsing due to poor adherence (Putra et al., 2021), and 90.9% demonstrating low adherence to antipsychotic therapy (Hidayati et al., 2023). Studies by (Farisa et al., 2024) emphasized that adherent patients have a better quality of life, and that psychoeducation regarding side effects and their management strategies plays a crucial role in maintaining adherence. Similarly, studies by (Inwanna et al., 2022; Kule & Kaggwa, 2023) highlighted that patient education on the benefits and risks of medication, as well as involving patients in decision-making, can enhance

adherence. On the fourth day, the patient reported experiencing tremors after taking one of the prescribed drugs. Tremor is one of the common extrapyramidal side effects associated with typical antipsychotics such as trifluoperazine, and may also occur with trihexyphenidyl use due to dosage and individual sensitivity (Guo et al., 2023). The literature notes that side effects such as tremors, dry mouth, and visual disturbances can reduce patient comfort and serve as a significant factor contributing to medication non-adherence (Guo et al., 2023; Mohammed et al., 2024; Tamene et al., 2024).

3.5. Conversational Ability with Others

Table 5. Distribution of Conversational Ability with Others

Strategy of Implementation	Pre	Post			
		1	2	3	4
Choosing another person to talk to / approaching someone to engage in conversation	–	√	√	√	√
Practicing conversational techniques	–	–	√	√	√
Method: “ <i>I am hearing voices, please talk to me.</i> ”	–	√	√	√	√
Using clear and polite language	–	√	√	√	√
Total	0	3	4	4	4

The data showed that the patient was unable to apply the conversational strategy before the intervention. However, on the first day, the patient began to demonstrate the ability to choose or approach someone to talk to, while also using clear and polite language during interactions. From the second to the fourth day, the patient practiced the opening statement “*I am hearing voices, please talk to me,*” and consistently maintained the skills of selecting a conversation partner, using appropriate language, and ending the conversation politely. These findings are consistent with the study of (Fikri Wiliyanto et al., 2025), which reported that active engagement in dialogue as a strategy to control hallucinations had a positive effect on reducing the frequency of voices and emotional disturbances among patients with schizophrenia. Similarly, (Eni & Hasmita, 2023) found that conversational therapy could divert patients’ focus from internal stimuli (hallucinations) to external stimuli (real conversations), thereby reducing the intensity of auditory hallucinations. Furthermore, (Arafah et al., 2023) highlighted that verbal interactions facilitated by healthcare providers or family members enhanced patients’ ability to recognize and control hallucinations. In addition, the case study by (Cahayatiningsih & Rahmawati, 2023) revealed that conversational training enabled patients to identify the onset of hallucinations and actively seek help when symptoms appeared. The success of the intervention was also influenced by nurses’ consistent provision of conversational stimuli, which created a sense of safety and reduced patients’ anxiety during interactions.

3.6. Ability To Engage in Preferred Activities

Table 6. Distribution of the Ability to Engage in Preferred Activities

Strategy of Implementation	Pre	Post			
		1	2	3	4
Asking about preferred activities	√	√	√	√	√
Determining and choosing preferred activities	–	√	√	√	√
Practicing the selected activity	–	–	–	√	√
Following the activity schedule consistently	–	–	–	√	√
Total	1	2	2	4	4

Observational results indicated that the patient was able to mention preferred activities from the beginning; however, the ability to determine, practice, and consistently engage in these activities only appeared on the third and fourth days. This pattern reflects progress from the identification stage to independent implementation, suggesting that scheduled activities function as an adaptive coping strategy to reduce hallucinations. These findings are consistent with (Maharani, 2021), who implemented *scheduling activity* in patients with schizophrenia experiencing negative symptoms, resulting in improved daily functioning and reduced tendencies for imagination or hallucination. Similarly, (Rahmawati et al., 2022) found that scheduling *self-care* activities, including physical,

psychological, spiritual, and social aspects, encouraged patients' initiative to participate more actively, reducing feelings of isolation, increasing social interaction, and enhancing happiness. Moreover, a study conducted in Egypt by (Ashry et al., 2021) demonstrated that applying *acceptance and commitment therapy* involving meaningful activities aligned with patients' personal values, even in the presence of hallucinations, effectively decreased hallucination intensity and improved patients' sense of control over auditory symptoms.

4. Conclusion

The application of generalist therapy in patients with sensory perception disturbances, specifically auditory hallucinations, proved effective in enhancing patients' ability to control symptoms through four implementation strategies: the rebuking technique, medication adherence, engaging in conversations with others, and participating in scheduled activities. Over the four-day intervention, the patient demonstrated improvements across nearly all ability indicators, accompanied by a reduction in the frequency and intensity of hallucinations. Although some symptoms, such as hearing whispers, persisted until the end of the intervention, their clinical impact diminished, and the patient was able to apply coping strategies independently.

These findings highlight the relevance of generalist therapy as a holistic, structured, and evidence-based nursing intervention to enhance self-control, social functioning, and quality of life in patients with schizophrenia. This study contributes practical insights for psychiatric nurses in integrating hallucination-control techniques into daily nursing care. Future research is recommended with longer intervention durations, larger participant samples, and the integration of generalist therapy with other psychosocial interventions to optimize clinical outcomes.

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