Implementation of generalist therapy in schizophrenia patients with auditory hallucinations nursing problems

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Abstract

Mental disorders remain a global health problem, with schizophrenia being one of the most complex forms due to its chronic nature, relapses, and high risk of disability. Auditory hallucinations are the most common symptom experienced by schizophrenia patients and have the potential to impact self-control and social functioning. Method of this case report illustrates the application of generalist therapy to a 38-year-old man with a history of schizophrenia since 2012 who was admitted to Grhasia Mental Hospital in Yogyakarta after experiencing a relapse due to medication withdrawal. The patient exhibited typical symptoms of hearing whispers, talking to himself, pacing, and disorganized behavior. Nursing interventions were provided over four days, focusing on techniques for addressing hallucinations, medication adherence, conversations with others, and implementation of scheduled activities. Results showed gradual progress, from only being able to name strategies at the beginning of the intervention to being able to consistently practice them on the fourth day. Conclusion of this report confirms that generalist therapy is an effective and simple approach to help patients control hallucinations and improve adaptive functioning. These findings are expected to enrich the literature on psychiatric nursing care, particularly by providing concrete examples of the application of theory to clinical practice, and serve as a reference for students and healthcare professionals in developing professional skills in caring for patients with schizophrenia.

Keywords: auditory hallucinations; conversation; medication adherence; scolding; scheduled activities;

1. Introduction

Mental disorders are conditions that arise due to disturbances in thought processes, perception, and behavior, causing individuals to experience difficulties in adjusting to themselves, others, and their environment (Linda Puspitasari & Puji Astuti, 2024). Based on 2022 data, approximately 970 million people suffered from mental disorders, with anxiety and depression being the most common conditions. Meanwhile, schizophrenia affects around 24 million people globally (*World Health Organization*, 2022). In Indonesia, according to 2023 data, there were 315,621 reported cases of schizophrenia (BKPK Kemenkes, 2023). Schizophrenia is a severe mental disorder with a lifetime prevalence of around 1%, characterized by disturbances in mental processes and marked by chronicity, high relapse rates, and a significant risk of disability (Guo et al., 2023).

Auditory hallucinations are false perceptual distortions resulting from maladaptive neurobiological responses, in which individuals experience sensations as if they were real and respond to them accordingly. This condition may lead to a loss of self-control, whereby the individual's behavior is influenced by the hallucinations they experience (Abd Rahim et al., 2024). Therefore, appropriate management is highly necessary. In nursing practice, the implementation strategies to address hallucinations aim to help patients manage and control these symptoms. The application of generalist therapy has been proven effective in improving patients' ability to control hallucinations and enhance their social functioning (Fauzania et al., 2025). Patient motivation and nurses' guidance based on the actual condition also influence the success rate of generalist therapy implementation (Harun et al., 2024).

Based on this background, it is expected that this can serve as a reference for understanding the application of nursing theory into clinical practice and enhancing the competence of professional nursing students in managing patients with mental disorders professionally, particularly in relation to Nursing Care for Patients with Sensory Perception Disturbance: Auditory Hallucinations at Wisma Nakula, Grhasia Psychiatric Hospital, Yogyakarta.

2. Method

The approach applied in the preparation of this case report is a holistic case study of a patient with a sensory perception disturbance in the form of auditory hallucinations, who was treated at Wisma

Nakula, Grhasia Psychiatric Hospital. The patient was selected purposively with inclusion criteria being willingness to participate, cooperativeness, compliance with the entire intervention process, and the absence of physical limitations. Conversely, exclusion criteria included patients who refused to participate, were uncooperative, or had physical impairments. Data collection was carried out using several instruments, namely a psychiatric nursing assessment format to obtain subjective and objective data, a Daily Activity Schedule (DAS) to monitor the patient's activities, and a behavior observation sheet to record responses during the intervention. The nursing care process consisted of assessment, formulation of the nursing diagnosis of sensory perception disturbance: auditory hallucinations, planning, and implementation of generalist therapy-based hallucination management interventions. Evaluation was conducted to assess changes in the frequency and intensity of hallucinations before and after the intervention, as well as to develop a discharge plan that included education regarding signs of improvement. The entire nursing care process was implemented over four days, from February 25 to February 28, 2025.

3. Results and Discussion

The intervention was carried out on a patient with auditory hallucinations who was treated at Wisma Nakula, Grhasia Psychiatric Hospital. The subject of the case study was Mr. H, a 38-year-old male. The patient had been experiencing mental illness since 2012 and had undergone six previous hospitalizations at Padang Psychiatric Hospital. The history indicated that the primary factor contributing to the patient's relapse was non-adherence to medication (treatment discontinuation). The intervention for managing auditory hallucinations using generalist therapy was implemented over four days (February 25–28, 2025). The evaluation results demonstrated positive changes in the patient's ability to cope with auditory hallucinations through techniques such as rebuking the hallucinations**,** adherence to medication, engaging in conversation with others, and performing scheduled activities**.**

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

Table 1 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	6	6	5	4	4

Based on the assessment of signs and symptoms during the pre–post period, the patient exhibited typical manifestations of auditory hallucinations, including hearing whispers, inappropriate responses, behaving as if hearing something, poor concentration, pacing, and talking to himself. The symptoms of hearing whispers and inappropriate responses remained consistent from baseline through Post-4, aligning with the literature that patients with auditory hallucinations often display behaviors such as turning their head, talking, or laughing to themselves in response to internal stimuli (Upthegrove et al., 2016; Waters et al., 2018). Talking to oneself and acting as if hearing something showed a decline at Post-3 and Post-4, indicating clinical improvement following the intervention. This finding supports evidence that generalist therapy is effective in enhancing patients' ability to control hallucinations, while patient motivation and nurse guidance tailored to the actual condition also influence the success of implementing auditory hallucination management interventions (Harun et al., 2024).

Additional data revealed that the patient experienced insomnia, food-hoarding behavior (hiding food inside trousers and then eating it), singing, urinary incontinence, and self-scratching. Insomnia is a common symptom in schizophrenia and may exacerbate positive symptoms and daily functioning

(Freeman & Waite, 2025); in fact, severe sleep deprivation can trigger hallucinations and acute psychotic states (Waters et al., 2018). The behaviors of hoarding food in clothing, urinary incontinence, and self-scratching reflect disorganized behavior, which in the literature is associated with the active phase of schizophrenia (Biancalani et al., 2025). Several case reports also describe pica-like behaviors (e.g., ingesting non-food objects such as plastic) in individuals at ultra-high risk for psychosis (Fekih-Romdhane & Cheour, 2022) and in decompensated schizophrenia patients with auditory hallucinations as part of thought disorganization (You et al., 2021). Therefore, integration of therapeutic doctrines involving sleep stabilization, sedative pharmacological interventions, environmental/structural daily routines, and occupational or art therapy to reduce agitation constitutes an essential multidimensional approach (Biancalani et al., 2025; Marin et al., 2023).

In direct interactions, the patient spoke in a rapid tone, making some sentences difficult to understand. There was incoherence, where the content of one sentence was unrelated to the next. The patient's mood appeared excessively cheerful (elevated mood), with labile and incongruent affect—for instance, answering questions while laughing or clapping hands. His thought process was circumstantial, characterized by overly detailed explanations but still eventually reaching the main point. These phenomena are consistent with formal thought disorder (FTD), a disruption of formal language often encompassing incoherent speech and referential disturbances, i.e., loss of logical connection between sentences. Longitudinal studies have also found that clinically disorganized speech disturbances predict deficits in emotion processing and mentalization (Ehlen et al., 2023; Just et al., 2023; Saga et al., 2023; Tang et al., 2023). Neurobiologically, literature highlights an association between FTD and verbal hallucinations through dysfunctions in language processing areas, particularly the connectivity between frontal and temporal regions and dysconnectivity within the language network (Chang et al., 2022). Disorganized speech is also classified under the disorganization factor in the symptom structure of schizophrenia, which is strongly associated with cognitive deficits such as impaired attention and executive functioning (McCutcheon et al., 2023).

3.2. Genealist Therapy Intervenstion Outcomes

Table 2 Distribution of Generalist Therapy Intervention Outcomes

Day/Intervention	Rebuking Hallucinations	Medication Adherence	Engaging in Conversation with Others	Scheduled Activities
Pre-Intervention (Day 0)	Patient is able to explain the method of rebuking but has not yet practiced it. Mentions the steps of rebuking (covering ears, closing eyes, rejecting the hallucination), but has not yet practiced them.	Aware of medication schedule, but unable to identify the type/color of the medication. Takes medication on schedule with assistance, but does not yet know the type of medication.	Able to choose a person to talk to, but has not yet practiced conversation. Begins to take the initiative to approach others, but has not yet engaged in conversation.	States preferred activities but has not yet carried them out. Identifies preferred activities (singing, writing), but has not yet practiced them.
Post-Intervention Day 1	Consistently mentions the rebuking technique, but has not yet practiced it. Begins to practice the rebuking technique correctly.	Begins to identify the type and color of medication, but not the name. Correctly identifies the type/color of medication and takes it on time.	Shows willingness to engage in conversation, but communication remains disorganized. Begins to engage in simple conversations using specific sentences.	Selects chosen activities but has not yet practiced them. Begins to practice scheduled activities (singing, writing).
Post-Intervention Day 2	Consistently practices the rebuking	Consistently takes medication according to	Consistently engages in appropriate	Consistently performs scheduled

Day/Intervention	Rebuking Hallucinations	Medication Adherence	Engaging in Conversation with Others	Scheduled Activities
	technique independently.	schedule and correctly identifies the type/color of medication.	conversations with others.	activities according to chosen preferences.

3.3. Rebuking Hallucinations

The assessment results of rebuking skills showed that from the beginning (Pre through Post-4), the patient was able to describe the method previously used to cope with hallucinations and explain the steps of rebuking auditory hallucinations by covering both ears, closing the eyes, and uttering a rejection phrase. This ability remained consistent throughout the observation period. A significant change was observed in the aspect of practicing the rebuking technique: initially (Pre–Post-2) the patient had not performed the practice, but starting from Post-3 through Post-4, he was able to practice it correctly. This finding is in line with (Rodin & Syamson, 2024), who reported that the rebuking technique significantly improves hallucination control scores in patients with schizophrenia. Moreover, active verbal strategies such as speaking loudly or uttering rejection phrases can redirect attention away from hallucinations, thereby reducing their intensity (Thomas et al., 2014). The patient's progression from merely knowing the steps to being able to practice them indicates a transfer of knowledge into skills. This aligns with the principles of behavioral learning, where positive reinforcement from nurses for instance, through praise or direct feedback can enhance retention and application of coping skills (Marin et al., 2023).

3.4. Medication Adherence

The assessment results indicated that the patient had been aware of his medication schedule from the beginning of observation (Pre through Post-4) and was able to maintain this awareness. The ability to identify the type and color of the medication began to appear from Post-2, demonstrating an improvement in awareness of the treatment regimen. However, the patient was unable to name the medication being taken, both at the initial and final stages of the intervention. Medication adherence is a key factor in preventing relapse among patients with schizophrenia. (Farisa et al., 2024) mphasized that adherent patients have a better quality of life compared to non-adherent patients, and psychoeducation regarding side effects and coping strategies plays a crucial role in sustaining adherence. In addition, (Inwanna et al., 2022; Kule & Kaggwa, 2023) highlighted that educating patients about the benefits and risks of medication, as well as involving them in decision-making, enhances adherence despite the presence of side effects.

3.5. Engaging in Conversation with Others

The ability to converse with others is an important coping strategy for managing auditory hallucinations, as social interaction can help divert the patient's focus from internal stimuli. Based on the assessment results, since the initial stage (Pre–Post-4), the patient has been able to choose whom to talk to, indicating an awareness of the importance of social support. However, the ability to practice specific conversational phrases only emerged at Post-3 and persisted through Post-4. This improvement aligns with the findings of (Eni & Hasmita, 2023), which indicate that conversational therapy can redirect the patient's attention from hallucinations to real-life discussions, thereby reducing the intensity of auditory hallucinations. Furthermore, the study by (Arafah et al., 2023) highlights that verbal interactions facilitated by healthcare providers or family members strengthen the patient's ability to recognize and manage hallucinations, particularly in patients with negative symptoms who tend to be passive.

3.6. Scheduled Activities

Observations revealed that since the beginning of therapy, the patient was able to identify preferred activities and select specific options such as singing and writing. However, the ability to actively engage in the chosen activities only began to emerge during Post-3 and Post-4 sessions. This development indicates an improvement in the patient's motivation and initiative to participate in positive activities.

The patient's preferred activities function as an adaptive distraction strategy to reduce the intensity and frequency of auditory hallucinations. (Maharani, 2021) implemented activity scheduling for patients with schizophrenia experiencing negative symptoms, resulting in increased engagement in daily activities and a decreased tendency toward imagination or hallucination. Furthermore, the Ministry of Health of the Republic of Indonesia highlights that involving patients in preferred activities serves as an effective psychosocial rehabilitation strategy to divert attention from hallucinatory stimuli, reduce stress levels, and improve overall quality of life (Kementerian Kesehatan RI, 2021).

4. Conclusion

Based on the results, the implementation of generalist therapy in patients with sensory perception disturbances, particularly auditory hallucinations, was proven to enhance the patient's ability to control the experienced symptoms. The four-day intervention, which included techniques such as self-commanding, medication adherence, conversing with others, and engaging in scheduled activities, demonstrated progressive improvements—from merely understanding the coping strategies to being able to consistently apply them. These findings emphasize that generalist therapy can serve as an effective approach to support the recovery process of patients with schizophrenia. This case report is expected to contribute valuable insights and serve as a reference for both nursing students and healthcare professionals in implementing psychiatric nursing care professionally. Future research is recommended to involve a larger sample size and a longer intervention period to allow the findings to be generalized more broadly.

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