

The Application of Drawing Therapy in Reducing Auditory Hallucination Symptoms in Patients with Schizophrenia in the Working Area of UPTD Puskesmas Wabula: A Case Study

Sri Resky Mustafa^{1*}, Putri Wulandari², Fitri Wijayati³

^{1,2,3} Department of Nursing, Poltekkes Kemenkes, Kendari, Indonesia

*Correspondence: Sri Resky Mustafa, Email: srireskymustafa93@gmail.com

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ABSTRACT

Background: Auditory hallucinations are among the most common positive symptoms of schizophrenia and can significantly disrupt patients' daily functioning. Drawing therapy has been suggested as a complementary non-pharmacological intervention to facilitate emotional expression and reduce hallucination symptoms.

Objective: This study aimed to evaluate the potential benefit of drawing therapy in reducing auditory hallucination symptoms in a patient with schizophrenia.

Methods: A descriptive case study was conducted involving one patient with active auditory hallucinations. Drawing therapy was administered for 30 minutes once daily over three consecutive days. Auditory hallucination severity was assessed before and after the intervention using the Psychotic Symptom Rating Scales (PSYRATS), and the findings were analyzed descriptively.

Results: Following the intervention, the patient demonstrated reduced intensity and frequency of auditory hallucinations, along with improved emotional stability, concentration, and self-control.

Conclusion: Drawing therapy may be a promising complementary intervention for reducing auditory hallucination symptoms in patients with schizophrenia. However, the findings are based on a single case, and further studies with larger samples and more rigorous research designs are needed to confirm its effectiveness.

Keywords: Schizophrenia; Auditory Hallucinations; Drawing Therapy; PSYRATS; Psychiatric Nursing

INTRODUCTION

According to the World Health Organization (WHO, 2018), schizophrenia affects approximately 24 million people worldwide (0.32%), with a higher prevalence among adults and men. In Indonesia, the 2018 Basic Health Research (Riskesdas) reported a prevalence of severe mental disorders of 1.7 per 1,000 population, with around 70% of patients experiencing auditory hallucinations (Manjorang et al., 2023). Although province-specific data for Southeast Sulawesi are unavailable, records from the Southeast Sulawesi Mental Hospital documented 6,492 mental disorder cases between January and June 2024, including 4,965 outpatient cases of severe mental disorders such as schizophrenia (Wurdiana Shinta, 2021).

Schizophrenia is a chronic mental disorder characterized by disturbances in thinking, emotions, and behavior that impair an individual's ability to distinguish reality from illusion (Lorenz et al., 2024). It commonly develops in late adolescence or early adulthood and is associated with genetic, neurochemical, and environmental factors (Latifah, 2023). Auditory hallucinations are among its most common symptoms and may cause anxiety, social withdrawal, impaired daily functioning, and, in severe cases, harmful behaviors (Keepers et al., 2020; Nur Haryanti et al., 2024; Putri, 2023). Hallucinations occur when individuals perceive sensory experiences without external stimuli, with auditory hallucinations involving hearing voices or sounds that are not actually present (Waters et al., 2021; Toh et al., 2023; Pratiwi & Rusinani, 2022).

Besides pharmacological treatment, drawing therapy has emerged as a promising complementary

intervention. As a form of art therapy, it enables patients to express emotions, redirect attention away from hallucinatory voices, reduce stress, and improve concentration and emotional regulation (Oktaviani et al., 2022; Mauliddiyah, 2021). Previous studies have shown that drawing therapy can significantly reduce the intensity of auditory hallucinations and improve patients' psychological well-being (Agustin et al., 2022; Beno et al., 2022; Rika Widianita, 2023).

Despite these encouraging findings, evidence remains limited in primary healthcare and community-based settings, as most studies have been conducted in psychiatric hospitals. Further research is therefore needed to evaluate the feasibility and effectiveness of drawing therapy in community mental health services (Chiang et al., 2024; Asher et al., 2017). A preliminary survey conducted at Wabula Community Health Center found 9 patients with auditory hallucinations in 2023 and 13 patients in both 2024 and 2025. Interviews with healthcare providers also revealed that management relied solely on pharmacological treatment, with no implementation of drawing therapy.

METHODS

This study employed a descriptive case study design to examine the application of drawing therapy in reducing auditory hallucinations in a patient with schizophrenia. The study was conducted in March 2025 at Wabula Community Health Center, Southeast Sulawesi, Indonesia. The participant was one outpatient diagnosed with schizophrenia accompanied by active auditory hallucinations who met the inclusion criteria and provided written

informed consent. The patient was selected because he/she experienced persistent auditory hallucinations despite receiving routine pharmacological treatment, was clinically stable enough to participate in all intervention sessions, and was willing to engage in the therapeutic and evaluation process.

Ethical approval for this study was obtained from the Institutional Research Ethics Committee of Poltekkes Kemenkes Kendari. All study procedures were conducted in accordance with the ethical principles outlined in the Declaration of Helsinki. Participant confidentiality and anonymity were strictly maintained throughout the study.

The severity of auditory hallucinations was assessed using the Psychotic Symptom Rating Scales–Auditory Hallucination Subscale (PSYRATS-AH), which evaluates multiple dimensions of auditory hallucinations, including frequency, duration, loudness, location, beliefs regarding the origin of the voices, amount and degree of negative content, level of distress, disruption to daily functioning, and perceived controllability of the hallucinations (Haddock et al., 1999). Each item is rated on a 5-point Likert scale ranging from 0 to 4, with higher scores indicating greater symptom severity. The total score is calculated by summing the scores across all items, with higher total scores reflecting more severe auditory hallucinations, whereas lower scores following the intervention indicate clinical improvement and a reduction in symptom severity. Assessments were performed before and after the intervention.

The intervention consisted of structured drawing therapy sessions conducted once daily for three consecutive days, with each session lasting 30–45 minutes. During each session, the patient was encouraged to express emotions and hallucination experiences through drawing, followed by a therapeutic discussion to explore the emotional meaning of the drawings, facilitate self-expression, and redirect attention away from hallucinatory experiences.

Data were collected through interviews, direct observation, documentation review, and PSYRATS-AH assessments. The data were analyzed descriptively by comparing PSYRATS-AH scores before and after the intervention and by describing the clinical changes observed throughout the therapy sessions. Although this case study provides an in-depth description of the potential benefits of drawing therapy in reducing auditory hallucinations, the findings are based on a single patient and therefore cannot be generalized to the broader population of individuals with schizophrenia. Further studies involving larger sample sizes and more rigorous research designs are needed to confirm the effectiveness of this intervention.

RESULT

Nursing Assessment (Case Description)

Nursing assessment was conducted on Mr. X, a 39-year-old man living in Bajo Bahari Village. The assessment took place on June 18, 2025, at the patient's home. Information was obtained from Mr. X and his mother. The client had a long history of

mental illness, characterized by frequently talking and laughing to himself and hearing unreal voices instructing him to do certain things, such as calling him to go to the sea. This condition caused difficulty in social interaction.

Mr. X began experiencing mental health problems during adolescence (at the age of 16). He had previously received treatment; however, the outcomes were unsatisfactory, and he had experienced social rejection, which further increased his psychological distress. There was no family history of mental illness. Physically, Mr. X was in good condition. His vital signs were within normal limits: blood pressure 120/80 mmHg, pulse rate 80 beats per minute, body temperature 36.8°C, and respiratory rate 20 breaths per minute. His weight was 50 kg, height 160 cm, with a body mass index (BMI) of 19.5.

From a psychosocial perspective, Mr. X lives with his mother and is the second of seven siblings. He perceives himself as “strange” due to frequently hearing unreal voices. He does not fulfill social roles, is unemployed, unmarried, and not attending school. He reports feelings of worthlessness and low self-esteem. His hope is to recover, obtain employment, and socialize normally. Currently, he is only close to his mother and does not participate in community activities. He feels ashamed to meet other people. Mr. X is Muslim but has not performed religious practices such as prayer for a long time.

During the mental status examination, Mr. X appeared poorly groomed and spoke slowly and softly. His movements were sluggish and restless. He appeared anxious, displayed limited emotional expression, and his affect was incongruent with the situation. During the interview, he was guarded and admitted to hearing nonexistent voices. His thought process was occasionally blocked and repetitive (perseveration). He expressed ideas of reference and excessive suspiciousness consistent with paranoid delusions. His short-term memory was impaired, and he had difficulty performing simple calculations. His intellectual functioning appeared below average, and he demonstrated difficulty making decisions. Mr. X lacked insight into his condition and frequently denied being ill.

Regarding self-care abilities, Mr. X was able to eat, use the toilet, and dress independently. However, he still required assistance with bathing and medication adherence. His coping mechanisms were sometimes adaptive, such as listening to his mother's advice and being willing to participate in drawing therapy, but he could become angry when experiencing hallucinations.

The main problem faced by Mr. X was difficulty interacting socially due to his hallucinations. Although family relationships were not very close, he continued to receive support from his mother and siblings. The family's economic status was considered low; however, basic needs such as food and housing were still met.

Culturally, the client and his family adhere to Butonese traditions. His communication skills were limited, and his responses were often irrelevant.

Nevertheless, Mr. X was able to recognize family members, was willing to engage in activities when encouraged, and could work if persuaded. Medically, **Nursing Diagnosis and Interventions**

he was diagnosed with schizophrenia and is currently undergoing treatment with haloperidol.

Table 1. Nursing Diagnosis and Interventions

Component	Description
Nursing Diagnosis (SDKI)	Disturbed Sensory Perception: Auditory Hallucinations (D.0085)
Related Factors	Chronic schizophrenia, neurobiological imbalance, and psychosocial stressors.
Assessment Findings	Hearing voices without external stimuli, talking to self, anxiety, poor concentration, and moderate PSYRATS score.
Nursing Outcome (SLKI)	Hallucination Control
Outcome Indicators	Reduced frequency and distress of hallucinations, improved concentration and self-control, decreased PSYRATS score.
Target Outcome	Improvement in hallucination symptoms after 3 days of intervention.
Nursing Intervention (SIKI)	Hallucination Management through Drawing Therapy.
Intervention Activities	Build therapeutic communication, assess hallucinations, facilitate drawing activities, discuss drawings, and reinforce adaptive coping strategies.
Frequency	30–45 minutes/session, once daily for 3 consecutive days.
Evaluation	Hallucination frequency and distress decreased, concentration improved, and PSYRATS score was reduced.

Implementation and Evaluation

Table 2. Changes in Auditory Hallucination Symptoms Based on PSYRATS-AH Dimensions During 3 Days of Drawing Therapy

PSYRATS-AH Dimension	Day 1	Day 2	Day 3
Frequency	2	2	1
Duration	2	2	1
Location (Internal/External)	2	2	1
Belief about Origin of Voices	2	2	1
Disruption to Daily Functioning	2	2	1
Amount and Degree of Distress	2	1	1
Loudness	2	2	1
Controllability	2	1	1
Negative Content	2	2	1
Verbal Response to Voices	2	1	1
Nonverbal Behavioral Response	2	1	1
Total Score	22	17	11
Reduction from Baseline	-	22,7%	50,0%

Source: Primary data, 2025

Scoring Interpretation: 0 = No symptoms; 1 = Mild; 2 = Moderate; 3 = Severe

Based on the assessment using the Psychotic Symptom Rating Scales–Auditory Hallucination Subscale (PSYRATS-AH), the total score decreased from 22 at baseline (Day 1) to 17 on Day 2 and 11 on Day 3 following the implementation of drawing therapy (**Table 2**). This corresponds to a 22.7% reduction in the total PSYRATS-AH score by Day 2 and a 50.0% reduction by Day 3 compared with baseline, indicating a clinically meaningful improvement in auditory hallucination symptoms.

On Day 1, all PSYRATS dimensions were rated at a moderate level (score 2), indicating relatively frequent and prolonged hallucinations, clearly perceived voices, negative content, functional disruption, and significant emotional distress. The patient demonstrated verbal and nonverbal responses to the voices and strongly believed that the voices were real and originated externally.

By Day 2, improvements were observed in distress level, controllability, and both verbal and nonverbal behavioral responses. This suggests that drawing therapy began to help the patient redirect attention and reduce the emotional impact of hallucinations, although frequency and duration remained at a moderate level. Clinically, this phase reflects the development of more adaptive coping mechanisms.

On Day 3, all dimensions decreased to a mild level (score 1). The frequency and duration of hallucinations were reduced, the loudness of the voices diminished, and the patient demonstrated improved insight, recognizing that the voices were internally generated rather than externally real. Functional disruption significantly decreased, and the patient appeared calmer and more cooperative. Improvement in the controllability dimension

indicates that the patient was able to use drawing as an effective distraction strategy to manage symptoms.

Overall, these findings suggest that drawing therapy may contribute to reducing the frequency, intensity, distress, and functional impact of auditory hallucinations in this patient. The gradual improvement observed over three consecutive days indicates that drawing therapy may be a beneficial adjunctive non-pharmacological intervention to complement pharmacological treatment by enhancing self-control and emotional stability. However, these findings are based on a single case and should be interpreted with caution.

DISCUSSION

The results of this case study demonstrated that Mr. X experienced a reduction in auditory hallucination symptoms after undergoing drawing therapy for three consecutive days. Based on PSYRATS measurements, the severity of auditory hallucinations decreased from moderate to mild intensity. This finding indicates that drawing therapy contributed positively to the reduction in the frequency and duration of unreal voices. These findings are consistent with Widianita (2023), who reported that drawing therapy serves as an effective distraction technique and helps patients express their feelings visually (Alifta, 2023).

Drawing therapy is a form of art therapy that utilizes drawing activities as a medium to express emotions, thoughts, and experiences that are difficult to verbalize. The primary aim of this therapy is to help individuals cope with psychological distress, reduce anxiety levels, and enhance mental well-being. In psychiatric nursing practice, drawing therapy functions as a positive distraction strategy that effectively redirects patients' focus away from hallucinations while simultaneously supporting cognitive and social skill development. Research by Widianita and Kalsum (2023) demonstrated that drawing therapy significantly reduces hallucination intensity in patients with schizophrenia and enhances their ability to regulate emotions independently. This perspective is further supported by Beno et al. (2022), who emphasized that visual art activities provide profound therapeutic effects due to their personal and non-confrontational nature.

The implementation of drawing therapy provided significant benefits in reducing auditory hallucination symptoms. In this case study, reductions were observed in the frequency, duration, and intensity of hallucinations following three days of intervention (Ramadani, 2024; Yellisni & Kalsum, 2023). The therapy enabled the patient to express emotions nonverbally and enhanced calmness and self-control (Agustin et al., 2022). Therefore, drawing therapy may be recommended as an adjunctive intervention in the management of schizophrenia.

Drawing therapy works by redirecting the patient's attention from unreal voices to meaningful and engaging activities. When patients focus on drawing, their cognitive processes become centered on the activity, thereby reducing the prominence of

hallucinatory voices. The coordinated engagement of visual and motor functions increases cognitive load on real stimuli, potentially decreasing the neural activation associated with hallucinations.

Furthermore, drawing allows patients to channel emotions that are difficult to articulate verbally. Through artistic expression, patients can release feelings such as anger, sadness, or fear, resulting in emotional relief. This process promotes relaxation and reduces anxiety, which indirectly decreases the occurrence of hallucinations. Drawing activities may also improve mood by influencing neurochemical processes associated with pleasure and relaxation. Thus, drawing therapy not only calms the mind but also enhances self-awareness and emotional regulation (Pratama et al., 2026; Fajriansi, 2026).

The intervention was delivered systematically, beginning with establishing therapeutic rapport, encouraging the patient to draw according to his emotional state, and evaluating the emotional content expressed in the artwork. The reduction in hallucinatory activity suggests that drawing effectively shifted the patient's focus from internal, unreal stimuli to controlled and meaningful activities. Hidayat et al. (2023) reported that this therapy produces relaxation effects and increases emotional awareness (Riyanti et al., 2023).

Family involvement also played a crucial role in the success of the intervention. Emotional support and supervision of medication adherence contributed to the patient's improvement. In Mr. X's case, family members ensured adherence to prescribed medications, including Trihexyphenidyl and Haloperidol (½ tablet twice daily each). According to Panjaitan and Dewi (2022), medication adherence is a key indicator of successful treatment in patients with mental disorders. The combination of appropriate pharmacological treatment and non-pharmacological therapy is essential in controlling schizophrenia symptoms, particularly hallucinations.

Overall, the implementation of drawing therapy in Mr. X's case demonstrated that this method is not only easy to apply but also yields significant therapeutic benefits. The patient became calmer, demonstrated improved self-control, and interacted more effectively with his environment. These findings align with Beno et al. (2022), who reported that drawing therapy enhances emotional stability and reduces psychological distress in individuals with schizophrenia. The researcher suggests that this approach should be further developed as a routine intervention in mental health services due to its multifunctional benefits and low risk.

Despite these encouraging findings, several limitations should be acknowledged. First, this study employed a single-case study design involving only one participant, which limits the generalizability of the findings to the broader population of individuals with schizophrenia. Second, the intervention was conducted over a relatively short period of only three consecutive days, preventing the evaluation of the long-term sustainability of the therapeutic effects. Finally, because this study did not include a comparison group or experimental controls, it is not possible to establish a causal relationship between

drawing therapy and the observed improvements. Other factors, such as ongoing pharmacological treatment, family support, and the natural course of symptom fluctuation, may also have contributed to the patient's clinical improvement. Therefore, future studies with larger sample sizes, longer follow-up periods, and more rigorous experimental designs are recommended to confirm the effectiveness of drawing therapy in reducing auditory hallucinations

CONCLUSION

This case study suggests that drawing therapy may be a beneficial complementary non-pharmacological intervention for reducing auditory hallucination symptoms in a patient with schizophrenia. Over the three-day intervention period, the patient's PSYRATS-AH score decreased, accompanied by improvements in emotional stability, concentration, perceived controllability of hallucinations, and reduced psychological distress. The structured use of drawing as a medium for emotional expression and cognitive distraction may have helped redirect the patient's attention away from hallucinatory voices toward meaningful activities. Although these findings suggest the potential value of drawing therapy as part of psychiatric nursing care, particularly in primary healthcare and community settings where simple, low-cost, and patient-centered interventions are needed, they are based on a single case and should therefore be interpreted with caution. Further research involving larger sample sizes, longer follow-up periods, and more rigorous study designs is needed to confirm the effectiveness of this intervention.

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