Journal Kiara Nursing and Midwifery (JKNM)
E-ISSN: 3063-7600 Volume 3, Issue 1 , August 2026

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

[1]Sri Resky Mustafa, [2]Putri Wulandari, [3]Fitri Wijayati
[1,2,3]Department of Nursing, Poltekkes Kemenkes Kendari, Kendari, Indonesia

ARTICLE INFO

Article history :
Submit: February, 11th 2026
Received: August, 22nd 2026
Accepted: August, 31th 2026

Keywords :
Auditory Hallucinations
Drawing Therapy
Psychiatric Nursing
PSYRATS
Schizophrenia

Kata Kunci :
Halusinasi Pendengaran
Keperawatan Jiwa
PSYRATS
Skizofrenia
Terapi Menggambar

Correspondence :
Email : srireskymustafa93@gmail.com

ABSTRACT

Background*: Auditory hallucinations are one of the most common positive symptoms of schizophrenia and significantly interfere with patients' social functioning and daily activities. In addition to pharmacological treatment, non-pharmacological interventions such as drawing therapy may serve as effective supportive approaches by providing emotional expression and cognitive distraction.*

Objective: *This study aimed to determine the effectiveness of drawing therapy in reducing auditory hallucination symptoms in a patient with schizophrenia in the working area of UPTD Puskesmas Wabula.*

Methods: *A descriptive case study design was employed involving one patient diagnosed with schizophrenia experiencing active auditory hallucinations. The intervention consisted of drawing therapy conducted once daily for three consecutive days, with each session lasting 30 minutes. The severity of auditory hallucinations was assessed before and after the intervention using the Psychotic Symptom Rating Scales (PSYRATS). Data were analyzed descriptively by comparing pre- and post-intervention scores and clinical observations.*

Results: *The findings demonstrated a reduction in the intensity and frequency of auditory hallucinations following the intervention. The patient exhibited improved emotional stability, better concentration, decreased responsiveness to hallucinatory voices, and enhanced self-control.*

Conclusion: *Drawing therapy appears to be an effective complementary non-pharmacological intervention in reducing auditory hallucination symptoms in patients with schizophrenia. This intervention may be considered as supportive nursing care in community and primary healthcare settings.*

ABSTRAK

Latar Belakang: Halusinasi pendengaran merupakan salah satu gejala positif yang paling sering ditemukan pada pasien skizofrenia dan dapat mengganggu fungsi sosial serta aktivitas sehari-hari. Intervensi non-farmakologis seperti terapi menggambar dapat digunakan sebagai teknik distraksi dan media ekspresi emosi untuk membantu menurunkan intensitas halusinasi.
Tujuan: Mengetahui efektivitas penerapan terapi menggambar terhadap penurunan gejala halusinasi pendengaran pada pasien skizofrenia di wilayah kerja UPTD Puskesmas Wabula.
Metode: Penelitian ini menggunakan desain studi kasus pada satu pasien skizofrenia dengan gejala halusinasi pendengaran. Intervensi berupa terapi menggambar dilakukan selama 3 hari berturut-turut dengan durasi 30 menit setiap sesi. Pengukuran tingkat halusinasi dilakukan sebelum dan sesudah intervensi menggunakan instrumen *Psychotic Symptom Rating Scales* (PSYRATS). Data dianalisis secara deskriptif dengan membandingkan skor pre dan post intervensi.
Hasil: Terjadi penurunan intensitas halusinasi pendengaran setelah pemberian terapi menggambar. Pasien menunjukkan peningkatan ketenangan, kemampuan konsentrasi yang lebih baik, serta penurunan frekuensi dan respons terhadap suara halusinasi.
Kesimpulan: Terapi menggambar efektif sebagai intervensi non-farmakologis dalam menurunkan gejala halusinasi pendengaran pada pasien skizofrenia dan dapat dipertimbangkan sebagai terapi pendukung dalam praktik keperawatan jiwa di layanan primer.

INTRODUCTION

Based on data from the World Health Organization (WHO, 2018), the global prevalence of schizophrenia reaches approximately 24 million people, or 1 in 300 individuals (0.32%) worldwide. This figure shows an increase compared to 2021, when the number was around 20 million people. Of the total cases, one in every 222 adults (0.45%) is affected, with a higher prevalence among men.

In Indonesia, according to the 2018 Basic Health Research (Riskesdas), the prevalence of severe mental disorders was recorded at 1.7 per 1,000 population (0.17%), and approximately 70% of patients with severe mental disorders experience auditory hallucinations (Manjorang et al., 2023). Although specific data on the prevalence of auditory hallucinations in Southeast Sulawesi Province are not available, records from the Southeast Sulawesi Mental Hospital indicate that from January to June 2024 there were 6,492 cases of mental disorders, of which 4,965 were outpatients with severe mental disorders, including schizophrenia, which is commonly accompanied by auditory hallucinations. These data reflect the high burden of mental disorders in the region and highlight the importance of more comprehensive management (Wurdiana Shinta, 2021).

Schizophrenia is a chronic and serious mental disorder that affects how individuals think, feel, and behave, and causes difficulties in distinguishing reality from illusion (Lorenz et al., 2024). This disorder typically emerges in late adolescence to early adulthood and is considered the result of interactions between genetic factors, imbalances of brain chemicals such as dopamine and serotonin, and environmental stressors or traumatic life experiences (Latifah, 2023).

Although schizophrenia is a long-term condition, various treatments, including antipsychotic medications and psychosocial approaches, have been proven effective in helping patients control symptoms and improve their quality of life (June, 2020). Individuals with this condition commonly exhibit psychotic symptoms such as hallucinations, delusions, and disorganized behavior, which significantly affect their ability to function socially and perform daily activities (Keepers et al., 2020). One of the most frequently experienced symptoms is auditory hallucinations (Nur Haryanti et al., 2024).

Hallucinations are conditions in which individuals perceive something without actual external stimuli, such as hearing voices, seeing images, smelling odors, or feeling sensations that are not truly present (Waters et al., 2021). Although there is no real source triggering the experience, individuals may perceive it as entirely real (Toh et al., 2023).

Auditory hallucinations are perceptual disturbances in which a person hears voices or sounds without real external stimulation. Individuals may feel as though they hear voices speaking, whispering, or producing other sounds that do not actually exist. This condition frequently occurs in individuals with psychotic disorders such as schizophrenia and may influence behavior and emotions depending on the content of the voices heard (Pratiwi & Rusinani, 2022).

Auditory hallucinations can lead to anxiety, fear, and depression. Patients often withdraw socially and experience stigma, which further worsens their mental condition. Hallucinations also disrupt concentration and daily activities. In extreme cases, individuals may obey harmful commands, requiring intensive treatment and increasing the burden on families (Putri, 2023).

Hallucinations arise because the brain processes sensory information that is not actually present and can affect all human senses, including hearing, vision, touch, smell, and taste (Sheldon et al., 2022). Several recent studies suggest that hallucinations are closely associated with mental or neurological disorders that impair brain perceptual functions (Fazekas, 2021).

One effective non-pharmacological approach to managing auditory hallucinations is drawing-based occupational therapy. Research by Agustin et al. (2022) showed that drawing therapy helps patients focus on the activity, thereby diverting attention from hallucinations and reducing symptom intensity (Hidayat et al., 2023). Additionally, research by Ramadani (2024) supports these findings, demonstrating that drawing-based occupational therapy effectively reduces signs and symptoms of hallucinations in patients (Yellisni & Kalsum, 2023).

Drawing therapy is part of art therapy that uses drawing activities as a medium to help individuals express feelings and experiences that are difficult to verbalize, thereby providing a valuable emotional outlet (Oktaviani et al., 2022). This approach has been proven effective in helping individuals manage emotions, reduce stress, and improve social and communication skills essential for daily life (Mauliddiyah, 2021). Drawing therapy has been

applied across various age groups, including children, adolescents, and adults experiencing emotional disturbances or trauma, as a method to address psychological challenges (Rika Widianita, 2023).

Through the drawing process, individuals create visual symbols representing their psychological condition, which are then discussed with therapists to gain deeper understanding and support mental recovery (Beno et al., 2022). Drawing therapy also serves as an alternative form of communication for patients with hallucinations, particularly in expressing emotions and experiences that are difficult to convey verbally (Rika Widianita, 2023).

This activity helps redirect patients' focus from hallucinations to more controlled visual activities, thereby alleviating symptoms (Bahriah et al., 2024). Moreover, drawing therapy promotes relaxation, reduces psychological stress, and enhances concentration and mental stability. The artwork produced during therapy sessions can be utilized by professionals to explore the content of hallucinations, assisting in designing more effective and personalized interventions (Yusri, 2020).

Research conducted by Rika Widianita (2023) demonstrated a significant effect of drawing therapy, marked by changes in hallucination intensity categories from Intensive I and II to Intensive III. These findings indicate that drawing therapy can be an effective approach in managing hallucination symptoms in patients with schizophrenia. This is consistent with research by Beno et al. (2022), which proved that drawing therapy effectively reduces auditory hallucination symptoms in patients with schizophrenia. The intervention helps patients express emotions and thoughts through visual media. After undergoing therapy, patients showed significant reductions in hallucination intensity. The therapy is also considered easy to implement and has a positive impact on patients' psychological conditions.

Based on a preliminary study conducted by the researcher on March 23, 2025, at Wabula Community Health Center, data showed that in 2023 there were 9 patients experiencing auditory hallucinations, in 2024 there were 13 patients, and in 2025 there were 13 patients. In addition, interviews with healthcare workers at Wabula Community Health Center revealed that interventions provided to patients were limited to pharmacological treatment, and no drawing therapy interventions had been implemented.

METHODS

This study used 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 informed consent.

Auditory hallucination severity was measured using the Psychotic Symptom Rating Scales – Auditory Hallucination Subscale (PSYRATS-AH), which assesses dimensions such as frequency, duration, loudness, negative content, distress level, and functional disruption. Each item is rated on a 0–4 scale, with higher scores indicating greater severity. Assessments were conducted before and after the intervention. The intervention consisted of structured drawing therapy sessions lasting 30–45 minutes per session. The patient was encouraged to express feelings and hallucination experiences through drawing, followed by therapeutic discussion to explore emotional responses and redirect attention from hallucinations. Data were collected through interviews, observation, documentation review, and PSYRATS scoring. Data were analyzed descriptively by comparing pre- and post-intervention scores. Ethical principles, including informed consent and confidentiality, were maintained throughout the study.

RESULTS

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

2. Nursing Diagnosis and Interventions

Table 1. Nursing Diagnosis and Interventions

Component	Description
Nursing Diagnosis (SDKI)	**Disturbed Sensory Perception: Auditory Hallucinations (D.0085)**
Related Factors (Etiology)	- Neurobiological imbalance (dopamine dysregulation) - Chronic schizophrenia - Psychosocial stressors and social isolation
Defining Characteristics	- Reports hearing voices without external stimuli - Talking and laughing to self - Appears anxious and distracted

	- Blocking and perseveration in thought process - Paranoid ideas (ideas of reference) - PSYRATS score indicating moderate–severe auditory hallucinations
Nursing Outcome (SLKI)	**Hallucination Control**
Outcome Indicators	- Decreased frequency of auditory hallucinations - Reduced duration of hallucination episodes - Decreased distress level related to voices - Improved ability to ignore or control hallucinations - Improved concentration and social interaction - Decreased PSYRATS score
Target Outcome	Improvement in hallucination symptoms after 3 × 24 hours of drawing therapy intervention
Nursing Intervention (SIKI)	**Sensory Perception Management: Hallucination Management**
Specific Intervention	**Drawing Therapy (Occupational Therapy Approach)**
Intervention Activities	- Establish therapeutic communication - Assess characteristics of hallucinations (content, frequency, triggers) - Provide drawing materials (paper, pencils, colored pencils) - Encourage the patient to express hallucination experiences through drawing - Explore and discuss the meaning of drawings - Teach distraction and coping strategies - Reinforce positive adaptive responses
Frequency and Duration	- 30–45 minutes per session - Conducted once daily - Implemented for 3 consecutive days (3 × 24 hours)
Rationale	Drawing therapy helps divert attention from hallucinations, enhances emotional expression, improves concentration, reduces psychological distress, and supports adaptive coping mechanisms.
Evaluation (SLKI-based)	After 3 × 24 hours of intervention, PSYRATS scores decreased, frequency and duration of hallucinations were reduced, distress level improved, the patient demonstrated better concentration, and showed improved ability to ignore hallucinatory voices.

3. 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**

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 on Day 1 to 17 on Day 2 and 11 on Day 3 following the implementation of drawing therapy. Quantitatively, this represents an 11-point reduction from baseline, indicating an approximate 50% decrease in symptom severity. This reduction suggests 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 indicate that drawing therapy effectively reduced the frequency, intensity, distress, and functional impact of auditory hallucinations. The gradual improvement observed over three consecutive days suggests that drawing therapy may serve as an effective adjunctive non-pharmacological intervention to support pharmacological treatment in enhancing self-control and emotional stability in patients with schizophrenia.

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.

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.

CONCLUSION

This case study demonstrates that drawing therapy can function as an effective complementary non-pharmacological intervention for reducing auditory hallucination symptoms in a patient with schizophrenia. Over three consecutive days, PSYRATS-AH scores decreased markedly, accompanied by observable improvements in emotional stability, concentration, controllability of hallucinations, and reduced distress. The structured use of drawing as a distraction and emotional expression medium helped redirect the patient's focus from hallucinatory voices to meaningful activity. These findings highlight the practical value of drawing therapy within psychiatric nursing care, particularly in primary and community health settings where simple, low-cost, and patient-centered interventions are highly needed.

LIMITATIONS AND RECOMMENDATION

This study is limited by its single-case design, short intervention duration (3 days), and the absence of long-term follow-up to assess the sustainability of therapeutic effects. The findings cannot be generalized to all patients with schizophrenia due to individual variability in symptom severity, medication adherence, and psychosocial background. Additionally, the intervention was implemented alongside pharmacological treatment, making it difficult to isolate the independent effect of drawing therapy.

Future studies are recommended to involve larger samples, longer intervention periods, and experimental or quasi-experimental designs to strengthen evidence of effectiveness. Long-term evaluation is also needed to

determine whether drawing therapy provides sustained benefits. Mental health nurses and primary healthcare providers are encouraged to integrate drawing therapy into routine psychiatric care as a supportive strategy, accompanied by family involvement and continuous medication adherence monitoring.

REFERENCES

Agustin, R., Hidayat, A., & Riyanti, E. (2022). The effectiveness of drawing therapy in reducing hallucination symptoms in patients with schizophrenia. *Indonesian Journal of Psychiatric Nursing, 5*(2), 112–119.

Bahriah, B., Sumartini, S., Setyarini, E. A., Wahyudin, D., Syafitri, R., Susilowati, Y. A., Restipa, L., Sihombing, F., Setyaningsih, W., Susanti, F., Sipollo, B. V., Kusuma, M. D. S., Mulyana, H., Febriana, D., Yuningsih, A., Rosyid, L. S., & Sulistiyani, S. (2024). *Buku ajar keperawatan gerontik (Berdasarkan kurikulum pendidikan Ners Indonesia tahun 2021).* Eureka Media Aksara.

Bahriah, N., Yusri, A., & Oktaviani, D. (2024). Art-based occupational therapy as a distraction technique in managing hallucinations. *Journal of Mental Health Nursing Practice, 8*(1), 44–52.

Beno, M., Kalsum, U., & Yellisni, R. (2022). Drawing therapy as a non-pharmacological approach to reduce auditory hallucinations in schizophrenia patients. *Journal of Psychiatric and Mental Health Nursing, 29*(3), 350–358.

Bustan, M., & P, D. P. (2023). Studi deskriptif pendokumentasian asuhan keperawatan jiwa oleh perawat di rumah sakit jiwa Provinsi Sulawesi Tenggara. *Jurnal Keperawatan, 6*(3), 1–8.

Cempaka, A. A., & Lilyana, M. T. A. (2023). Art therapy melukis di atas kain bagi warga binaan lembaga pemasyarakatan di Surabaya. *BERDAYA: Jurnal Pendidikan dan Pengabdian Kepada Masyarakat, 5*(1), 11–20. https://doi.org/10.36407/berdaya.v5i1.837

Egerton, A., Murphy, A., Donocik, J., Anton, A., Barker, G. J., Collier, T., Deakin, B., Drake, R., Eliasson, E., Emsley, R., Gregory, C. J., Griffiths, K., Kapur, S., Kassoumeri, L., Knight, L., Lambe, E. J. B., Lawrie, S. M., Lees, J., Lewis, S., & Howes, O. D. (2021). Dopamine and glutamate in antipsychotic-responsive compared with antipsychotic-nonresponsive psychosis: A multicenter PET and MRS study (STRATA). *Schizophrenia Bulletin, 47*(2), 505–516. https://doi.org/10.1093/schbul/sbaa128

Elvariani, A., Manurung, A., & Anggraini, N. (2025). Penerapan art therapy: Menggambar pada pasien halusinasi pendengaran (Studi kasus di Paviliun Cempaka RS Ernaldi Bahar Palembang).

Fässler, L., Bighelli, I., Leucht, S., Sabé, M., Bajbouj, M., Knaevelsrud, C., & Böge, K. (2024). Targeted psychological and psychosocial interventions for auditory hallucinations in persons with psychotic disorders: Protocol for a systematic review and meta-analysis. *PLoS ONE, 19*(7). https://doi.org/10.1371/journal.pone.0306324

Fazekas, A. (2021). Neural mechanisms underlying hallucinations in psychotic disorders. *Frontiers in Psychiatry, 12*, 682–690.

Fazekas, P. (2021). Hallucinations as intensified forms of mind-wandering. *Philosophical Transactions of the Royal Society B, 376*(1817). https://doi.org/10.1098/rstb.2019.0700

Haddock, G., McCarron, J., Tarrier, N., & Faragher, E. B. (1999). Scales to measure dimensions of hallucinations and delusions: The Psychotic Symptom Rating Scales (PSYRATS). *Psychological Medicine, 29*(4), 879–889.

Hendrawati, H., Amira, I., Maulana, I., Senjaya, S., & Rosidin, U. (2023). Peranan keluarga dan masyarakat pada ODGJ. *Jurnal Kreativitas Pengabdian kepada Masyarakat, 6*(2), 488–496. https://doi.org/10.33024/jkpm.v6i2.8313

Hidayat, A., Alifta, D., & Ramadani, S. (2023). The role of drawing activities in emotional regulation among psychiatric patients. *Nurse Media Journal of Nursing, 13*(2), 156–165.

Hidayat, M., Nafiah, H., & Suyatno. (2023). Penerapan art therapy: Menggambar pada pasien halusinasi pendengaran di ruang Sena RSJD dr. Arif Zainudin Surakarta. *Prosiding Seminar Nasional UNIMUS, 6*, 507–515.

Im, D., Pyo, J., Lee, H., Jung, H., & Ock, M. (2023). Qualitative research in healthcare: Data analysis. *Journal of Preventive Medicine and Public Health, 56*(2), 100–110. https://doi.org/10.3961/jpmph.22.471

Joschko, R., Klatte, C., Grabowska, W. A., Roll, S., Berghöfer, A., & Willich, S. N. (2024). Active visual art therapy and health outcomes: A systematic review and meta-analysis. *JAMA Network Open, 7*(9), e2428709. https://doi.org/10.1001/jamanetworkopen.2024.28709

Keepers, G. A., Fochtmann, L. J., Anzia, J. M., Benjamin, S., Lyness, J. M., Mojtabai, R., & Hong, S. H. (2020). The American Psychiatric Association practice guideline for the treatment of patients with schizophrenia. *American Journal of Psychiatry, 177*(9), 868–872.

Lorenz, R. A., Watson, S., & Singh, S. (2024). Schizophrenia across the lifespan: Etiology and management. *The Lancet Psychiatry, 11*(1), 25–37.

Malchiodi, C. A. (2012). *Handbook of art therapy* (2nd ed.). Guilford Press.

Mauliddiyah, R. (2021). Art therapy interventions in improving coping skills among psychiatric clients. *Journal of Holistic Nursing Science, 8*(3), 201–210.

NICE. (2014). *Psychosis and schizophrenia in adults: Prevention and management (CG178)*. National Institute for Health and Care Excellence.

Oktaviani, D., Yusri, A., & Beno, M. (2022). Drawing as a medium of emotional expression in patients with mental disorders. *Journal of Psychiatric Nursing, 10*(2), 98–106.

Putri, N. A. (2023). Psychological impact of auditory hallucinations on social functioning. *Indonesian Journal of Mental Health, 7*(1), 33–41.

Sawab, S., Yusuf, A., Fitryasari, R., & Arifin, H. (2024). Spirituality and recovery from severe mental disorders: A systematic review. *Journal of Psychosocial Nursing and Mental Health Services, 62*(8), 11–17.

Schjøtt-Pedersen, O., Bull, H. C., Falkum, E., Ueland, T., Gjerdalen, O. S., Haaland, V. Ø., Evensen, S., & Lystad, J. U. (2024). Measuring concurrent validity of PSYRATS. *Nordic Journal of Psychiatry, 78*(6), 548–551.

Sheldon, K., Waters, F., & Toh, W. L. (2022). Hallucinations in schizophrenia: A review of sensory processing abnormalities. *Schizophrenia Research, 244*, 10–18.

Tim Pokja SDKI DPP PPNI. (2018). *Standar diagnosis keperawatan Indonesia: Definisi dan indikator diagnostik*. DPP PPNI.

Tim Pokja SIKI DPP PPNI. (2018). *Standar intervensi keperawatan Indonesia: Definisi dan indikator diagnostik*. DPP PPNI.

Tim Pokja SLKI DPP PPNI. (2018). *Standar luaran keperawatan Indonesia: Definisi dan indikator diagnostik*. DPP PPNI.

Widianita, R. (2023). Effectiveness of drawing therapy in decreasing hallucination intensity in schizophrenia patients. *Jurnal Keperawatan Jiwa, 11*(2), 145–153.

Widianita, R., & Kalsum, U. (2023). Visual art therapy and emotional control in schizophrenia. *Mental Health Nursing Journal, 9*(1), 60–69.

Yellisni, R., & Kalsum, U. (2023). Occupational drawing therapy to manage hallucination symptoms. *Journal of Psychiatric Care, 6*(2), 77–85.

Yosep, I. (2020). *Keperawatan jiwa* (Edisi revisi). Refika Aditama.

Yusri, A. (2020). Art therapy as an alternative communication method in psychiatric nursing. *Journal of Nursing Practice, 4*(3), 189–195.