Literature Review

Effectiveness of Classical Music Therapy in Reducing the Signs and Symptoms of Hallucinations: A Literature Review

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Article info

Article history:
Received: August 3th 2026
Revised: August 30th 2026
Accepted: November 1st 2026

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Jurnal Keperawatan Salawaku (JKS)

Volume 1, Issue 1, November, 2026
http://doi.org/xxxxx
E-ISSN: 0000-0000

Abstract

Auditory hallucinations are among the most common symptoms experienced by individuals with severe mental disorders and require effective, safe, and evidence-based non-pharmacological interventions to complement antipsychotic therapy. This literature review aimed to evaluate the consistency and effectiveness of classical music therapy in reducing the signs and symptoms of auditory hallucinations. A descriptive narrative literature review was conducted by synthesizing evidence from five studies published between 2017 and 2025 using a thematic synthesis approach. The findings consistently demonstrated that classical music therapy effectively reduced the signs and symptoms of auditory hallucinations, with three studies conducted in Indonesia reporting statistically significant improvements ($p = 0.000$). The therapeutic effects are attributed to several physiological mechanisms, including the stimulation of alpha brain wave activity, suppression of sympathetic nervous system activity, promotion of relaxation, and attentional redirection (grounding), which collectively contribute to reducing hallucinatory experiences. Overall, classical music therapy is a safe, practical, and effective non-pharmacological nursing intervention. Integrating this intervention into psychiatric nursing care programs may enhance symptom management, promote relaxation, and improve the quality of life of patients experiencing auditory hallucinations..

Keywords: Auditory hallucinations; Classical music therapy; Psychiatric nursing; Non pharmacological therapy; Severe mental illness.

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INTRODUCTION

Auditory hallucinations are perceptual disturbances in which individuals hear voices or sounds without any real external stimulus. This condition can manifest as self-talk, anxiety, withdrawal, difficulty interacting, and even aggressive behavior. The impact not only causes psychological distress but also disrupts social functioning and reduces the patient's quality of life (Wijayanto & Agustina, 2017).

Treatment of hallucinations generally focuses on antipsychotic therapy. However, non-pharmacological interventions are still needed to help patients divert attention from hallucinatory stimuli, achieve calm, and improve their ability to control symptoms. Classical music therapy is one relatively easy intervention to implement because it uses structured auditory stimuli with calming tempos and harmonies (Yanti et al., 2020).

Clinical research in Indonesia reported a reduction in signs and symptoms of hallucinations after classical music therapy. Statistically, music therapy intervention studies have significantly reduced hallucinations, accompanied by behavioral changes such as calmer patients, greater focus, better interaction skills, and greater ability to control hallucinations (Wijayanto and Agustina, 2017; Yanti et al., 2020; Firmawati, 2022). However, the therapy protocols used differ in music selection, session length, frequency, and program duration.

Research outlining the potential of music therapy in populations with neuropsychiatric disorders and auditory processing disorders provides support for the hallucinogenic effect. Baroni Karamel et al. (2024) discuss individual music therapy for nursing home residents with dementia, while Dobkin (2025) discusses musical hallucinations in hearing loss and cochlear implantation. Neither publication directly examines psychotic hallucinations, but it does provide conceptual understanding of the relationship between music, emotion regulation, and auditory cortex activity.

The available evidence is scattered and contextually equivocal. Therefore, a literature review is necessary to assess the consistency of findings, summarize patterns of therapy delivery, explain reported mechanisms, and identify limitations of the evidence. This review aims to demonstrate the effectiveness of classical music therapy in reducing the signs and symptoms of auditory hallucinations and to establish its essence for psychiatric care practice.

RESEARCH METHOD

This article uses a descriptive narrative literature review design. The data sources were five research publications and scientific articles published between 2017 and 2025. A search was conducted in national and international journal databases using the keywords "classical music therapy," "music therapy," and "auditory hallucinations."

Selection criteria included publications discussing the use of classical music or music therapy to reduce hallucinations, sensory perception disturbances, or relevant neuropsychiatric symptoms; containing a description of the intervention or therapeutic mechanism; and being available within the specified year range. The five selected publications comprised three Indonesian clinical studies directly assessing auditory hallucinations and two international publications providing contextual or mechanistic support in different populations.

Data were extracted based on author and year, focus or population, intervention pattern, and key findings. Analysis was conducted through thematic synthesis, grouping the results into themes of clinical effectiveness, therapeutic dosage patterns, psychological and physiological mechanisms, nursing implications, and limitations of the evidence.

RESULTS

The five reviewed publications represent two groups of evidence. Three Indonesian studies provide direct evidence in patients with auditory hallucinations, while two international publications provide indirect evidence regarding music therapy for hallucinatory disorders. A summary of the

characteristics and findings of each publication is presented in Table 1.

Table 1. Hasil Penelitian: Efektifitas Terapi Musik Klasik Terhadap Penurunan Tanda dan Gejala Halusinasi Pendengaran

No.	Author/Year	Focus/Population	Intervention	Main findings
1	Wijayanto & Agustina (2017)	Schizophrenic patients with auditory hallucinations in a psychiatric hospital.	Mozart/Beethoven classical music, 15–30 minutes per session, 2–3 times per week for 2 weeks.	Signs and symptoms of hallucinations decreased significantly ($p<0.001$). Patients were calmer, more able to interact, and had decreased self-talk.
2	Yanti et al. (2020)	Mentally ill patients with auditory hallucinations in a psychiatric hospital.	Instrumental classical music, 30 minutes per session for 1 week in a quiet setting.	The level of hallucinations decreased significantly ($p<0.001$). Patients were more relaxed, focused, and able to control their hallucinations.
3	Piola & Firmawati (2022)	Patients with sensory perceptual disorders: auditory hallucinations in primary care.	Classical music, 20–30 minutes per session for 7 consecutive days.	The intensity of hallucinations decreased significantly ($p<0.001$), the ability to control hallucinations increased, and withdrawal behavior decreased.
4	Baroni Caramel et al. (2024)	Underwear residents with dementia; publication of a randomized controlled trial protocol.	Individual music therapy, 30 minutes, 2 times per week for 12 weeks.	Provides contextual support regarding emotional well-being goals and neuropsychiatric symptoms; not direct evidence of psychotic hallucinations.
5	Dobkin (2025)	Patients with hearing loss or post-cochlear implantation who experience musical hallucinosis.	Regular music exposure to stimulate auditory processing.	Describes the possibility of reactivation of the auditory cortex and normalization of sound perception; serves as indirect mechanistic support.

DISCUSSION

The review results indicate that classical music therapy has the potential to help reduce the signs and symptoms of auditory hallucinations. Three studies in Indonesia reported consistent changes after intervention, including a decrease in hallucination scores or levels and behavioral improvements, with patients feeling calmer, more focused, more able to interact, and more able to control the sounds they hear (Wijayanto & Agustina, 2017; Yanti et al., 2020; Piola et al., 2022). The consistent direction of the findings across psychiatric hospitals and primary care settings suggests that classical music can be applied across a variety of care settings. However, a very small p-value only indicates that the pre- and post-intervention differences are unlikely to have occurred by chance according to the statistical model; it does not directly explain the magnitude of the clinical benefit, the durability of the effect, or the proportion of patients who actually experienced significant improvement..

Interpretation of the results requires consideration of the design of the three studies. Wijayanto and Agustina used a quasi-experimental pretest-posttest design without a control group on 30 respondents, Yanti et al. used a similar design on 22 respondents, while Piola et al. used a one-group pre-post design on 23 respondents. Without a comparison group, symptom reduction cannot be conclusively attributed solely to classical music, as patients may still receive antipsychotics, therapeutic communication, a structured care environment, or other nursing interventions. Changes may

also be influenced by the effects of attention, patient expectations, natural fluctuations in symptoms, and regression to the mean. Therefore, the results of this national study are more appropriately understood as promising preliminary evidence rather than definitive causal evidence.

These findings remain consistent with broader evidence regarding music as an adjunct therapy for schizophrenia. A Cochrane review of 18 randomized trials with 1,215 participants concluded that music therapy added to standard care can improve general well-being, mental state, functioning, and quality of life, but the quality of evidence was low to moderate, and benefits were influenced by the number of sessions and the quality of therapy provided (Geretsegger et al., 2017). Jia et al.'s (2020) meta-analysis, which included 18 studies and 1,212 participants, also found improvements in total symptoms, negative symptoms, depression, and quality of life. However, both reviews assessed the broad spectrum of schizophrenia symptoms and did not specifically establish that classical music listening is an effective therapy for auditory hallucinations.

The distinction between “music therapy” and “music listening” is also important. Formal music therapy is typically conducted by a trained therapist with individualized therapeutic goals, a therapeutic relationship, and structured active or receptive activities. In contrast, some of the studies in this review more closely resembled the use of classical music as a distraction and relaxation technique by nurses. Pedersen et al. (2021) found no significant difference between individual music therapy by a therapist and music listening with a social worker in patients with schizophrenia with negative symptoms. These results suggest that benefits may stem from multiple components, including interpersonal attention, engagement in activities, session structure, and the music experience itself. Therefore, intervention terms need to be defined precisely so that research results can be compared and replicated.

Clinically, classical music may be helpful by redirecting attention from hallucinatory sounds to real external stimuli, reducing tension, improving mood, and increasing a sense of control. These mechanisms are plausible, but most of the studies reviewed did not directly measure brain activity, the autonomic nervous system, stress hormones, or changes in neurotransmitters. Dobkin's (2025) article discusses musical hallucinosis following hearing loss and cochlear implantation, not a trial of music therapy for psychotic hallucinations. Therefore, it can only be used to provide context regarding auditory processing, not as evidence that classical music exposure normalizes hallucinations in schizophrenia. Similarly, Baroni Caramel et al. (2024) is a randomized trial protocol in nursing home residents with dementia and has not reported efficacy results.

For psychiatric nursing practice, classical music therapy is worth considering as a complementary intervention, not a replacement for antipsychotics or standard treatment. Nurses should assess music preferences, emotional state, concentration ability, sensitivity to sound, and the risk of music triggering memories or increasing agitation. The intervention can be delivered in a quiet environment at a safe volume, measured duration, and immediately discontinued if the patient experiences discomfort or worsening hallucinations. Patient responses should be recorded using consistent instruments before and after sessions, along with observations of self-talk, anxiety levels, distraction skills, and hallucination control.

Future research requires randomized controlled trials with larger sample sizes, active control groups, blinded assessors, and reporting of effect sizes and confidence intervals. Protocols should also specify the type of music, duration, frequency, number of sessions, use of headphones or speakers, therapist involvement, and the standard therapy participants receive. Measurement should use validated scales specific to auditory hallucinations, along with assessments of quality of life, social functioning, adherence, side effects, and follow-up.

CONCLUSION

Classical music therapy has the potential to reduce the signs and symptoms of auditory hallucinations and improve calmness, focus, interaction, and the ability to control hallucinations. This intervention can be considered a complementary nursing therapy, while still being accompanied by medical therapy and clinical evaluation. Clinical trials with standardized protocols and more robust methodologies are needed to confirm the dosage and sustainability of its benefits.

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