



Music Therapy in the Social Rehabilitation Process for People with Schizophrenia at the “Rumah Kita Tebet” Social Services Information Unit

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Abstract

Schizophrenia is a mental disorder that affects thinking, emotional regulation, behavior, and social interaction, often resulting in impaired social functioning. Beyond medical treatment, social rehabilitation is needed to support adaptive abilities and participation in social environments. Music therapy provides a potentially accessible intervention because musical activities can facilitate emotional expression, participation, communication, and interpersonal interaction. This study aimed to describe the implementation of music therapy and its benefits in the social rehabilitation of people with schizophrenia at the Unit Informasi Layanan Sosial (UILS) Rumah Kita Tebet. A descriptive qualitative approach was employed, with seven informants selected purposively, comprising a UILS manager, social worker, music therapy instructor, companion, and three beneficiaries. Data were collected through semi-structured in-depth interviews, direct observation, and documentation, then analyzed through data condensation, data display, and conclusion drawing and verification. The findings show that music therapy is implemented through assessment, treatment planning, intervention, and evaluation and termination. Activities include breathing exercises, individual and group singing, simple musical instruments, and collective music sessions. The intervention supports emotional stability, participation, self-confidence, social interaction, cooperation, and gradual adaptation to the rehabilitation environment. Music therapy therefore functions not merely as a recreational activity but as a complementary social rehabilitation intervention that supports the development of social functioning among people with schizophrenia.

Keywords: Music Therapy, Schizophrenia, Social Interaction, Social Rehabilitation, UILS Rumah Kita Tebet.



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INTRODUCTION

Schizophrenia is one of the severe mental disorders that affects how individuals think, perceive, feel, behave, and interact with their social environment, while its consequences extend beyond clinical symptoms to substantial disruptions in everyday functioning and social participation (American Psychiatric Association, 2022). The World Health Organization emphasizes that mental health responses increasingly need to move beyond symptom management toward approaches that strengthen functioning, participation, recovery, and the capacity of individuals to live meaningful lives within their communities (World Health Organization, 2019). This orientation is particularly relevant to schizophrenia because persistent disturbances in perception, cognition, affect, and behavior can interfere with interpersonal relationships, social roles, communication, and independent participation in community life. In Indonesia, the problem is situated within a broader social welfare context in which people experiencing psychosocial and mental health-related disabilities require protection of their rights as well as access to rehabilitation and social participation opportunities (Kementerian Hukum dan Hak Asasi Manusia Republik Indonesia, 2016). The national mental health profile has also demonstrated the continuing relevance of schizophrenia and other severe mental disorders as public health concerns requiring sustained service responses rather than isolated clinical interventions (Kementerian Kesehatan Republik Indonesia, 2018). The social dimension of schizophrenia therefore becomes inseparable from the question of how rehabilitation services can support individuals in rebuilding functional relationships, adaptive capacities, and meaningful participation in everyday social environments.

Social rehabilitation provides an important framework for addressing this dimension because it focuses on restoring and developing the capacities of individuals experiencing social dysfunction so that they can resume social roles and participate more appropriately in community life (Haryanto, 2018). Indonesian social welfare legislation positions rehabilitation within a broader effort to ensure that individuals experiencing social problems receive services that support their ability to function and participate in society (Republik Indonesia, 2009). The national standards for social rehabilitation further emphasize structured, needs-based services designed to support recovery, independence, and social functioning rather than treating recipients solely as objects of care (Kementerian Sosial Republik Indonesia, 2019). Current government discourse similarly frames social rehabilitation as a process of restoring individuals' ability to function appropriately within their social environment, reinforcing the importance of interventions that address everyday functioning alongside clinical concerns (Kementerian Sosial Republik Indonesia, 2024). Within this framework, rehabilitation activities can incorporate creative and expressive approaches because social functioning is not developed exclusively through verbal instruction or clinical treatment. Music is particularly relevant because its interactive and expressive characteristics create opportunities for communication, emotional expression, shared attention, participation, and interpersonal engagement without requiring verbal expression to be the sole medium of interaction. Such characteristics position music therapy as a potentially meaningful component of rehabilitation services for people with schizophrenia whose difficulties may involve both psychological experiences and disrupted social relationships.

Music therapy is conceptualized as a therapeutic intervention that uses music and musical activities to address emotional, cognitive, physical, and social needs through structured processes of assessment, intervention planning, implementation, evaluation, and termination (Djohan, 2006). The therapeutic potential of music is not limited to relaxation or entertainment because active and receptive musical experiences can provide structured opportunities for emotional regulation, communication, participation, and interpersonal connection. Evidence from a systematic review indicates that music therapy has been examined as an intervention for psychological distress and anxiety across different populations, supporting the broader proposition that musical engagement can influence affective and psychosocial experiences (Mediani & Kana Wadu, 2021). A meta-analysis of international studies similarly reported reductions in anxiety following music-based interventions, although the magnitude and mechanisms of effects varied across intervention formats and participant characteristics (Novianti & Yudianto, 2021). In schizophrenia care, receptive music therapy has been associated with reductions in stress and improvements in coping strategies, suggesting that music may contribute to psychological adaptation rather than functioning merely as a recreational activity (Alam et al., 2022). The relevance of these mechanisms becomes stronger when music is implemented in a group or social rehabilitation setting, where the activity can simultaneously involve individual emotional responses and observable processes of participation, communication, cooperation, and interpersonal interaction.

Previous research involving people with schizophrenia has predominantly demonstrated the potential of music therapy to address specific symptoms, particularly auditory hallucinations, which remain one of the most frequently investigated clinical outcomes in music-based interventions for this population. Studies by Husna et al. (2024), Ningsih and Hidayati (2023), and Febrianasari et al. (2025) reported beneficial applications of music therapy for patients experiencing auditory hallucinations, although the studies differed in setting, intervention procedures, and clinical context. More recent research has also explored combinations of music with other therapeutic activities, indicating an emerging interest in multimodal interventions for reducing hallucination-related symptoms (Ariska et al., 2026). Music-based interventions have further been applied to clients with schizophrenia who present risks of violent behavior, demonstrating that the scope of music therapy research is expanding beyond hallucination management toward broader behavioral regulation (Nursifah et al., 2025). An exploratory randomized controlled trial among psychiatric in-patients likewise indicated that music therapy could have beneficial effects within schizophrenia treatment, providing an important empirical basis for considering music as more than an adjunctive recreational activity (Talwar et al., 2006). Recent scoping evidence has reinforced the breadth of music therapy applications among people with schizophrenia, while also indicating that the literature encompasses diverse intervention goals and methodological approaches that have not yet been sufficiently integrated into a coherent social rehabilitation perspective (Widianti et al., 2025).

Despite these findings, an important conceptual and empirical gap remains because much of the existing literature evaluates music therapy through clinical outcomes such as hallucinations, stress, anxiety, coping, or behavioral symptoms, while comparatively less attention is directed toward the process through which music therapy operates as part of social rehabilitation. Studies conducted in hospitals, psychiatric institutions, and primary health services provide valuable evidence concerning symptom-related outcomes, yet these settings do not necessarily represent the social environment in which long-term recovery, interpersonal participation, and community functioning are developed. The distinction matters because rehabilitation involves more than reducing psychiatric symptoms; it also concerns the restoration of capacities that enable individuals to interact with others and perform meaningful social roles (Kementerian Sosial Republik Indonesia, 2018). The Jakarta context further underscores the practical relevance of this issue because schizophrenia represents a significant mental health concern in the metropolitan population and requires service systems capable of responding to both clinical and social dimensions of disability (Detik.com, 2024). A further limitation concerns the relative scarcity of qualitative descriptions of how music therapy is actually organized, delivered, experienced, and connected to broader rehabilitation activities within community-oriented social service institutions. The literature consequently leaves insufficiently explained the mechanisms through which musical activities may facilitate social interaction, communication, emotional expression, adaptation, and the gradual development of social functioning in a rehabilitation environment. Addressing this gap requires attention not only to whether music therapy produces a measurable clinical effect, but also to how practitioners and service recipients experience and enact the intervention within an institutional and social context.

This study is positioned within that gap by examining music therapy as a component of the social rehabilitation process for people with schizophrenia at the Unit Informasi Layanan Sosial (UILS) Rumah Kita Tebet, a community-oriented social service setting under the Social Service Agency of South Jakarta. Rather than treating music therapy exclusively as a technique for reducing psychiatric symptoms, the study approaches it as a social rehabilitation activity through which musical engagement may support adaptation, communication, interpersonal interaction, participation, and the development of social functioning. The research therefore focuses on the process of implementation, including how activities are organized, how participants engage with musical activities, how interaction occurs during the intervention, and what forms of benefit are perceived within the rehabilitation process. This perspective allows the study to connect the therapeutic function of music with the social work and rehabilitation framework that governs services for people experiencing social dysfunction. Methodologically, the study contributes a contextual account of music therapy within a community-based social service institution, complementing the predominantly clinical evidence generated in hospitals and health-care settings. Theoretically, the study contributes to the understanding of music therapy as an interactional and rehabilitative medium in which musical activities can become a mechanism for supporting social participation rather than merely an instrument for symptom reduction. The study aims to describe the implementation process and perceived benefits of music therapy in the social rehabilitation of people with schizophrenia at UILS Rumah Kita Tebet, thereby providing an empirically grounded account that can inform the development of socially oriented, recovery-focused, and contextually appropriate rehabilitation practices.

RESEARCH METHODS

This study employed a qualitative descriptive design to obtain an in-depth understanding of the implementation of music therapy and its perceived benefits within the social rehabilitation process for people with schizophrenia at the Unit Informasi Layanan Sosial (UILS) Rumah Kita Tebet, South Jakarta. A qualitative approach was considered appropriate because the study focused on experiences, interactions, participation, and meanings emerging during music therapy rather than on measuring predetermined clinical outcomes (Sugiyono, 2023). The study was conducted at UILS Rumah Kita Tebet, a social rehabilitation service institution operating under the Social Service Agency of South Jakarta that provides rehabilitation services for people with psychosocial disabilities. Participants were selected through purposive sampling based on their direct involvement, knowledge, or experience in the implementation of music therapy, consistent with the principle of selecting information-rich participants in qualitative inquiry (Sugiyono, 2023). The participants comprised one UILS manager, one social worker, one music therapy instructor, one companion or support worker, and three

beneficiaries who routinely participated in music therapy activities. Data were collected through semi-structured in-depth interviews, direct observation of music therapy activities, and documentation of relevant programs, activities, and rehabilitation records, allowing the researchers to examine the intervention from multiple participant and contextual perspectives.

The research instruments consisted primarily of an interview guide, an observation guide, and a documentation checklist developed according to the research objectives, with the researcher serving as the principal instrument for interpreting participants' experiences and the social interactions observed during the rehabilitation process. Semi-structured interviews explored the stages of music therapy implementation, participant involvement, interactions among participants and service providers, and perceived benefits, while observations focused on participation, communication, cooperation, emotional expression, and behavioral responses during activities. Documentation included photographs of activities, program-related documents, and relevant institutional records that could support the interpretation of interview and observational findings. Data credibility was strengthened through source triangulation by comparing information obtained from the manager, social worker, music therapy instructor, companion, and beneficiaries, and through technique triangulation by comparing interview, observation, and documentation findings, following established principles of qualitative data credibility (Sugiyono, 2023). Data were analyzed using the Miles, Huberman, and Saldaña framework, comprising data condensation, data display, and conclusion drawing and verification, with the analysis focused on identifying patterns concerning the implementation and rehabilitative functions of music therapy (Sugiyono, 2023). Ethical considerations included informed participation, confidentiality of participant information, protection of beneficiaries' identities, respectful treatment throughout data collection, and the right of participants to decline participation or withdraw from the research without negative consequences, particularly given the involvement of people receiving social rehabilitation services.

RESULTS AND DISCUSSION

Implementation of Music Therapy in the Social Rehabilitation Process

The findings indicate that music therapy at the Unit Informasi Layanan Sosial (UILS) Rumah Kita Tebet is integrated into the social rehabilitation program for people with schizophrenia rather than being positioned merely as a recreational activity. Data obtained through interviews, observations, and documentation show that the implementation involves the UILS manager, social worker, music therapy instructor, companion, and beneficiaries who participate directly in the activities. The involvement of these actors creates a coordinated rehabilitation environment in which music-based activities are connected with broader objectives related to participation, communication, emotional expression, and social interaction. This orientation is consistent with the Indonesian framework of social rehabilitation, which emphasizes the restoration and development of social functioning among individuals experiencing social dysfunction (Kementerian Sosial Republik Indonesia, 2019). The implementation observed at UILS indicates that music therapy is consequently situated within a broader process of supporting beneficiaries' capacity to engage with their social environment. Such positioning is important because rehabilitation for people with schizophrenia involves not only the management of psychological difficulties but also the development of capacities required for interpersonal and community participation.

The involvement of multiple service providers also demonstrates that music therapy at UILS operates within a collaborative rehabilitation structure. The manager provides institutional support for the program, while the social worker and companion contribute information concerning beneficiaries' conditions, participation, and responses during rehabilitation activities. The music therapy instructor then translates this information into activities that can be adjusted according to the characteristics and responses of the beneficiaries. This arrangement reflects a social rehabilitation orientation in which individual needs are considered together with environmental and interpersonal factors affecting social functioning (Haryanto, 2018). Beneficiaries are not positioned solely as passive recipients because their responses and level of participation become important considerations during the implementation of therapy. The interaction among service providers and beneficiaries also creates continuity between the therapeutic activity and other rehabilitation services delivered at UILS. This collaborative pattern strengthens the position of music therapy as an integrated intervention rather than an independent activity disconnected from the institution's rehabilitation objectives.

The activities observed during the sessions consisted of several forms of musical engagement, including breathing exercises, individual and group singing, playing simple musical instruments, and collective singing at the end of the session. These activities provide different opportunities for beneficiaries to participate according to their individual abilities, ranging from listening and following instructions to actively singing or playing an instrument. The sequence also creates a gradual transition from preparation and relaxation toward more direct forms of individual and interpersonal participation. Such implementation corresponds with the conceptualization of music therapy as a structured intervention that uses musical experiences to address emotional, cognitive, physical, and social dimensions of functioning (Djohan, 2006). Music therefore becomes a medium through which beneficiaries can communicate and participate without relying exclusively on conventional verbal interaction. This characteristic is particularly relevant in social rehabilitation because participation can be expressed through singing, rhythm, coordinated instrumental activity, attentive listening, and responses to other participants. The therapeutic setting consequently provides multiple channels through which beneficiaries can practice forms of interaction that are relevant to everyday social functioning.

The implementation also demonstrates an adaptive approach because the instructor does not treat all beneficiaries as having identical abilities or therapeutic needs. The findings show differences in participants' emotional conditions, communication abilities, confidence, musical preferences, and willingness to participate, which influence how activities are introduced and conducted. The instructor considers factors such as familiarity with songs, appropriate tempo, the simplicity of instruments, and the level of group involvement when organizing the activities. This flexibility is consistent with the diverse forms and objectives of music therapy identified in recent literature on people with schizophrenia (Widianti et al., 2025). The approach allows beneficiaries with lower initial participation to become involved gradually without requiring them to immediately demonstrate the same level of performance as other participants. Such adaptation is relevant to rehabilitation because social functioning develops through opportunities to participate according to individual capacity and gradually expand that participation. The findings therefore indicate that the therapeutic value of the sessions is partly dependent on the ability of the intervention to accommodate differences among beneficiaries rather than applying a rigid musical procedure to every participant.

The social dimension of the intervention becomes particularly visible during collective musical activities. When beneficiaries sing together, respond to the instructor, play instruments in the same activity, or observe the participation of other beneficiaries, they are required to direct attention toward other people and coordinate their actions within a shared situation. Observations showed that some beneficiaries who initially appeared passive became more willing to participate, sing, and interact with the instructor, companion, or other participants as the activity progressed. These observations suggest that music provides a structured interactional environment in which social participation can be practiced through concrete and repeated activities. Previous research has demonstrated beneficial effects of music therapy among people with schizophrenia, particularly in relation to emotional and clinical conditions, although much of this evidence has been generated in inpatient or health-care settings (Talwar et al., 2006). The UILS setting shifts analytical attention toward how music therapy can function within a social rehabilitation environment where interaction and participation are themselves important aspects of service delivery. The significance of the intervention therefore lies not only in the musical activity but also in the social situations created through that activity.

The overall findings indicate that music therapy at UILS Rumah Kita Tebet functions as a complementary intervention that connects musical engagement with the broader objectives of social rehabilitation. Its implementation involves structured activities, collaborative service provision, adaptation to beneficiary characteristics, and repeated opportunities for interpersonal participation. Evidence that receptive music therapy can reduce stress and support coping among people with schizophrenia provides a basis for understanding why music may contribute to psychosocial adjustment within rehabilitation contexts (Alam et al., 2022). The present findings extend this perspective by showing that the application of music within UILS is also oriented toward interaction, participation, and the development of social functioning. The intervention can therefore be understood as a social and therapeutic practice in which music provides the immediate medium while communication, participation, and interpersonal engagement constitute important dimensions of the rehabilitation process. This finding is particularly relevant for Human Interaction and Social Studies because the

observed therapeutic process demonstrates how a structured cultural activity can become a medium for facilitating relationships and social participation among people experiencing schizophrenia.

Assessment and Treatment Planning in Music Therapy

The assessment stage at UILS Rumah Kita Tebet serves as the initial basis for determining how music therapy can be delivered according to the conditions of each beneficiary. The findings show that assessment focuses on psychological condition, communication ability, willingness to participate, behavioral responses, and individual reactions to musical activities. Information concerning these aspects is obtained through observation and communication among the social worker, companion, music therapy instructor, and other service personnel. The assessment is not limited to identifying difficulties but also considers the capacities that can be developed through participation in rehabilitation activities. This approach is consistent with the principle that social rehabilitation should begin with an understanding of the individual's needs, abilities, and social functioning before an intervention is determined (Kementerian Sosial Republik Indonesia, 2019). The assessment consequently provides a foundation for selecting activities that are sufficiently accessible while still encouraging beneficiaries to develop greater participation.

The findings further indicate that the assessment process pays attention to differences in beneficiaries' readiness to engage with music therapy. Some beneficiaries are initially more passive, less communicative, or less willing to participate, whereas others can respond more readily to instructions and group activities. The therapist and rehabilitation personnel observe these differences to determine how much direction, encouragement, or adjustment is needed during the session. Such individualized attention is important because schizophrenia can affect thinking, emotional responses, behavior, and social interaction in different ways among individuals (American Psychiatric Association, 2022). Assessment at UILS therefore functions as a dynamic process in which information about the beneficiary is continuously connected to observations during rehabilitation. The process also enables service providers to avoid treating participation as a uniform outcome that should be achieved through an identical procedure for every beneficiary. This individualized orientation creates the basis for treatment planning that is responsive to both limitations and existing social capacities.

The relationship between assessment findings and treatment planning can be seen in the selection of songs, musical activities, instruments, and activity sequences used during therapy. Songs are not selected randomly but are considered in relation to familiarity, ease of participation, tempo, and the comfort of beneficiaries. Simple instruments are also preferred so that participants can engage without requiring advanced musical skills. Group activities are designed to provide opportunities for interaction while still allowing participants who have lower confidence or communication ability to participate gradually. The main findings linking assessment with treatment planning are summarized in Table 1.

Table 1. Assessment and Treatment Planning Findings in Music Therapy at UILS Rumah Kita Tebet

Assessment Dimension	Findings at UILS Rumah Kita Tebet	Implication for Treatment Planning
Psychological and emotional condition	Beneficiaries demonstrate different levels of calmness, restlessness, emotional readiness, and comfort	Activities are introduced with appropriate pacing and relaxation-oriented preparation
Communication ability	Levels of verbal communication and willingness to interact vary among beneficiaries	Singing, responding, and group activities are adjusted to encourage gradual communication
Participation readiness	Some beneficiaries are initially passive, while others participate more readily	Activities provide gradual opportunities for involvement rather than requiring immediate active participation
Musical response and preference	Familiar songs and comfortable tempos are more accessible to participants	Song selection considers familiarity, simplicity, tempo, and participant comfort

Ability to participate in groups	Beneficiaries show different levels of readiness to interact with others	Group singing and shared musical activities are used to facilitate interpersonal engagement
Instrument use	Simple instruments are more accessible for participation	Instruments are selected according to participants' abilities and the objectives of the session

Table 1 shows that treatment planning at UILS is closely connected to the information obtained during assessment. The planning process does not simply determine what music will be used but establishes how the musical activity can become a suitable rehabilitation medium for particular beneficiaries. Familiar songs can reduce barriers to participation because beneficiaries can engage with the activity without having to learn complex musical material. The use of simple instruments similarly allows participation to focus on interaction and expression rather than technical musical performance. This practice corresponds with Djohan's (2006) view that music therapy involves planned intervention based on assessment rather than spontaneous use of music for entertainment. The planning stage consequently transforms information about individual conditions into practical decisions concerning the structure and intensity of the therapy session. Such a process also supports continuity between assessment and intervention because the activities introduced during therapy have identifiable relationships with the needs observed beforehand.

The planning of group activities has particular significance for the social rehabilitation context at UILS Rumah Kita Tebet. Group singing and shared musical activities provide opportunities for beneficiaries to experience participation alongside other people while receiving direction from the instructor and support from rehabilitation personnel. The choice of familiar and accessible songs can make the group environment less demanding and create a common point of attention among participants. Music-based group activities have been identified as potentially useful for creating opportunities for emotional expression and interpersonal engagement among people with schizophrenia (Situmorang, 2025). The planning process therefore incorporates not only individual therapeutic considerations but also the social conditions in which the intervention takes place. Beneficiaries can gradually move from individual participation toward shared activities that require listening, responding, cooperation, and awareness of others. This structure makes treatment planning relevant to the broader goal of developing social functioning rather than focusing exclusively on symptom management.

The assessment and planning stages ultimately establish the conditions for music therapy to function as an individualized yet socially oriented rehabilitation intervention. Assessment identifies the beneficiary's current condition and participation capacity, while treatment planning translates those findings into appropriate musical activities and interactional arrangements. The two stages are connected because the planned activities can be modified when observations indicate that a beneficiary requires a different level of support or a different form of participation. This flexibility reflects the rehabilitative principle of responding to individual needs while maintaining opportunities for social participation (Haryanto, 2018). The process also distinguishes the intervention at UILS from the use of music solely as a clinical technique for reducing specific psychiatric symptoms. Previous studies have documented music therapy applications for auditory hallucinations and other psychiatric symptoms, but the UILS findings show that the planning process can additionally be directed toward communication, participation, and interpersonal functioning (Ningsih & Hidayati, 2023). Assessment and treatment planning consequently serve as the bridge between individual conditions and the social objectives pursued through music therapy.

Music Therapy Intervention and Social Interaction

The intervention stage represents the point at which the assessment and treatment planning conducted at UILS Rumah Kita Tebet are translated into direct musical activities with the beneficiaries. The findings show that sessions generally begin with breathing exercises or relaxation activities before moving toward singing, musical instrument use, and group singing. This sequence provides beneficiaries with an opportunity to adjust gradually to the therapeutic environment before engaging in activities that require greater interpersonal participation. The initial relaxation stage is relevant because emotional tension or discomfort may affect a person's willingness to communicate and participate in a group setting. Music-based interventions have been associated with emotional and stress-related

benefits among people with schizophrenia, including improvements in coping with psychological difficulties (Alam et al., 2022). The intervention at UILS consequently combines preparatory activities with active musical participation to create a supportive environment for subsequent social interaction.

Breathing and relaxation activities function as an initial mechanism for creating a calmer atmosphere during the session. The observations indicate that beneficiaries are guided to regulate their breathing and become more comfortable before entering the more active stages of music therapy. This preparation is particularly meaningful for beneficiaries who initially appear passive, restless, or less responsive to interaction. A calmer initial condition can provide greater opportunity for participants to attend to instructions, respond to musical cues, and remain engaged with other people during the activity. Previous research on music therapy has identified relaxation and emotional regulation as important dimensions of music-based interventions, particularly when participants experience psychological distress or anxiety (Novianti & Yudiarto, 2021). Within the UILS setting, however, relaxation is not treated as an isolated outcome because it prepares beneficiaries for subsequent participation in shared activities. The process illustrates how emotional regulation and social engagement can be connected through the sequential structure of the intervention.

Singing constitutes one of the main forms of active participation observed during music therapy at UILS Rumah Kita Tebet. Individual singing allows beneficiaries to express themselves through their voices, while group singing creates a shared activity in which participants can communicate without relying exclusively on ordinary conversation. The use of familiar songs also makes participation more accessible because beneficiaries can recognize melodies and lyrics that are already known to them. This finding is compatible with previous research demonstrating that music-based interventions can be applied to support emotional expression and psychosocial responses among people with schizophrenia (Widianti et al., 2025). At UILS, the value of singing extends beyond the musical performance because participants are encouraged to listen to one another, respond to the instructor, and remain involved in a common activity. Beneficiaries who were initially less active were observed becoming more willing to sing and interact as the session progressed. The change suggests that singing can operate as an accessible entry point into social participation for beneficiaries who may experience difficulties initiating interpersonal communication.

The use of simple musical instruments further expands the interactional opportunities provided by the intervention. Beneficiaries are able to participate through basic instrumental activities without being required to demonstrate advanced musical competence. When instruments are used collectively, participants need to coordinate their actions with the rhythm and activity of other people, creating opportunities to practice attention, cooperation, and shared participation. This pattern is consistent with the conceptualization of music therapy as an intervention that can address social and interpersonal barriers through active musical engagement (Djohan, 2006). The instructor's guidance helps maintain the structure of the activity while allowing beneficiaries to participate according to their individual capacities. The combination of singing and simple instrumental activities also prevents participation from depending on a single form of expression, which is important because beneficiaries demonstrate different levels of confidence and communication ability. The intervention therefore creates several interactional pathways through which beneficiaries can become involved in the rehabilitation process.

An important finding concerns the change in participation observed during the course of the intervention. Some beneficiaries who initially tended to remain passive became more willing to sing, communicate, respond to others, and participate in shared activities after receiving encouragement within the music therapy setting. The change was not interpreted as an immediate transformation but as a gradual development of willingness to engage with the activity and the surrounding social environment. Increased participation is particularly relevant to social rehabilitation because social functioning involves the capacity to engage with others, communicate needs, and take part in activities within a social context (Kementerian Sosial Republik Indonesia, 2019). The musical environment appears to provide a less demanding form of interaction because participants can begin by following rhythm, listening, singing, or using instruments before engaging in more direct verbal communication. This pattern is also consistent with evidence that music therapy can support emotional and behavioral engagement among people with schizophrenia (Talwar et al., 2006). The observed changes indicate that the intervention may create conditions that encourage beneficiaries to move gradually from passive presence toward more active social participation.

The intervention also demonstrates that social interaction emerges through repeated shared experiences rather than through verbal communication alone. During group activities, beneficiaries were observed communicating with one another, responding to appreciation, cooperating in the use of instruments, and participating together in singing. These behaviors represent simple but meaningful forms of interpersonal engagement because they require participants to recognize the presence and responses of other people. Research on music therapy in schizophrenia has predominantly emphasized clinical symptoms such as hallucinations, yet studies reporting psychosocial effects provide a basis for considering music as a broader medium for interpersonal and emotional engagement (Sari et al., 2025). The UILS findings add a social rehabilitation perspective by showing that musical activities can create repeated situations in which beneficiaries practice communication and cooperation within a supportive group. The intervention consequently functions at the intersection of emotional expression and social interaction, with musical participation serving as the immediate activity through which these processes occur. This pattern supports the interpretation that music therapy at UILS is not limited to symptom-oriented intervention but contributes to the development of everyday interactional capacities.

Perceived Benefits and Continuity of Social Rehabilitation

The findings indicate that music therapy at UILS Rumah Kita Tebet provides several perceived and observed benefits that are relevant to the social rehabilitation of people with schizophrenia. The most consistently identified changes concern emotional calmness, increased participation, improved confidence, greater willingness to communicate, and stronger involvement in group activities. Beneficiaries described feeling calmer and more comfortable after participating in music therapy, while observations showed changes from passive or restless behavior toward more active participation. These changes are relevant because emotional stability can create more favorable conditions for individuals to engage with other people and participate in rehabilitation activities. Previous research has similarly identified music therapy as an intervention that can influence stress, coping, and emotional responses among people with schizophrenia (Alam et al., 2022). The findings at UILS suggest that these emotional effects are not isolated from social functioning but can become part of a broader process through which beneficiaries engage more comfortably with their social environment.

A notable aspect of the findings is the relationship between emotional comfort and willingness to participate. Before or at the beginning of some sessions, beneficiaries could appear passive, restless, or less inclined to interact, whereas continued participation in music activities was associated with a more relaxed and active atmosphere. Music provides a medium through which beneficiaries can express emotions without having to rely entirely on direct verbal disclosure. This function is particularly relevant in rehabilitation settings because emotional expression can support the development of interpersonal openness and participation. A systematic review of music therapy research has identified emotional and psychological benefits as important outcomes of music-based interventions across different populations (Mediani & Kana Wadu, 2021). The findings at UILS add a social dimension to this pattern because the more comfortable emotional state observed during the sessions occurred within activities that also involved interaction with other participants. The relationship between emotional comfort and participation is summarized in Table 2.

Table 2. Observed Benefits of Music Therapy in Social Rehabilitation at UILS Rumah Kita Tebet

Benefit Domain	Qualitative Finding	Observed or Reported Evidence	Rehabilitative Significance
Emotional stability	Beneficiaries appeared calmer and more comfortable during and after activities	Reduced restlessness and greater emotional comfort were observed during sessions	Creates a more favorable condition for participation in rehabilitation
Emotional expression	Music provided an accessible medium for expressing feelings	Beneficiaries participated through singing and musical activities	Supports communication beyond direct verbal expression

Self-confidence	Beneficiaries became more willing to sing and participate	Individual singing and song selection encouraged active involvement	Supports willingness to take part in social activities
Adaptation	Beneficiaries became more open and willing to join activities	Gradual increases in participation were observed	Supports adjustment to the rehabilitation environment
Social interaction	Group activities encouraged communication and shared participation	Participants talked, responded to appreciation, and interacted during musical activities	Strengthens interpersonal engagement
Cooperation and social support	Shared musical activities encouraged coordinated participation	Beneficiaries cooperated in using instruments and participating in group singing	Provides opportunities to practice mutual support and cooperation

The findings concerning self-confidence and adaptation indicate that the benefits of music therapy extend beyond immediate emotional responses. Beneficiaries who initially demonstrated limited participation became more willing to sing, select songs, and take part in group activities as they became more comfortable with the therapeutic environment. Opportunities to choose or participate in songs can provide a sense of involvement because beneficiaries are given space to express preferences rather than simply following predetermined instructions. Active participation of this kind is relevant to rehabilitation because confidence develops through repeated experiences of being able to contribute to an activity and receive positive responses from others. Music therapy literature has described music-based intervention as a potential medium for supporting psychological and interpersonal engagement among people with schizophrenia (Situmorang, 2025). At UILS, the gradual development of confidence appears to be connected with the social context of the activity because beneficiaries receive encouragement and recognition from instructors, companions, and other participants. Adaptation can therefore be understood as a gradual process in which repeated participation strengthens beneficiaries' willingness to engage with the rehabilitation environment.

The improvement in social interaction represents another important benefit identified through observation and interviews. Group singing and shared instrumental activities create situations in which beneficiaries communicate, respond to other participants, provide appreciation, and cooperate during the activity. These interactions may appear simple, but they provide concrete opportunities for beneficiaries to practice interpersonal behaviors within a structured and supportive environment. Such opportunities are particularly relevant because social functioning is an important dimension of recovery for people with schizophrenia and cannot be represented solely by changes in psychiatric symptoms (American Psychiatric Association, 2022). Previous research has also indicated that music-based interventions can provide opportunities for emotional and social engagement, although many studies have been conducted in clinical rather than community-based rehabilitation settings (Talwar et al., 2006). The UILS findings demonstrate that group music activities can become a practical medium for creating social contact among beneficiaries who may otherwise participate less actively in interpersonal activities. The social interaction generated during therapy consequently contributes to the development of communication, cooperation, and supportive relationships within the rehabilitation setting.

The benefits identified during music therapy are also connected with the continuity of the social rehabilitation process. Evaluation is conducted after the activities by observing behavioral responses, emotional conditions, participation, and interaction during the session. Information obtained from the instructor, social worker, and companion becomes a basis for considering the needs of beneficiaries in subsequent sessions. This process indicates that music therapy is not treated as a single intervention with a fixed endpoint but as an activity that can be continued and adjusted according to individual development. Such continuity corresponds with the broader principle of social rehabilitation, which emphasizes sustained efforts to restore and develop a person's capacity to function within social life (Kementerian Sosial Republik Indonesia, 2019). The evaluation process also allows the rehabilitation team to identify whether a beneficiary requires greater encouragement, different activities, or a particular form of social support in subsequent sessions. Music therapy consequently becomes part of an ongoing cycle of assessment, intervention, observation, and adjustment.

Taken together, the findings show that the benefits of music therapy at UILS Rumah Kita Tebet involve interconnected emotional, adaptive, and social dimensions. Increased calmness can facilitate participation, participation can create opportunities for confidence development, and repeated group engagement can strengthen communication and interpersonal interaction. These processes are consistent with the broader evidence that music therapy may support psychological adjustment and coping among people with schizophrenia (Alam et al., 2022). At the same time, the findings provide a distinct contribution by locating these benefits within a social rehabilitation environment rather than limiting the analysis to clinical symptom reduction. The intervention creates repeated opportunities for beneficiaries to experience themselves as active participants in a group, communicate with others, receive social responses, and cooperate in shared activities. The rehabilitative significance of music therapy therefore lies in its capacity to connect emotional regulation with everyday social participation through an accessible and structured activity. This pattern supports the use of music therapy as a complementary component of social rehabilitation for people with schizophrenia at UILS Rumah Kita Tebet.

CONCLUSION

Based on the overall findings and discussion, music therapy at the Unit Informasi Layanan Sosial (UILS) Rumah Kita Tebet functions as part of the social rehabilitation process for people with schizophrenia. Its implementation consists of assessment, treatment planning, intervention, and evaluation and termination stages that are adjusted to the conditions and needs of each beneficiary. The assessment covers psychological condition, communication ability, readiness to participate, and beneficiaries' responses to musical activities. Treatment planning is then translated into the selection of songs, simple musical instruments, activity sequences, and group activities according to beneficiaries' abilities. Interventions involving breathing exercises, individual and group singing, simple musical instruments, and collective musical activities provide opportunities for beneficiaries to express themselves and engage in social interaction. These stages demonstrate that music therapy can function as a structured intervention connecting emotional, participatory, communicative, and social functioning within the rehabilitation process. The overall process positions music therapy as a complementary rehabilitation approach that integrates individual needs with opportunities for meaningful social participation.

The study also shows that music therapy provides benefits across beneficiaries' emotional, adaptive, and social domains. Musical activities help create a calmer and more comfortable atmosphere while encouraging beneficiaries who were initially passive or less interactive to become more actively involved in activities. Participation through singing, song selection, and the use of simple musical instruments provides opportunities to develop self-confidence and gradually adapt to the rehabilitation environment. Group activities further strengthen opportunities to communicate, cooperate, respond positively to others, and develop social support with fellow beneficiaries and rehabilitation staff. These findings position music therapy not merely as a supportive activity but as an intervention medium that can strengthen community-based social rehabilitation. Sustaining the program through regular evaluation can help ensure that activities remain responsive to the changing needs and capacities of beneficiaries. Collaboration among social workers, music therapy instructors, companions, families, and social service institutions can further support the continuity and development of music-based social rehabilitation services.

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