Jurnal Penelitian Perawat Profesional
Volume 8 Nomor 4, Agustus 2026
e-ISSN 2715-6885; p-ISSN 2714-9757
http://jurnal2.globalhealthsciencegroup.com/index.php/JPPP

THE APPLICATION OF EXPRESSIVE WRITING THERAPY ON CHANGES IN SIGNS AND SYMPTOMS IN PATIENTS WITH HALLUCINATIONS

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ABSTRACT
Hallucinations are sensory perception disorders characterized by the emergence of sensory experiences without any real external stimuli. This condition can impact patient behavior, leading to withdrawal, anxiety, and even a risk of violent behavior. One of the non-pharmacological interventions that can be provided is Expressive Writing Therapy, a writing therapy aimed at helping patients express their thoughts and feelings adaptively. This study aims to describe the application of Expressive Writing Therapy on changes in signs and symptoms in patients with hallucinations. This study aims to identify the reduction in signs and symptoms of hallucinations using an observation sheet before and after the administration of Expressive Writing Therapy. The method used is a descriptive case study design, with the criteria of cooperative patients who do not experience impaired verbal communication. The nursing evaluation results after 7 days of intervention showed a decrease in the signs and symptoms of hallucinations from 16 to 5. This indicates that Expressive Writing Therapy is effective in reducing signs and symptoms in patients experiencing hallucinations.

Keywords: expressive writing therapy; hallucinations; mental disorders; nursing

INTRODUCTION
Mental disorders are inappropriate responses to stressors originating from within or outside the individual. These disorders cause changes in thought patterns, perceptions, behaviors, and emotional states that are inconsistent with cultural values and norms, accompanied by physical and social dysfunctions that complicate interactions with others and the performance of daily tasks (Daulay et al., 2021). Patients suffering from mental disorders will experience obstacles in working and self-care. This leads to dependence on others, which impacts the family and surrounding environment (Safitri, 2022). Based on medical records from Amino Hospital Semarang in Central Java Province, from October to December 2024, there were 825 patients hospitalized in the Dewaruchi ward. Of this total, 355 patients were diagnosed with hallucinations, 373 patients had a potential for violent behavior, 56 patients experienced social isolation, 15 patients were at risk of suicide, 9 patients experienced delusions, and 7 patients showed self-care deficits (Amino Hospital Semarang, 2024). Thus, it can be concluded that hallucinations rank second among the most common mental health problems at Amino Hospital Semarang.

A hallucination is a sensory experience without external stimuli to the body. Individuals experiencing hallucinations typically perceive something that only they can experience, while others cannot (Tondani & Rahmawati, 2025). Patients experiencing hallucinations often hear faint voices, see shadows, and feel something through their senses—such as touch, sight, smell, hearing, and taste—which can lead to inappropriate reactions (Herlina et al., 2024). Hallucinations themselves consist of several types, namely auditory hallucinations, visual hallucinations, tactile hallucinations, gustatory hallucinations, and olfactory hallucinations (Serenity et al., 2024). Therefore, it can be concluded that a hallucination is a sensory disorder involving experiences of the human five senses without any external stimulation.

The impact of hallucinations leads to a condition where a person cannot control themselves. In this state, patients are capable of committing suicide, harming others, and damaging their surrounding environment (Maulana et al., 2021). Considering the adverse effects of behaviors resulting from these hallucinations, necessary actions include utilizing both pharmacological and non-pharmacological therapies (Utami et al., 2024). Pharmacological therapy focuses more on antipsychotic medications or drugs; examples of drugs used for patients with hallucinations include Haloperidol, Alprazolam, Chlorpromazine (CPZ), and Trihexyphenidyl. On the other hand, non-pharmacological therapy focuses more on modality therapy, which is a form of therapy combining several methods in mental health care, where psychiatric nurses apply advanced skills in treating patients with mental disorders (Raziansyah & Tazkiah, 2023). One of the modality therapies that can be administered individually is Expressive Writing Therapy. Thus, it can be concluded that uncontrolled hallucinations have the potential to cause dangerous actions such as suicide or violence. Therefore, this requires integrated management through the use of pharmacological therapy (antipsychotic drugs) and non-pharmacological therapy (modality therapy). One applicable non-pharmacological therapy is Expressive Writing Therapy.

Expressive writing therapy is the act of pouring ideas and emotions regarding personal experiences into writing (Untari et al., 2025). This therapy serves as a means to uncover any existing feelings, as well as to communicate negative thoughts that are often accompanied by strong energy and emotions (Nurjannah et al., 2024). Writing therapy is an approach that prioritizes understanding a healthy thought process, supporting individuals in comprehending their symptoms, and prioritizing social connections. Individuals are usually asked to express their deepest thoughts and feelings about past life experiences through writing (Andrini et al., 2024). In conclusion, Expressive Writing Therapy can help someone experiencing hallucinations to express their thoughts, feelings, and perceptual experiences in a safe and structured manner through written media, enabling them to increase self-awareness, reduce the intensity of hallucinations, and assist individuals in managing their emotional responses to the emerging symptoms.

Based on the explanation above, the author is interested in applying Expressive Writing Therapy as an intervention for changes in signs and symptoms in patients experiencing hallucinations. Therefore, the author is motivated to compile a scientific paper entitled "The Application of Expressive Writing Therapy on Changes in Signs and Symptoms in Patients with Hallucinations". The objective of this scientific paper is to describe the implementation of nursing care through the application of Expressive Writing Therapy as an effort to reduce the signs and symptoms in patients with hallucinations.

METHOD

To investigate a specific issue in the nursing care of patients experiencing hallucinations at Amino Hospital Semarang, this scientific paper employs a descriptive design with a case study approach. The five key stages of the nursing process applied in this case study include assessment, formulation of nursing diagnoses, intervention planning, implementation of nursing actions, and evaluation of the achieved nursing outcomes. The subject of this case study is an individual diagnosed with hallucinations who is currently undergoing treatment in low-stimulus ward of Amino Hospital Semarang. This study involves a single subject. The inclusion criteria applied to select the subject are as follows, Patients experiencing Phase 4 Hallucinations (Controlling phase) who are currently receiving inpatient care at Amino Hospital Semarang, Patients who voluntarily agree to participate as subjects and demonstrate cooperative behavior, Patients who are capable of establishing a mutually trusting relationship (therapeutic rapport), Patients who have fully completed the standard nursing implementation strategies and Patients who possess the ability to write. In Contrast, the exclusion Criteria as follows, Patients who are uncooperative during the assessment and intervention processes and experiencing significant verbal communication impairment that hinders effective interview and observation processes. This case study focuses on the use of expressive writing therapy as a nursing intervention for patients with sensory perception disorders who exhibit

changes in hallucinations and related symptoms, specifically delusions, while undergoing treatment at Amino Hospital Semarang.

The operational definitions in this scientific paper are as follows, First, Psychiatric Nursing Care: In this context, it is defined as a specialized nursing service provided to patients experiencing mental disorders at Amino Hospital Semarang. This nursing care process comprises several stages, including data collection (assessment), formulation of nursing diagnoses, intervention planning, implementation of nursing actions, and evaluation, with a specific focus on patients experiencing hallucinations. Second, Standard Operating Procedure (SOP) for Expressive Writing Therapy: This procedure consists of several phases, namely the pre-interaction (preparation) phase, orientation phase, working phase (writing exercise), feedback phase, and termination/evaluation phase. These phases are divided into six sessions and administered over a period of seven days (Nurjannah et al., 2024). Third, Observation Sheet for Signs and Symptoms of Hallucinations: This measurement tool comprises cognitive (thought), affective/emotional, physical, behavioral, and social aspects, which represent the signs and symptoms most commonly observed in patients with hallucination disorders. This case study was conducted at Amino Hospital Semarang over a seven-day period, from January 20 to 26, 2026. Data analysis was conducted descriptively by comparing the scores from the hallucination signs and symptoms observation sheet before (pre-intervention) and after (post-intervention) the administration of Expressive Writing Therapy. Furthermore, the patient's behavioral and psychological progress was analyzed narratively based on the evaluation phase of the nursing process.

RESULT

Mr. A, a 28-year-old unmarried male, was admitted to RSJD dr. Amino Gondohutomo with a medical diagnosis of schizophrenia. In the two weeks prior to admission, the patient exhibited significant behavioral changes following financial issues that triggered psychological stress. The patient frequently isolated himself in his room for approximately two weeks and rarely interacted with the people around him. He appeared gloomy, frequently daydreamed, and avoided communicating with his family. Furthermore, the patient was observed talking to himself in a low voice and occasionally appeared to be listening to something. The patient disclosed that he often heard whispering voices that no one else could hear. These voices typically emerged when the patient was alone, commanding him to become angry or vent his emotions. This condition rendered the patient more irritable, restless, and increasingly withdrawn from his social environment. Consequently, the patient's activities of daily living declined, including his interactions with family and engagement in routine activities.

Based on physical observations, the patient appeared neat and clean, wearing appropriate hospital attire. The patient's speech was slow, and he required time to respond. His motor activity appeared tense and restless, characterized by repetitive leg movements and an unfocused gaze. The patient felt anxious and afraid of the whispering voices he heard. His affect appeared flat; the patient only spoke when prompted. During the interview, the patient exhibited poor eye contact, appeared suspicious, and was easily offended. Regarding his thought process, there was evidence of thought blocking; his level of consciousness appeared confused with easily distracted concentration. His memory remained intact, and his judgment capability was fair although requiring assistance, but his insight was poor as the patient denied his illness. In terms of perception, the patient experienced auditory hallucinations characterized by whispering voices with no real source. These voices contained commands to become angry, rage, and harm others. The hallucinations usually occurred when the patient was daydreaming or when his mind was blank. This condition caused the patient to feel afraid, restless, and anxious, and he had previously obeyed the voices' commands by throwing objects and shouting. Based on the assessment results, the patient's primary nursing problems were sensory perception disorders (auditory hallucinations), social isolation, and risk for violent behavior.

Nursing interventions were implemented to manage the patient's hallucinations and improve his coping mechanisms. The patient learned various techniques to overcome his hallucinations, including rebuking them, taking medication regularly, and conversing with others when the hallucinations occurred. Additionally, the patient felt comfortable sharing his experiences because the nurse had established a therapeutic trusting bond (rapport) with him. Furthermore, expressive writing therapy was administered as an adjunctive method to assist the patient in expressing his feelings and experiences. During these therapy sessions, the patient was asked to write down pleasant experiences, unpleasant experiences, and his future hopes. This activity aimed to help the patient express emotions more adaptively, divert his attention away from the hallucinations, and enhance his ability to control his thoughts.

DISCUSSION

The patient was referred to the psychiatric hospital by his family with complaints of violent outbursts, anger, and threatening to harm those around him. Based on the assessment findings, Mr. A's nursing diagnosis is sensory perception disorder: auditory hallucinations. This is evidenced by the patient's description of hearing unfamiliar voices urging him to become angry and harm others (Firdaus et al., 2023). A sensory perception disorder in which an individual perceives stimuli in the absence of actual external stimulation is defined as a hallucination. The five senses—hearing, sight, taste, touch, and smell—can be affected by this condition, causing the affected person to perceive things that do not actually exist (Damayanti et al., 2022). The obtained data also revealed that the patient has a prior psychiatric history. The patient experienced a similar episode approximately two years ago and had undergone hospitalization. However, after his condition improved and he was discharged, the patient discontinued regular follow-up visits and medication compliance, as he believed he had fully recovered and no longer experienced any symptoms (Firdaus et al., 2023).

Social Relationships

Mr. A reported that he previously worked in Jakarta as a tofu delivery driver and found satisfaction in his occupation. Within his home environment, the patient was relatively active in community engagements, such as social activities with local residents. However, during his employment in Jakarta, the patient rarely participated in these activities due to a primary focus on his work (Sholihah et al., 2024). The patient also stated that he interacts easily with familiar individuals and is capable of adapting to well-known environments. Conversely, when placed in a novel setting, such as a hospital, the patient tends to be more reserved and hesitant to initiate interactions with others. This condition indicates an impairment in social interaction within unfamiliar situations, which may manifest as social withdrawal in response to social discomfort (Lei et al., 2024).

Mental Status

The patient exhibited signs of auditory hallucinations, which were reflected in his mental status examination. The patient's appearance was neat and clean, and he was able to follow the interview process reasonably well. During interactions, the patient spoke in a low voice with a somewhat slow tempo, occasionally requiring delayed response times to the questions asked. The patient appeared mostly quiet, occasionally daydreamed, and rarely maintained eye contact; he also seemed hesitant when communicating with others (Tjindarbumi, 2024). The patient's thought process remained goal-directed, and he could answer questions relevantly; however, his thought content was influenced by unreal perceptual experiences. The patient stated that when alone in his room, he frequently heard whispers urging him to become angry, even though no one was speaking around him. This condition indicates the presence of a sensory perception disorder, specifically Phase 4 auditory hallucinations (the controlling phase), wherein the patient is unable to control the hallucinations he experiences. Consequently, the patient's behavior begins to be influenced by the content of the hallucinations, such as the emergence of an urge to become angry in accordance with the commands of the voices heard (Puspitasari & Astuti, 2024). Emotionally, the patient appeared gloomy with a restricted affect, displaying limited emotional expression during interactions. The patient's emotional responses also appeared inexpressive, which restricted his interactions with others.

Furthermore, the patient tended to withdraw and preferred to be alone, particularly when the hallucinations occurred. This condition can significantly affect the patient's behavior as well as his ability to interact and adapt to his surrounding environment (Sholihah et al., 2024).

Coping Mechanisms

Mr. A exhibited maladaptive coping mechanisms when confronting problems. The patient reported a preference for isolating himself in his room and rarely disclosing his feelings to others when experiencing stress. The patient also appeared predominantly silent and prone to daydreaming, demonstrating a tendency to avoid social interactions. This condition indicates that the patient tends to employ maladaptive coping mechanisms in the form of avoidance coping, characterized by social withdrawal and a lack of active problem-solving (Safarina et al., 2022). Consequently, the patient is unable to manage stress effectively, which contributes to feelings of worthlessness and chronic low self-esteem. The adverse impacts of this condition include elevated levels of stress and anxiety, exacerbation of psychiatric symptoms such as hallucinations, a decline in social functioning, and an increased risk of more profound social isolation. Furthermore, if left untreated, this condition can precipitate other maladaptive behaviors, including aggressiveness, medication non-compliance, and a higher risk of relapse (Oktoji & Indrijati, 2021).

Nursing Diagnosis

Based on the assessment conducted on Mr. A on January 20, 2025, the nursing diagnosis formulated from the obtained assessment data is as follows: The diagnosis of auditory hallucinations was established based on subjective data from the patient, who reported frequently hearing whispering voices commanding him to become angry, even when no one was speaking around him. This subjective data is supported by major signs and symptoms, specifically the patient hearing whispers in the absence of any real external stimulus. Meanwhile, the objective data demonstrated major signs and symptoms in the form of sensory distortions, inappropriate responses, and the patient acting as if he were hearing or responding to something unreal. Furthermore, minor signs and symptoms were also identified, including isolating himself, daydreaming, poor concentration, suspiciousness, and frequently staring in one direction, all of which indicate a perceptual disorder and a fixation on internal stimuli (Nurjannah et al., 2024).

Nursing Implementation

The nurse administered Expressive Writing Therapy (EWT) as an adjunctive therapy to assist the patient in controlling hallucinations. EWT is a therapeutic technique that provides individuals with the opportunity to express their thoughts, feelings, and emotional experiences through writing. Through writing activities, individuals can channel suppressed emotions, thereby facilitating emotional catharsis and enhancing their ability to comprehend their experiences. The implementation demonstrates that expressive writing therapy can assist patients with sensory perception disorders in expressing internal experiences that are difficult to convey verbally, thus reducing the intensity of the hallucinations (Nurjannah et al., 2024). Furthermore, writing activities can help individuals reflect on their experiences and reorganize their thought processes more adaptively. Structured writing activities effectively divert the patient's attention from internal stimuli, such as hallucinatory voices, toward more positive activities, thereby assisting the patient in symptom management (Kaligis & Keles, 2025).

Day 4: Friday, January 23, 2026 , the objective was to help the patient express experiences and feelings through writing, improve the ability to recognize positive and negative emotions, and disclose meaningful life experiences through EWT Sessions 1 and 2. The evaluation indicated that the patient had begun conversing with other patients and shared experiences regarding how to rebuke hallucinations. Objectively, the patient's facial expression was no longer tense, and he had initiated eye contact during communication. Session 1 (Pleasant Experiences): The patient was asked to write about a memorable life experience. He successfully articulated a pleasant experience regarding a relationship with a close individual who provided emotional support, expressing

feelings of happiness and unconditional acceptance. Expressive point: "I feel valued, accepted, and belonged to by the right person." This indicates an improvement in expressing positive feelings and enhanced self-esteem (Mubarak et al., 2025).

Session 2 (Unpleasant Experiences): The patient wrote about a past unpleasant experience, specifically his hospitalization in a psychiatric hospital two years ago, which evoked sadness, fear, and loneliness. Expressive point: "I feel ashamed of my condition, especially when I remember having to be treated in a mental hospital. I am afraid other people will judge me differently." This demonstrated openness in expressing past traumas and their accompanying emotions (Andrini et al., 2024).

Day 5: Saturday, January 24, 2026, The objective was to help the patient develop positive hopes and life goals, improve adaptive thinking, and reinforce the standard Implementation Strategies (SP) previously taught through EWT Sessions 3 and 4. Session 3 (Future Hopes): The patient was guided to write down his hopes post-discharge. Expressive point: "I believe that I can become a better and more stable person." This marked significant emotional and cognitive progress, characterized by self-confidence and a positive future orientation.. Session 4 (Strategy Review): The nurse reviewed strategies such as rebuking hallucinations, medication adherence, and conversing with others. The patient reported being able to perform the rebuking technique independently, routinely taking medication twice daily, and interacting with others as a distraction.

Day 6: Sunday, January 25, 2026, The objective was to assist the patient in re-expressing unpleasant experiences more openly, managing negative emotions, and reinforcing motivation for recovery through EWT Sessions 5 and 6. Session 5 (Revisiting Negative Emotions): The patient wrote about his sourceless auditory hallucinations. Expressive point: "I do not like this situation, I am tired, no one understands my feelings, I do not want to hear that voice anymore." This showed an enhanced ability to express negative emotions clearly and openly. Session 6 (Motivation for Recovery): The patient wrote about his hopes post-discharge with a motivation to change. Expressive point: "I want to prove that I can rise again." This highlighted the patient's readiness to lead a more adaptive life.

The seventh implementation was conducted on Monday, January 26, 2026, aimed at evaluating Implementation Strategies (SP) 1–4 and terminating the EWT. Evaluating the intervention is a crucial part of the nursing process to assess the effectiveness of the actions provided and strengthen the patient's self-management capabilities (Stuart, 2021). Symptom Reduction & Coping: The patient reported that he rarely heard the whispering voices. When symptoms began to emerge, he applied the rebuking technique and diverted his attention by conversing with other patients. He also confirmed strict adherence to his twice-daily medication regimen. Objective Observations: During the evaluation, the patient appeared noticeably calmer, maintained good eye contact, and could effectively re-explain the hallucination control methods. A final evaluation is essential to determine the extent to which the patient can maintain adaptive coping skills and increase independence in symptom management (Silviana, Marthoenis, & Martina, 2024). The patient felt more capable of controlling his emotions compared to before the intervention. The findings suggest that combining standard implementation strategies with expressive writing therapy can effectively decrease the frequency of hallucinations and enhance the patient's symptom control capabilities (Nurjannah, Wahyuni, & Rosdiar, 2024).

Evaluation and Limitations

The evaluation was conducted to assess the effectiveness of the intervention on changes in the patient's hallucination signs and symptoms. This was measured using a hallucination signs and symptoms observation sheet as an assessment tool before (pre) and after (post) the intervention, which consisted of 26 symptoms of chronic low self-esteem.

Day 1 (Tuesday, January 20, 2026): On the first day of baseline observation, the patient exhibited 16 signs and symptoms of hallucinations, falling into the severe category. The emerging symptoms included cognitive impairments, such as the inability to distinguish between reality and unreality, and the presence of sensory experiences without clear objects. Furthermore, the patient experienced emotional symptoms such as fear, worry, and suspicion, alongside behavioral symptoms including talking to himself, restlessness, and social withdrawal (Begotaraj et al., 2023).

Day 2 (Wednesday, January 21, 2026): Following the administration of the nursing intervention, the number of symptoms decreased to 12 signs and symptoms. The patient began to demonstrate a reduction in several symptoms, such as decreased anxiety, less frequent self-talking, and an emerging ability to divert his attention when hallucinations occurred. Nursing interventions, such as hallucination control techniques and modality therapies, can assist in reducing anxiety and decreasing the frequency of hallucinations during the initial stages of care (Raziansyah & Tazkiah, 2023).

Day 3 (Thursday, January 22, 2026): The number of symptoms further decreased to 10 signs and symptoms. The patient appeared calmer, was capable of following instructions, and showed an improvement in the ability to control his responses to hallucinations, although impairments in the cognitive and emotional aspects remained present (Gunawan et al., 2024).

Days 4 & 5 (Friday, January 24 – Saturday, January 25, 2026): On the fourth day, the number of symptoms reduced to 9 signs and symptoms, and this condition persisted through the fifth day. This indicates a stabilization of the patient's condition, transitioning from the moderate to the mild category. The patient began to express his feelings, was more cooperative, and exhibited a reduction in maladaptive behaviors such as social withdrawal and talking to himself. Patients who receive continuous therapy will experience an enhanced ability to control their responses to hallucinations. This stable phase occurs when the patient begins to adapt to the provided intervention and demonstrates a reduction in maladaptive behaviors (Andrini et al., 2024).

Day 6 (Saturday, January 25, 2026): The number of symptoms decreased to 6 signs and symptoms, which falls into the mild category. The patient showed an improved ability to control his hallucinations, such as successfully utilizing the taught distraction techniques and becoming more involved in daily activities. A patient's coping capabilities will increase alongside the consistent practice and application of hallucination control techniques (Septiana et al., 2022).

Day 7 (Sunday, January 26, 2026): On the final day of the intervention, the number of symptoms decreased to 5 signs and symptoms. Observation results indicated that the patient no longer experienced several symptoms, such as excessive self-talking, severe anxiety, and significant social interaction impairment. The patient appeared calmer, was able to distinguish reality, and started to demonstrate better self-control over the hallucinations. This reduction highlights the effectiveness of the provided intervention, wherein non-pharmacological therapies such as Expressive Writing Therapy can help reduce the intensity of hallucination symptoms (Safarina et al., 2022).

A limitation in implementing this intervention is the relatively short duration of the intervention phase, which means that the long-term impact of applying Expressive Writing Therapy in controlling hallucinations could not be comprehensively evaluated. Furthermore, differences in individual patient characteristics may influence their acceptance of the therapy, leading to varied intervention outcomes for each patient. Another limitation in the application of Expressive Writing Therapy in this case study is the patient's inability to write about his experiences in depth, resulting in brief and limited written outputs. Consequently, the emotional expressions conveyed were not optimally explored.

CONCLUSION

Based on the assessment conducted on Mr. A on January 20, 2026, subjective data revealed the patient reporting that he heard whispering voices from an unknown source commanding him to become angry and harm others. These voices typically emerged when the patient was daydreaming or alone. Meanwhile, objective data demonstrated the patient appearing tense, maintaining poor eye contact, frequently looking to the right and left, and appearing unfocused during communication. The prioritized nursing diagnosis for Mr. A was Sensory Perception Disorder: Auditory Hallucinations. The nursing interventions provided to Mr. A utilized Implementation Strategies (SP) 1–4, which involved teaching the patient how to rebuke the hallucinations, adhere to a regular medication schedule, converse with others, and channel his feelings through Expressive Writing Therapy as an adjunctive therapy to help the patient express his emotions and divert his attention from the hallucinations. The nursing implementation for Mr. A was carried out in the inpatient ward over a period of 7 days, from January 20 to January 26, 2026. During the implementation process, the patient demonstrated considerable progress. The patient began to recognize the initial signs of emerging hallucinations, practice the rebuking technique independently, take his medication regularly, and attempt to converse with other patients to divert his attention from the hallucinations.

The results of applying Expressive Writing Therapy indicated that the patient was capable of writing down his experiences, feelings, and hopes while undergoing treatment. Through these writing activities, the patient could express emotions that were previously difficult to articulate verbally and demonstrated increased engagement in the therapeutic process. The evaluation of the provided interventions showed a reduction in the signs and symptoms of hallucinations, alongside an improvement in the patient's ability to control his hallucinations independently. The patient appeared calmer, was able to maintain better eye contact, and could effectively re-explain the strategies he had learned to control the hallucinations.

ACKNOWLEDGEMENTS

The author would like to thank all members of the research team involved during the research process. The researcher would also like to thank Universitas Telogorejo Semarang for providing facilities and research costs as well as publication costs for the results of this research.

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