



Application of Rebuke Therapy to Control Auditory Hallucinations in Patients with Schizophrenia

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ABSTRACT

Various abnormal mental and physical conditions combine to form mental disorders. Delusions, hallucinations and erratic behavior are characteristics of a serious mental disorder known as schizophrenia. Hallucinations, one of the signs of mental illness, are distorted perceptions of a person's senses, including hearing, sight, touch, taste, and smell. One alternative for treating hallucinations with medication is the scolding technique. This research uses a case study methodology. Individuals suffering from auditory hallucinations and sensory perception disorders auditory hallucinations in room lyly 9 RS. Prof.'s soul Dr. Soerojo Magelang. Results: Implementation of rebuke therapy in clients with auditory hallucinations for 3 days can control when the hallucinations appear. These results indicate that rebuke therapy is effective in controlling hallucinations.

Keywords: *Hallucinations, schizophrenia, warning therapy*

1. INTRODUCTION

A wide variety of aberrant bodily and mental conditions lead to mental illness. Tension, hopelessness, depression, restlessness, anxiety, convulsive behavior, hysteria, feelings of helplessness and inability to achieve goals, fear, negative thoughts, etc. are some of the most significant symptoms of the illness (Amira et al., 2022).

The world health organization (WHO) estimates that 450 million people worldwide suffer from mental illness, and one-third of these are housed in developing countries. Data from the Indonesian Ministry of Health (2018) shows that the prevalence of mental disorders has increased from 2013, which amounted to 7.0 people per 1,000 population. About 400,000 people or 1.7 out of every 1,000 people are

estimated to be affected by severe mental illnesses such as schizophrenia.

Unusual and strange sensations, views, ideas, actions, and behaviors are characteristics of schizophrenia, another brain disorder. (Friandani et al., 2023). Persistent symptoms include disorientation, irrational beliefs and actions, and hallucinations (Mahbengi & Pardede, 2021).

One sign of mental illness is hallucinations, which are characterized by distortions of one's sensory perceptions and include imaginations of sound, image, touch, taste, and smell (Mahbengi & Pardede, 2021).

In addition to reacting to the surrounding environment, people with hallucinations also react to actual stimuli. For example, some patients claim to hear voices when no one is

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actually speaking. Isolation and loneliness are common experiences for people suffering from mental illness. They struggle to express themselves to others. Many of these people believe that the voices or whispers they hear can cause them to act irrationally, commit violence, or even think about suicide (Firmawati et al., 2023).

Pratiwi and Setiawan argue that neurotransmitters and genetic variables that cause sensory problems in patients are the cause of hallucinations in individuals with schizophrenia (Rodin and Syamson, 2024). To cure the hallucinations that appear, clients with sensory perception disorders should get hallucination treatment.

Non-pharmacological treatment is an effective treatment for auditory hallucinations. As non-drug treatments utilize physiological processes rather than drugs, they can be used safely and do not cause the same negative effects. One of the frequently used non-pharmacological techniques is the rebuking technique.

The rebuke technique is a self-administered distraction strategy that helps clients avoid psychedelic stimuli (Rangkuti *et al.*, 2024). Self-reprimand is a method of resisting hallucinations by covering the ears and, if necessary, answering “no”. The first line of defense against hallucinations is reprimand; however, this requires first explaining the hallucination to the patient and explaining why the hallucination is not true. The rebuke technique has a great impact in reducing the level of auditory hallucinations. Patients will become more focused when undergoing scolding therapy, so that various chemicals in the brain such as the neurotransmitter dopamine are not excessive (Angriani et al., 2022).

This is supported by research by Atmojo and Rohayati (2022) showing that scolding techniques, which involve teaching clients to manage their hallucinations, can help reduce the frequency and severity of this experience.

Based on the explanation above, the author proposes the title “Application of Hardening Therapy to the Ability to Control Auditory Hallucinations in Schizophrenia Patients” to answer the problem of auditory hallucinations

based on several reasons that have been briefly stated. The researcher's contribution in this study is different from the research of Atmojo and Rohayati (2022) who used a literature study, while the researcher performed the technique of rebuking directly to the respondent.

2. METHODS

The research methodology used in this scientific article is a case study. The main problem in patient care is auditory hallucinations, and the subject of this scientific work is one individual who meets the criteria of the subject, including willingness to participate. Medical procedures were performed in Lyly Room 9 of Professor Soerojo Magelang hospital, Ph.D., 45 people participated for three days and three meetings to implement the implementation strategy.

The author examined patients as part of the data collection procedure. The author conducted her research using in-depth interviews and careful observation, building a reliable relationship with her subjects. In addition, the author reprimanded and re-examined the following implementation and made notes at the time of implementation. Data were collected from patients experiencing auditory hallucinations through the use of observation sheets and interviews to assess symptoms and abilities related to hallucinations.

3. RESULT AND DISCUSSION

3.1 Assessment

Assessment began on May 7, 2024, obtained data that the client was brought to the hospital on the grounds that he often heard whispers of voices without any form that made the client anxious and screaming, angry, raging, a lot of daydreaming, the client was often alone. This is the second time the patient has been treated with the same diagnosis. The client showed improvement after the first treatment, but some symptoms remained. Although none of the client's immediate family members suffered from mental illness, the client started to experience hallucinations since the cessation of medication.

The client said that while in the hospital, he often heard whispering voices without any form and only he could hear, which made him dizzy and confused. The client seemed tense and anxious, the client seemed aloof, the client often daydreamed, flat affect no change in expression at the time of the interview. From the signs of symptoms that occur in patients, patients experience hallucinations.

People who experience hallucinations often have difficulty distinguishing between reality and their own fantasies. According to (Santi et al., 2021) people with hallucinatory disorders are more likely to experience panic attacks, act violently, and endanger themselves and others because their actions are controlled by their hallucinations.

It is possible that rainfall and its triggering factors are responsible for hallucinations in humans. The causes include: (1) factors related to biology and upbringing, (2) factors related to the environment, (3) factors related to socio-culture, (4) factors related to the economy, and (5) stress. According to (Santi et al., 2021) clients who experience hallucinations and are unable to control them can act in such a way as to harm themselves, others, and the environment.

3.2 Nursing Diagnosis

Based on the findings of the evaluation, sensory-perceptual disorders, including auditory hallucinations (D.0085) associated with hearing loss, are a major nursing problem according to the Indonesia Nursing Diagnostic Standard (SDKI). Although the patient denies hearing any sounds, objective evidence suggests that the client remains visibly anxious and tense all the time. He paced back and forth restlessly and did an internal monologue throughout the interview.

Changes in the way a person perceives internal and external stimuli, along with an increase or decrease in the accuracy of a person's responses, are characteristic of sensory perception disorders. According to Sutejo (2019), states that there are four different phases in hallucinations: comfort, punishment, control, and conquest. The patient appears disoriented, daydreaming, pacing, and agitation

during the initial (comfortable) stages of hallucinations in Mr. N.

3.3 Nursing Plan

SLKI: Sensory Perception (L.08066) is used to determine goals based on the results of the nursing questions mentioned earlier. Experiencing internal and external stimuli is what is called sensory perception. Setting goals: The goal is to improve sensory perception after three rounds of eight hours of nursing care. Common side effects include reduced auditory hallucinations, decreased rhythm, reduced concentration, and reduced hearing for whispers. significantly improved.

Hallucination Management (I.09288) describes potential interventions. Managing hallucinations requires recognizing and controlling sensations of safety, ease, and a high grounding in reality. One way to intervene is to notice signs of hallucinations in the patient's behavior. (2) Note what hallucinations are exhibited. (3) Assess the range of emotions and responses to hallucinations. (4) Talking to a trusted friend or family member about the hallucinations is a good idea as they can provide encouragement and constructive criticism. (5) Suggest activities, music or relaxation techniques as potential distractions. Sixth, instruct patients and their loved ones on methods of managing hallucinations.

Researchers at SIKI use interventions based on theory. For example, SP 1 teaches patients to recognize and control their hallucinations through nagging; SP 2 teaches patients to communicate with others; SP 3 trains patients to complete predetermined tasks; SP 4 instructs patients on the correct use of medication and occupational therapy through pictures when they have free time or when their attention is distracted by faint voices.

3.4 Nursing Implementation

There will be three days of implementation starting on Tuesday, May 7, 2024, and one of them is to find out what situations cause hallucinations and how often they occur. Rebuking the patient, having them fill their free time with drawings, and having them include it in their daily activity plan are ways to teach them to control hallucinations.

First, on May 7, 2024, we build trust with each other. Then, in SP 1, taught the patient to recognize and manage their hallucinations by analyzing their content, frequency, and duration. Although she avoided eye contact in SP 1, the patient was cooperative and answered all questions. Patient identification was possible through verbal responses during the interview. By detailing the nature, frequency, and impact of her hallucinations, the author was able to help her recognize them during the interview. As the author taught, patients can also learn to control their hallucinations through scolding, and when trained this method, they were cooperative.

The second day of implementation, May 8, 2024, featured the implementation of Action SP 2, which entailed scolding the patient to ensure they took the hallucination control activity seriously before teaching them to use social interaction as a means to cope. Patients had the opportunity to practice social interaction while they were under observation. The researcher postulated that patients may be able to communicate with others, but they would have difficulty making eye contact.

The third day of implementation, May 9, 2024, focused on reviewing the material that had been taught previously, specifically how to manage hallucinations through discipline and social interaction. In SP 3, patients learned to manage their hallucinations, develop a routine for taking their medication, and spend their free time doing things like painting, mopping the floor, or putting away food.

The use of distraction tactics with strong warnings, such as “go...go...you fake voice I don't want to hear”, is one of the four approaches to controlling hallucinations in the general practice service standards, according to Keliat & Akemat's (2014) theory.

By teaching patients to ignore or dismiss their hallucinations, we can help them overcome them. Patients will have self-control and avoid hallucinations if successful. Although patients may still experience hallucinations, this ability will allow them not to give up (Oktaviani et al., 2022).

3.5 Nursing Evaluation

After implementation, the researcher assessed the effectiveness of the program and the effectiveness of the treatment measures applied.

The client obtained subjective data on the first day of the meeting indicating that he continued to hear whispers as long as the patient was alone. The frequency of the whispers was reported to be five to six times a day, both day and night. patient by itself. The client experienced vertigo and anxiety during hallucinations. The client felt unable to reprimand properly. The objective data was that the client appeared tense, worried, withdrawn, and daydreaming a lot. They also made minimal eye contact. The client reported understanding the rebuking technique after it was explained to him.

When the client returned for the second session, he reported that he was still experiencing disembodied whispers and the frequency of his hallucinations had reduced somewhat. In the third meeting, according to Mr. S, although not as frequent as before, they were only heard at night. The client said that when he experiences hallucinations, he can use the warning approach and that the technique of telling them to “go away, you are not real” is effective in calming the whispers.

The results of a three-day observational study on patients with auditory hallucinations showed that scolding therapy can affect the development and change of these symptoms.

In line with research conducted by (Rodin & Syamson, 2024) showed that, both before and after treatment at the Community Health Center, the scolding method significantly impacted the patient's capacity to control auditory hallucinations. Research (Hertati et al., 2022), which showed that training in counseling and warning techniques can reduce auditory hallucinations in schizophrenia patients, further strengthens this study. Demonstrate that technology therapy is successful in reducing and managing hallucinations to control them.

Establishing a relationship based on mutual trust, identifying (type, content, time, frequency, trigger scenario, behavior), and

teaching warning techniques are the first steps in implementation. Afterwards, the client said, “go...go...go, you're not real, you're a fake voice” Based on the research findings, a number of therapeutic value approaches were used. The client appeared calmer and stopped believing the things he saw after receiving therapeutic touch and reinforcement (praise).

Based on the above explanation, the researcher suspects that the research findings show that the reprimanding method is in accordance with reality and theory, can reduce hallucinatory symptoms, and the client can manage his own hallucinations by using the right scolding method. The goal of this approach is to allow patients to differentiate the different types and contents of hallucinatory diseases and manage them as they arise, so that individuals with schizophrenia can lead normal lives.

In addition, researchers argue that other factors besides constant urges are also responsible for these symptom changes. Because the resource person was able to implement a routine implementation strategy during the three days of treatment and evaluation, his hallucinations were able to be overcome.

CONCLUSION

The researcher concluded that the implementation of hallucination management nursing, especially the 3-day reprimanding technique, was effective in controlling hallucinations in clients with sensory perception disorders, auditory hallucinations, thereby reducing the symptoms and indicators of client hallucinations. For the development of nursing science and technology, reprimanding techniques are applied in the practice of psychiatric nursing clinics to improve the quality in the implementation of hallucination management nursing in schizophrenia patients who have sensory perception disorders.

This study has limitations, including the number of respondents is only one, which does not strengthen the results because there are no comparators.

ADVISE

The advice for patients is expected to be able to use reprimanding techniques in non-pharmacological treatment and be able to teach it to others. The results of this study are expected to allow nurses to use this hallucination therapy in providing nursing care, especially to patients with auditory hallucinations.

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