

ARTICLE INFORMATION

Received: June, 29, 2026

Revised: July, 30, 2026

Available online: July, 31, 2026

at: <https://e-jurnal.ipphorr.com/index.php/mhc>

Application of the scolding technique for managing auditory hallucinations in a patient with schizophrenia: A case study

Helena Candra Devi*, Mamnuah

Universitas Aisyiyah Yogyakarta

Corresponding author: *E-mail: helenacandra11@gmail.com

Abstract

Background: Schizophrenia is a severe mental disorder characterized by disturbances in perception, thought processes, emotions, and behaviour. Auditory hallucinations are among the most common positive symptoms experienced by individuals with schizophrenia and may interfere with daily functioning if not managed appropriately. Scolding technique are non-pharmacological nursing interventions that can help patients reduce the intensity and frequency of hallucinations by redirecting their attention to external stimuli.

Purpose: To evaluate the effectiveness of the scolding technique in reducing auditory hallucinations among patients with schizophrenia.

Method: A descriptive case study was conducted on one patient diagnosed with sensory perception disturbance: auditory hallucinations at Wisma Srikandi, Grhasia Mental Hospital, Yogyakarta. The nursing intervention consisted of scolding technique implemented for five consecutive days. Data were collected through observation, interviews, and nursing assessments, and outcomes were evaluated by comparing patients' signs and symptoms before and after the intervention.

Results: The implementation of scolding technique reduced the frequency and severity of auditory hallucinations. Improvements were observed in the patient's ability to recognize and control hallucinations, accompanied by decreased signs and symptoms following the intervention.

Conclusion: Scolding technique were effective in reducing auditory hallucinations and improving patients' ability to control hallucinatory experiences. This intervention may be considered a complementary non-pharmacological nursing strategy in the management of patients with schizophrenia experiencing auditory hallucinations.

Keywords: Auditory Hallucinations; Mental Health Nursing; Schizophrenia; Scolding technique; Sensory Perception Disturbance.

INTRODUCTION

Mental health disorders remain a major global public health concern because of their increasing prevalence and substantial impact on individuals' cognitive, emotional, and social functioning. Approximately 450 million people worldwide experience mental health disorders, with many individuals experiencing psychotic symptoms, including hallucinations (Widiyawati, Yusuf, Devy, & Widayanti, 2020). In Indonesia, the 2023 Indonesian Health Survey reported 630.827 individuals diagnosed with mental disorders, that 6.1% of the

population experiences mental health disorders. Schizophrenia is among the most severe psychiatric disorders, characterized by disturbances in perception, thought processes, emotions, and behaviour, with auditory hallucinations representing the most common positive symptom (Amelia, Rafiyah, & Widiyanti, 2025; Purnawanti & Mamnu'ah, 2026).

Auditory hallucinations can interfere with daily functioning and increase the risk of maladaptive behaviour if not managed appropriately (Alaydrus &

Tambun, 2026). Individuals with schizophrenia often perceive voices or sounds that are not present, leading to impaired reality testing, emotional distress, and difficulties in social interaction. Previous reports have shown that auditory hallucinations account for approximately 70% of hallucination cases among patients with schizophrenia, highlighting the importance of effective nursing interventions to improve symptom control (Putri & Mamnu'ah, 2025). Therefore, non-pharmacological interventions that enhance patients' ability to recognize and control hallucinations are essential components of comprehensive mental health nursing care (Riyana, 2024).

The scolding technique is one of the nursing interventions recommended to help patients redirect their attention from hallucinatory stimuli to reality. Previous studies have demonstrated that this technique effectively improves patients' ability to control auditory hallucinations. Patients receiving scolding technique showed progressive improvement in controlling hallucinations after three days of intervention (Silaban & Ocktavia, 2025). The scolding technique significantly reduced the frequency of auditory hallucinations among patients with schizophrenia (Hertati, Wijoyo, & Nuraini, 2022).

RESEARCH METHOD

A qualitative descriptive approach using a case study design. The study was conducted at Wisma Srikandi, Grhasia Mental Hospital, Yogyakarta, involving one patient diagnosed with sensory perception disturbance: auditory hallucinations. The nursing diagnosis was established according to the Indonesian Nursing Diagnosis Standards (*Standar Diagnosis Keperawatan Indonesia* [SDKI]). Data were collected through comprehensive nursing assessments, including interviews, observations, and documentation review. The nursing intervention consisted of the scolding technique, which was implemented for five consecutive days, with each session lasting approximately 10–15 minutes. The intervention was delivered following the nursing assessment and was aimed at reducing the frequency of signs and symptoms of auditory hallucinations and improving the patient's ability to control hallucinatory experiences. Patient outcomes were evaluated by comparing the frequency of signs and symptoms of auditory hallucinations and the patient's ability to control hallucinations before and after the intervention. Ethical principles, including informed consent, confidentiality, anonymity, and respect for patient privacy, were maintained throughout the study.

RESEARCH RESULTS

Table 1. Respondent Characteristics

Characteristics	Information
Name	Ny. D
Age	35 tahun
Gender	Female
Status	Unmarried
Job	Entrepreneur
Last education	Bachelor's Degree

Table 2. Frequency of Signs and Symptoms of Hallucination in Respondents

Signs and Symptoms	Day 1	Day 2	Day 3	Day 4	Day 5
Verbalizing hearing whispers	√	√	√	√	
Distorsi sensori	√	√	√	√	√
Withdraw	√	√			
Daydreaming	√	√			
Pacing back and forth	√	√			
Hallucinations behavior	√	√	√	√	√

Helena Candra Devi*, Mamnuah

Universitas Aisyiyah Yogyakarta

Corresponding author: *E-mail: helenacandra1@gmail.com

DOI: <https://doi.org/10.56922/mhc.v5i4.3758>

Application of the scolding technique for managing auditory hallucinations in a patient with schizophrenia: A case study

Concentrations	√	√	√
Suspicious	√	√	

Based on Table 2, presents the progression of signs and symptoms of auditory hallucinations observed during the five-day implementation of the scolding technique. Most symptoms showed gradual improvement over the intervention period. Verbalization of hearing whispering voices was observed from Day 1 to Day 4 and was no longer present on Day 5. Social withdrawal, daydreaming, pacing behavior, impaired concentration, and suspiciousness progressively decreased and were absent by Day 3 or Day 4. Although sensory distortion and hallucinatory behavior were still observed throughout the intervention period, their frequency and severity decreased based on the daily nursing assessment. Overall, the findings indicate that repeated implementation of the scolding technique contributed to a gradual reduction in the patient's signs and symptoms of auditory hallucinations and improved symptom control.

Table 3. Results of Pre and Post Implementation of Scolding Technique

Signs and Symptoms	Pre Day 1 scale	Post Day 5 scale
Verbalizing hearing whispers	5 (Increasing)	2 (Fairly decreasing)
Distorsi sensori	4 (Fairly increasing)	2 (Fairly decreasing)
Hallucination behavior	4 (Fairly increasing)	2 (Fairly decreasing)
Withdraw	3 (Moderate)	2 (Fairly decreasing)
Daydreaming	4 (Fairly increasing)	2 (Fairly decreasing)
Suspicious	4 (Fairly increasing)	2 (Fairly decreasing)
Pacing back and forth	4 (Fairly increasing)	2 (Fairly decreasing)
Concentration	2 (Fairly decreasing)	4 (Fairly improving)

Description:

- 1: Decreasing/Worsening
- 2: Fairly decreasing/Fairly worsening
- 3: Moderate
- 4: Fairly increasing/Fairly improving
- 5: Increasing/Improving

Based on Table 3, presents the comparison of the patient's signs and symptoms of auditory hallucinations before the intervention (Day 1) and after completing the five-day scolding technique (Day 5). Before the intervention, the patient demonstrated high levels of auditory hallucination symptoms, including verbalizing hearing whispering voices (scale 5), sensory distortion, hallucinatory behaviour, daydreaming, suspiciousness, and pacing behaviour (each scale 4), while social withdrawal was rated at scale 3 and concentration at scale 2. Following the intervention, all hallucination-related symptoms decreased to scale 2, indicating a reduction in symptom severity. In contrast, concentration improved from scale 2 to scale 4, reflecting better attention and cognitive focus. Overall, these findings indicate that the five-day scolding technique effectively reduced the severity of auditory hallucination symptoms while improving the patient's ability to concentrate and control hallucinations.

Helena Candra Devi*, Mamnuah

Universitas Aisyiyah Yogyakarta
Corresponding author: *E-mail: helenacandra1@gmail.com

DOI: <https://doi.org/10.56922/mhc.v5i4.3758>

Table 4. Results of Ability to Control Auditory Hallucinations Pre and Post Scolding Technique

Questions	Day 1		Day 2		Day 3		Day 4		Day 5	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Able to reduce the frequency of hallucinations after scolding	0	0	0	0	0	0	1	1	1	1
Able to use the scolding technique when hallucinations occur	0	0	1	1	1	1	1	1	1	1
Feeling comfortable after using the scolding technique after hallucinations appear	0	0	0	0	1	1	1	1	1	1
Able to express feelings after using the scolding technique	0	0	1	1	1	1	1	1	1	1

Description:

0: Not able to do

1: Able to do

Based on Table 4, presents the patient's ability to perform the scolding technique over the five-day intervention period. On the first day, the patient was unable to reduce the frequency of hallucinations, scold when hallucinations appeared, feel comfortable after scolding, or express feelings following the intervention. Gradual improvement was observed from the second day onward. The patient became able to scold when hallucinations occurred and express feelings after using the technique on Day 2. By Day 3, the patient also reported feeling comfortable after scolding. Furthermore, from Day 4 until Day 5, the patient demonstrated the ability to reduce the frequency of hallucinations while consistently maintaining all previously acquired skills. Overall, the findings indicate that repeated implementation of the scolding technique progressively improved the patient's ability to recognize, manage, and control auditory hallucinations.

DISCUSSION

The findings of this case study demonstrated that the implementation of the scolding technique effectively reduced the frequency of signs and

symptoms of auditory hallucinations in a patient with schizophrenia (Abd Rahim & Yulianti, 2024). Before the intervention, the patient exhibited several manifestations of auditory hallucinations, including hearing whispering voices, sensory distortion, hallucinatory behaviour, social withdrawal, daydreaming, suspiciousness, impaired concentration, and pacing. These findings indicate that the patient experienced impaired sensory perception that interfered with cognitive and behavioural functioning. Following five consecutive days of intervention, improvements were observed in the patient's clinical condition. The frequency and severity of auditory hallucination symptoms decreased, accompanied by improvements in concentration, reduced daydreaming and suspiciousness, and an increased ability to control hallucinatory experiences. Similar progress was observed throughout the intervention period. On the first day, the patient was unable to reduce the frequency of hallucinations, perform the scolding technique when hallucinations occurred, express feelings, or achieve psychological comfort. However, from the second to the fifth day, gradual

Helena Candra Devi*, Mamnuah

Universitas Aisyiyah Yogyakarta

Corresponding author: *E-mail: helenacandra1@gmail.com

DOI: <https://doi.org/10.56922/mhc.v5i4.3758>

Application of the scolding technique for managing auditory hallucinations in a patient with schizophrenia: A case study

improvements were evident, as the patient became able to reduce the frequency of hallucinations, independently apply the scolding technique, express emotions more openly, and report greater psychological comfort. These findings suggest that repeated implementation of the scolding technique enabled the patient to redirect attention from hallucinatory stimuli to reality while strengthening adaptive coping responses (Abdullah, Harun, & Ahmad, 2024).

The present findings are consistent with previous studies demonstrating the effectiveness of the scolding technique in managing auditory hallucinations. Patients showed significant improvements in their ability to control auditory hallucinations after receiving scolding technique (Rodin, Asniar, & Syamson, 2024). The scolding technique significantly reduced the signs and symptoms of hallucinations among patients with sensory perception disturbances (Nugraheni & Apriliyani, 2024). Three patients with auditory hallucinations were able to independently apply the scolding technique to control the whispering voices they experienced (Linszen, de Boer, Schutte, Begemann, de Vries, Koops, & Sommer, 2022). The authors suggested that reprimanding hallucinations while covering the ears reduced the intensity of hallucinations by redirecting patients' attention from hallucinatory stimuli to external reality. After four consecutive days of scolding technique, patients demonstrated a reduction in the signs and symptoms of auditory hallucinations and were able to independently apply the scolding technique to control hallucinatory experiences (Kota & Avelina, 2024). Patients who initially were unable to control hallucinations showed improved self-control after three days of scolding technique (Badcock, Dehon, & Larøi, 2017). Patients' ability to control hallucinations improved from a poor level before the intervention to a good level after the application of the scolding technique (Cintai, Riyana, Cahyati, & Somantri, 2025). Patients who received the intervention for five consecutive days were able to recognize hallucinations and independently use scolding techniques to manage hallucinatory episodes (Connell, Betts, McGrath, Alati, Najman, Clavarino, & Scott, 2016). Collectively, these studies provide strong evidence supporting the effectiveness of the scolding technique as a nursing intervention for

reducing auditory hallucinations and improving patients' self-control (Haddock, Bentall, & Slade, 2019).

The effectiveness of the scolding technique may be explained by its ability to interrupt patients' responses to internal hallucinatory stimuli and redirect their attention toward external reality. Repeated practice reinforces patients' awareness of hallucinations, improves concentration, and enhances self-control, enabling them to respond more adaptively when hallucinations occur (Ulfaningsih, Amin, Astuti, & Pinilih, 2025). As a non-pharmacological nursing intervention, the scolding technique complements pharmacological treatment and supports comprehensive psychiatric nursing care for patients with schizophrenia experiencing auditory hallucinations. This study has several limitations. The use of a single-case design limits the generalizability of the findings to broader patient populations. In addition, the absence of a comparison group makes it difficult to determine the extent to which the observed improvements were attributable solely to the intervention. Future studies involving larger samples and quasi-experimental or randomized controlled designs are recommended to further evaluate the effectiveness of the scolding technique in reducing auditory hallucinations among patients with schizophrenia (Handiatna & Mamnuah, 2025).

CONCLUSION

The scolding technique was effective in reducing the frequency of signs and symptoms of auditory hallucinations in a patient with schizophrenia. Following five consecutive days of intervention, improvements were observed in the patient's ability to control hallucinations, accompanied by a reduction in symptoms such as hearing whispering voices, talking to oneself, daydreaming, and pacing behavior. The patient also demonstrated a better understanding of the scolding technique and was able to express emotions more effectively after the intervention. These findings suggest that the scolding technique may serve as an effective complementary non-pharmacological nursing intervention for managing auditory hallucinations. Further studies involving larger samples and controlled study designs are recommended to strengthen the evidence supporting its effectiveness in psychiatric nursing practice.

Helena Candra Devi*, Mamnuah

Universitas Aisyiyah Yogyakarta

Corresponding author: *E-mail: helenacandra1@gmail.com

DOI: <https://doi.org/10.56922/mhc.v5i4.3758>

REFERENCES

- Abd Rahim, A., & Yulianti, S. (2024). Implementasi teknik menghardik untuk mengontrol halusinasi pendengaran pada pasien skizofrenia di RSUD Madani Provinsi Sulawesi Tengah. *Jurnal Kolaboratif Sains*, 7(11), 4274–4280.
- Abdullah, R., Harun, B., & Ahmad, E. H. (2024). Implementasi terapi menghardik pasien halusinasi pendengaran dalam mengontrol halusinasinya di Rumah Sakit Khusus Daerah Dadi Provinsi Sulawesi Selatan. *Jurnal Madising na Maupe*, 2(2), 197–203.
- Alaydrus, Z., & Tambun, J. E. (2026). Case Report of Manic-Type Schizoaffective Disorder with Auditory Hallucinations and Aggressive Behavior in a Young Adult Woman. *Advances in Healthcare Research*, 4(2), 270-281.
- Amelia, G. S., Rafiyah, I., & Widiyanti, E. (2025). Penerapan intervensi menggambar pada pasien skizofrenia dengan halusinasi penglihatan dan pendengaran: Case report. *SINERGI: Jurnal Riset Ilmiah*, 2(2), 730–742.
- Badcock, J. C., Dehon, H., & Larøi, F. (2017). Hallucinations in healthy older adults: An overview of the literature and perspectives for future research. *Frontiers in Psychology*, 8, 1134.
- Cintai, R. A., Riyana, A., Cahyati, P., & Somantri, I. (2025). Application of drawing therapy to reduce signs and symptoms of hallucinations in nursing care for auditory hallucination. *Asy-Syifa: Journal of Science and Technology Nursing*, 3(1), 1–11.
- Connell, M., Betts, K., McGrath, J. J., Alati, R., Najman, J., Clavarino, A., & Scott, J. G. (2016). Hallucinations in adolescents and risk for mental disorders and suicidal behaviour in adulthood: Prospective evidence from the MUSP birth cohort study. *Schizophrenia Research*, 176(2–3), 546–551.
- Haddock, G., Bentall, R. P., & Slade, P. D. (2019). Psychological treatment of auditory hallucinations: Focusing or distraction? In *Cognitive-behavioural interventions with psychotic disorders* (pp. 45–70). Routledge.
- Handiatna, H. H., & Mamnuah, M. (2025, December). General therapy of sensory perception disorders: Auditory and visual hallucinations in a patient with schizophrenia. In *International Conference on Nursing Related to Palliative Care* (Vol. 1, pp. 627–635).
- Hertati, H., Wijoyo, E. B., & Nuraini, N. (2022). Pengaruh pengendalian halusinasi teknik distraksi menghardik terhadap penurunan halusinasi pendengaran: Studi literatur. *Jurnal Ilmiah Keperawatan Indonesia*, 5(2), 145–156.
- Kota, N. K., & Avelina, Y. (2024). Penerapan intervensi menghardik dalam upaya mengurangi halusinasi pendengaran pada pasien skizofrenia. *Jurnal Kesehatan Saintika Meditory*, 7(1), 236–241.
- Linszen, M. M., de Boer, J. N., Schutte, M. J., Begemann, M. J., de Vries, J., Koops, S., & Sommer, I. E. (2022). Occurrence and phenomenology of hallucinations in the general population: A large online survey. *Schizophrenia*, 8(1), 41.
- Nugraheni, P. D., & Apriliyani, I. (2024). Application of rebuke therapy to control auditory hallucinations in patients with schizophrenia. *Viva Medika: Jurnal Kesehatan, Kebidanan dan Keperawatan*, 17(2), 318–323.
- Purnawanti, Z. T., & Mamnu'ah, M. A. (2026, March). Analisis penerapan terapi menghardik terhadap penurunan gejala halusinasi pendengaran di RSJ Ghrasia Yogyakarta. In *Prosiding Seminar Nasional Penelitian dan Pengabdian kepada Masyarakat LPPM Universitas 'Aisyiyah Yogyakarta* (Vol. 4, pp. 793–799).
- Putri, R. A., & Mamnu'ah, M. A. (2025). Case report of general therapy for sensory perception disorders: auditory hallucinations in mrs. S, a schizophrenia patient. In *International Conference on Nursing Related to Palliative Care* (Vol. 1, pp. 772-780).
- Riyana, A. (2024). Application of rebuke techniques and spiritual remembrance therapy for hallucination patients in the Purbaratu Community Health Center, Tasikmalaya City. *Journal of Smart Nursing and Health Science*, 2(1), 12–22.

Helena Candra Devi*, Mamnuah

Universitas Aisyiyah Yogyakarta

Corresponding author: *E-mail: helenacandra1@gmail.com

DOI: <https://doi.org/10.56922/mhc.v5i4.3758>

Application of the scolding technique for managing auditory hallucinations in a patient with schizophrenia: A case study

- Rodin, M. A., Asniar, A., & Syamson, M. M. (2024). Efektivitas teknik menghardik terhadap kemampuan mengontrol halusinasi pendengaran pada pasien skizofrenia di Puskesmas Lamuru Kabupaten Bone. *Journal of Nursing Innovation*, 3(1), 29–34.
- Silaban, C. B., & Ocktavia, S. I. (2025). Penerapan teknik menghardik dalam asuhan keperawatan jiwa pasien gangguan persepsi sensori: Halusinasi pendengaran. *Lasalle Health Journal*, 4(1), 64–69.
- Ulfaningsih, U., Amin, M. K., Astuti, R. T., & Pinilih, S. S. (2025, November). Hallucination management in patients with schizophrenia experiencing sensory perception disorders. In *Proceeding International Conference of Advancements in Nursing Care* (Vol. 2, No. 2, pp. 69–72).
- Widiyawati, W., Yusuf, A., Devy, S. R., & Widayanti, D. M. (2020). Family support and adaptation mechanisms of adults outpatients with schizophrenia. *Journal of public health research*, 9(2), jphr-2020.

Helena Candra Devi*, Mamnuah

Universitas Aisyiyah Yogyakarta
Corresponding author: *E-mail: helenacandra1@gmail.com

DOI: <https://doi.org/10.56922/mhc.v5i4.3758>