



Case Report

APPLICATION OF REBUKING AND EAR-CLOSING TECHNIQUES IN CONTROLLING AUDITORY HALLUCINATIONS: A CASE REPORT



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Abstract

Schizophrenia is characterized by disturbances in thought processes, emotions, and perceptions. Among its symptoms, auditory hallucinations are the most frequently experienced by individuals with schizophrenia. If not managed appropriately, this condition can impair social functioning and increase the risk of destructive behavior. In addition to pharmacological therapy, non-pharmacological interventions such as rebuking and ear-closing techniques can be applied to help control emerging symptoms. This study aims to describe the implementation of nursing care for patients with schizophrenia experiencing sensory perception disorders, specifically auditory hallucinations, through the application of rebuking and ear-closing techniques. Methods: This study used a case study design involving two patients at UPT Rehabilitasi Sosial Pasuruan. Data were collected through interviews, observations, physical examinations, and documentation. The intervention consisted of rebuking and ear-closing techniques implemented once daily for three consecutive days, with each session lasting approximately 30 minutes. Outcomes were evaluated using indicators based on the Indonesian Nursing Diagnosis Standards (SDKI) and Indonesian Nursing Outcome Standards (SLKI), focusing on hallucination frequency, patients' responses, and independence in controlling auditory hallucinations. After implementing SP1 (Implementation Strategy 1), the results showed that the intervention reduced the frequency of hallucinations. Quantitatively, the first patient demonstrated a 65% improvement in self-control ability, while the second patient showed a 75% improvement. The application of rebuking and ear-closing techniques showed potential benefits in helping patients control auditory hallucinations.

Keywords: Auditory Hallucinations, Ear-Closing Technique, Mental Health Nursing, Rebuking Technique, Schizophrenia.



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Introduction

Disruptions in cognitive, emotional, perceptual, and behavioral processes can result from chronic mental disorders such as schizophrenia. In many cases, the most prominent manifestation is auditory hallucinations (Prasetyo & Apriliani, 2022). This condition causes individuals to perceive sounds without an external source, which may take the form of whispers, taunts, or even threats (Herlita et al., 2024). Globally, the (World Health Organization, 2025) reports that approximately 23 million people live with schizophrenia. In East Java, the prevalence reaches 4 per 1,000 population, which is higher than the national average (Badan Kebijakan Pembangunan Kesehatan, 2023). Furthermore, local data from the Bina Laras Pasuruan Social Rehabilitation Center in February 2026 indicated that 39% of 305 patients with mental disorders experienced auditory hallucinations.

If not managed properly, auditory hallucinations can lead to serious consequences, including aggressive behavior, self-harm, and even death (Devyllder et al., 2023). Therefore, the Indonesian Nursing Intervention Standards (SIKI) recommend managing hallucinations through non-pharmacological nursing interventions, including rebuking techniques to help patients control hallucinatory experiences (Persatuan Perawat Nasional Indonesia, 2018). These interventions can be combined with ear-closing techniques to support patients in diverting attention from internal auditory stimuli (Angriani et al., 2022).

Previous studies have reported that rebuking techniques can improve patients' ability to control auditory hallucinations, while ear-closing techniques may help reduce attention to internal auditory stimuli. However, most existing studies were conducted in hospital settings and generally evaluated these interventions separately. Evidence regarding the combined application of rebuking and ear-closing techniques in a social rehabilitation setting remains limited. Given the high prevalence of auditory hallucinations among residents at the Social Rehabilitation Center, further exploration of simple and practical nursing interventions is needed. Therefore, this case report aims to describe the application of the rebuke and ear-covering techniques and their potential benefits

in improving patients' ability to control auditory hallucinations.

Presentation of the Case

This case presentation describes the nursing management of patients with auditory hallucinations in individuals diagnosed with schizophrenia at a social rehabilitation setting. The intervention consisted of non-pharmacological approaches using rebuking and ear-closing techniques, which were implemented through structured nursing care over a three-day period. This case illustrates the application of evidence-based nursing practice in a social rehabilitation environment and demonstrates measurable improvements in patients' ability to control hallucinations, as reflected in reduced frequency of hallucinatory episodes and enhanced self-control following simple and low-cost interventions.

a. Patient Information

The first respondent in this case study was Mrs. M, a 36-year-old woman with a high school education and divorced marital status, who had been undergoing treatment at Social Rehabilitation Unit in Pasuruan for approximately three years. The initial stage of the intervention involved establishing a therapeutic relationship through building mutual trust (BHSP) as the foundation for effective communication, followed by education on Implementation Strategy 1 (SP1) using rebuking and ear-closing techniques. Based on the assessment results, Mrs. M reported frequently hearing voices inviting her to joke and voices resembling the atmosphere of her divorce trial. These hallucinations occurred almost continuously, particularly when the patient was not engaged in any activities. The second respondent was Mrs. L, a 47-year-old widow with a junior high school education. A similar approach was applied, beginning with the establishment of mutual trust, followed by education on rebuking and ear-closing techniques. Based on the initial assessment, Mrs. L reported hearing her husband's voice scolding her one to three times per day, especially at night when the environment was quiet. This condition was associated with severe psychological stress

resulting from pressure exerted by her mother, who frequently controlled and interfered in her household affairs, ultimately leading to divorce. Both patients had previously been diagnosed with schizophrenia and were undergoing routine treatment at a rehabilitation center. Complete information regarding the type of schizophrenia they had, the duration of their diagnosis, their history of previous psychiatric hospitalizations, and their adherence to treatment prior to admission was not available in the medical records.

b. Clinical Findings

In the first patient, several clinical symptoms were identified during the assessment.

Patient 1: The assessment revealed symptoms including restlessness, insomnia, talking to oneself, and staring in one direction without apparent external stimuli.

The psychosocial history indicated significant stress related to her husband's infidelity and economic difficulties. Additionally, there was a history of suicide attempts, physical abuse toward her child, and substance use, including marijuana and alcohol.

In the second patient, several clinical findings were also identified during the assessment.

Patient 2: During episodes of hallucinations, the patient appeared to be daydreaming, restless, demonstrated reduced eye contact, and spoke softly. Prior to admission to the rehabilitation center, Mrs. L had undergone alternative treatment near her home.

c. Timeline

Table 1

Development of Signs and Symptoms of Auditory Hallucinations After the Application of Rebuking and Ear-Closing Techniques Over Three Days

Day	Evaluation Aspects	Patient 1 (Ny. M)	Patient 2 (Ny. L)
Day 1	Frequency of hallucinations	Frequent (>3 times/day)	Frequent (>3 times/day)
	Response to hallucinations	Still talking and laughing to herself.	Still looking back and daydreaming
	Ability to rebuke	Not yet able	Slightly able
	Ability to block out sound	Not yet able	Slightly able
Day 2	Frequency of hallucinations	Decreased (2-3 times/day)	Decreased (2-3 times/day)
	Response to hallucinations	Still occasionally present	Starting to decrease
	Ability to rebuke	Able with guidance	Able to follow instructions
	Ability to block out sound	Beginning to attempt	Beginning to attempt
Day 3	Frequency of hallucinations	Decreased (1-2 times/day)	Rare (± 1 x/day)
	Response to hallucinations	Reduced response	No longer responding
	Ability to rebuke	Able with minimal guidance	Independent and consistent
	Ability to block out sound	Independent with minimal guidance	Independent and consistent

Day	Evaluation Aspects	Patient 1 (Ny. M)	Patient 2 (Ny. L)
Percentage Improvement	of	65%	75%

Table 1 presents the development of Patient 1 (Mrs. M) and Patient 2 (Mrs. L) in controlling auditory hallucinations through the application of rebuking and ear-closing techniques over a three-day observation period. On the first day, both patients experienced frequent hallucinations (>3 times/day). Mrs. M was observed talking and laughing to herself, while Mrs. L was seen turning her head in one direction and daydreaming. In terms of skills, Mrs. M was not yet able to apply either rebuking or ear-closing techniques, whereas Mrs. L demonstrated limited ability, although not yet optimal.

On the second day, the frequency of hallucinations in both patients decreased to 2–3 times per day. Responses to hallucinations began to diminish, although they were still occasionally observed in Mrs. M. In terms of skills, Mrs. M was able to perform rebuking with guidance and began attempting the ear-closing technique. Similarly, Mrs. L was able to perform rebuking with guidance and started to apply the ear-closing technique when hallucinations occurred.

On the third day, further improvement was observed. The frequency of hallucinations in Mrs. M decreased to 1–2 times per day, accompanied by a reduced response. She was able to perform rebuking with minimal guidance and demonstrated independence in applying the ear-closing technique. Meanwhile, Mrs. L showed more significant progress, with hallucinations occurring rarely (approximately once per day) and no longer responding to hallucinatory stimuli. She was able to apply both rebuking and ear-closing techniques independently and consistently.

d. Diagnostic Assessment

Based on the assessment findings, a nursing diagnosis of Disturbed Sensory Perception: Auditory Hallucinations (D.0085) was established for both patients. This diagnosis was supported by the presence of auditory perceptions without external stimuli, accompanied by behavioral responses inconsistent with reality, such as

talking to oneself and responding to unseen stimuli.

e. Therapeutic Intervention

The primary intervention implemented was Implementation Strategy 1 (SP1), which involved non-pharmacological approaches using rebuking and ear-closing techniques. The rebuking technique was applied by encouraging patients to verbally reject hallucinatory stimuli, while the ear-closing technique aimed to reduce attention to internal auditory stimuli. Evaluation was conducted by observing changes in the signs and symptoms of auditory hallucinations based on the Indonesian Nursing Diagnosis Standards (SDKI) and Indonesian Nursing Outcome Standards (SLKI), focusing on the frequency of hallucinations, patients' responses, and their level of independence in controlling hallucinatory experiences.

The percentages of improvement (65% and 75%) were derived from the achievement of auditory hallucination control indicators based on the Indonesian Nursing Outcome Standards (SLKI), including hallucination frequency, patient responses to hallucinatory stimuli, and the level of independence in applying the rebuking and ear-closing techniques during the observation period.

The intervention was conducted once daily for three consecutive days, with each session lasting approximately 30 minutes. Before the intervention, patients were guided to identify the occurrence, frequency, content, and triggering situations of their auditory hallucinations. Patients were then taught the rebuking technique by firmly rejecting the hallucinatory voices whenever they occurred. Subsequently, patients practiced the ear-closing technique by covering both ears with their palms for several seconds while redirecting their attention to surrounding environmental

stimuli. Evaluation was performed at the end of each intervention session through direct observation and patient interviews based on indicators of auditory hallucination control.

Pharmacological therapy was also administered. Mrs. M received Clozapine 25 mg twice daily and Risperidone 2 mg twice daily, while Mrs. L received Clozapine 25 mg twice daily and Trihexyphenidyl HCl 2 mg twice daily.

f. Follow-up and Outcomes

Overall, both patients demonstrated improvement in their ability to control auditory hallucinations following the intervention. Patient 1 achieved a 65% improvement, while Patient 2 achieved a 75% improvement based on the observation indicators used in this case report. Improvements were reflected in reduced hallucination frequency, decreased responses to hallucinatory stimuli, and increased independence in applying the rebuking and ear-closing techniques.

Discussion

Overall, both patients, Mrs. M and Mrs. L, demonstrated positive progress in their ability to control auditory hallucinations after undergoing rebuking and ear-closing techniques over a three-day period. The reduction in the frequency and intensity of hallucinations, as presented in Table 1, indicates that structured and consistent practice can enhance patients' ability to regulate their responses to hallucinatory stimuli.

In schizophrenia, auditory hallucinations are among the most common positive symptoms (Prasetyo & Apriliani, 2022). This condition involves the perception of voices without an external source, such as whispers, taunts, or threats (Herlita et al., 2024). In clinical settings, these symptoms are often accompanied by observable behaviors, including talking to oneself, laughing without apparent stimuli, turning in one direction, restlessness, or pacing (Ph et al., 2025). These manifestations were evident in both patients during the initial assessment, supporting the established nursing diagnosis.

Following the identification of Disturbed Sensory Perception: Auditory Hallucinations, the intervention focused on hallucination management in accordance with the Indonesian Nursing Intervention Standards (SIKI), specifically through rebuking techniques combined with ear-closing (Persatuan Perawat

Nasional Indonesia, 2018). At this stage, patients were guided to recognize the characteristics of their hallucinations and trained to control their responses by verbally rejecting the voices and reducing attention to internal auditory stimuli. This approach aims to reposition the patient from a passive recipient to an active controller of hallucinatory experience (Angriani et al., 2022).

By the third day, both patients showed notable improvement. Mrs. M achieved a 65% improvement and was able to perform the techniques independently with minimal guidance, while Mrs. L demonstrated a 75% improvement with more stable and consistent application. These findings are consistent with previous studies (Prastiwi & Apriliyani, 2025) and (Rodin et al., 2024), which indicate that rebuking techniques are effective in enhancing patients' ability to control auditory hallucinations.

Differences in the level of improvement between the two patients may have been influenced by individual characteristics and psychosocial conditions. Mrs. L demonstrated greater improvement than Mrs. M, which may be related to her better responsiveness to instructions and more consistent application of the intervention techniques. In contrast, Mrs. M had a more complex psychosocial history, including substance use, previous suicide attempts, and family-related stressors, which may have affected her ability to control hallucinations and respond to the intervention. These factors may explain the differences in outcomes observed between the two patients.

According to the Indonesian Nursing Outcome Standards (SLKI) (Persatuan Perawat Nasional Indonesia, 2019), the three-day evaluation showed that both patients were able to understand and apply the techniques when hallucinations occurred. Theoretically, the rebuking technique functions as a form of cognitive confrontation with hallucinatory stimuli, while the ear-closing technique serves as a sensory distraction that redirects attention from internal to external stimuli (Angriani et al., 2022). These findings suggest that consistent implementation of simple, non-pharmacological interventions can significantly improve patients' self-control and independence in managing auditory hallucinations. In addition to reducing symptom frequency, these techniques contribute to increased self-awareness and adaptive coping strategies in patients with schizophrenia.

The improvement observed in both patients may not be solely attributable to the rebuking and ear-closing techniques. During the intervention period, both patients continued receiving pharmacological treatment, including antipsychotic medications, which may also have contributed to the reduction in hallucination symptoms. Therefore, the findings should be interpreted cautiously, as the observed improvements were likely influenced by both non-pharmacological and pharmacological interventions.

However, this case report has several limitations, including the small number of patients, the short intervention duration, and the concurrent use of antipsychotic medications. These factors may limit the generalizability of the findings and make it difficult to determine the independent contribution of the rebuking and ear-closing techniques to the observed improvements.

Patient Perspective

After receiving the intervention in the form of rebuking and ear-closing techniques, both patients reported a gradual decrease in the frequency of auditory hallucinations. They also expressed an increased ability to control the voices they heard.

Informed Consent

Mrs. M and Mrs. L read the informed consent form and signed it with the assistance of a staff member. Both patients provided written consent for the anonymous use of their clinical data for research and educational purposes.

Conclusion

The application of rebuking and ear-closing techniques showed potential benefits in improving patients' ability to control auditory hallucinations. Improvements were observed in hallucination frequency, patients' responses to hallucinatory stimuli, and independence in applying the techniques. However, due to the limited number of patients and short intervention duration, further studies involving larger samples and longer observation periods are needed to strengthen the evidence regarding the effectiveness of these interventions.

Consent for Publication

Mrs. M and Mrs. L provided written informed consent for the anonymous use of their clinical data in the publication of this study.

Declarations

The author declares that both patients provided consent for the use of anonymized clinical data in research and publication. All procedures in this case study were conducted in accordance with ethical standards while maintaining patient confidentiality.

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