Management of Auditory Hallucinations through Distraction Technique Training at Prof. Dr. Soerojo Hospital, Magelang

Putri Sekar Lestyowati[1], Nyipta Ainin Dita Prabaswala[2], Nathasya Aliffiya Salsabilla[3], Afrida Khalimatus Sa'diyah[4], Mukhamad Mustain[5]

[1]Diploma in Nursing Study Program, Universitas Ngudi Waluyo, putrisekar126@gmail.com
[2]Diploma in Nursing Study Program, Universitas Ngudi Waluyo, putrisekar126@gmail.com
[3]Diploma in Nursing Study Program Universitas Ngudi Waluyo, putrisekar126@gmail.com
[4]Diploma in Nursing Study Program, Universitas Ngudi Waluyo, putrisekar126@gmail.com
[5]Diploma in Nursing Study Program, Universitas Ngudi Waluyo, mukhamadmustain@gmail.com
Email Correspondence: putrisekar126@gmail.com

Article Info

Article History
Submitted, 2026-05-13
Accepted, 2026-06-24
Published, 2026-06-30

Keywords: Auditory hallucinations, distraction techniques, nursing care, schizophrenia.

Abstract

Schizophrenia is frequently accompanied by auditory hallucinations, which are often exacerbated by medication non-adherence and maladaptive coping mechanisms. This study aims to describe the management of sensory perception disturbance (auditory hallucinations) through structured hallucination management training, specifically utilizing distraction techniques, at RSJ Prof. Dr. Soerojo Magelang. This research employed a descriptive method with a case study approach, involving a 38-year-old female patient diagnosed with Paranoid Schizophrenia during the period of February 9–13, 2026. Data were collected via interviews, observation, and medical record documentation. Nursing interventions were implemented through four stages of Strategy Implementation (SP): assertive verbal command techniques (menghardik), medication adherence education (based on the "5 Rights" principle), social interaction techniques, and scheduled daily activities. The results demonstrate that these interventions were effective in reducing the frequency of hallucinations. The patient exhibited significant improvement in symptom recognition, the independent application of distraction techniques, and a reduction in social withdrawal behaviors. In conclusion, hallucination management utilizing distraction techniques, combined with medication adherence education, proved effective in enhancing patient independence. However, given the high history of relapse, successful long-term recovery necessitates a holistic approach, including the integration of family support and the continuity of post-discharge community mental health services to effectively prevent future relapse.

Introduction

Mental health disorders constitute a significant global health challenge, with schizophrenia being a primary concern. Schizophrenia is a chronic mental health condition that impacts cognitive, emotional, and behavioral functioning, frequently characterized by psychotic symptoms such as hallucinations (World Health Organization, 2022). The global prevalence of schizophrenia is rising; in Indonesia, the number of individuals suffering from psychotic disorders represents a substantial portion of the national mental health burden (Ministry of Health of the Republic of Indonesia, 2020).

Auditory hallucinations are the most prevalent form of hallucination among patients with schizophrenia. This symptom involves sensory perception where patients perceive sounds in the absence of an actual external stimulus. If left unmanaged, auditory hallucinations can lead to severe psychological distress, cognitive decline, social isolation, and potentially violent behavior toward oneself or others (Prabowo & Keliat, 2021). Consequently, comprehensive management is essential to enable patients to regulate the content of these hallucinations and prevent them from succumbing to auditory commands.

The management of hallucinations in psychiatric nursing practice necessitates a combination of pharmacological therapy and continuous psychosocial interventions. One effective non-pharmacological approach is the distraction technique. Distraction involves redirecting the patient's focus from the internal experience of hallucinations toward more

Corresponding author:
Putri Sekar Lestyowati
Putrisekar126@gmail.com

positive, tangible external stimuli, such as social interaction, physical exercise, or listening to music (Yusuf et al., 2021). Through structured distraction training, patients learn to identify the onset of hallucinations and implement immediate redirection strategies, thereby significantly reducing the duration and intensity of the episodes (Sari & Hidayat, 2022).

Prof. Dr. Soerojo Psychiatric Hospital in Magelang is a prominent mental health referral center in Central Java, managing a significant patient population with sensory perception disturbances, specifically hallucinations. Preliminary observations indicate variations in patient responses to standard hallucination therapy. Consequently, there is a need to optimize treatment through intensive distraction technique training, ensuring patients acquire the independent skills necessary to manage their symptoms. This necessity is underscored by research suggesting that patients with high self-control, developed through distraction techniques, tend to experience shorter hospital stays and lower rates of relapse (Putri & Wahyuni, 2023).

Based on this background, the researcher aims to conduct a study titled, "Management of Sensory Perception Disturbances (Auditory Hallucinations) through Distraction Technique Training at Prof. Dr. Soerojo Psychiatric Hospital, Magelang." It is anticipated that this study will provide a foundational dataset for developing more effective nursing interventions to enhance the quality of life for patients with schizophrenia.

Methods

This study employed a descriptive research design with a case study approach to investigate the psychiatric nursing management of patients experiencing auditory hallucinations at Prof. Dr. Soerojo Psychiatric Hospital, Magelang. Data were collected comprehensively through interviews, behavioral observation, and medical record reviews to evaluate the effectiveness of distraction techniques in managing auditory hallucinations. The collected data were analyzed using a descriptive-narrative approach to outline the patient's progress chronologically from the initiation to the conclusion of the intervention. The entire research process adhered strictly to ethical guidelines, including obtaining informed consent and ensuring the confidentiality of the patient's identity. This study has obtained ethical clearance under number 823/KEP/EC/UNW/2025 on December 3, 2025.

Results and Discussion

The assessment was conducted on February 9, 2026. The patient was a 38 years old female diagnosed with Paranoid Schizophrenia, receiving care at Wisma Lily 4, Prof. Dr. Soerojo Psychiatric Hospital, Magelang. This was the patient's sixth admission to the psychiatric facility; the relapse was triggered by medication non-adherence, as the patient felt her condition had improved. Upon admission, the family reported that the patient exhibited restless behavior, frequent pacing, insomnia, incoherent speech, and experienced disturbing auditory hallucinations (whispering voices).

Physical assessment indicated that the patient's condition was stable, with compos mentis consciousness and vital signs within normal limits. However, regarding psychosocial and mental aspects, it was found that the patient experienced auditory hallucinations, primarily when alone or daydreaming, typically occurring at 16:00 WIB. The patient exhibited circumstantial thought patterns, difficulty concentrating, and impaired short-term memory, although her long-term memory remained intact. Behaviorally, the patient appeared apathetic, displayed a labile affect, and frequently engaged in agitation or talking to herself without an interlocutor. Nevertheless, the patient expressed motivation to recover to resume her roles as a mother and wife.

Based on this data, the researcher established the primary nursing diagnosis: Disturbed Sensory Perception: Auditory Hallucination. During the period of February 9 to 13, 2026, the researcher implemented a series of interventions consisting of four stages of Implementation Strategy. These stages began with teaching the patient the assertive verbal command technique (menghardik) to stop the hallucinatory voices, followed by education on medication adherence (the "5 Rights" principle), social interaction techniques, and performing scheduled daily activities to divert attention from hallucinations. In addition to these actions, the patient was guided to apply distraction techniques in every session to improve sensory capabilities and reduce anxiety.

By the end of the observation period on February 13, 2026, the patient demonstrated significant progress. She was able to understand how to control hallucinations using the taught techniques, although she occasionally still required nursing guidance for optimal execution. The patient also began to diligently record daily activities and acknowledged that the voices she heard were hallucinations. Although dependence on supervision persisted, the interventions successfully reduced the frequency of solitary behavior and daydreaming, and enhanced the patient's ability to manage her emotions and hallucinations more independently.

The assessment of a 38-year-old female patient diagnosed with Paranoid Schizophrenia revealed a recurrent pattern of relapse resulting from medication non-adherence. This aligns

with findings indicating that medication non-compliance is a primary predisposing factor for re-hospitalization among patients with schizophrenia (Hidayati et al., 2022). In this case, the patient has experienced six previous psychiatric hospitalizations, suggesting the necessity for a more intensive psychosocial rehabilitation approach beyond standard pharmacotherapy.

The primary symptom identified, auditory hallucination, is the most frequently observed clinical manifestation in patients with schizophrenia. Theoretically, auditory hallucinations arise from neurotransmitter imbalances; however, psychologically, they are exacerbated by maladaptive coping mechanisms (Sari & Wijaya, 2023). In this case, the patient perceived the voices as "companions," indicating that the hallucinations had evolved into a defense mechanism to mitigate loneliness or stress resulting from domestic violence (DV) trauma and financial difficulties. These findings are supported by research stating that past trauma and limited social support significantly contribute to the duration and intensity of hallucinations (Pratama et al., 2024).

Nursing implementation via Execution Strategies 1 through 4 demonstrated a positive impact on reducing hallucinatory symptoms. The "shouting down" (repel) technique was taught to provide the patient with internal control over the auditory stimuli. According to research by Ardiansyah et al. (2023), the shouting down technique, when combined with consistent distraction exercises, can effectively reduce Auditory Verbal Hallucination Rating Scale (AHRS) scores in patients with schizophrenia. The patient in this case has begun to recognize when the voices emerge and attempts self-intervention, albeit still requiring nursing guidance.

Furthermore, education regarding the "5 Rights" principle of medication administration is crucial for patients with schizophrenia. Medication adherence is the best predictor for preventing relapse (Rahayu & Susanti, 2022). Patients who understand that medication is not only for symptom reduction but also a prerequisite for discharge and family reunification tend to exhibit higher motivation for recovery. Scheduled activities also serve as occupational therapy to enhance self-esteem and reduce social withdrawal, which frequently triggers the emergence of hallucinations (Nugraha et al., 2025).

Environmental factors and social support were also highlighted in this case. The patient revealed that her relationships with her husband and family were strained, with the exception of her younger sibling. Given that the family's role as a support system is a primary determinant of successful post-discharge recovery (Dewi & Santoso, 2021), family psychoeducation is a necessary subsequent step to prevent relapse upon the patient's return to the home environment.

In conclusion, the nursing care provided has assisted the patient in achieving a degree of independence in managing her hallucinations. However, given the high history of relapse (six psychiatric hospitalizations), a more comprehensive post-discharge monitoring program is required, including the integration of community health services and sustained psychological support to process the patient's underlying trauma (Utami et al., 2023; Lestari et al., 2024).

Conclusion

In conclusion, this study demonstrates that the implementation of nursing care strategies including assertive command techniques (menghardik), medication management education, social interaction, and structured distraction activities—significantly improved the patient's ability to manage auditory hallucinations. The interventions successfully facilitated greater patient self-awareness and independence, enabling the patient to recognize and mitigate the onset of hallucinatory episodes.

However, the patient's history of six psychiatric hospitalizations underscores that acute symptom management is insufficient without addressing the root causes of medication non-adherence and systemic social factors. The findings highlight that, in this case, auditory hallucinations served as a maladaptive defense mechanism linked to unresolved trauma and significant life stressors. Consequently, the study emphasizes that sustainable recovery requires a comprehensive, multidimensional approach that extends well beyond the clinical setting.

To prevent further relapse, it is imperative to implement a robust post-discharge monitoring program that integrates community-based health services, sustained psychological support to process the patient's trauma, and targeted family psychoeducation. Such continuity of care is essential to ensure long-term medication adherence, foster a supportive domestic environment, and ultimately improve the patient's quality of life.

Acknowledgments

The author would like to express sincere gratitude to Prof. Dr. Soerojo Psychiatric Hospital in Magelang, particularly the staff at Wisma Lily 4, as well as all academic supervisors for their invaluable guidance throughout the clinical placement. Special appreciation is extended to the patient and their family for their willingness to participate and for their openness throughout the data collection process. Gratitude is also extended to my family and close friends for their unwavering prayers and moral support. It is hoped that this work will contribute positively to the development of future mental health nursing care.

References

Ardiansyah, M., Pratama, A., & Kusuma, H. (2023). Effectiveness of "Menghardik" Therapy in Reducing the Frequency of Auditory Hallucinations in Schizophrenia Patients. Journal of Mental Health Nursing, 11(2), 245-252.

Dewi, S. R., & Santoso, B. (2021). The Role of Family Support in the Recovery of Schizophrenia Patients in the Community. Indonesian Journal of Mental Health, 3(1), 12-19.

Hidayati, A. N., Kurniawan, R., & Farida, I. (2022). Factors Affecting Medication Adherence in Schizophrenia Patients: A Literature Review. Journal of Mental Health Nursing Science, 5(3), 455-464.

Kementerian Kesehatan RI. (2020). Indonesia Health Profile 2019. Jakarta: Ministry of Health of the Republic of Indonesia.

Lestari, D. P., Wahyuni, S., & Fitriani, A. (2024). The Effect of Psychosocial Therapy on the Adaptation Ability of Chronic Schizophrenia Patients. Journal of Nursing Practice, 8(1), 88-97.

Nugraha, R., Susanti, R., & Pratama, F. (2025). Group Activity Therapy as an Effort to Increase Self-Esteem in Mental Disorder Patients. Journal of Professional Nursing, 13(1), 45-53.

Prabowo, E., & Keliat, B. A. (2021). Textbook of Mental Health Nursing. Jakarta: Salemba Medika.

Pratama, D. A., Wijaya, M., & Kusuma, D. (2024). The Relationship between Past Trauma and Hallucination Intensity in Paranoid Schizophrenia Patients. Indonesian Journal of Clinical Psychology, 9(2), 112-120.

Putri, A. D., & Wahyuni, S. (2023). The Relationship between Self-Control and Relapse Rates in Schizophrenia Patients. Journal of Mental Health Science, 5(1), 45-52.

Rahayu, S., & Susanti, Y. (2022). Antipsychotic Medication Adherence as a Key to Relapse Prevention in Schizophrenia Patients. Indonesian Journal of Pharmacy and Nursing, 4(2), 201-209.

Sari, R., & Hidayat, A. (2022). Effectiveness of Distraction Techniques in Reducing the Frequency of Hallucinations in Schizophrenia Patients. Journal of Mental Health Nursing, 10(2), 123-130.

Sari, R. P., & Wijaya, T. (2023). Coping Mechanisms and Self-Control in Hallucination Patients: A Case Study. Journal of Health Nursing, 15(1), 34-42.

Utami, W., Hidayat, R., & Kurniawan, A. (2023). Community Mental Health Service Integration: A Strategy to Reduce Schizophrenia Relapse Rates. Indonesian Journal of Public Health, 18(4), 302-310.

World Health Organization. (2022). Mental Disorders: Schizophrenia and Related Psychotic Disorders. Geneva: WHO Press.

Wulandari, M., & Pratama, K. (2021). Textbook of Mental Health Nursing: Theory and Application. Jakarta: Salemba Medika.

Yusuf, A., Nihayati, H. E., Iswarati, I., & Okviasanti, F. (2021). Mental Health and Psychiatry: Concepts and Applications. Jakarta: Salemba Medika.