

Application of Rewarding Techniques and Low Impact Aerobic Exercise Activity Therapy on Hearing Hallucination Patients in the Cigeureung

Public Health Center Area, Tasikmalaya City

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ABSTRACT

Purpose: The purpose of this case study is to describe the nursing process stages, the application of reprimanding techniques and low-impact aerobic exercise therapy, the changes in signs and symptoms, and the gaps in nursing care for patients with auditory hallucinations. **Methods:** This study employed a qualitative design using a case study approach involving two patients diagnosed with schizophrenia experiencing auditory hallucinations. The interventions consisted of reprimanding technique therapy and low-impact aerobic exercise therapy, implemented once daily for 30 minutes over five consecutive days. **Results:** The results demonstrated a significant reduction in the signs and symptoms of auditory hallucinations in both patients. Patient 1 showed a decrease from 10 to 2 hallucination symptoms, while Patient 2 experienced a reduction from 11 to 4 symptoms after the intervention. **Conclusions:** The application of reprimanding techniques combined with low-impact aerobic exercise therapy is proven to be effective in reducing the signs and symptoms of auditory hallucinations. It is recommended that patients and families consistently apply these non-pharmacological therapies while enhancing motivation and support to help control hallucinations effectively.

Keywords: Aerobic low impact gymnastics; hallucinations; rebuke techniques

Introduction

Mental disorders are serious conditions characterized by unusual ways of communicating, distortions in the perception of reality such as hallucinations or delusions, and inappropriate or blunted expressions of emotions. In addition, there are psychological disorders and difficulties in carrying out daily activities. Meanwhile, Nurlaili (2019) explains that schizophrenia is a type of very severe disorder that affects the brain, disrupting a person's thought patterns, emotional conditions, and behavior, which can cause physical impacts that result in the inability to complete daily tasks due to the inability to assess the situation correctly. Signs that are often seen in individuals with schizophrenia are mainly hallucinations, where there is a disturbance in the senses that are not caused by external stimuli, such as hallucinations of sound, images, taste, and smell (Rohayati, Bayu Seto Rindi Atmojo, 2022).

According to the World Health Organization (WHO), there is an increase in the prevalence of schizophrenia cases every year. In 2013, there were 2.1 million people with schizophrenia, and this figure increased to 2.3 million in 2018, from a total world population of 7.5 billion (Febrita Puteri Utomo et al., 2021). According to a report from (Riskesdas, 2018), in Indonesia in that year there were 282,654 families, equivalent to 0.67% of the total population, who experienced schizophrenia or psychosis. In the West Java region, 55,133 cases of schizophrenia were recorded in the same year, (Riskesdas, 2018) informs that the prevalence of households with ART with schizophrenia or psychosis mental disorders in Indonesia reached 6.7% with a total of 282,654, while in West Java it was 5.0% with a total of 55,133. Based on information from (Tasikmalaya City Health Office), the number of schizophrenia cases in Tasikmalaya has increased every year. In 2016, there were 528 people recorded, and increased to 624 people in 2017 (Kustiawan et al., 2023). Based on recorded information, Cigeureung Health Center is ranked sixth in Tasikmalaya City. In 2022, there were 62 individuals recorded experiencing mental health problems, and that number increased in January 2023 to 96 people, of which 59 people suffered from schizophrenia (Fitriani Anisa, 2023).

Hallucinations are the most common type of sensory perception disorder, in which individuals often experience unreal sensations, such as sounds, sights, tastes, touches, or smells. Various types of hallucinations can be experienced by people with mental disorders, with auditory hallucinations occupying the highest position at around 70%, followed by visual at 20%, and the remaining 10% including gustatory and tactile. Auditory hallucinations are the most common in schizophrenia patients (Rahim & Yulianti, 2024). Auditory hallucinations are a condition in which a person hears voices that are not clear or clear. The voice often invites conversation and sometimes gives orders to the client to do certain actions. There are various methods to overcome hallucinations, where nurses will provide care by providing ways to control hallucinations. There are four strategies that can be applied, namely teaching reprimand techniques, teaching taking medication properly and regularly, teaching talking to people close to them or other people, and carrying out scheduled activities that can be chosen to prevent the recurrence of hallucinations (Hapsari & Azhari, 2020).

The function and purpose of each implementation strategy are as follows: the implementation strategy of the reprimand technique helps individuals to understand hallucinations, explains techniques to control hallucinations, and teaches clients how to manage hallucinations with approaches such as reprimanding and scheduling daily activities. In the implementation strategy of drug compliance, the focus is on evaluating the activities that have been carried out, teaching clients to control hallucinations by taking medication regularly, and scheduling them in daily activities. The implementation strategy of talking aims to evaluate, provide learning for clients to be able to control hallucinations through talking, and schedule daily activities. For the implementation strategy of scheduled activities, an evaluation of previous activities is carried out, and clients are taught to manage hallucinations by carrying out planned activities, and including additional activity schedules.

Based on research conducted by (Meliana & Sugiyanto, 2019) the technique of rebuking was applied to paranoid schizophrenia patients who experienced sensory perception disorders in the form of auditory hallucinations. showed the results in this case, the first client experienced a 70% decrease in signs and symptoms, with 7 out of a total of 10 problems successfully resolved, as well as an increase in the ability to control hallucinations, reaching 100% with all 7 abilities successfully obtained. As for the second client, a 70% decrease in signs and symptoms was also recorded, where 7 out of a total of 10 problems were successfully resolved, and an increase in the ability to control hallucinations reached 100%. Thus, it can be concluded that the application of implementation strategy 1 in dealing with hallucinations has proven effective in reducing the signs and symptoms that appear.

Not only in the way mentioned above, to reduce the symptoms and frequency of hallucinations can be done with leisure time activities. Low impact aerobic exercise can be an activity that is taken because according to research (Sapitri et al., 2024) shows a decrease in the frequency of hallucinations. In the initial assessment, the voice that often ordered him to do bad things was heard four times a day in a row. After carrying out scheduled activities: low impact aerobic exercise therapy for four days, with a duration of 20 minutes each day, the frequency decreased to one. After conducting the case study, the author is expected to be able to gain an understanding and description of the application of rebuke techniques and low-impact aerobic exercise therapy activities in patients with hallucinations: hearing in the Cigeureung Health Center area of Tasikmalaya City.

Methods

The research design itself refers to the type or method of research chosen to achieve the expected goals, and acts as a guideline and tool in implementing research so that these goals can be achieved (Indriawan, 2019). The design used in this Scientific Paper (KTI) is qualitative with a case study approach, which aims to describe the problems experienced by clients who experience sensory perception disorders in the form of hallucinations. This is done through the application of rebuke techniques and low-impact aerobic exercise therapy activities in patients with auditory hallucinations.

Results

Table 1. decrease in signs of hallucinations

| Patient | signs and symptoms | |
|---------|--------------------|-------|
| | Before | After |
| Tn. F | 10 | 2 |
| Tn.S | 11 | 4 |

Based on table 1 above, it shows that Hallucinations before and after the application of the rebuke technique and low impact aerobic exercise therapy for 5 days showed a significant increase in results in both patients, namely reducing the hallucination score. This shows that the rebuke technique and low impact aerobic exercise can affect hallucinations, so that improvements in patient cognitive skills increase.

Discussion

Decrease in Signs and Symptoms Before and After Implementation of the Scolding Technique and Low Impact Aerobic Gymnastics Activity Therapy :

Tabel 2. Signs and symptoms of hallucinations

| No | Signs and symptoms | Client 1 | | | | | Client 2 | | | | |
|---------------------------------------|---|-----------|----------|----------|----------|----------|-----------|----------|----------|----------|----------|
| | | Day | | | | | Day | | | | |
| | Cognitive (Mind) | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. | Seiing/hearing/smelling/feeling an object/person/someth in that does not have an object | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ |
| 2. | Slow Verbal Response | √ | √ | √ | | | √ | √ | √ | √ | √ |
| | Affective/Emotional/Situational | | | | | | | | | | |
| 3. | Suspect | √ | √ | | | | √ | √ | √ | | |
| 4. | Afraid | √ | | √ | | | √ | | | | |
| 5. | Worry | | | | | | √ | | | | |
| 6. | Irritated | √ | √ | √ | | √ | √ | √ | √ | √ | |
| 7. | Easily offended | √ | √ | | | | √ | √ | | √ | |
| | Physique | | | | | | | | | | |
| 8. | Tense and flushed facial expression | √ | √ | | | | √ | | | √ | |
| 19. | Tremors | | | | | | √ | √ | √ | | |
| | Behavior | | | | | | | | | | |
| 11. | Moving the lips whitouth sound | √ | √ | √ | √ | | | | √ | | √ |
| | Social | | | | | | | | | | |
| 12. | No eye contact | √ | √ | √ | √ | | √ | √ | √ | | √ |
| 13. | Withdrawing from others/being alone | √ | | | | | √ | √ | √ | | |
| Number of signs and symptoms : | | 10 | 8 | 6 | 3 | 2 | 11 | 8 | 8 | 5 | 4 |

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Based on the results of the study after the application of the rebuke technique and low impact aerobic exercise therapy, significant changes were found in the form of a decrease in signs and symptoms of hallucinations assessed using a specific assessment instrument. In the first patient who underwent five intervention sessions, there was a decrease in symptoms from 10 signs at the beginning of the meeting to 8 in the second session, 6 in the third session, 3 in the fourth session, and only 2 signs of symptoms remained at the fifth meeting. This shows a consistent decrease in symptoms every day. Meanwhile, in the second patient who initially showed 11 signs of symptoms, the number decreased to 8 in the second and third meetings, then decreased to 5 in the fourth session, and to 4 in the fifth session. Thus, it can be concluded that there was a decrease in hallucination symptoms by 80% in the first patient and 63.6% in the second patient. The final signs and symptoms in the two patients showed differences, where for patient 1 there were still 2 signs, while patient 2 only showed 4 signs of final symptoms.

After reporting the level of subject participation, there will be a decrease, and there will be variations in the number of similar activities carried out with the same support and dose of activity, depending on the characteristics of the respondents. To support the client's healing process and minimize the risk of recurrence of hallucinations, the family needs to continue to monitor treatment and daily activities according to Alfaniyah and Pratiwi (2022). The cause of the decrease in signs and symptoms between patient 1 and patient 2, the client patient always follows the program recommended by the researcher. The client can control the signs and symptoms of hallucinations that occur through the application of reprimanding techniques and

exercise activity therapy applied by the client. Therefore, the client can reduce signs and symptoms and eliminate hallucinations. These results are in line with those stated by Pratiwi et al. (2020), that the reprimanding technique is able to control hallucinations better than other techniques and improve the patient's ability to manage the hallucinations they experience, while research (Sapitri et al., 2024) shows a decrease in the frequency of hallucinations. In the initial assessment, the voice that often ordered him to do bad things was heard four times a day in succession. After carrying out scheduled activities: low-impact aerobic exercise therapy for four days, with a duration of 20 minutes each day, the frequency decreased to one) can have an impact when hallucinations appear, clients can eliminate unreal voices and can be more busy. At the second meeting, the researcher re-evaluated what had been taught on the first day. The results obtained by both clients were able to recognize their hallucinations and were able to overcome the hallucinations experienced by using both methods, there were 8 signs of symptoms in clients 1 and 2

At the third meeting, client 1 decreased to 6 signs of symptoms, different from client 2 who did not experience a decrease in signs and symptoms After the researcher explained how important family is for the clients being served, there was progress and motivation from family members to be more sensitive to the client's needs. This makes clients feel cared for by their families and reduces feelings of prolonged frustration. Stating that family is one of the sources of motivation in the patient's recovery process. Therefore, attention in caring for clients with mental disorders should be focused on the family as the closest people to the patient According to Yamsidar and Ananda (2021).

At the fourth meeting, the researcher once again evaluated the implementation of the strategy of the reprimand technique and the schedule of activities and re-checked the ability to apply the reprimand technique and activities that are usually done at home. The results of the evaluation showed a decrease in client 1, there was a decrease of 3 signs of symptoms and client 2 had a decrease of 5 signs of symptoms. At the fifth meeting, the researcher re-evaluated the implementation of the strategies that had been taught to overcome hallucinations. With the results showing a decrease of 2 signs of symptoms in client 1 and a decrease of 4 signs of symptoms in client 2.

Conclusion

Nursing care for two clients with auditory hallucinations was carried out through the nursing process, including assessment, intervention, implementation, and evaluation. Both clients experienced sensory perception disturbances in the form of auditory hallucinations and received interventions consisting of SP 1–SP 4 hallucination management, reprimanding techniques, and low-impact aerobic exercise therapy. The therapies were conducted daily and showed positive results. Client 1 experienced an 80% reduction in hallucination signs and symptoms, while client 2 showed a 63.6% reduction. The difference in outcomes was influenced by adherence to therapy, where client 1 was more consistent in applying the reprimanding technique and participating in scheduled activities compared to client 2.

Suggestion

Based on the case study, several recommendations can be proposed to support the development and improvement of future research and clinical practice. For researchers, it is expected that further studies can expand and refine the application of rebuking techniques combined with low-impact aerobic exercise for patients experiencing sensory perception disorders, particularly auditory hallucinations, so that the intervention becomes more effective and yields more optimal outcomes. For clients, it is recommended that rebuking techniques and scheduled low-impact aerobic exercise be applied routinely as part of daily activities to help

regulate the intensity of hallucinations and reduce their signs and symptoms. For families, active involvement and continuous support are essential in caring for clients with auditory hallucinations, as family members are the closest individuals who understand the client's daily condition; such support can enhance motivation and accelerate the recovery process. Finally, for health services, particularly community health centers that provide care for individuals with schizophrenia, regular follow-up visits are strongly recommended to ensure patients receive consistent attention, appropriate behavioral management, and optimal implementation of the therapies they undergo.

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