

Title : Living with auditory hallucinations: Indonesia people's experiences

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ABSTRACT

This study was a phenomenological inquiry of the experience of auditory hallucinations as described by 13 Indonesian people diagnosed with schizophrenia. The interviewees included 6 men and 7 women and they were aged between 19 and 56 years. Four themes emerged from this study: Feeling more like a robot than a human being; voices of contradiction - a point of confusion; tattered relationships and family disarray; and normalising the presence of voices as part of everyday life. The findings of this study have the potential to contribute to new understandings of how people live with and manage auditory hallucinations and so enhance client-centered nursing care.

Key Word: schizophrenia, auditory hallucinations, phenomena, lived experience, Indonesia

Introduction

Globally, it is estimated that 24 million people live with schizophrenia (WHO, 2008), while 1 million people have been diagnosed with schizophrenia in Indonesia (Indonesia Health Department, 2008). The most common symptom of schizophrenia is hallucinations (Uhlhass & Mishara, 2006) and the most common form of hallucinations in schizophrenia is auditory hallucinations (Waters, 2010). It is estimated that the prevalence of auditory hallucinations amongst people living with schizophrenia ranges from 64.3% to 83.4% (Thomas et al., 2007).

One of the major challenges in the nursing care of people experiencing auditory hallucinations is that they have the potential to be a danger to themselves and/or others (Shawyer, et al. 2008). Buccheri, Trygstad and Dowling (2007) in their study of 27 people who experienced auditory hallucinations found that 65% experienced what is known as command hallucinations, which are voices telling them to hurt others (21%) or telling them to hurt themselves (44 %). Unfortunately a significant number of people with schizophrenia experience persistent auditory hallucinations despite psychopharmacological treatment (Carpenter, 2004; Tsai & Chen, 2005).

The findings of a previous study of 150 people diagnosed with schizophrenia conducted by one of the authors in West Java, Indonesia, found that 71.25% experienced auditory hallucinations (Suryani, 2006). The 2006 study found that the first experience of hearing voices related to stressful times in the lives of 55% of the participants. Further, a majority of the participants (87.5%) experienced hearing voices while alone and not engaged in activity. The frequency of the hallucinations varied from once a day, to once a week, to twice a week, to all the time. The content varied in terms of the sound of the voices and the kind of instructions given. The participants used various strategies to manage the presence of the voices including

avoiding being alone (31.25%), praying (22.5%), watching television (15.51%), attempting to block out the voices (12.5%), and saying 'stop - go away' (11.25%). Approximately 17.5% of participants did not attempt to stop the presence of the voices because the experience did not significantly bother them. The 2006 study by Suryani also found that 13.3% of the participants harboured intentions to suicide while 40% exhibited violent behavior such as assaulting other consumers and nurses, and destroying furniture (Suryani, 2006).

The above mentioned inquiry however, did not explore in-depth the experience of living with auditory hallucinations. The authors of this paper argue that a deeper understanding of the experience of auditory hallucinations for people diagnosed with schizophrenia is important as having insight into the experience of such a phenomenon can inform the provision of quality person-centered nursing care.

Person-centred care is the term used in health services to describe the philosophical approach to a particular mode of care (Clift, 2012). Central to a person-centred approach to care is a commitment to meeting the health care needs of individuals within the context of their illness experience where personal beliefs, cultural traditions, family situation, life style, and having insight and understanding of what the person is going through are all taken into account. Such an approach requires the nurse to move beyond simply attending to a person's overt health needs to being attentive and responsive to the inner world of the individual – their personal world of experiences and what this means to them (Hasnain, et al., 2011; Clift, 2012). Gaining an understanding of the lived experiences of people with auditory hallucinations is in keeping with a person-centred approach to care and therefore, the provision of quality health care delivery.

Literature Review

Search Procedure

In undertaking a review of literature, an extensive computerized search was conducted. The initial search involved a review of definitions to identify search parameters using the keywords: 'Auditory hallucinations' AND 'Schizophrenia' and 'Indonesia'. 'Hearing voices' AND 'Schizophrenia' and 'Indonesia' in the CINAHL and PsycInfo between 2000 and 2008 (when this study was commenced) as both search engines are considered to be the most comprehensive and relevant databases for the review of literature (Shultz, Dell & Bodan, 2009). The search was limited to 'English', 'human' and 'adulthood'. The initial search resulted in no articles being located. Therefore, the limit for the key word 'Indonesia' was removed and the key words used for searching were 'auditory hallucinations' AND 'schizophrenia' and 'hearing voices' AND 'schizophrenia'.

This search located 32 articles from CINAHL and 614 articles from Psycinfo. After reading all article abstracts, few studies were found that directly related to the focus of this study. The vast majority of articles were concerned with neurobiological aspects of the phenomenon and neuroleptic medications used to treat auditory hallucinations. A further search was conducted to include additional search engines: Health and Medical Complete, Medline, Proquest Psychology Journals, Proquest Social Journals, Dissertation and Thesis Abstracts, Science Direct, Web of Science and Scopus. Literature related to the methodology underpinning this study was also searched using the keywords: 'auditory hallucination' AND 'phenomenology', 'auditory hallucination' AND 'Qualitative research', 'hearing voices' AND 'phenomenology' and 'hearing voices' AND 'qualitative research'. Reference lists from relevant articles and other information sources such as conference papers were also scrutinised for

relevant information. The search for relevant literature was not limited to the initial search but was updated annually throughout the course of the dissertation concluding in 2011.

Impact of auditory hallucinations on the lives of individuals

A number of studies were located concerning the impact of auditory hallucinations on the lives of individuals. Copolov, MacKinnon and Trauer, (2004) in an Australian study of 199 people with a psychotic disorder reported that people who experience auditory hallucinations frequently feel depressed. Suryani's (2006) study conducted in Indonesia found that most of the participants (60% of 150 participants) were disturbed by the sound of voices to the point of becoming angry, depressed, and unable to attend to activities of daily living. Similarly, a systematic review by Waters (2010) confirmed that people who experience auditory hallucinations were stressed by the intrusive and personal nature of the voices.

A study by England (2005) in North America of 387 people diagnosed with schizophrenia who experienced auditory hallucinations suggested that there was a correlation between participants' perceptions of hearing voices and their self-esteem and quality of life. The findings indicated that participants who have a negative experience of auditory hallucinations exhibited low self-esteem and reduced quality of life. Lysaker and La Rocco's (2009) study set in Indiana, USA, explored health-related quality of life of 102 adults with a schizophrenia spectrum disorder. They found that the participants who experienced auditory hallucinations exhibited poor social and emotional functioning (Lysaker & LaRocco, 2009) resulting in loss of employment and difficulty in forming social relationships (Cangas, Garcio-Mostes, Lopez de Lemus & Olivencia, 2003).

A recent study by Beavan and Read (2010) in New Zealand explored the effects of the content of hallucinations on emotional well-being in 154 people. The findings of the study indicated there was a correlation between the content of the voices and participants' emotional response. For example, participants who heard negative content such as being criticised, experienced negative emotions such as feeling distressed.

The experience of auditory hallucinations was not limited to negative content and consequent negative emotional responses. A cross sectional and retrospective study by Sanjuan et al. (2004) conducted in an out-patient psychiatric facility in Spain involved 140 people who experienced auditory hallucinations. Twenty-eight participants (26%) spoke of having positive experiences of hearing voices. Fundamental to the positive experience was the participants' belief that they were in control of the voices.

A study by Jarosinski (2008), in Virginia, USA with 12 participants, explored how hallucinations affected the lives of individuals. The study explicated four themes: 'are they who they are?'; 'a not-so-certain life'; 'finding strength in the broken places' and 'I am still me' (Jarosinski, 2008, p.356). Jarosinski (2008) concluded that although the experience of hallucinations resulted in people experiencing multiple losses such as opportunities for employment, marriage, and joy with family and friends, the voices helped them to care for and relate to one another. One of the participants in Jarosinski's (2008) study shared their experience: "*Sometimes they told me how to raise my children and to ask for help too . . . to raise them*" (Jarosinski, 2008, p. 356). Because of the limitations of the study (being only in two locations, Portsmouth and Richmond, South Eastern Virginia), the author suggested that the study should be replicated in different demographic areas to gain further understanding of the phenomenon of

the experience of hallucinations. The study being presented in this paper makes a contribution in this respect.

Coping strategies of people living with auditory hallucinations

It is generally accepted that people diagnosed with schizophrenia who experience auditory hallucinations feel significant stress and discomfort. The often un-abating presence of the voices has led individuals to develop their own coping strategies (Singh, Sharan & Kulhara, 2003). An exploratory descriptive study in Taiwan by Tsai and Chen, (2005) asked 200 participants to describe their coping strategies in managing auditory hallucinations. They found that most of the participants developed their own distraction techniques such as ignoring the voices, engaging in activities, and accepting or arguing with the voices.

A descriptive exploratory study by Hayashi et al. (2007) in Japan, investigated coping strategies of 144 people with auditory hallucinations. The findings of the study indicated that talking to someone and participating in hobbies such as playing games were the most effective coping strategies in managing the presence of voices, while retorting and reading aloud had minimal effect. Listening to relaxing music was identified as being more effective than watching television.

Chin, Hayward and Drinnan (2009) in their study in the UK of nine participants explored the participants' understanding of their relationship with the voices. Information was gathered through semi-structured interviews. By applying the process of interpretive phenomenological analysis (IPA) five major themes were explicated: Defining the 'other'; me vs. the voice; the voice and me; impact on self; and social relationships (Chin, Hayward & Drinnan, 2009). In

their discussion, Chin, Hayward and Drinnan (2009) focused on the relationship between the voice hearer and the voices that they heard. Some participants accepted their relationship with the voices, while others rejected them (Chin, Hayward & Drinnan, 2009). The participants' relationship with the voices evolved over time from non-acceptance to being a normal part of their lives.

An international consortium called the Hearing Voices Network (HVN) insists that individuals have the capacity to take control of their own healing process (Blackman, 2007). The HVN, established in 1993 by Professor Marius Romme, aims to provide a place for individuals to share and learn about how to live and cope with the presence of voices (Blackman, 2007). People who hear voices are considered by HVN to be 'an expert by experience' (Blackman, 2007).

Kelly Comans, an expert by experience who has lived with the presence of voices for 15 years shared her experience of recovery at the 2nd International Hearing Voices Congress in Nottingham, UK, in November 2010. In her presentation she stated "recovery is an active process, you cannot sit on your arse and slide up a hill!" She added further that there were several key elements in her recovery journey - accepting the presence of the voices as part of her life, being understood and supported by others, developing skills to live with the voices, making connections with others, and combating stigma.

Similarly to the findings of Kelly Comans' study (2010), Richard McLean (2003) describes his life journey from the first time he began to hear voices through to the point of realisation that he needed professional help. For McLean (2003), his journey of recovery involved moving from an image of self as victim to one of being in control. Resuming control of

his life and being supported by health professionals were for him key elements in the recovery process.

Sandy Jeffs (2009), who was diagnosed with schizophrenia 34 years ago, described how distressing the experience of living with schizophrenia has been for her. Sandy also described factors that assisted her in her journey of recovery which included writing poetry, having someone to trust, engaging in domestic and social activities, challenging herself in sport and being able to ignore the voices. She suggested that to recover from hearing voices, individuals need to engage in creative and meaningful activities.

In addition, one of the authors of this paper, in her anthropological work with Indigenous Australians, found that her participants found the voices to be highly meaningful and often positive in that they provided guidance on issues in everyday life and were related to the presence of spirit ancestors. In this context the presence of voices were often not considered to be symptoms of mental illness at all (Cox, 2009; Cox 2010). Further Rochelle Suri, a psychologist and marriage and family therapist from California, suggested that in her experience of working with people who experience auditory hallucinations, it is important to acknowledge the presence of the voices in people's lives rather than just seeing them as a symptom of schizophrenia. That is to say the presence of the voices has significant meaning for the people who experience them (Suri, 2010). Like Cox (2009; 2010) Suri (2010) also suggested, a better understanding of the meaningfulness of the voices in people's lives is pivotal to working with consumers in the recovery process.

Methododology

Research Question

The research question which informed this study was:

What is the experience of auditory hallucinations as articulated by Indonesians diagnosed with schizophrenia?

Research design

This study used a phenomenological approach to inquiry. Phenomenology is “a method of inquiry that offers a way of systematically studying and learning about phenomena that is typically difficult to observe or measure” (Wilding & Whiteford, 2005, p. 99).

According to Giorgi (2005), in order to understand the nature of a phenomenon such as auditory hallucinations, it is important to consider the lived experience of the person who has experienced them. Attention to the ‘meaning’ of living with auditory hallucinations for the individual assists others to gain an insightful understanding of the impact of such experiences on the person’s life-world (Thomas, Bracken & Leudar, 2004; Welch, 2004).

Therefore to gain insight into the experience of hearing voices , it is essential to explore the phenomenon in-depth from original sources (from individuals who experience them) as they are best placed to provide insights about what such experiences are like. As the experience of auditory hallucinations is part of the fabric of everyday life for many people with schizophrenia, a phenomenological methodology was considered by the researchers to be an appropriate research approach for this study.

Participant Selection and Access

Purposeful sampling was used for the recruitment of participants. To achieve the goal of this research, the inclusion criteria for participation incorporated those diagnosed with schizophrenia, attending the outpatient department of a mental health facility in Indonesia, reporting hearing voices, able to provide informed consent, and willing to be a participant in this study. Individuals living with a co-morbid substance abuse disorder or organic impairment, a primary mood disorder, or a cognitive deficit that would prohibit them from participation in interviews were excluded from participation.

Participants were contacted in person by the lead researcher. The venue for contact was the Outpatient Unit of the Psychiatric Hospital. At the time the participants were informed that they needed to be assessed by the attending psychiatrist in order to ensure they met the inclusion and exclusion criteria for involvement in this study.

Information Gathering

Information was gathered through in-depth focused interviews. Each participant was interviewed twice. The purpose of the first interview was to explore participants' experiences of living with auditory hallucinations while the purpose of the second was to provide an opportunity for the participants to review their respective transcript of interview. The length of the first interview ranged from 45 to 60 minutes while the second ranged from 30 - 40 minutes.

Information Analysis

Analysis of the participants' transcripts of interview used Colaizzi's (1973) approach to analysis to identify key themes. The first step is transcribing interviews. The interviews, which were conducted in Indonesian, were transcribed in Bahasa Indonesian translated into English by the lead researcher. After completing the transcription and translation of interviews, confirmation as to the accuracy of the translations was confirmed by a professional Indonesian to English translator. At the completion of the translation process the original transcripts of interview in Bahasa Indonesia were returned to the participants for validation. At this point the participants were invited to add further information or delete any statements that they believed did not reflect their experience. The majority of participants agreed with the content of their respective transcripts however, some participants wished to provide additional information.

The additional information provided by participants was translated into English and incorporated into the English version of the transcription. The researcher then read and reread all the participants' narrative descriptions (both the English and Indonesian versions). This process gave the researcher a general sense of the participants' experiences. Then the researcher commenced the process of identifying significant statements which she believed captured core elements of the participants' experiences. This process involved the researcher extracting phrases and statements from each participant's narrative descriptions that directly related to the phenomenon under investigation. At the completion of this activity the researcher formulated more general statements or meanings for each significant statement. Below is an example:

Significant statement	Formulated meaning
1 I was powerless to stop myself from following them (the voices), I mean I had to follow the voices' instructions. I felt I had to obey all of them. I didn't know why. I just felt that I had to follow them.	Feeling powerless to resist

The next step involved organizing the aggregate formulated meanings into theme clusters. In undertaking this process, the researcher repeatedly returned to the participants' statements to ensure that the explicated themes were congruent with the formulated meanings and reflected the participants' experiences.

Ethical Considerations

In undertaking this project a number of ethical issues were addressed including: ethics approval, informed consent, anonymity, confidentiality, storage of data, level of risk, and right to withdraw without prejudice. Ethics approval was granted from the University Ethics Committee in which this study was conducted.

Findings

Thirteen participants were involved in this study. The age of the participants ranged from 19 to 56 years. Eleven participants were Moslem and two were Christian. Six participants were men and seven were women. Most of the participants had experienced auditory hallucinations for more than four years. The analysis of the participants' transcripts using Colaizzi's approach to analysis identified four themes: Feeling more like a robot than a human being; voices of

contradiction - a point of confusion; tattered relationships and family disarray; and normalizing the presence of auditory hallucinations as part of everyday life.

Feeling more like a robot than a human being

For a number of the participants life at times was robotic in nature, as they felt devoid of control and powerless to resist the voice commands irrespective of whether they were positive or negative in nature as described by one of the participants: *the voices seemed to command my brain.....In my mind I felt as if I was under their command.* Similar thoughts were expressed by another participant in stating: *At the time, I felt like a stooge. Where ever the voices instructed me to go or whatever the voices instructed me to do, I certainly followed their instructions.*

One of the participants gave an example of how the voices exerted power over him. He said: *I remember that after recovering and going home 2 years ago, the voices instructed me to climb a mountain. At the time, I just followed their instruction. I could not reject it...*

For another participant, the inability to resist the commands of the voices resulted in socially abhorrent behaviour: *I just did whatever the voices instructed me to do. For example, before being admitted to this hospital, I had eaten my stool and drank my urine.* As a result of their perceived incapacity to take control of the voices and their lives, participants felt that they were no longer human. Such sentiments were conveyed by a participant in this study in stating:

having experienced hallucinations, I no longer live like a human...we have no family... no friends... We feel as if we are isolated from our loved ones unable to share with them the joy and fun of family life. Our behavior is completely different from that of other people...

In Indonesian culture reference to not being a human being is to suggest a point of difference in which the person no longer has the capacity to live a normal life with the freedom to make personal choices as part of daily living.

Along with feeling powerless to control the voices participants also spoke of the contradictory nature of the auditory hallucinations.

Voices of contradiction - a point of confusion

The often contradictory nature of the voices' engendered feelings of doubt and confusion about what to do as many of the commands challenged the participants' personal integrity, values, religious beliefs and practices. For example one participant said: *I felt... confused... Sometimes I followed the voice which instructed me to pray, but sometimes I followed the voice which prohibited me from praying. This left me with doubt ... and confusion about what I should do. Not knowing what do in such circumstances is frightening.* The contradictory nature of the voices and their subsequent impact was described by another participant: *At that time, when I wanted to do what the voices asked me, they then instructed me to do the opposite...an example was after instructing me to eat. The voices instructed me to throw it [the food] away. Not knowing what to do leaves you feeling incapacitated.* The metaphor presented by another participant to convey how he felt was *being pulled in two directions*. For the participants of this study such experiences left them feeling *angry with the situation* as shared by one participant. Living with confusion and uncertainty was further compounded by tattered relationships and family disarray

Tattered relationships and family disarray

A recurring preoccupation of the participants was that family relationships and family life imploded as the mental illness and the hallucinations took grip of the person's life leaving them with feelings of chaos. For example one of the participants described his experience of tattered relationships in stating: *I feel inferior and ashamed. I seemed to talk alone like a crazy man. I felt ashamed ... about being mentally ill and hearing voices, I am in the process of divorce with my wife. Six months ago her parents took her from my home.* Similar experiences were shared by another participant: *My relationship with my wife has deteriorated since becoming ill... I have been unable to make love with her. I feel so ashamed and inferior. I haven't slept with my wife for a long time, It's been 12 years, "You are crazy" my wife said... I have since divorced her.*

Feelings of inferiority and shame also impacted on the life of the participants as described by another participant: *I also feel inferior...I am ashamed for placing my wife, my mother in law, and my children in this position. I am an "orang gila" [crazy person]...I am embarrassed for not being able to provide for them.*

The participants also experienced difficulties in interacting with their neighbours and their wider social network. As a result of fearing rejection, a number of the participants were reticent to leave the house as described by one participant: *I always look down when walking. I feel like I cannot look them in the face, I feel inferior and ashamed. So, I do not get along with neighbors...and I rarely leave the house.*

Despite the difficulties, uncertainties, and confusion associated with the experience of auditory hallucinations, participants found a personal way of living with the presence of voices as discussed below.

Normalising the presence of auditory hallucinations as part of everyday life

As mentioned earlier the presence of auditory hallucinations was at times a frightening and confusing experience for a number of participants. However, despite the feelings of uncertainty generated by their presence, for a number of the participants normalising the hallucinations was the most effective way of being able to live with their presence as part of their everyday life. A participant shared his experiences of being able to live with the presence of the voices without significantly impacting on his normal pattern of daily life. He described his experience in stating: *I felt just like usual. I just felt like I was talking to myself. Yes, just like usual, if I wanted to respond to the voice, I just did it. On the other hand, if I did not want it... I just ignored it.* Another participant described how she coped with auditory hallucinations: *Although I am unable to prevent or get rid of the voice, I just ignore it. When I ignore the voice it just stops. It is like not responding to someone who is talking to you. When that happened they usually stop talking to you. If I want the voice to stop I just don't respond and ignore it.*

For a number of the participants the presence of auditory hallucinations has become part of their daily life as described here: *Hearing voices? Nothing special, like a conversation, the voices sometimes appear, but sometimes don't. I get used to hearing the voices. It's like part of my life.*

4. Discussion

The findings of this phenomenological study explicated four themes that reflect the everyday life of the participants in their struggle in living with auditory hallucinations. The four themes presented above are discussed in relation to available literature on the topic to establish

their significance for knowledge enhancement, clinical practice and future research on the phenomenon of auditory hallucinations.

The theme 'feeling like a robot' is consistent with previous quantitative research findings about peoples' compliance with a command hallucination (Lee, Chong, Chan and Sathyadevan, 2004). Issues of power in relation to the reason for compliance that Reynolds and Scragg (2010) discuss were highly relevant to the participants of this study in Indonesia who frequently returned to their feelings of powerlessness and lack of control. The findings of this present study are also in line with the findings of previous qualitative studies by Jarosinski (2008) and Chin, Hayward and Drinnan (2009) in which participants felt that they were under the control of the voices. Although various studies discuss living under the control of the voices, no previous studies were located that explicated that participants felt that they were no longer human as in this study. This aspect of feeling the loss of their essential humanity is an important new insight into the impact of command hallucinations.

Beside 'feeling like a robot' the experience of auditory hallucinations also impacted on the participants' feelings of confusion and uncertainty about what to do as a consequence of the contradictory nature of the voices' commands. In the review of literature several studies discussed this theme. A previous study conducted by one of the authors (Suryani, 2006) showed similar results to this present study where the participants described receiving contradictory instructions from the voices. Similar findings were reported in a study by Fenekoou and Georgaca (2009) in which the voices instructed the participants to engage in what seemed to them to be contractory behaviours. However, neither Suryani's (2006) nor Fenekoou and Georgaca's (2009) studies identified the level of confusion and uncertainty experienced by the

participants of this current study as a result of the contradictory nature of the voices' requests and commands.

The experience of auditory hallucinations impacted on the participants' lives and their capacity to engage in social relationships. Their low self-esteem and bizarre behaviours resulted in family stress, fractured relationships and divorce. The findings of this present study are consistent with the study by Jarosinski (2008) in which all 12 participants were divorced. The participants in this study did not engage with others outside the family because of their feelings of inferiority that primarily was tied to their feelings of being different from others and their inability to resume their role within the context of family and community. This finding contributes to the work of Lysaker and LaRocco (2009) who found that participants in their study had difficulty developing social relationships because of their personal sense of inferiority. Consequently, they were isolated and discriminated against by their local community (Irmansyah, 2003).

During the experience of auditory hallucinations, the participants developed their own way of living with the presence of the voices by normalizing such experiences. The need for developing ways of living with the presence of auditory hallucinations explicated by the participants' experiences in this study were also articulated in previous qualitative studies by Jarosinski (2008) and Chin, Hayward and Drinnan (2009). This finding also supports the experience of Sandy Jeffs in her book "Flying with Paper Wings" (2009) who recovered from hearing voices by normalising the experience and being active in her daily life. She suggested that engaging in creative and meaningful activities can help individuals in the recovery process. This finding also supports Richard McLean's experience in his book "Recovered not Cured"

(2003) in which his process of recovery from hearing voices involved moving from an image of self as victim to one of being in control by accepting the voices as part of his life and controlling them.

The findings of this study also support the experience of Rufus May, a clinical psychologist who experienced hearing voices who found his personal way to recover from the experience of auditory hallucinations involved combating the label of schizophrenia and finding ways of living with voices. Kelly Comans who has experienced hearing voices for more than 15 years suggests that recovery from hearing voices is an active process in which accepting the presence of the voices as part of normal life and developing coping strategies to live with the voices are keys to a healthy and productive life.

Implications for Recovery Focussed Nursing Care

The findings of this study and supporting literature (suggest that the experience of auditory hallucinations is a journey in which people who experience them attribute meaning and find ways to live with the voices as part of the recovery process (Mc Lean, 2003; Thomas, Bracken & Leudar, 2004; Cockshutt, 2004; Coffey & Hewitt, 2007; Welch, 2007; Cox, 2009 & 2010; Chin, Hayward & Drinnan, 2009; Jeffs, 2009; McLean, 2003; Suri, 2010). These understandings have implications for working with people using the recovery model where individuals' capacity to heal is recognised and respected (Davidson, 2005; May, n.d.; Adame & Knudson, 2007; Coffey, & Hewitt, 2007). The recovery model requires the nurse to be able to work with individuals by stimulating their innate capacity to recover and providing support during their journey of healing (Coffey, & Hewitt, 2007).

Such findings have the potential to increase nurses' understanding of auditory hallucinations as meaningful phenomena for those who experience them (Welch, 2007) rather than pathologise and label people through the diagnostic categories of the medical model of psychiatry (Cox 2009; 2010). Only individuals who experience something can completely understand the essence of that phenomenon and decide what it means to them (Sanders, 2003; Welch, 2007). This perspective has implications for nurses' understanding and their work in assisting individuals to find ways of coping with the presence of auditory hallucinations (May, n.d.; Suri, 2010). The findings of this study challenge the existing conceptualization of auditory hallucinations in the DSM IV-TR to move from a biological or psychopathological understanding to a recovery model in which individuals' capacity to heal is recognized and respected (Davidson, 2005; May, n.d.; Adame & Knudson, 2007; Coffey, & Hewitt, 2007).

The experience of fear, apprehension, confusion and uncertainty described by participants as a consequence of the presence of the voices revealed in this study and in the broader literature provides important insight into the lived world of people who experience such a phenomenon. Within the context of the Recovery Model such insights need to form the basis of health care interventions including acknowledging the significance of such experiences and working with the person as they make choices about how best to manage the voices to achieve quality of life as they understand it.

Conclusion

As previously discussed, this descriptive phenomenological study of 13 participants was conducted in Indonesia. Descriptive phenomenology was used as a basis for philosophical

understanding of the participants' experience explicated through the use of Collaizzi's (1973) approach to analysis. In general, there are two contributions of this study to the domain of research on the topic. The finding of this study extends the work of Marius Romme (the prominent leader of the hearing voices movement) and other authors such as McLean (2003), Jarosinski (2008), Jeffs (2009), Cox (2009; 2010) and Suri (2010) all of whom posit that auditory hallucinations need to be reconceptualized as a human experience and not always or only as signs and symptoms of schizophrenia. This current study adds new understandings about the experience of auditory hallucinations from a different socio-cultural perspective to those of other studies.

Limitations of the Study

As this study was conducted in Indonesian and presented in English, the researcher encountered some difficulty in translating the participants' transcripts of interviews. In order to ensure the essential meaning of the participants' experiences were presented accurately, particular attention was given to the translation process. This involved following the steps as outlined by Brislin's method of bilingual translation. However, achieving accuracy in all areas of the translation process could not be fully achieved. The potential for some level of distortion and lack of accuracy because of the lack of equivalency in direct word translation placed the researcher in a position of identifying the closest approximation to the correct word and its meaning. Overall, however, the findings of this study have not been compromised by such a challenge and are considered by the researchers to be an accurate explication of the participants' experiences as they described them.

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