



## The Phenomena of Auditory Hallucination as Described by Indonesian People Living With Schizophrenia

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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 normalizing 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.

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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 among 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; Luhrmann, 2012).

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 harbored 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-centered care is the term used in health services to describe the philosophical approach to a particular mode of care (Cliff, 2012). Central to a person-centered 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 (Hasnain, Connell, Menon, & Tranmer, 2011). Such an

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