

# A PHENOMENOLOGY STUDY FOR PRECIPITATING FACTOR OF AUDITORY HALLUCINATION ON PATIENT WITH SCIZOFRENIA AT MENTAL HOSPITAL IN SURABAYA

<sup>1</sup>Dede Nasrullah, <sup>2</sup>Reliani, <sup>3</sup>Iin Masfiah, <sup>4</sup>Sukadiono, <sup>5</sup>Mundakir

**Abstract:** *An auditory hallucination is one of the typical signs of schizophrenia in which a person perceives hearing an unreal voice or whisper into reality. In Indonesia, the incidence of schizophrenia in 2013 was around 400,000 people or as many as 1.7 per 1,000 population and increased to 7 permil in 2018 including East Java Province increased from 0.22% to 0.50%. There is an increase in inpatients at Menur Mental Hospital every year from 1715 in 2016 to 2147 patients in 2017; 30% of them experiencing hallucinations. The purpose of this study was to determine the precipitation auditory hallucination factor on patients with schizophrenia at Menur Mental Hospital, East Java Province.*

*The research method used a qualitative phenomenological research design by conducting interviews that were recorded and analyzed with the Collaizi approach. This research conducted at Flamboyan and Kenari Rooms in Menur Mental Hospital of East Java Province with a total of 15 patient as participants. From the results of the thematic analysis, four major themes of precipitating factors for auditory hallucinatory were formulated such as difficult to sleep, an uncertain state of mental anxiety, lack of social support and lack of spiritual support. Based on the results of the study, most participants experienced sleep disorders, especially at night, uncertain conditions of mind anxiety due to not being able to accept and deal with various problem situations, lack of social support in the absence of meaningful people in life and feel alone and lack of spiritual support due to lack belief in God and not doing spiritual activities. Prevention of auditory hallucination in patients with schizophrenia could do by understanding and recognizing the precipitating factors such as sleep difficulties, uncertain state of mental anxiety, lack of social support, and lack of spiritual support.*

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<sup>1</sup> Faculty Health of Science University Muhammadiyah of Surabaya, Indonesia.

<sup>2</sup> Faculty Health of Science University Muhammadiyah of Surabaya, Indonesia.

<sup>3</sup> Faculty Health of Science University Muhammadiyah of Surabaya, Indonesia.

<sup>4</sup> Faculty Medical University Muhammadiyah of Surabaya, Indonesia

<sup>5</sup> Faculty Health of Science University Muhammadiyah of Surabaya, Indonesia.

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## **I. INTRODUCTION**

One of the current mental health problems is schizophrenia according to WHO data (2016)[1] there are around 21 million in Indonesia, the incidence of schizophrenia in 2013 reached around 400.000 patients or as same as 1,7 per 1.000 citizens and increase to 7 permil in 2018, which is also rise in East Java from 0,22% to 0,50%[2]. Around 90% of clients with schizophrenia experience hallucination[3]. At Mental Hospital in Indonesia, patients who undergo hallucinations are 70% auditory hallucination, 20% visual hallucination, and 10% olfactory hallucination, gustatory, and tactile. Auditory hallucinations are usually in the form of acoustic and acoustical such as hearing about whispering of human, animal, as well as a natural event, and music sound[4].

Based on a preliminary study on January 4, 2019, at the Menur Mental Hospital in Surabaya, the number of medical diagnosis of inpatients with schizophrenia in 2016 is 1715 patients and rise to 2147 patients in 2017. In the Flamboyan Room during 2018 there is 540 inpatients, and around 30% experienced hallucinations is 189 patients.

Precipitating factors that cause hallucinations according to Rawlins and Heacock (1993) in Yosep (2011) divided into five dimensions i.e. physical, emotional, intellectual, social, and spiritual dimensions[5]. During this time, many clients have experienced relapse/ rehospitalization at the mental hospital with hallucinatory responses which can include suspicion, fear of insecurity, anxiety, and confusion, self-destructive behavior, inattention, inability to make decisions, and unable to distinguish real or illusory situations. For this reason, it is necessary to have a preventive effort to find out the precipitating factors on the emergence of hallucinations as a preventive measure. Based on the above background, researchers were interested in explaining precipitating factors for auditory hallucination on patients with schizophrenia at Menur Mental Hospital Surabaya.

## **II. METHODOLOGY**

The research design used was qualitative phenomenology with a collaizi approach. Several participants were 15 inpatients with auditory hallucinations at Flamboyan and Kenari rooms in Menur Mental Hospital that met inclusion and exclusion criteria. The sampling technique used was purposive sampling. The instrument in this study was the researchers themselves using in-depth interviews. This research was conducted on May 10 to June 21, 2019, before carrying out the study, the researcher explained the aims and objectives of the study and provided an informed consent addressed to nurses and prospective participants. The participants were interviewed for 10-30 minutes using structured questions that fit the specific purpose of the study and triangulated using medical record sources. The collected data was then analyzed and illustrated in the form of themes that refer to the specific purpose of the study.

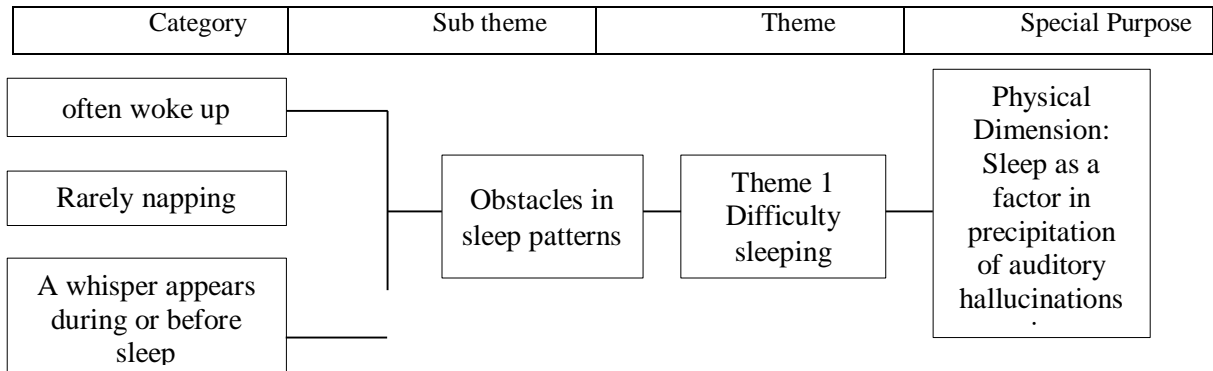
## **III. RESEARCH RESULT**

### **a. Theme Analysis Figure 1**

#### **Theme 1: Sleep Difficulty**

The statement was expressed by the participants as follows:

“...slept well, but sometimes I often wake up in midnight...” (P1, P4, P11)  
 “I often could not sleep at night” (P5)  
 “....I had rarely or never taken a nap..” (P7, P8, P10, P3)  
 “..In the midnight the whisper told me to walk, then I woke up and walked ..”(P2)  
 “..I could not sleep since I heard a whisper disturb me, I always listened the whisper asked me to do something as well as saw shadows..” (P3)

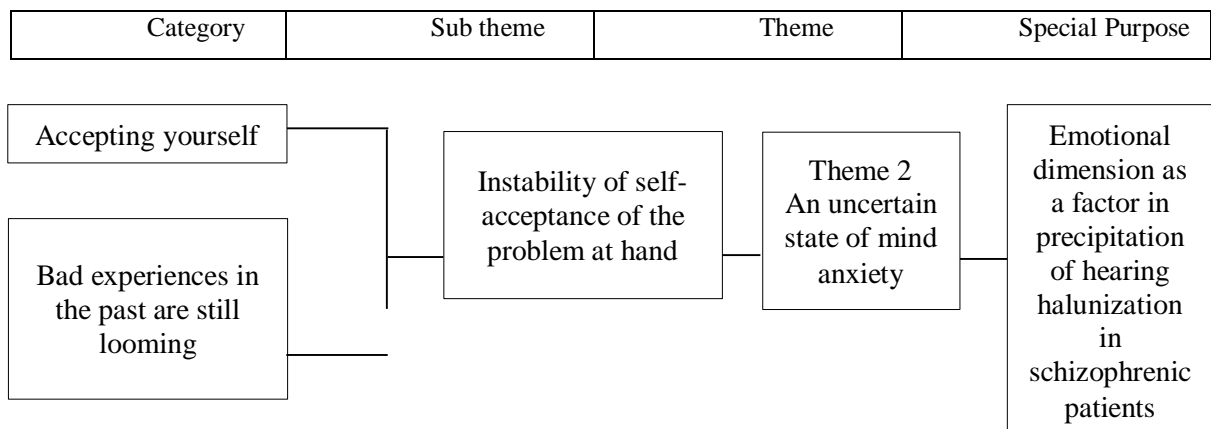


**b. Figure Analysis of Theme 2**

**Theme 2: An uncertain state of mind anxiety**

The statement was expressed by the participants as follows:

“In the past, when I relapsed, I had used to rampaged and became temperamental, but now I usually wander around my village” (P3)  
 “Yes, I'm grateful, sis, there must be a test in life” (P10)  
 “Yes, just do it when I have a problem” (P6, P7, P8, P9, P11, P12)  
 “in the past I could not accept anything in my life; thus this is me now, I am also confused about my life path” (P2)  
 “When I am stressful again, I hallucinated about hearing a whisper” (P5, P2, P9)  
 “I was frustrated because my friend betrayed me and my father remarried. The girls often hurt and lied” (P4)  
 “Because I often angry and likes to hear voices that said I'll kill you” (P15)



### **c. Figure Analysis of Theme 3**

#### **Theme 3: The Lack of Social Support**

The statement was expressed by the participants as follows:

*“There is no meaningful people in my life” (P1, P2, P4, P6, P7, P9, P11, P12, P13, P14, P15)*

*“When alone, I often heard the whisper” (P1,P3)*

*“No, It appeared when I got stress” (P2)*

*“the people here are good” (P1, P4, P5, P11,P12,P14, P15 )*

*” Yes, sometimes it did not feel good if the whisper appeared while engaging in conversation” (P5)*

*“Family miss” (P3, P5, P8, P10)*

### **d. Figure Analysis of Theme 4**

#### **Thema 4: The Lack of Spiritual Support**

The statement was expressed by the participants as follows:

*“Yes, I pray I also like to read Laailaaha illallah with Istighfar because I feel calm, especially when I hear the whisper” (p1, p2, p5, p8, p9, p10, p12, p13, p14, p15) “I believe to the God, Allah (p1, p2, p5, p8, p9, p10, p11, p12, p13)*

*“There is no effect” (p4)*

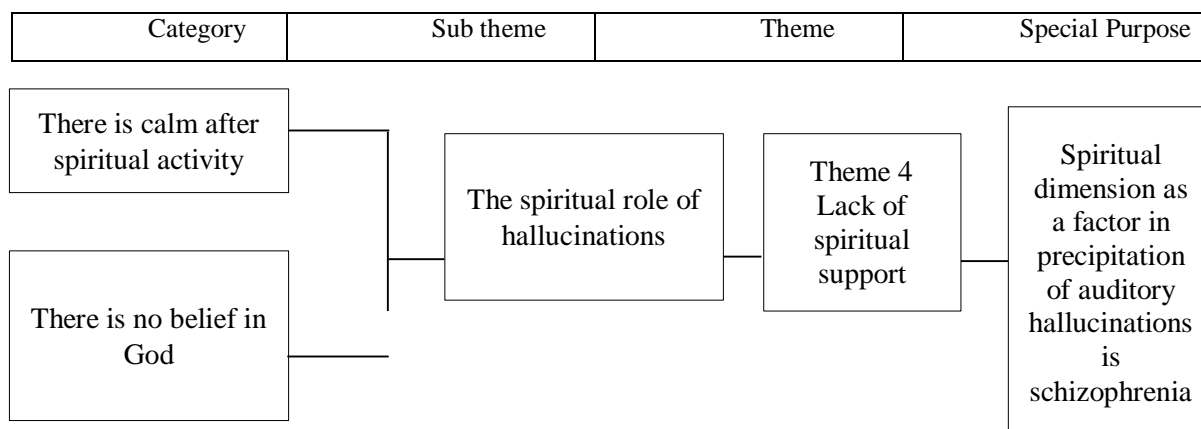
*“When I pray, sometimes heard the whisper to jump and step my feet so that I rarely pray”(p3)*

*“I don't know” (p5, p6, p7)*

## **IV. DISCUSSION**

### **4.1 Sleep difficulties as a precipitating factor in auditory hallucination**

Based on the results of research participants with auditory hallucinations stated that often heard whispers of voices such as asking to do something, ridiculing them, hearing airplane sound, ordering them to pray. When they experienced problems in sleep, especially at night, when it was quiet and loneliness, it triggered auditory hallucinations. For people with no hallucination experience or in a healthy condition, they will not or rarely experience sleep disturbances and normal sleep rhythm, but unlike these participants who have problems in sleep, especially at night, they tended to have difficulty starting sleep, and some of them were waking up in the middle of sleep.



As a result of auditory hallucination in patients with schizophrenia. it was a setback in doing daily activities. Therefore, auditory hallucination when sleeping, it had affected their activities since they had a circadian rhythm of 24 hours[6]. Circadian rhythmic regularity is the regularity of one's sleep. If it is disturbed, it will interfere with the physiological function. The brain has several functions and sleep centers that regulate sleep and wake cycles. At the same time, the body produced the substances when it released into the bloodstream would make drowsiness.

It was in line with the results of Wahyuni's study (2015), which stated that hallucination occurred when patients went to sleep, when they were sleeping, woke up at night[7]. Because at night, they were possible not to be able to do routine activities as usual in the morning or during the day because most of the night was for bedtime rest.

#### 4.2 An uncertain state of mind anxiety as a precipitating factors for auditory hallucination

In the research results obtained from participants, the starting point of the hallucination process occurred when individual face different situations when most participants could not accept such as feelings of disappointment in themselves, family, friends, experiencing hurt towards others could trigger their auditory hallucinations. As if they unable to accept and resolve the problem. They interpreted it as a disappointment, emotion to a threat.

The participants felt a burden situation; the pressure of thought that suppressed them made traumatic experience apart from most participants. This situation was experience starting from the trauma of social conflict, among others, sense of unaccepted to be betrayed, to be hurt by people around (for example very emotional environment) including inner conflicts such as the experience of undesirable events in the form of thoughts, images or individual memories which they considered to be disturbing and annoying, as well as other experiences in an emotional state.

Waters (2014) revealed auditory hallucinations referred to the perception of hearing that came

anywhere in the external space, "in mind," or on the surface of the body. Its contents were varied and could involve other languages or sounds, such as music, footsteps, telephone ringing, buzzing, scratching, whistling, bangs, animal calls, falling water, or machines[8].

It was in line with Rahmadani's research (2014)[9] which stated that individuals with auditory hallucinations experienced anxiety, worry, uneasy feelings, and wigwag. The theory that explained that patients with schizophrenia who suffered hallucinations had congenital disorders of feeling, unstable anxiety behavior, increased like emotions, like to argue, debated, and violent behavior[10].

#### **4.3 Lack of Social Support as a Factor in auditory hallucination**

The results of this study found that social support was one of the crucial things in which the participants got support from the family, people around the environment, loved ones so that they reached the needs of physiological among others a sense of security, comfort, affection, a sense of respect to self-actualization from social support. However, most of the participants who were met by the researchers showed that many things could not be achieved or fulfilled by the participants so that they felt there was disappointment, anxiety and worried that could be seen from their expression when talked about there was no meaningful person in their life that their support system became less deep fulfill social needs.

Avoiding solitude was very important for people with schizophrenia because many of them suffer from hallucination when they are alone and no activity[11]. According to Keliat (2011), the family should have positive attitudes such as accepting the reality of the patient's condition, respecting the patient, fostering an attitude of responsibility and not being hostile to the patient[12].

#### **4.4 Lack of spiritual support as a precipitating factor for auditory hallucination**

WHO revealed that human is healthy if they had four criteria i.e., physical, psychological, social, and spiritual health. The results of the research found that when participants conducted a series of spiritual activities such as pray, dhikr, and others made them peaceful and hallucination did not occur. This was in line that they revealed not engage in spiritual activities, the frequency of auditory hallucination appeared more often, in contrast to some participants who performed spiritual activities such as pray, dhikr, reading Holy Qur'an short letters which tended to diminish the appearance of hallucination because they revealed that they got peace in his heart and mind. So they could control the occurrence of auditory hallucinations. One technique developed from the transpersonal approach was psychospiritual as an integration between psychology and spirituality in understanding and controlling human behavior to improve mental and human physical well-being[13].

The results of Mohr, Brandt, Borrás, Gillieron, and Huguelet (2006) in Geneva found that 71% of respondents with schizophrenia used a spiritual approach to prevent their hallucination[14]. Indonesia is a country with Islam as majority population Suryani (2013) in her research, said that hallucination had something to do with one's religious beliefs[15].

The belief that closeness with God can drive out hallucination which bothers them like a demon. In this case, Allah SWT said

"And We send down of the Qur'an that which is healing and mercy for the believers, but it does not increase the wrongdoers except in loss."

By performing dzhikr, their heart would be more peaceful, religious dhikr therapy activities could reduce psychiatric symptoms. Religious was able to prevent and protect against psychiatric illnesses, reduce suffering, increase the process of adaptation to control sounds that did not exist, such as auditory hallucination[16].

#### **4.5 Implication of Nursing**

The implication for psychiatric nursing was that in treating patients with schizophrenia who had auditory hallucination the most important thing was how to prevent them from experiencing hallucinations by training them to recognize situations and conditions that trigger hallucination and teaching them how to deal with those conditions and situations. Thus, those situations and conditions are different for each patient. It appeared once there were situations and conditions which could cause hallucination; therefore, it is vital to recognize and control the situation under these conditions.

## **V. CONCLUSION**

Sleep difficulties as precipitating factors for auditory hallucination i.e., when the participants had difficulties in starting to sleep then triggered auditory hallucinations occurrence, then when it appeared could make the participants challenging to sleep. He uncertain state of mental anxiety as a precipitating factor of auditory hallucination at certain situations could make them felt frightened and became a thought pressure so that anxiety arose. The emergence of anxiety beyond the upper limit could cause the existence of auditory hallucination. Lack of social support as a precipitating factor for auditory hallucination since it was important for the participants to have a support system as a prevention. Lack of spiritual support as precipitating factor for auditory hallucination because in a series of spiritual activities performing by the patients such as prayer, dhikr and others made the appearance of auditory hallucination decreased or did not appear, in contrast to them who did not engage in spiritual activities. Because when they did spiritual activities, peace of mind and soul were obtained so that the whisper did not appear.

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**Conflict of Interest :** The authors confirms that this article contains no conflict of interest.

**Ethical Approval :** This study was approved by the Health Research Ethics Committee (KEPK) of at menur mental hospital Surabaya (Approval Letter Ref: 070/4158/305/2019 dated 02 May 2019)

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