

Distinctiveness of Auditory Hallucination Patient Care in A Psychiatric Hospital: Case Study

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ABSTRACT

Auditory hallucination has a dramatic impact on the quality of life of sufferers and their families. The ability to control hallucinations depends on the patient's distraction taught by the nurse while paying attention to the unique history of the patient's development, so that the patient's survival has a positive impact on himself and his family. However, there is still very limited exploration of the patient's treatment process of auditory hallucinations related to training patients in controlling hallucinations by paying attention to differences in patient conditions. The study aims to illustrate the treatment process of two cases of auditory hallucinations focusing on the ability to control hallucinations. The participants of this study were two patients, and their families were already based on the approval of the head nurse. The method of case study is used with the approach of the nursing process to obtain a detailed representation of nurse activities to patients as a series of assessment activities, formulation of nursing diagnoses, planning, implementation, and evaluation. Data collection is carried out through participatory observation and interviews while keeping in mind the validity of information through the triangulation process. The participatory observation process is carried out for seven days to determine the patient's capability to distract hallucinations. The results showed that after seven days of treatment, both patients were able to control their hallucinations quite well, and differences in patient conditions led to the adjustment of the treatment process stage approach, to achieve optimization of treatment outcomes. It takes the capability to communicate therapeutically, patience and sincerity of the nurse's heart in tracing the life history of the patient and his family to be able to provide professional values in every nursing action.

Keywords

Caring, Controlling auditory hallucinations, Uniqueness, Nurses, Mental hospitals.

Introduction

Severe mental disorders that are often encountered are schizophrenia and individuals who experience schizophrenia will experience emotional and feeling disorders so that they have difficulty making decisions and experiencing disorders in activity [1]. Schizophrenia is a severe mental disorder that affects a person's way of thinking, emotions, and behavior [1,2]. Various symptoms appear such as illogical and irritable speech without cause to others and the environment, inability to care for themselves, the negative view of society that mental illness is able to cause conflict in living life [1,3,4].

Schizophrenia can cause a person to be unable to distinguish reality and imagination, such as hallucinations, and this condition can be experienced by anyone and about the five senses. People with schizophrenia are prone to auditory hallucinations compared to other types of hallucinations [4]. The patient will hear voices such as the voice of God, the devil or others in the form of two or more voices that comment on the patient's behavior or thoughts [4,5]. Sometimes there are voices that order hallucinatory patients to commit suicide or even kill others [6].

Actions that can be taken to control hallucinations are rebuking hallucinations if hallucinations arise, motivating the patient or someone to communicate and interact, engage in useful activities and take medicines [7]. Gradually the nurse's actions in helping

the patient to control his hallucinations are fostering interpersonal relationships, fostering mutual trust, reviewing the symptoms of hallucinations and exploring situations when hallucinations are experienced by patients, identifying the experience of consuming medicines or alcohol [8]. Assists the patient to decipher and compare the current hallucinations with the last time he experienced. Encourage the patient to observe and decipher current or past thoughts, feelings and actions related to hallucinations experienced [7,9]. Support the patients to identify the correlation between hallucinations, their needs and other psychological symptoms that affect an individual's ability to carry out daily living activities. The condition of each hallucinatory patient is significantly different, so research is needed that seeks to explore the patient's condition as well as the treatment provided comprehensively.

Methodology

The study, conducted at a psychiatric hospital in Indonesia, aims to explore cases of auditory hallucination patients in detail and comprehensively. Qualitative research methods with a case study approach with data sources obtained from observations and interviews. Observation is done by directly observing the patient's behavior, to get a real picture of the patient's condition even though the observation process takes a lot of time. Interviews are conducted on patients who are then validated by re-asking the family. The strength of the interview method is that it is conducted directly face to face one by one against the patient, so that comprehensive data is obtained. But the downside of the method is that if the conversation during the interview is not directed it will take a long time. The inclusion criteria of this study include schizophrenic patients who experience hallucinations, are cooperative in interacting, have been hospitalized for two days, are in a state of calm, are always visited by the patient's family and have obtained the approval of the head of the room for the patient's involvement to be observed in the study period. The research ethics committee has approved the research protocol submitted by researchers and the research was conducted in December 2021. The following will be illustrated in detail two cases of auditory hallucination patients undergoing treatment in a psychiatric hospital.

Results

This section will be presented the results of a comprehensive exploration of the treatment process of two auditory hallucination cases.

Case 1

Patient M, 26 years old, unmarried man, is the first of three children and lives with his parents. The patient was born into a very poor family, his father worked as a building porter and his mother worked as a laundry worker. The patient is only from an elementary school education background. There is no history of other family members suffering from schizophrenia. Before entering a mental hospital, patients have difficulty controlling their emotions so often scramble things in their homes, scream, and often get angry. While at home, the family said the patient

had trouble sleeping, rarely spoke, was irritable, sensitive and had difficulty concentrating.

Patient M was diagnosed with paranoid schizophrenia for the first time and had a history of taking meth. In everyday life, patients often laugh and talk to themselves in their treatment rooms. When communicating the patient's eye contact is lacking, always lower his head even though occasionally pay attention to the nurse's face. The patient's display of personal hygiene is very poor; often the way he speaks is circumstantial, convoluted even though it ultimately reaches the purpose of the conversation. Patients experience short-term memory impairment and easily forget the conversations they heard or said a while ago and the ability to concentrate is very bad. Occasionally the patient watches television and engages in activities in the rehabilitation room that listens to music.

When resting the patient appears to smile on his own, frowning as if he is talking to someone, when no one else is with the patient. Occasionally there is a face of distaste for the patient when communicating with the nurse. The patient occasionally shows confused facial expressions and his way of speaking blames others. The patient said he was obedient to worship, but the activity was never done. The patient's unstable emotions and eye contact are minimal; the patient's eye contact is lacking when communicating and irritability. The patient's daily activities are following the schedule of activities set by the hospital, including taking medicines according to schedule, eating, drinking, and maintaining body hygiene. There are no other additional activities that he does, so a lot of free time is only used to be silent. Based on the results of data collection and analysis in January 2022, the dominant nursing problem experienced by patients is the risk of violent behavior and auditory hallucinations. The therapies that must be consumed by patients are Chlorpromazine 1x100 mg, Risperidon 2x2 mg, Trihexyphenidil 2x2 mg.

Case 2

Patient W is 41 years old, unmarried man and works as a construction worker. The patient is the third of three children; his mother has died and currently lives with his father who works as a construction worker. The appearance of the patient while in the mental hospital looks neat and clean. Patients often complain of not wanting to be hospitalized because they feel they are not sick. Based on information obtained from the patient's family, information obtained that the patient is admitted to a mental hospital for the second time, irritable if his wishes are not fulfilled expressed by damaging things in the house, it is easy to suspect his neighbor who in his opinion has talked about him. The patient's most sadistic behavior is to have injured his father's head by using a crowbar. The habit of irritable patients began when they got out of prison 2 years ago. When the patient is angry, the items around him are often damaged. The patient was jailed for two years for criminality and since the incident; the patient's behavior has changed a lot.

The patient said he was a handsome man and many people liked when he was young. The patient does not know and does not

understand the problems he is now and expects to quickly get out of the hospital and go back home. The patient's appearance looks neat and clean but the patient's response when communicating is very slow, occasionally his facial expression is tense and sad, because of his desire to go home immediately. The patient's eye contact when interacting is very lacking, unable to provide focus properly, easily shifts eye contact when speaking. Patients often hear sounds like people crying when they are alone, and the sound is heard during the day and night. When the patient rests, it is recommended to pay attention to the television to distract from the presence of hallucinations. Patients follow group activity therapy once a week so that patients are used to socializing and being in groups. The patient's medical diagnosis is paranoid schizophrenia, with major nursing problems hearing hallucinations and behavioral risks of violence. The therapies given are Chlorpromazine 1x100 mg, Risperidon 2x2 mg, Trihexyphenidil 2x2 mg.

Discussion

Hallucinations as one of the symptoms of psychosis experienced by people with mental disorders is a perceptual disorder so that patients perceive something that is not actually happening. The occurrence of hallucinations can be about disorders in perceiving sensory vision, touch, hearing, taste buds / tasters without any external stimulation. The impact that can be caused by patients with sensory perception disorder is loss of self-control so that it can harm themselves, others, or damage the environment. Patients experience changes in perception of both internal and external stimuli accompanied by reduced, excessive or distorted responses.

If the patient's perception is accurate, then the patient is able to identify and interpret the stimulus based on information received through the five senses (hearing, vision, smell, taste and touch), while in hallucinatory patients, they will perceive a five-sensory

stimulus even though the stimulus does not exist [1,4]. In other words, the patient experiences hallucinations if the interpretation made of the five senses stimulus does not match the stimulus he received. There are several principles that must be considered in the process of treating patients' hallucinations, including fostering a relationship of mutual trust, trying to understand the character of the patient, and trying to communicate with the patient according to the time agreed between the nurse and the patient, teaching the patient to control his subtlety somewhat can overcome his hallucinations. Fostering a trusting relationship between nurses and patients becomes a foundation in creating a therapeutic relationship [10]. Without the creation of a relationship of mutual trust will encourage patients not to be open to nurses so that nurses have difficulty in identifying problems and helping patients.

In M and W, hallucinations that occur are auditory hallucinations, and nursing actions against patients with mental disorders are divided into two, namely actions to patients and actions to families. Therapeutic communication is the foundation for interacting with patients and families, including the techniques used during communication. A good understanding is needed by the nurse in determining communication techniques that are appropriate to the patient's condition [11,7]. The success of the interaction largely depends on the approach of the technique applied. The use of communication techniques in M and W patients is very different, as the two patients have different characters. Patient M tends to be silent, so the communication techniques used include using open techniques, being an active listener, do not force when asking questions and stay focused on discussion. While in-patient W who seemed convoluted, communication techniques focused, restated and clarification applied when interacting. Differences in the use of therapeutic communication techniques are sought so

Here is a daily observation table in M and W patients after being trained in some ability to control hallucinations.

No.	Patient ability	Observation Results															
		1 st day		2 nd day		3 rd day		4 th day		5 th day		6 th day		7 th day			
		M	W	M	W	M	W	M	W	M	W	M	W	M	W		
1	Ability to know the type of hallucination	×	×	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
2	Ability to know the contents of hallucinations	×	×	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
3	Ability to know the time of hallucinations	×	×	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
4	Ability to know the frequency of hallucinations	×	×	×	×	✓	×	✓	✓	✓	✓	✓	✓	✓	✓		
5	Ability to know situations that trigger hallucinations	×	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
6	Ability to know the response when hallucinations appear	×	×	×	×	✓	×	✓	✓	✓	✓	✓	✓	✓	✓		
7	Ability to explain benefits of rebuking hallucinations	×	×	×	×	✓	×	✓	✓	✓	✓	✓	✓	✓	✓		
8	Rebuking ability when hallucinations appear	×	×	×	×	✓	×	✓	✓	✓	✓	✓	✓	✓	✓		
9	Ability to talk when hallucinations occur	×	×	×	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓		
10	Ability to schedule daily activities	×	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
11	Ability to perform daily activities according to schedule	×	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
12	Ability to explain the benefits of taking medication	×	×	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
13	Able to explain the schedule of taking medication	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
14	Able to explain the consequences of not taking medication	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
15	Taking medication on the schedule	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		

✓ = able to

× = unable to

M and W = Patient's name

that the information obtained is in accordance with the purpose of treatment.

Factors that can affect the patient's ability to control hallucinations are the patient's attitude to hallucinations, honesty provides information, patient personality, experience and memory ability [4,12,13]. Teaching strategies to control hallucinations will increase the patient's ability to become stronger in the face of hallucinations. This ability is influenced by the patient's understanding of how to control hallucinations, recognize the type of hallucinations, the content of hallucinations, and the frequency of hallucinations [4,14]. Interventions to control hallucinations taught to patients will make patients have a stronger coping mechanism.

Scheduled activities and socializing activities are one of the strategies in controlling hallucinations, can be done at home with family. The patient's confidence and self-esteem increase while always being involved in daily activities. Carrying out activities will reduce the chances of the patient to get swept up in the sounds of hallucinations he hears. Based on information obtained by M and W families, it is known that the family is very busy to work, because both families are families with a lower middle socioeconomic level. This condition resulted in a lack of family supervision of their children's association.

According to the observations, patients M and W are obedient in taking the medicine. Adherence to taking the medicine becomes very important to prevent recurrence. Some patients and families who often try to stop taking their own medicines without the advice of their psychiatrists because of fear of medicine dependence, this incident often leads to cases of recurrence [9]. In the cases of M and W, the family supervises the consumption of the medicine and strives for the medicine to continue to be given. However, it turns out that recurrence still occurs as in the case of W who was treated in a mental hospital despite trying not to experience a medicine drop.

Modality therapy which includes individual therapy, environmental therapy, cognitive therapy, behavioral therapy group therapy and family therapy through communication is very beneficial in encouraging the recovery of the patient's condition [4]. Nursing services are provided to patients especially with hallucinations, namely patients given psychopharmaceutic treatment and nursing modality therapy such as group activity therapy, recreational therapy, environmental therapy, individual therapy and occupational therapy [15]. During the treatment period, modality therapy that is routinely carried out is individual therapy and modality therapy. The difference between the two patients was the approach used when communicating and the type of group activity therapy he followed. The two patients have different characters so involvement in this type of group activity therapy is different. Individual therapy is conducted face-to-face between nurses and patients using therapeutic communication [7,15]. With this therapeutic communication, technique is useful for building the therapeutic relationship of nurse and patient, identifying the patient's problems, reviewing the patient's perception of the problem he or she is facing.

Interventional nursing techniques controlling hallucinations have been taught to both patients by distraction to divert against the source of hallucinations. This technique is useful so that a person feels in a more pleasant and comfortable situation [4,14]. Distraction techniques that can be used include distraction, auditory distraction, rhythmic breathing distraction, and intellectual distraction. In patients M and W, the distraction techniques applied are visual distraction techniques (watching television) and auditory distraction techniques in the form of listening to music and moving the body according to the strains of music. This distraction technique is very influential on individuals who experience mental disorders, especially in patients who experience auditory hallucinations because this technique is used to distract the patient to be stimulated by pleasant sensory, can control and decrease the recurrence of hallucinations so as to create a calm, safe, comfortable, relaxed atmosphere and feel in a more pleasant situation [4].

Conclusion

It can be concluded that the creation of a trusting relationship can make the patient to be able to know and be aware of hallucinations that are often experienced. Different approaches are needed to the patient, due to personal uniqueness as well as different patient experiences. Implementation during seven days of meetings can improve the patient's ability to control hallucinations by rebuking, understanding the importance of distraction techniques, activities, socializing and regularly taking medicines. But in scheduled activities still cannot be implemented optimally. Coordination between nurses in hospitals and communities and communities and the ministry spearheads the successful treatment of hallucinatory patients. The attention and assistance of community nurse care to the families of hallucinatory patients becomes very important to reduce the patient's recurrence rate and improve the patient's quality of life. For further researchers it is necessary to explore simple specific actions that families can implement as a family guide at home in caring for family members who experience hallucinations.

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