

## The Lived Experience of Auditory Hallucinations among Egyptian Mentally Ill Patients: A Phenomenological Study

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### **Abstract:**

**Background:** Auditory hallucinations are a land mark of most of the psychotic disorders, they have significant impacts on the lives of the individuals who suffer from mental disorders. People with auditory hallucinations require considerable assistance from mental health professionals.

**Aim** of the study is to describe the experience of auditory hallucination among Egyptian mentally ill patients.

**Methods:** Semi-structured interviews were conducted with thirteen patients who experience auditory hallucination and are treated in Psychiatric Medicine and Addiction Prevention Hospital – Cairo university teaching hospital.

**Results:** seven main themes were extracted after analyzing the participants verbatim which are: voices have harmful unpleasant nature, voices have a mix of pleasant and unpleasant nature, voice mean that I'm a powerful and extraordinary person, voices have physical effects, voice have psychological and emotional effects, voices have social effects, and different ways for dealing with auditory hallucination.

**Conclusions:** The study highlights that auditory hallucination is a multifaceted experience that have different effects on the patient's life; in addition, dealing with auditory hallucination is easier when the person has strong spirituality.

**Keywords:** phenomenological study; auditory hallucinations; Egyptian mentally ill patients

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### I. Introduction

The phenomenon of hearing voices in psychiatric terminology “auditory hallucinations”, "have been traditionally understood in psychiatry as an inherently psychopathological phenomenon and a central symptom of psychotic disorders" (American Psychiatric Association, 2016). Hallucinations are false perceptions experienced in the absence of external sensory stimuli. Many psychotic patients reported that auditory hallucinations are real and have meaning to them (Kaplan, Saddock, & Grebb, 2011). Many research studies in the western communities have reported that auditory hallucinations are the most predominant symptom among psychotic patients (Waters, Badcock and Mayberty, 2012).

Kalhovde, Elstad and Talseth, (2013), stated that auditory hallucinations can have serious effects on the patients' daily living and their families as it affect the patients' education progress, decrease the ability to work, and may lead to suicidal behavior.

Woods, Jones and Bernini (2014) stated that auditory hallucinations have been underestimated in its meaning to the patients and its effect on them because it was theorized as a secondary epiphenomenon used as a diagnostic criterion for a specific syndrome. Moreover, in the interests of diagnosis, attention is paid to restricted number of hallucinations. Waters, Badcock, and Mayberty (2012) mentioned that in the past, it was thought that auditory hallucinations were less common in the general population. However, nowadays, it is more common.

Suri (2010) mentioned that nurses might undermine the patients' experience of their auditory hallucinations. Thus, nurses might design ineffective psychiatric interventions for those patients in terms of meaning and attempts to cope. Also, Thomas, Hayward and Peters, (2014) explained that health care providers should pay attention to the reported experiences of the patients regarding auditory hallucinations in order to provide health care which is intensive enough to improve patients' coping with auditory hallucinations.

Few research studies have focused explicitly on how voice hearers deal with auditory hallucinations under shifting circumstances and in different phases of their everyday lives (Farhall, Greenwood and Jackson, 2007) and Johns, Kompas, and Connell (2014). Up to the researchers' knowledge, there are scattered researches in the Egypt that focused on the meaning and the effect of auditory hallucinations among mentally ill patients. Therefore, this study will fill the gap of knowledge about the Egyptian mentally ill patients' experience of auditory hallucinations and will guide the psychiatric nurses to design individualized and unique nursing interventions tailored to each patient experience. Also, it will shed the light on the lived experience of auditory hallucinations among Egyptian mentally ill patients.

## **II. Methods**

The intent of this study was to describe the experience of auditory hallucinations among Egyptian mentally ill patients. Hence, the research question of this study was: What is the experience of mentally ill patients who have auditory hallucinations.

## **III. Research Design**

The phenomenological design was utilized in current study. Phenomenological studies examine human experiences through the descriptions provided by the people involved. These experiences are called lived experiences. The goal of phenomenological studies is to describe the meaning that experiences hold for each subject. This type of research is used to study areas in which there is little knowledge (Donalek, 2004). In phenomenological research, respondents are asked to describe their experiences as they perceive them. They may write about their experiences, but information is generally obtained through interviews.

Phenomenology is concerned with the study of experience from the perspective of the individual, 'bracketing' taken-for-granted assumptions and usual ways of perceiving. Epistemologically, phenomenological approaches are based in a paradigm of personal knowledge and subjectivity, and emphasize the importance of personal perspective and interpretation. As such they are powerful for understanding subjective experience, gaining insights into people's motivations and actions, and cutting through the clutter of taken-for-granted assumptions and conventional wisdom.

### **Description of Research Participants**

According to Guest et al., (2006) when there is no new data, no new themes that mean that the researchers reached the saturation level. In the current study, the researchers reached the saturation degree with thirteen mentally ill patients (four females and nine males) between 19 to 50 years of age. Eight patients diagnosed with schizophrenia and five patients diagnosed with bipolar mood disorder.

Inclusion criteria have been outlined in identifying research participants for the current study is mentally ill patients who experience auditory hallucinations for the duration of at least six months and able to coherently speak about their experiences of auditory hallucinations. And for the Exclusion criteria: mentally ill patients who suffer from substance and/or alcohol abuse and mentally ill patients currently diagnosed with severe clinical depression.

### **Setting**

The study was conducted at the In-patient Departments of the Psychiatric Medicine and Addiction Prevention Hospital – El Manial hospital.

### **Procedure**

The goal of this study was pursued through semi-structured interviews aimed at eliciting thick, rich descriptions of the participants' experience. The interview was conducted in a private room, lasted for approximately 45-60 minutes. The following questions were asked during the interview:

1. Describe what you hear in details.
2. Tell me what do voices mean to you?
3. Tell me how the voices affect you and your daily living?
4. Tell me how do you deal with these voices?

Each participant was asked to elaborate in each of the four questions previously mentioned. The researchers highly considered the nonverbal cues and body language of each participant while answering the questions. The researchers used digital recorders and notes for documenting participants' narrations.

## **IV. Data Analysis**

Analysis of the participants' transcripts of interview used Colaizzi's (1973) approach of analysis to identify the key themes. The first step was transcribing interviews, the interviews, which were conducted in Arabic, were transcribed in Arabic, and translated into English by the researchers. Confirmation as to the accuracy of the translations was confirmed by a professional Arabic to English translator. The researchers read and re-read all the participants' narrative descriptions (both the English and Arabic versions).

This process gave the researcher a general sense of the participants' experiences. Then the researchers commenced the process of identifying significant statements which they believed captured core elements of the participants' experiences. This process involved the researchers 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 researchers formulated more general statements or meanings for each significant statement. Four main themes were captured upon the completion of analyzing participants' narrations

### **Ethical Considerations**

A written consent was obtained from the director of Psychiatric Medicine and Addiction Prevention Hospital –El Manial hospital. Participant confidentiality and security was ensured. Filled notes and recordings were kept in a secure, locked place accessible only to the researchers. The researchers assured to the participants that they can withdraw at any time during interview.

### **V. Results**

The participants of the current study were in different phases in dealing with the auditory hallucinations. Consequently, the participants were at different stages in their reflections to auditory hallucinations at the time of the interviews. The results will be presented based on the questions that were asked during the interviews, which lead to main seven thematic units explaining the experience of the Egyptian mentally ill of auditory hallucinations.

#### **1) Voices have harmful, unpleasant nature**

The first question was "Describe what you hear in details ", two main themes emerged; the first theme was reported by most of the participants who agreed that they hear "harmful, unpleasant voices" in the form of commanding orders to hurt somebody or do something bad. Participant (1) reported that "I hear most of the time voices that command me to .....do bad things such as, search for a camel, slay it and sell its meat and the liver ..... you know ..... that really happened ..... I could not stop myself, I stole a camel from the Zoo and slayed it and sold its meat and liver..... I felt awful afterwards but I couldn't stop. He also reported that "sometimes I hear voices "cursing me". Participant (4) stated that " sometimes the voices are jinn .....they talk to me and enter into my arteries to feed on my blood .....sometimes they are as ..... inspiration order me to cut my arms and legs from behind, and order me to .....refuse to have sexual intercourse with my husband, I could not do the first order, but I fulfill the second order exactly ". Participant (8) stated that, "the voices ordered me to enter the bathroom .....stay there while keeping the water running for hours"..... I kept doing this ..... most of the day and every day.

Also, participants (5) reported that "voices ..... always curse me..... call me failure, loser ..... stupid". Participant (9) reported that "voices always call me by bad names such as .....stupid ..... ugly, and loser". Participant (6) stated that voices "whisper to me about other people around me.....warning me that bad people will hurt me, stay away from these people". Participant (7) mentioned that "voices tell me ..... fight with your family at home, and sometimes advice me .....about my relationship with others, I kept hearing ..... stay away from your mother.... She is bad ".

#### **2) Voices have a mix of pleasant and unpleasant nature.**

On the other hand, the second theme was reported by two participants; participant (3) stated "I hear a mix of pleasant and unpleasant voices; .....the pleasant voices tell me to go to pray..... You have to pray and pray..... the unpleasant voices like the sound of ..... the donkey". Finally, participant (10) reported that "I hear a pleasant voice saying to me..... you are so pretty, I love you and I want to marry you and .....sometimes he says to me you are ugly you look like ..... an old lady with no teeth". Participant (11) reported "I hear secret stuff that I cannot tell you". In the same line, participant (12) mentioned "I hear private stuff that I cannot share with others"

#### **3) Voices mean that I'm powerful and extraordinary person**

One main theme: being powerful and extraordinary person was concluded from the participants' narrations to the second question "tell me what voices mean to you?" many participants stated that, "these voices do not happen to ordinary or usual people". Participant (4) stated that, "you know..... these voices mean ..... I'm the closest person to Allah (GOD)". Moreover, participant (2) reported that " the voices know I'm close to Allah (GOD) .....you know ..... I'm a prophet, I always pray that make me powerful ..... they came to me to test the power of my faith". Also, participant (11) stated that," the voices are supernatural creatures ..... demon come to Muslim people to test their faith..... I do not see them .....I hear them plotting". Participant (7) said "voices are creatures ..... but they are not people, they may be..... jinn or..... magic". Moreover, participant (13) said" they talk to me, it means .....I'm not like the usual people..... I'm very different. Participant (3) mentioned that " voices mean that I'm not ill ..... I'm good .....I should go home.

#### **4) Voices have physical effects.**

The third question "tell me how the voices affect you and your daily living? The first theme emerged from the participants' interviews was the physical effects of auditory hallucinations. For example, participant (1) reported that, "the voices hold my body down ..... I could not move ..... and make me feel sluggish and I feel .....the headache in my head". Participant (3) stated that, "the voices make me unable to eat or sleep properly

..... they usually talk to me at night ..... I could not sleep ". Participant (4) reported that, "they they control me, drink my blood..... that is why my hands became yellow and ..... my body was weak .... I have anemia now because of them ". Participant (5) stated that, "the voices give me a severe headache and shiver in my hands that ..... make me unable to deal with anybody". Participant (6) mentioned that, "the voices make me unable to move from my place... I cannot eat .... I cannot sleep at night; they cause me twitching in my arms .....and legs".

#### **5) Voices have psychological and emotional effects.**

Most of the participants stated that, "the voices control their thoughts, feelings and actions; also they mentioned that the voices make them feel frightened and worried all the time". Participant (1) reported that, "the voices make me ..... very nervous", participant (7) mentioned "the voices make me very aggressive with others especially my family members ..... I always fight my mother ". Participant (6) reported "the voices provoke me against ..... my colleagues in the work..... I cannot stand them .... I hit my colleagues; one of them was injured in his face. However, participant (10) stated that, "I feel happy .....because voices love me and give me an intense feeling of joy ".

#### **6) Voices have social effects.**

Most of the participants reported that the voices made them fight with others. For example: participant (11) reported that "the voices make me fight..... my colleagues .....customers regularly, so it is hard to me to continue working..... I lost my work ..... I feel miserable". Participant (4) reported that, "the voices make me unable to take care of my husband and kids ..... I always feel tired when my kids around me... I cannot take care of their responsibility, when my son asks me to prepare some food..... I ignore his request". Participant (7) mentioned that "voices encourage people to (mock) of me.....I stay away from people. Moreover, participant (5) said "the voices I hear provoked the neighbors to insult me..... I feel fatigue from these voices"

#### **7) Different ways for dealing with auditory hallucination**

The forth question was "tell me how do you deal with voices?" This question leads to one main theme "different methods for dealing with the auditory hallucination". The participants mentioned different methods that they use to deal with the voices they hear. For example, participants (1) explained that, "when the voices come, I change my place immediately to make them stop talking to me". Participant (2) stated that, " I can talk to the voices .....I can negotiate with them to understand what they want from me, ..... sometimes I succeeded to make them stop but other times, they continue talking to me, however ..... I feel I can manage them well". Participant (4) stated that, "I..... pray", Participant (6) said "I usually read Quran ..... (the holy book of Islam) to make the voices stay away from me and it works". Participant (9) said that sometimes I stay with people around me ..... the voices do not come". Participant (5) reported that, "I hear the voices ..... try to forget what they say .....I do not pay much of attention to what they say". On the other hand, participants (8) stated that, "I give up ..... obey the orders of them .....I do what they want me to do". Participant (12) explained that, "I used the Egyptian folkway to make the voices stop coming to me, I used some herbs ..... that I was advised to boil them in water and drink them ..... I used Hejamaa (thin cuts in the skin of the head) ..... to release the bad blood out of me and I'm reading Quran..... this worked for me fine". Participant (7) said "repeated recall of the words such as Allah..... give me immunity against them".

### **VI. Discussion**

Many of the participants of the current study were open to talk about the voices they hear and they revealed that they need someone to really listen to them and help them with their situation. Moreover they mentioned that they were not given the chance to talk about the voices they hear during the psychiatric interview. This eagerness to discuss patients' experiences of auditory hallucinations was similarly discussed in the study done in New Zealand (Geekie & Read, 2009). They concluded that lack of listening and analyzing the patients' experiences lead to incorrect inferences about the patients' experience of auditory hallucinations bring about more patients' isolation and withdrawal as well as decreased ability to understand and cope with the voices they hear.

The current study revealed that many of the participants experience auditory hallucinations in different forms of nature; some describe it as traumatic and harmful and some describe it as powerful and extraordinary. This finding is on the same line with the work of Fenekou and Georgaca, (2010) who stated that hearing voices is a very complex phenomenon, with wide variation regarding their characteristics and their functions both between voices and between voice hearers.

Also, Ng, Chun, and Tsun, (2012) showed that auditory hallucination that no one else can hear can be disturbing and frightening for the hearers and for those around them. Family members and friends may have difficulty in accepting that the persons they care about are experiencing voice-hearing problems.

Hornstein (2009) makes two observations regarding the nature of auditory hallucinations and their relationship to traumatic experiences. "She states, —First, people typically remember exactly when their auditory hallucination started. Second, if they are asked about the specific circumstances of that first episode, they often identify a traumatic antecedent, like violence or sexual abuse. Similarly, Suri, (2010) studied the experience of auditory hallucination among schizophrenic patients and pointed out that trauma played a significant role in the creation and manifestation of patients' auditory hallucinations. However, through the exploration of their auditory hallucinations, the participants were able to make sense of the purpose and message of their auditory hallucination; they were able to connect the dots between their auditory hallucination and their life history.

In the current study the participants indicated that the voices they hear make them feel extraordinary or powerful persons and that can be explained as stated by Fenekou and Georgaca, (2010) who pointed out that auditory hallucination serve a variety of functions, most of which are ordinary and relate to the hearer's ongoing activities. The hearer's reaction towards the auditory hallucination depends on the function of each voice and ranges from acceptance to negative emotional responses. Some of the other possible explanation of this emerged theme is the idea that was stated by Lim, Hoek and Blom, (2014) who found out that patients with an Islamic background who suffer from hallucinations or other psychotic symptoms may attribute these experiences to jinn (i.e., invisible spirits) that give them the power and make them unique or different from other people around them.

Regarding the effect of auditory hallucination on the participant, the current study revealed that there were different effects ranged from physical to social spheres. These findings are comparable to the results of Suri, (2010), who found that auditory hallucination have different impact on her study participants, as some of them reported emotional, psychological and social effects on the person's life. Also, Ng, Chun, and Tsun, (2012) mentioned that not only did the participants struggle with the auditory hallucination, but they also had to bear the negative consequences in isolation. In general, the voice hearers were psychologically burdened, prone to odd behavior, financially disadvantaged as a result of poor employability, and socially isolated from family members and friends. They suffered great emotional strain with limited social support.

Finally the current study showed that the participants have different methods when dealing or coping with their auditory hallucinations and that goes in the same line with the Water, Allen and Aleman (2012) who mentioned that the participants usually use various coping strategies, the most prevalent of which are either some form of living with the auditory hallucinations without engaging with them (e.g. distraction, indifference) or active resistance to follow the auditory hallucination's suggestions, when hearers disagree with them.

Also, Lim, Hoek and Blom, (2014) mentioned that even with the variability, hearing auditory hallucinations is an integrated experience. What the auditory hallucinations say how they are perceived by the hearer as positive or negative, the hearer's acceptance of auditory hallucination and the reality testing strategies used all influence the hearer's reaction to auditory hallucination and the coping strategies employed.

## **VII. Conclusion**

The current study concluded that the experience of auditory hallucinations have unique and individualized meaning, impact, and the way of dealing with it for each patient.

## **VIII. Recommendations**

- Nurses who are working in psychiatric settings have to develop more insight and understanding of auditory hallucinations as a symptom among mentally ill patients.
- Developing culturally sensitive interventions for auditory hallucinations.
- Further study is needed to investigate the experience of auditory hallucinations among Egyptian mentally ill patients from different geographical areas.

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