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FAMILY'S EXPERIENCES IN TAKING CARE PATIENTS WITH HALLUCINATION

[1]Sri Eka Wahyuni, [2]Mahnum Lailan Nst, [2]Wardiyah Daulay

Department of Mental Health and Community of Nursing,
Faculty of Nursing North Sumatera University (USU), Medan, Indonesia
Email. eka_rizky06@yahoo.co.id

ABSTRACT

Hallucination is one of positive symtoms that occurred in patient with schizophrenia. It is also the wrong perception experienced by the patients without any stimulus from their surroundings. The perception experiences are real for the patients while others do not experience the same perception with them. This study aims to describe family's experiences of taking care patients with hallucination. This research took 15 participants. Trust process and approaches were conducted before carrying out an in depth interview. This research was conducted at Mental Health Hospital of Prof. Ildrem Medan. The data were analyzed by using Collaizi's technique. The results found thats themes: the burden had by the family when taking care of the patients, the impacts of hallucination, the actions taken by the family and the obstacles faced by family while taking care of the patients with hallucination. This research provides the descriptions to all health care providers in taking care person with schizofrenia.

Keywords: Hallucinations, experience, family.

INTRODUCTION

Hallucination is false sensory experiences that occur in the absence of an actual external stimulus. Towsend (2005) mentioned that hallucination is the wrong sensory perception including one of the five human senses such auditory, visual, olfactory, tactile, and gustatory. That perception experiences become real for the patient while others do not feel the same way with them.

Hallucination becomes the majority phenomenon found in patient with schizofrenia. Tien (1991, in McLeod dkk, 2006) explained that from all various of hallucinations, auditory hallucination is the common symptom that found in person with schizofrenia. *American Psychiatric Association* (1994, in Coupland dkk, 2010) mentioned that auditory hallucination is the most psychotic sign occured. Stuart and Laraia (2005) also mentioned that the description of hallucination on schizofrenia patient is about 20% experienced the visual hallucination and the other 10% experiencing other halluciantions such as auditory hallucination and visual hallucination, 70% of the patients experiencing the auditory hallucination, 20% of the patients experincing visual hallucination, and 10% patient experiencing another hallucination such olfactory, tactile, and gustatory hallucination. It describes that hallucination is the most problem for schizofrenia patients and it requires actions from the health care providers.

Hallucination needs to become the focus on health care providers because it can disturb the patient's safety. It occures because the hallucination contains order to hurt the patient themselves and even their surroundings (Roger et all, 1990 as cited in Birchwood, 2009). The result of this research also shows that hallucination can cause distress or disorder in life and in patient's daily activities (Garety, & Hemsley, 1987 as cited in Birchwood, 2009). Distress occured increases the frequency of hallucination occuring every day, listening to the voices loudly until it disturbs the patients, the contain of hallucination seem to frighten, annoy, and influence the patient's faith (Birchwood, 2004). The patient with hallucination frequently experience fright, anxiety, even depression caused by hallucination they have gone through. Birchwood (2004) mentioned that 40% of

schizofrenia patients experienced depression caused by auditory hallucination. Pinikahana, Happelle, and Keks (2003, as cited in Stuart & Laraia, 2005) mentioed that 9% to 13% schizofrenia patients commiting suicide increase the order of its hallucination to hurt themselves. The prevalence of schizofrenia patients who commited suiceide is about 20%-50% because of the hallucination they experienced.

METHOD

This study is a phenomenology descriptive design which aims to describe the family's experiences in taking care of the patient with schizophrenia. It was conducted in RSJ Prof. Ildrem Medan with 15 participants. In the current study, the researchers reached the saturation degree with fiftheen family's in taking care patient with schizophrenia between 20 to 50 years of age. Data Analysis Analysis of the participant's transcripts of interview used Colaizzi"s (1973 as cited in Daymon & Halloway, 2008) approach of analysis to identify the key themes.

RESULT

The results will be presented based on the questions that were asked during the interviews, which lead to main four themes explaining the family's experience in taking care patient with hallucination. The first step was transcribing interviews, the interviews, which were conducted in Indonesian, were transcribed in Indonesian. The researchers read and re-read all the participants narrative descriptions. This process gave the researchers a general sense of the participants's 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.

There are 4 themes gained from the research: the family burden in taking care of the patients, the hallucination effects, the family actions and the obstacles faced by the family while taking care of the patients with hallucination.

Theme 1. Family burden in taking care of the patients with hallucination

In this theme 1, there are two categories such as the physiology burden had by the family and its causes. Psychologist burden that experienced by the family while taking care of the hallucination patient is the exhausted feeling towards the patient condition, feel sad, ashamed, stress, and also frightened to handle the hallucination patient. While there are some burdens caused by some factors like: the rude behavior, the relapse which occurred frequently, the high cost of expenses, and the distance between the houses to the mental health hospital.

Theme 2. Impacts of hallucinations

In this theme, there are two categories, namely psychology impact and physical impact experienced by the family when taking care of the patients. The impacts are the family having the confusion to face the patients, bearing shame in the society, and feeling disappointed because patient is not getting better and caring for the patient of hallucination and disturbing the daily activity of the family.

Theme 3. Actions carried out by the family in treating the patients with hallucination.

There is only one category in this theme 3. It is the ways the family do in treating the patients with hallucination such are giving the medicine, feeding the patients, taking them to the paranormal, swarming them in a room, taking the patients for having check-up to the clinic, teaching the patients the nursing implementation taught by the nurses in the mental health hospital.

Theme 4. The family's obstacles while taking care of the patients

In the fourth theme, there are two categories. They are the internal obstacles from the patient themselves and from their family. The obstacles from the patients are being difficult to managed, being lazy, not wanting to take the medicine, and refusing the orders given to them. Meanwhile, the obstacles from the family are feeling afraid of facing the patients and not knowing how to nurse the hallucination patients at home.

DISCUSSION

Schizophrenia is one of the chronic diseases faced by the patients and family. Schizophrenia patients need such a long time to heal and it also needs the support from the family to take care and accompany the patients in the process of healing. The treatment applied on the patients is quite hard for the family until it causes burden in nursing the patients in the house.

Based on the previous research, it was concluded that 50-80% of the schizophrenia and psychotic patients live together with their family (McDonnell, 2003). The report shows that the burden of the family who took care of the patient with schizophrenia is too high. It is caused by the high cost or expenses spent while taking care of the mental-health patients, stigma from the surroundings, emotional distress felt by the family caused by the symptoms and the behavior of schizophrenia patients. The burden felt by the family of nursing the mental-health patients is as similar as the burden felt by the family of taking care of physical-problem patients such as mental retardation, Alzheimer's, Diabetic, and Cancer (McDonnell, 2003).

The burden felt by the family is related significantly with how long the diseases are suffered. (McDonnell, 2003). Approximately male patients with hebephrenic schizophrenia experienced the diseases at the young age, which is about 15 to 25 years old. Patients with schizophrenia paranoid inclined in the elder age around 30 years old (Stuart & Lairaia, 2005). This is how heavy the burden of the family is in taking care of the patients for years till the rest of the schizophrenia patients' lives. The family burden is categorized into two. They are the psychology burden and objective burden (Szmukler, 1996).

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