

Hallucinations Relationship With The Level Of Family Conversation In Schizophrenia Patients

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ABSTRACT

According to the WHO (World Health Organization) in 2009 it is estimated that 450 million people worldwide are considering mental problems, around 10% of adults who have mental disorders now and 25% of the population are expected to increasingly need help each year. Mental disorders account for 13% of all illnesses and will grow to 25% by 2030, mental disorders are also related to self-defense, more than 90% of one million cases of personal protection each year due to mental disorders. The purpose of this research is to know the hallucinatory relationship with the level of family difficulties of schizophrenic patients in H. A. Sulthan Regional Hospital. Dg Radja Regency of Bulukumba. Anxiety is a problem that is characterized by feelings that will occur in something that will happen excessively. The study design uses non-experiment using cross-sectional. The population and sample in this study were all the families of schizophrenic patients who received hallucinations that took treatment patients who received 52 people in the mental clinic of RSUD. H. A. Sulthan Dg. Radja, a sample of 34 people were taken using a consecutive sampling technique using a questionnaire and observation sheet. Mann-Whitney U test results obtained p-value = 0.006 (p-value <0.05). Vision hallucinations were 12 people (33.3%), auditory hallucinations were 22 people (61.1%), while 18 were increased (52.9), mild were 11 people (32.4%), and weight was considered as many as 5 people (14.7%). The conclusions in this study indicate that there is a significant relationship between schizophrenia patient research at H. A. Sulthan Regional Hospital Dg. Bulukumba District Radja. Lent to families to increase knowledge about hallucinations and how to care to improve the family level.

Keywords: Hallucinations, Degree Of Resolution, Family, Schizophrenia

INTRODUCTION

Mental health disorders that occur in the era of modernization, globalization and free competition tend to increase in number. Stressful life events such as the loss of a loved one, social breakdown, unemployment, problems in marriage, economic crisis, pressure at work and discrimination increase the risk of mental illness (Candra, 2010).

According to Ibrahim (2011) quoted in Suerni et al (2013) Severe mental disorder that is often encountered in the community is Schizophrenia. According to Marasmis (2008) quoted in (Candra, Rikayanti, & Sudiantara, 2010) Schizophrenia is one form of psychosis that is often encountered. It is estimated that more than 90% of patients with Schizophrenia experience hallucinations, which is an impaired perception of patients who perceive something that is not actually happening.

Hallucinations in schizophrenia patients will cause several problems including stress, family anxiety among family members blaming each other, difficulty understanding, lack of family knowledge and accept the pain suffered by his family who has a mental disorder. Anxiety is an individual's response to an unpleasant situation experienced by all living things in everyday life. Anxiety can be felt by individuals or groups of people including families, anxiety covers the family and they are very burdened with the condition of sufferers. In fact, not a few families who did not know what plans they should do to deal with the problem of mental disorders one of his family members. Anxiety will increase without a clear understanding of the big problems facing his family (Sutrisno & Maryatun, 2014). WHO (world health organization) in 2009 estimates that as many as 450 million people worldwide have mental disorders, there are about 10% of adults experiencing mental disorders now and 25% of the population are expected to experience mental disorders at a certain age during their lives. Mental disorders account for 13% of illnesses overall and are likely to develop to 25% by 2030, mental disorders are also related to suicide, more than 90% of one million suicides each year due to mental illness.

Data from the American Psychological Association (APA) in 2010 stated that one percent of the world's population (an average of 0.85%) had schizophrenia (Joys, 2011), while Benhard (2010) explained the prevalence of schizophrenia in the world was 1 per 10,000 people per year. The prevalence of schizophrenia is 0.3 to 1%, occurring at the age of 18 to 45 years, but there are also aged 11 to 12 years. Based on the results of the Regional Health Research (Riskesda, 2013) the prevalence of severe mental disorder patients (Schizophrenia) in the province of Bali is ranked fourth after the DI Yogyakarta, Aceh and South Sulawesi Provinces, namely 3 people out of 1000 residents experiencing Schizophrenia (MOH RI, 2013). Data on the Statistics of the Special Hospital of South Sulawesi Province related to the number of mental patients Schizophrenia shows that the number of patients in 2008 was 1,485 people, in 2009 there were 2,050 people, in

2010 there were 2,245 people, and in 2011 there were 2,205 people (Aedil, Syafar, & Syria, 2013). Previous similar studies have been conducted by (Suswando, Sujarwo, & Supriadi, 2012) with the title "the relationship between the frequency of recurrence of schizophrenic patients with anxiety levels in families" with the results of this study indicate that there is a significant relationship between the frequency of recurrence of schizophrenia patients with anxiety levels in family. And carried out by (widati & twistiandayani, 2013) with the title "The Effect of Thought Stopping Therapy on the Ability to Control Hallucinations in Schizophrenia Patients" with the results of this study that there is the effect of thought stopping therapy on the ability to control hallucinations in schizophrenia patients.

Based on data obtained at H. A. Sulthan Regional Hospital Dg. Radja Bulukumba Regency, in 2014 the number of patients who did psychiatric consultations at the psychiatric clinic were 112 schizophrenic patients who had hallucinations. Whereas in 2015 there were 52 schizophrenics who had hallucinations (Medical Record of H. A. Sulthan Regional Hospital, Radja Bulukumba, 2015). Based on the results of interviews with the patient's family who took the patient for treatment, he said he was worried about his family's condition, especially if his family's condition recurred. This is caused because the patient's family does not know what to do when the patient's hallucinations recur, and the family is also worried if the patient's hallucinations recur and the patient does things that endanger the safety of himself and others.

The impact that can be caused by patients who experience hallucinations is losing control of himself so that it can endanger yourself, other people's families, or damage the environment, patients experience panic and behavior is controlled by hallucinations. The patient actually loses the ability to assess reality of the environment. In this situation the patient can commit suicide (sucide), kill others (homicide), even damage the environment. Physical activity reflects the contents of hallucinations such as violent behavior, agitation, withdrawal or catatonia. Unable to respond to complex commands that cannot respond to more than one person (Metu, 2014). Efforts are made so that the hallucinations do not recur, namely the existence of family support, giving and more harmonious care to sufferers, with a compassionate approach, monitoring the regularity of taking medication, involving patients in activities in the home environment such as community service and religious activities. This is so that sufferers have activities and do not often daydream.

From this, the researchers were interested in conducting research with the title "Relationship of hallucinations with the level of family anxiety of schizophrenic patients in Psychiatric Hospitals H. A. Sulthan Dg. Radja Regency of Bulukumba ".

MATERIAL AND METHODS

This type of research uses a non-experimental design using a cross sectional approach which is an analytical research design that aims to determine the relationship between variables where the independent variable and the dependent variable are identified at one time unit (Dharma, 2011). In this study, researchers wanted to know the relationship between hallucinations and the level of family anxiety in Schizophrenia patients measured at the same time. Population is the entire source of data needed in a study (Saryono, 2011). The population in this study is the whole family of patients with schizophrenia who experience hallucinations that take patients to treatment at H. A. Sulthan Regional Hospital Dg. Radja Bulukumba Regency with a total population of 52 people. Sampling using Non-Probability Sampling techniques, namely Consecutive Sampling is a method of selecting samples which is done by selecting all individuals who meet and meet the selection criteria, until the desired number of samples are met (Dharma, 2011).

The sample is a portion of the population that represents a population (Saryono, 2011). The sample in this study was the family of schizophrenic patients who took patients to the hospital. HA. Sulthan Dg. Radja Regency of Bulukumba with 34 people. The instrument used in this study used a questionnaire to determine the level of family anxiety, and an observation sheet was used to determine hallucinations in schizophrenic patients using the Guttman scale. Questionnaire is a method of data collection by providing a list of questions / written statements with several choices of respondents' answers. Observation is the activity of collecting data through data collection through direct observation of planned or respondent activities of participants, carried out actively and systematically (Dharma, 2011). Bivariate analysis is an analysis to find out the interaction of two variables, whether in the form of comparative, associative, or correlative (Saryono, 2011). This study was conducted to determine the relationship of hallucinations with the level of family anxiety in Schizophrenia RSUD patients. H. A. Sulthan Dg. Radja Bulukumba Regency , using the SPSS 20 program namely the Mann-Whitney Test.

RESULTS

Table 1. Distribution of Frequency of Respondents by Age, gender, occupational education

Characteristics	n	Percentage (%)
Age		
25-30	9	26,5
31-36	6	17,6
37-42	19	55,9
Gender		
Male	6	16,7
Female	28	77,8
Level Of Education		
Basic	26	72,2
Middle	8	22,2
Profession		
Work	10	27,8
Not Work	24	66,7
Amount	34	100,0

Based on table 1 shows that from 34 respondents the most hallucinatory patients families were aged 37-42 years with a total of 19 people (55.9%), respondents with the age of 25-30 years with a total of 9 people (26.5%), while the least at the age of 31-36 years with a number of 6 people (17.6%). The sexes of the most respondents were female with a total of 28 people (77.8%), while the fewest were male with a total of 6 people (16.7%). The highest level of education of respondents is the level of basic education with 26 people (76.5%), while the lowest level of secondary education is 8 people (23.5%). Most respondents work is not working with 24 people (70.6%), while the least is working with 10 people (29.4%).

Table 2. Distribution of Respondents Based on hallucinations

Hallucinations	n	Percentage (%)
Vision	12	35,3
hearing	22	64,7
Amount	34	100

Based on table 2 shows that of the 34 respondents the most were auditory hallucinations with a total of 22 people (64.7%), while the least was visual hallucinations with a total of 12 people (35.3%).

Tabel 3. Distribusi Responden Berdasarkan kecemasan keluarga

Family anxiety	n	Percentage (%)
Light	11	32,4
Is on	18	52,9
Weight	5	14,7
Amount	34	100

Based on table 3 shows that of the 34 respondents the most was moderate anxiety level with 18 people (52.9%), mild anxiety level with 11 people (32.4%), while the least was severe anxiety level with total 5 people (14.7%).

Table 4. Relationships of hallucinations with the level of family anxiety in schizophrenic patients

Hallucinations	Family anxiety						Amount		P Value
	Mild		Medium		Heavy				
	n	%	n	%	n	%	n	%	
Hallucinations of vision	8	66,7	3	25,0	1	8,3	12	100	0,006
Hearing hallucinations	3	13,6	15	68,2	4	18,2	22	100	
Amount	11	32.4	18	52.9	5	14.7	34	100	

Based on table 4 above shows the comparison of the proportion of hallucinations with the level of family anxiety shows that auditory hallucinations have higher moderate anxiety (68.2%) compared to visual hallucinations or (25.0%). Vice versa that visual hallucinations have mild anxiety (66.7%) and severe anxiety (8.3%) is smaller when compared, whereas auditory hallucinations have mild anxiety (13.6%) and severe anxiety (18.2%) . This shows that there is a difference in proportion between hallucinations and family anxiety levels. Mann-Whitney U test results obtained $p = 0.006$, $p < 0.05$, this means that statistically there is a relationship between hallucinations with family anxiety levels, and it can be concluded that respondents with auditory hallucinations have a tendency for family anxiety levels to be heavier than the types of hallucinations vision.

DISCUSSION

Based on the results of the study in table 5.2 shows that respondents in the category of auditory hallucinations were 22 people (64.7%), and visual hallucinations were 12 people (35.5%). This is in line with the theory according to Generous (2013). Hallucinations are absorption movements or perception of the five senses without any stimulation from outside that can cover all five sensory systems occur when the individual is full or good consciousness. And according to Muhith (2015) hallucinations suffered the most are auditory hallucinations which reached approximately 70% while visual hallucinations were ranked second with an average of 20%. Hallucinations can be caused by several conditions such as extreme fatigue, difficulty sleeping for long periods of time, excessive anxiety that causes loss of control over self, and social interaction in the real world so that clients tend to be alone and only aim at themselves (Rusdi, 2013). This study is in line with (Aini, 2010). The results of research on the prevalence of paranoid schizophrenics with hallucinogenic symptoms indicate that the highest

number of hallucinations in schizophrenia patients is auditory hallucinations totaling 537 patients (97.5%), and the prevalence of visual hallucinations is more than 55% and the smallest are hallucinations of taste and hallucinations of smell only 1 patient (0.2%). With the most distribution based on the number of hallucinations the patient was one patient with one hallucination of 514 patients (93.3%).

The researchers' assumption states that this is in line with the theory that the most hallucinations occur are auditory hallucinations compared to visual hallucinations. That is because it can be seen on the basis of the five senses. Hearing hallucinations can occur when clients experience deep feelings such as loneliness, guilt and fear and try to focus on pleasant thoughts, so that clients behave inappropriately smiling or laughing, moving their tongue silently, rapid eye movement, and still. In this study it was found that the client listened more to the whispers in the form of voices instructing the client to take actions that could cause the client to injure himself or his family and those around him. Based on the results of the study in table 5.3 explains that the most anxiety level of respondents is the level of moderate anxiety with the number of 18 people (52.9%), the level of mild anxiety with the number of 11 people (32.4%), while the least is the level of anxiety weight with the number of 5 people (14.7%). In line with the theory According to Lestari (2015) anxiety is an unpleasant affective state that is accompanied by physical sensations that warn people of impending danger. Feelings that arise because there are two causes, first of what is realized such as fear, surprise, helplessness, feeling threatened, and so on. Both of which occur out of consciousness and are unable to avoid unpleasant feelings (Prasetyo, 2007). According to Udi (2010) Anxiety can also arise due to the inability to interpersonal relationships and as a result of rejection.

This study is in line with what was done by (Listriani, 2013) the results of research on the description of the anxiety level of patients' families in the Rsup Room Dr. Wahidin Sudirohusodo Makassar showed that the results of the study found that 65 people (69.9%) experienced anxiety. This shows high anxiety in the patient's family. While the families of patients who did not experience anxiety were 28 people (30.1%). The researcher's assumption states that the results of this study obtained the most anxiety level is the level of anxiety is moderate. Respondents who experience moderate anxiety are due to ineffective coping within the respondent such as being anxious about the condition of his family who has a mental disorder.

Besides sex can also affect the level of anxiety in the family. Where in this study the family of patients more women than men. That means women have higher anxiety than men. This is because women's feelings are more empathetic so they are easier to feel anxious when experiencing problems. Apart from emotional factors, this is influenced by cognitive factors. Women usually see the events they experience in terms of detail, while men tend to think globally or not in detail. Based on table 5.4 above shows a comparison of the proportion of hallucinations with the level of family anxiety shows that auditory hallucinations have higher anxiety (68.2%) compared to visual hallucinations or (25.0%). Vice versa that visual hallucinations have mild anxiety (66.7%) and severe anxiety (8.3%) is smaller when compared, while auditory hallucinations have mild anxiety (13.6%) and severe anxiety (18.2%) . This shows that there is a difference in proportion between hallucinations and family anxiety levels.

Mann-Whitney U test results obtained $p = 0.006$, $p < 0.05$ this means that statistically there is a relationship between the types of hallucinations with family anxiety levels, and it can be concluded that respondents with auditory hallucinations have a tendency for family anxiety levels to be heavier than those of type of visual hallucinations. This is in line with the theory according to Lestari (2015) that a person's education level influences in responding to something that comes both inside and outside. People who will have higher education will give a more rational response than those who are less educated or those who are not educated. And the low level of knowledge also causes a person to experience stress. Ignorance of something that can cause crisis and can cause anxiety. Stress and anxiety can occur due to lack of information obtained.

Besides family anxiety can occur due to economic factors. In the families of patients whose laborers work their income is just enough food and daily necessities so the family feels burdened if the patient has to be repeatedly treated in the hospital. In addition, the level of education also affects family anxiety. Education is generally useful in changing mindsets, behavior patterns and decision-making patterns. An adequate level of education will be more in identifying stressors in oneself, including in controlling anxiety (Supriady, 2015). The researchers who are related to research conducted by (Sutrisno & Maryatun, 2014) with the title family anxiety level with the ability of patients to control hallucinations in the mental clinic at the Ernaldi Bahar Hospital in South Sumatra Province in 2014. Using the chi-square test obtained p value 0.028 (p

value $< \alpha 0.05$) indicates that there is a significant relationship between the level of family anxiety and the patient's ability to control hallucinations.

This researcher's assumption is caused by the coping mechanism used by the family which is ineffective and low educational status and the lack of information obtained in controlling anxiety, where in this study the respondent's family obtained most of the Basic Education. A low level of education will affect one's mindset, including in controlling anxiety. In addition, a low level of education will affect one's level of knowledge including knowledge in dealing with the condition of his family. The family does not know what action should be taken if the family condition recurred, this is due to lack of information obtained and lack of knowledge affects anxiety. And in this study the patient's family states that the patient often listens to whispers that make the patient feel slighted and useless which can cause the patient to do something that endangers him that can hurt himself which makes the family anxious. And besides that, physical condition also affects family anxiety where a family who has a member of a mental disorder experiences an increase in stress and anxiety. This is because the family feels fear and an act of violent behavior that can hurt the family or other people around them.

CONCLUSIONS

There is a hallucination relationship with the level of family anxiety in RSUD. H. A. Sulthan Dg. Radja Bulukumba Regency. 1. To the hospital for hospital health workers H. A. Sulthan Dg. Radja Regency of Bulukumba, especially health workers in the Outpatient Mental Clinic, is expected to be able to provide knowledge to families about how to reduce anxiety in caring for families with mental disorders.

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