

The Symptoms and Causes of Schizophrenia Perceived by Indonesian People with Schizophrenia: A Phenomenology Study

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Abstract

Many people with schizophrenia are unaware that they have a mental illness. They frequently have trouble detecting their illness symptoms and recognizing the presence of a mental disorder and, more significantly, that they require long-term treatment and care. This has the unintended consequence of causing a poor outcome. This study aims to explore the experiences of symptoms and causes of schizophrenia of Indonesian people with schizophrenia. This study uses a qualitative method with a phenomenological approach. Participants in this study were patients with schizophrenia in Aceh Province, Indonesia. The results of this study identified two themes: confusion over symptoms' nature and severity and out-of-control things that cause schizophrenia. The results of this study found that the majority of people with schizophrenia struggle to understand the severity of their symptoms. Some of their ideas about the reasons for their illness indicate that health professionals should provide more thorough education about their illness.

Keywords: schizophrenia, Aceh, Indonesia, causes, symptoms, qualitative study

Introduction

Schizophrenia is a persistent mental illness characterized by a multifaceted condition ¹ and a wide range of symptoms, the specific etiology of which is unknown ^{2,3}. Most people with schizophrenia are unaware that they have a mental illness. They frequently have trouble detecting their illness symptoms and recognizing the presence of a mental disorder and, more significantly, that they require

long-term treatment and care ⁴.

As a result, individuals with schizophrenia may face uncertainty in their life. ^{5,6} mentioned that several things cause individuals to be in uncertainty, one of which is lack of insight about the illness symptoms, the causes, and the treatment. Several factors contribute to poor insight in individuals with schizophrenia, including neurocognitive impairment, social cognition, metacognition, and increased self-stigma ⁷. According to research, the majority of schizophrenia patients are either partially or entirely aware of their illness ⁸, and 'stressful life experiences' was the most often cited factor as a cause of schizophrenia, followed by 'disturbance of brain biochemistry,' 'continuous strain,' 'avoidance of everyday life

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difficulties,' and 'failure in life' ⁹. In addition, lack of insight in individuals with schizophrenia can have an impact on poor outcomes to the patients ¹⁰, such as non-adherence to medication ^{4,7,11,12} and has been linked to positive schizophrenia symptoms ¹³. In those with schizophrenia, poor outcomes can lead to poor quality of life ¹⁴.

It is critical to understand how schizophrenia affects people's perceptions. Because more people are aware that they have a mental illness, it could substantially impact prognosis and treatment interventions. Among Indonesian Acehnese, the majority of people with schizophrenia, including their family members, are completely uninformed of the symptoms and causes of their illness. Thus, it would be fascinating to investigate patients' experiences, especially about the symptoms and the causes of the illness, using a qualitative method.

Materials and Method

Design

This study is descriptive phenomenological research that aims to explore the experiences of patients with schizophrenia in Aceh concerning symptoms and causes of the illness.

Participants

This study was conducted in Aceh Besar, Aceh Province, Indonesia. Seven Acehnese with schizophrenia participated in this study. They were outpatients at the Community Health Center (CHC) in Kuta Baro District, Aceh Besar. The sampling criteria included: (1) patients diagnosed with schizophrenia and have had schizophrenia for at least one year, (2) aged 18 years or older, (3) agreed to be visited at home, and (6) agreed to be interviewed.

Data Collection

The data collection was conducted from March to June 2021. The researcher conducted in-depth interviews for 20-30 minutes face to face with participants at their homes. The interviews were recorded with an audiotaped recorder. All of the interviews were recorded and subsequently verbatim transcribed.

Trustworthiness

In order to address trustworthiness, the researcher did a prolonged engagement, ensured the data was meaningful and credible, established inclusion criteria, required a detailed description of the research setting and participants' context, used an interview guide, and used audiotaped for all participants.

Ethical Considerations

The Research Ethics Committee of the Faculty of Nursing, Universitas Syiah Kuala, Aceh, Indonesia, provided ethical approval.

Data Analysis

The seven-step phenomenology approach of Colaizzi ¹⁵ was used to examine the data acquired in this study: (1) interview recordings were attentively listened to and the participants' comments were verbatim captured to reflect the entire content of the interview; (2) organizing critical statements to provide data that is closely relevant to the topic under investigation; (3) extracted meaningful sentences; (4) the six sub-themes and two themes were created by grouping and categorizing; (5) the study phenomenon's themes were used to organize more thorough overall descriptions; (6) detailed descriptions were summarized; and (7) the participants were given the opportunity to look over the analyzed data.

Results

The participants' perceptions of symptoms and causes of their illness were analyzed into two themes and six sub-themes. Two themes were elucidated as follows:

Theme 1: Confusion over Symptoms' Nature and Severity

Confused and Uncertain about the Symptoms of the Illness

Most of the participants in this study revealed that they were confused and doubtful about the form of the symptoms of the illness they were experiencing.

"I sometimes felt sick, had a fever, and had all kinds of illness symptoms." (P4)

"I can be too sad if I am sad. I can be too happy if I am happy. I can be excessively angry when I'm angry. Sometimes I get mad at everyone." (P7)

"Sometimes the voices came. It's hard for me." (P3)

"When I sit alone, I think about why I felt like a dead person, my body felt like death." (P2)

"In the past, if I had left home, I would have been angry, hung around, and then definitely didn't know the way home. So, I was reminded by my daughter that I should not leave home, but if I stayed at home for a long time, I was bored." (P6)

"I do not know how to describe it. Sometimes the symptoms came, sometimes did not." (P5)

Occasionally Appearing Symptoms of Hallucination

Some survey participants stated that they still hear voices or see unpleasant objects occasionally.

As a result, people are disturbed if these hallucinatory symptoms occur regularly.

"When the voices came, the voices told me to keep wandering outside, The voices were sometimes female, sometimes male. Sometimes the voices would tell me to do bad things; for example, they would tell me to take other people's belongings, but I never wanted to do that because I knew I should not." (P1)

"Once when I was working, I saw a group of people attacking each other. They hit my hand with a hammer. I was also disturbed while sleeping, so I couldn't sleep. It made me angry and cursed them." (P4)

"When I was tired, the voices came up, they came a little bit first, then a lot. When my tiredness began to feel heavy, the voices became clearer, then when I was self-conscious, those voices became clearer as if someone was in front of me." (P2)

Theme 2: Out-of Control Things Cause Schizophrenia

The Obnoxious Appearance

One participant revealed that her illness was caused by scary sightings she saw when she was in *dayah* (Islamic traditional boarding school).

"When I was in *dayah*, and we got an exam, I was scared by friends when I learned alone by myself. That was in the middle of the night, around 2 or 1 PM. After that, I often heard the sound of jinn, a kind of ghost sound that looks like. I heard their sounds clearly from the room wall." (P2)

Another participant revealed that his illness was caused by his scary sightings that triggered his anger.

"I saw some shadows of figures, I wondered who

they were, if they were human, why did they form like that. It made me angry with them.” (P4)

Black Magic

Two participants of this study expressed that their illness was caused by black magic.

“I thought, I was under the control of someone’s black magic. This hurt me a lot.”(P4)

“It looks like I got black magic control.” (P8)

Brain Disorder

Three participants stated that a brain disorder caused their illness.

“...because there was a disorder in my brain, so it is considered something inappropriate.” (P6)

“I think it was because there was a problem in my brain, that is why I am not as normal as I used to be.” (P7)

“There is a disturbance in the brain. Maybe this is the fate of my life, hahaha ...” (P5)

Violence

One participant perceived that her illness occurred because her family members often hit her.

“I got this kind of illness because I used to get hit by my brother. Now my husband does the same thing, he keeps hitting me.” (P5)

Discussion

This study found that most of the participants expressed confusion with the nature and the severity of the symptoms they experienced. They revealed that their symptoms sometimes disappeared but occasionally appeared. One symptom that was often present and considered very disturbing in daily life

was hallucinations. Although they did not use the term ‘hallucinations’ due to poor insight^{7,16}, for those intermittent symptoms, participants were still able to describe the form of the symptoms that they were listening to sounds that only they could hear or see certain objects that only they could see. This happens throughout the participants’ life while suffering from schizophrenia. For those who live in the community, mainly if untreated schizophrenia patients remained symptomatic and the symptoms presented episodically, the severity of the illness worsened as the duration of the illness increased¹⁷. Those severity symptoms were found to be associated with poor outcomes like hospitalization and social dysfunction¹⁸, cognition deterioration¹⁹, lower work performance²⁰, and the lack of clinical state of recovery and relapse²¹.

Regarding the causes of their illness, all participants reported various answers of causes of schizophrenia, e.g., obnoxious appearance, black magic, brain disorders, and violence. Participants perceived that they had seen the *obnoxious* appearances, which prompted them to be afraid or get angry. This commonly occurs when the positive symptoms of schizophrenia, such as hallucinations, delusions, and delusions, arise abruptly²². Another symptom of schizophrenia, paranoia, also triggers excessive suspicion that someone else has done something terrible to them²³. Suspicious conduct frequently leads people with schizophrenia to believe that their illness is caused by black magic, as revealed by participants.

Interestingly, the outcomes of this investigation demonstrated that a brain disorder causes schizophrenia. Changes in brain chemistry, such as increased dopamine neuron activity anomalies in the neurotransmitters norepinephrine, serotonin,

acetylcholine, and gamma-aminobutyric acid, are one of the causes of schizophrenia (Townsend, 2015). However, that result cannot be a meaningful conclusion that the participants understand more deeply about the theoretical causes of their disease. In Indonesian society, it is normal for the perception of brain disorders to occur when a person experiences a mental disorder. In addition to the other causes of schizophrenia, one participant considered violence to be one of the causes of schizophrenia. This runs counter to the popular belief that people with mental disorders, particularly schizophrenia, are the same as those who commit violence and engage in violent conduct (Hodgins 2008; Hodgins, 2011). Studies found that the occurrence of violence in schizophrenia patients cannot be separated from traumatic experiences or have experienced violence as a kid or prior to developing schizophrenia, and made victimization and adverse events one of the causes of aggressive behavior^{26,27}. Traumatic events, in this case, familial violence, had triggered the emergence of symptoms of mental disorders, mainly when the individual lived in the community and the unpleasant actions were perpetrated by those closest to them. That condition that could be exposed to violence negatively affects their social functioning²⁸. Unfortunately, the violence is more often perpetrated by people closest to individuals with mental disorders, such as spouses or other family members. Some even get it from both their partners and other family members. The violence can be physical violence, sexual violence, and psychological violence^{29,30}. Of all participants, only one participant stated that the cause of her illness was the violence she had experienced from her brother used to beat her up a lot before she married. She continues to receive the same treatment from her husband when after married.

Conclusion

This study show strong evidence that most people with schizophrenia in Aceh Province, Indonesia, have various perceptions about their illness regarding the symptoms and causes. During their illness, people with schizophrenia struggle to understand the severity of their symptoms. Some of their ideas about the reasons for their illness indicated that health professionals should provide more thorough education about their illness.

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