Title
An experiential exercise designed to facilitate student nurses' engagement with service users who hear voices.

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Abstract

Caring for and working with clients with schizophrenia can sometimes be a challenge for undergraduate student nurses pursuing a degree in psychiatric nursing. In particular understanding the experience of service users, who as part of their disorder hear voices, can be difficult to even imagine. In order to address this challenge our teaching team utilized Kolb's experiential learning model (1984). In this incidence the students were immersed in an environment that attempted to simulate the experience of auditory hallucinations using recorded voices. The simulated interactions were video-taped and students, upon completion of the exercise, could reflect on the experience as well as watch their reaction through the video recording. This experiential exercise was part of a module exploring acute mental illness. The teaching and learning philosophy underpinning the curriculum, embraces experiential learning as a methodology suitable for assisting nursing students to develop reflective skills and appreciate experiences from a variety of perspectives. On completion of this module a focus group revealed that students reported having a better understanding of auditory hallucinations and more confidence in engaging with service users who heard voices through the use of this learning experience.

Keywords: Experiential Learning, Auditory Hallucinations, Kolb's Experiential Learning Cycle, Psychiatric Nurses, and Mental Illness.

Introduction

This purpose of this study is to explore the effectiveness of an experiential exercise to promote the students' awareness and provide a model of understanding of Acute Mental Illness with particular reference to service users who experience auditory hallucinations. The plan utilised Kolb's model of experiential

learning and demonstrated how the use of scripted MP3 audio streams could be incorporated into a module to provide meaning to a group of students understanding of auditory hallucinations.

During a clinical skills role-play, these students were exposed to a series of reconstructed voices containing persecutory, grandiose and paranoid content. The scenario asked them to attend to a nurse's questions whilst all the while the MP3 recording was playing in their ears. This exercise was then examined via a series of focus groups in order to measure the effectiveness of this intervention in providing the students with an insight into auditory hallucinations.

Overall the student feedback indicated that they had found this exercise to be very useful and some indicated that it had a lasting effect in altering their perception of auditory hallucinations. They also commented further suggesting that this experience had a direct impact on their subsequent clinical placement. In keeping with the changing focus of mental health care, patients will be referred to as 'service users' throughout this paper.

This study aims therefore to:

- Evaluate the effectiveness of this experiential exercise in helping students to understand what it is like to experience auditory hallucinations
- To assist students to engage more with clients who experience auditory hallucinations.

Background and Context

Teaching and learning on the undergraduate BSc in Nursing Psychiatric Mode, involves engaging the student with themes of psychological disturbance. Many students struggle to grasp these concepts and it is often the most traumatic and disturbing feeling states that require a full understanding in order provide the student with the necessary insight so as to respond effectively. Facilitating a degree of understanding of these acute states of distress is usually most effectively provided in the clinical environment. However, sometimes what is witnessed by psychiatric nursing students in the clinical environment is solely objective and lacks a substance of meaning from the subjective or internal point of view

of the sufferer. It is therefore imperative that the quality of material that is delivered in the classroom must convey the gravity of these conditions and create a model of understanding so that the student is correctly positioned to engage with the service user in a meaningful way.

The following is an account of an educational intervention that was created out of necessity whilst teaching this material to undergraduate psychiatric student nurses in the third year of their four-year degree programme. The Acute Mental Illness module aimed to provide the students with a meaningful understanding of psychotic illness and more specifically an appreciation of auditory hallucinations. Whilst this group of students were well versed in the signs and symptoms of the various psychotic presentations, they appeared to be less aware of the effect of these symptoms on the individual.

Auditory Hallucinations

Auditory hallucinations are commonly associated with acute or chronic psychotic conditions like schizophrenia. They can be described as sensory distortions of reality that exist in the absence of an external stimulus. This can involve hearing sounds, most commonly one or more voices talking to the service user or each other. The content of these voices can be persecutory, hostile, grandiose or paranoid and hallucinatory phenomena can be extremely distressing for the patient (Nicholson et al 2006). Auditory hallucinations are likely to cause the sufferer considerable anxiety and distress and they can often become integrated into the service user's subjective experience of illness (Martin, 2000). Interventions with regard to symptom management of auditory hallucinations, is limited to the following three strategies, increased interpersonal contact, cognitive control and medication (Middleboe & Mortenson 1997, p.192).

It is very easy to become consumed in the diagnostic and controllable world of medical symptoms, but there is a risk that in doing this, one misses out on the "affect" involved for the service user experiencing these difficulties. "Affect" is a word that attempts to describe the "feeling state" of what a person truly experiences as opposed to how they objectively appear to be.

Disconnecting from the affect

It is not unusual for students and qualified staff to become disconnected with the 'affect' of service users who present with such distressing pathology as auditory hallucinations. Strauss (1989)

suggested that sometimes psychiatric nurses can fail to hear aspects of the subjective experience of service users or to recognise the interrelationship between subjective experience and illness. He describes this as a 'professional psychophobia' and suggests that it is not uncommon in mental health settings. Romme (1992) suggested that in some schools of thought an acceptance of the service user's reality is to be avoided, as this might further confuse them and possibly increase their internal chaos. Thus, the discussion of the subjective experience is discouraged, even though these auditory experiences sometimes represent a large proportion of the service user's life.

Lakeman & Curzon (1998) also observed that "The concept of power and control pervade psychiatry, psychiatric treatment and indeed society in general"(p.190). Therefore it is important to consider the risk and potential of this sense of apathy toward acute mental illness pathology for psychiatric nursing students. In order to avoid this disconnection or distance, lecturers need to think creatively about how they can deliver this material to students in a meaningful way.

Parse (1991) describes a concept called 'true presence', where the nurse- service user relationship is concerned with 'being with' as opposed to 'doing for'. This is achieved when the material resonates for the student the quality of the experience for the service user and facilitates a glimpse of the service user's real experience rather than a description of their objective behaviour.

Too often clinicians in the area of mental health can succumb to viewing service users as clusters of symptoms or behaviours and therefore they become monitoring agents for pathology as opposed to catalysts of change. However, are clinicians not far more effective if they can make attempts to engage with how the person feels and therefore help the service user to improve how they feel, rather then having a sharp focus on the reduction of symptoms and/or behaviour?

This study aimed to engage the student with the experience of the service user and forge an understanding of the communication issues that are often present in their lives when they come in contact with psychiatric nursing students.

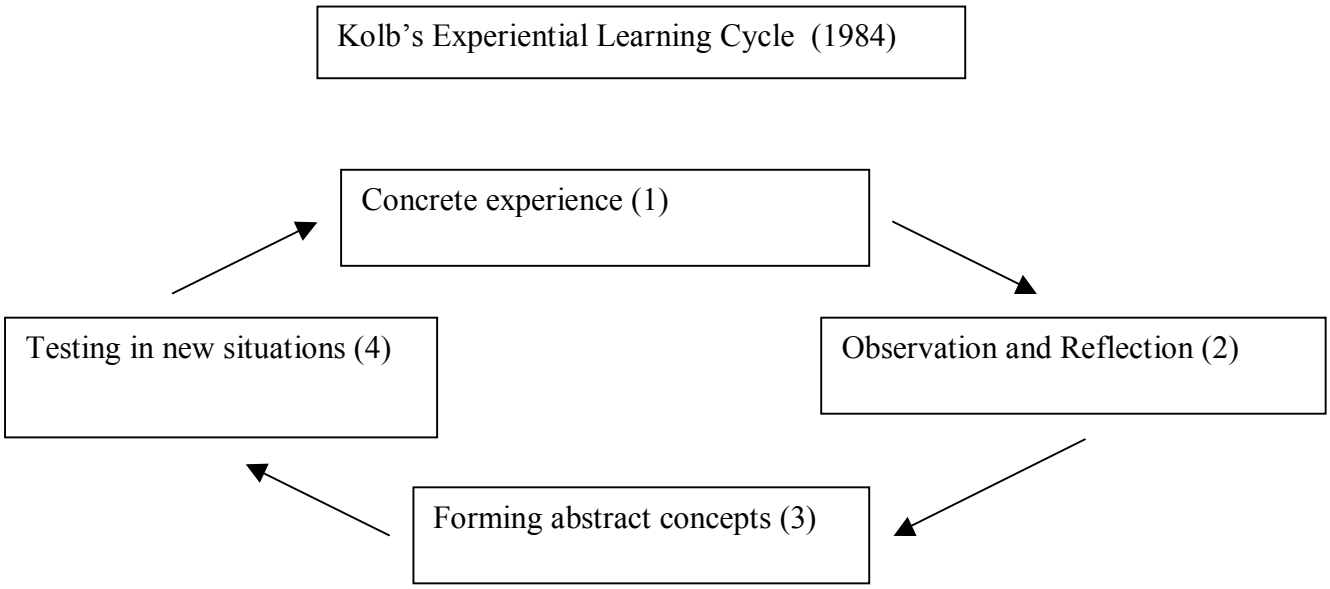
Methodology

As previously stated psychiatric student nurses would be well versed in all the theoretical aspects of schizophrenia, such as the aetiology, incidence and the nursing care required for the treatment of a service user with this form of mental illness. However, it is difficult to appreciate the experience of hearing auditory hallucinations and the effect this has on the service user's ability to think, communicate and make decisions, when you have never heard voices. With reference to the literature a number of 'voices' were constructed using written scripts and the 'voices' were recorded using a person whose voice the students would not be familiar with. This aimed to contribute to the strangeness and consequential realness of the experience. The students were asked for their permission to video-record the class. This was so that they could review their performances and gain an insight into the nonverbal communication that regularly occurs, but which can often be missed when one is a participant in an interaction.

The class proceeded with the students volunteering to hear the voices. A number of students declined to participate in the exercise but stayed to observe the activity. The exercise began by one of the lecturers acting as a nurse and the students in turn acted as the service user. The interaction proceeded with the student wearing headphones and the lecturer controlling the volume and selection of the reconstructed voices. For the first minute the student heard no voices, but as the voices were introduced into the earphones, the demeanour of the students changed dramatically and on occasion students were observed to be giggling inappropriately or appear preoccupied. One stream of the voices was positive, containing grandiose content, whereas the other stream contained paranoid content and implied that the 'nurse' could not be trusted.

Once each student who wanted to participate had completed the exercise, they reflected upon the experience and discussed their observations. During this discussion themes emerged indicating how this experience would change how the students would interact with service users who heard voices. This exercise within the module of acute mental health was followed by a two week period of clinical placement where students would regularly encounter service users who heard voices. On completion of this clinical placement the students returned to college where they consented to participate in a focus group to examine their experience of nursing service users who hear voices and to evaluate the teaching / learning experience of hearing voices.

The whole learning experience utilised Kolb's experiential learning cycle (1984) in the following ways. While in class the students had the concrete experience of hearing auditory hallucinations and they had an opportunity to reflect on the experience. After the class, and prior to placement, they had an opportunity to form abstract concepts in relation to the experience of auditory hallucinations for themselves and service users. Then finally, when out on placement, the students had an opportunity to test their new knowledge with real service users. While there are criticisms of the Kolb model for this study it was judged to be a suitable theoretical framework.



The choice of focus group as the methodology for evaluating the students' experience was due to the comfort that the focus group affords individuals within the group setting (Parahoo 2001). Also focus groups are a quick and cost effective method for obtaining data (Parahoo 2001).

Finally the focus group (as a qualitative method) is concerned with in depth study of human phenomena in order to impart understanding about their nature and meaning of the phenomena of interest (Cormack 1996). While Quantitative research has been the favoured method of research by the nursing profession previously (Melia, 1982). The qualitative approach is concerned with

collecting and analysing subjective data, using procedures which impose minimal research control (Polit , Beck & Hungler, 2001).

According to Polit Beck & Hungler (2001), there are three primary ethical principles, which guide the ethical conduct in research. These are beneficence, respect for human dignity and justice (Polit ,Beck & Hungler, 2001). The ethical considerations, which were addressed in this study, included; consent, confidentiality and anonymity of the students. All participants were requested to give their written consent to the study. All participants were free to withdraw from the study at any stage.

Analysis of data

The focus group data was analysed by examining recurrent themes throughout the transcript. There were approximately 4 main recurrent themes, which included

1. A better understanding of auditory hallucinations
2. An appreciation of the tormenting nature of auditory hallucinations
3. A realness of the experience (of service users)
4. The confidence the students gained by participating in the experiential exercise

Better understanding of auditory hallucinations

The students reported overall to have a better understanding of the phenomena of auditory hallucinations, which they had learnt about from a theoretical basis. One student said 'I understood before or at least thought I did, I didn't realise how it interrupts your life or your thinking, or how you weren't able to talk to someone, even if it was not frightening, I would find it hard to get used to, it would take a long time to come to terms with'.

Another student said 'this was an excellent exercise for helping you understand these clients'. For some of the students this better understanding reportedly reduced the fear they had of interacting with service users who experienced auditory hallucinations. One student said 'since the clinical skills I'm not as fearful as before, I understand it more now and I would not pass someone by because the person is hearing voices'.

The tormenting nature of auditory hallucinations

The exercise gave the students insight into the tormenting nature of auditory hallucinations. One of the students reported thinking 'When was it going to stop (the voices)', and expanding by saying that she now had a better understanding of 'why people who hear voices commit suicide, as there is no getting away from it'. Another student spoke about the continuity of voices and the effect on the service user 'imagine going through that 24/7 and reacting to the voices, hearing them all the time as well as what's coming at you from someone else as well'.

Realness to the service user

The students reported how they started to appreciate during the simulated auditory hallucinations experiential exercise how the voices are real to service users. One student said 'I now understand why they talk back to them (the voices)' another reported 'I didn't realise how upsetting the voices could be'. The effect of auditory hallucinations was eloquently expressed by one student as they reported '(the) whole world fades; you feel so trapped, you're there but not there'. Finally one student talked about the dilemma in acknowledging that the voices are real for the service user '(the) dilemma or risk involved in acknowledging the experience for them (service user) even though you can't hear it', they continued by saying that 'the temptation is there to dismiss the voices and not give them any cooperation; but surely that would make them more paranoid and be bad for the patient'.

The confidence the students gained by participating in the experiential exercise

Many of the students identified that either participation in, or observation of, the experiential exercise gave them confidence in dealing with service users who experienced auditory hallucinations. While not all of the students had acted as service users in the exercise, they stated that observing their colleague's changing facial expressions during the encounters gave them insight into service users' behaviours when on clinical placement. One of the students reported 'it sets you up to have better empathy, it's a more practical experience, only when you do it can you relate to it, it definitely helps your confidence'. Another student reported that they 'shied away from them' (people who heard voices) and stated that this exercise 'gives you the confidence to know whether they want

you there or not, or whether to approach them or not'. Some of the comments on the clinical skills laboratories environment, in which the exercise took place, included an excerpt where one of the students felt it helped with their confidence 'clinical skills allows you be more confident'. The students also reported that they felt more confident with how they communicated with service users. 'You need to speak slower and watch their facial expressions'. One student felt that experiencing this exercise helped them 'learn not to take things personally' like when a service user shouted near them or used profanities, the student now realised that the service user was reacting to voices and not to them.

Discussion and Implications

There is a paucity of literature with respect to this type of experiential exercise with psychiatric student nurses. As mentioned previously all nurses can find it difficult to engage with service users who experience auditory hallucinations (Strauss 1989). One of the striking points from the focus group transcript was the students willingness to now engage with these service users which was something some of them reported being previously fearful of doing. This engagement and realisation of the type of communication necessary to engage with service users who hear voices is very much is in keeping with one of the three strategies for the management of auditory hallucinations i.e. 'interpersonal contact' (Middleboe & Mortenson 1997).

The students reported that the exercise helped them to understand that the auditory hallucinations were real to the service user and they were able to empathise better as a result. In addition, the realisation of just 'being with' the service user and developing a better understanding of how to talk with them in some ways reflects the concept of 'true presence' described by Parse (1991).

The exercise also allowed the students to experience some of the feelings that the service user may experience when hearing auditory hallucinations. It is hoped that this would help them in their therapeutic role to devise better ways to help service users to cope with the ongoing disruptive interference of voices.

Students reported increased confidence as a result of participating in the exercise, subsequently, with this particular client group, this being due in part to the clinical skills laboratory environment in which the students learnt all their clinical skills. This concurs with a

study completed by Walsh and McHugh (2007), where students reported increased confidence in performing interpersonal skills in the clinical skills laboratory environment due to the opportunity to practice and experience these skills prior to exposure to real service users.

Due to the limited size of the study the results cannot be generalised, and the element of bias cannot be overlooked as the authors had taught this group before and were familiar to them. However, in one sense this exercise would be potentially harmful to a group of students not known to the authors as the nature of the exercise required the lecturers to know the students well enough, to be able to judge how the students would react to the experience of listening to voices.
Although, this study was small using just one group of psychiatric nursing students, their positive feedback on their experience would encourage the authors to repeat the exercise again with subsequent groups.

Conclusions

Undoubtedly, it is difficult for psychiatric student nurses to engage with service users who experience auditory hallucinations, when they themselves have never experienced auditory hallucinations. This study examined the effectiveness of this experiential exercise to facilitate student nurses' engagement with service users who hear voices. Analysis of the focus group data showed that students found it an effective method of helping them engage with service users with confidence and improved their understanding of auditory hallucinations.

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