ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCES, SCHOOL OF MEDICINE, DEPARTMENT OF PSYCHIATRY, CLINICAL PSYCHOLOGY PROGRAM

EXPLORING THE EXPERIENCES OF HEARING VOICES AMONG PEOPLE WITH SEVERE MENTAL ILLNESS AT AMANUEL MENTAL SPECIALIZED HOSPITAL ADDIS ABABA, ETHIOPIA: A QUALITATIVE STUDY

BY: ABEL NEGUSIE

A THESIS PROPOSAL SUBMITTED TO THE DEPARTMENT OF PSYCHIATRY, SCHOOL OF MEDICINE, COLLEGE OF HEALTH SCIENCES, ADDIS ABABA UNIVERSITY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR MASTER'S DEGREE IN CLINICAL PSYCHOLOGY

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Acronym

AH	Auditory Hallucination
AMSH	Amanuel Mental Specialized Hospital
APA	American Psychiatric Association
AVH	Auditory verbal Hallucination
F	Female
CBT	Cognitive Behavioral Therapy
CIDI	Composite International Diagnostic Interview
M	Male
PI	Primary Investigator
PTSD	Post-Traumatic Stress Disorder
SMI	Severe Mental Illness
TPJ	Temporoparietal Junction
TMS	Transcranial Magnetic Stimulation
UBACC	University of California, San Diego Brief Assessment of Capacity to Consent
UK	United Kingdom
US	United States

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Abstract

Background: Auditory hallucinations, often manifested as hearing voices, present a profound challenge for individuals living with severe mental illnesses , especially those exhibiting psychotic symptoms. Despite their prevalence, the nuanced subjective experiences of these phenomena, particularly in the context of Ethiopian psychiatric care, remain inadequately explored.

Objectives: This qualitative study aimed to explore the lived experiences of individuals diagnosed with severe mental illness who experience hearing voices at Amanuel Mental Specialized Hospital in Addis Ababa, Ethiopia.

Methods: Employing a phenomenological approach-qualitative study, the research utilized purposive sampling to recruit participants from the hospital. Data was collected from 9 participants through in-depth individual interviews using semi-structured topic guides. The interview was recorded and transcribed verbatim and then translated to English. Thematic analysis was then employed to distill the rich data obtained, facilitating a comprehensive understanding of participants' subjective experiences.

Results: From the data on the experience of hearing voices, 7 themes and a total of 19 subthemes emerged. The core themes include Descriptive Features and Characteristics of the Voices, Attribution and Appraisals of the Voices, Emotions Associated with Hearing the Voices, Impact of the Voices, Coping Strategies and Resilience, and Help Seeking Intention.

Conclusion: Exploring the sources, interpretations, and impacts of the voice hearing experiences, has highlighted the complexity of living with auditory hallucinations and the individuality of the experience, its interpretation along with the help seeking intention. Hence, this supports thorough assessment and the design of targeted interventions.

Keywords: Hearing Voices, Auditory Hallucination, AMSH, Severe Mental Illness

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Auditory hallucinations (AH), often referred to as "hearing voices," are a phenomenon where individuals perceive sounds or words that have no external (2). The American Psychiatric Association (3) also defines AH as "perceptual experiences that occur in the absence of a corresponding external stimulus." Hallucinations and hearing voices are among the first rank symptoms that persons with psychosis may have (4) and these experiences can vary greatly, ranging from brief, isolated sounds or syllables to full-fledged conversations with distinct voices. The voices may be familiar or entirely unknown, passive or actively engaging the listener, and the content can range from pleasant and complimentary to neutral, disturbing, or even threatening (5).(6)

Auditory hallucinations are experienced by a significant number of people in the general population, with approximately 1 in 10 individuals reporting them at some point in their lives (7). While these hallucinations are most commonly associated with schizophrenia, affecting up to 75% of individuals with the condition (3), they are not exclusive to schizophrenia and can occur in people without a diagnosed mental health condition as well. The specific characteristics and content of auditory hallucinations can vary depending on the underlying mental illness. In schizophrenia, for instance, hallucinations are often characterized by critical, hostile, or command hallucinations (telling the person to do things) (8).

In recent years, there's been a growing emphasis on incorporating qualitative research methods in studying auditory hallucinations. This shift reflects a desire to understand the full picture of the experience, including the emotional impact and personal meaning individuals assign to the voices they hear (beyond just measurable features like frequency and duration). This shift acknowledges the limitations of solely quantitative approaches, which critics argue fail to capture the subjective nature of auditory hallucination (9). Furthermore, it aligns with the growing focus on prioritizing the participant's perspective in research (10).

Studies on individual differences in auditory hallucinations highlighted the remarkable diversity in how people experience them. Studies suggest that factors like a person's age, gender, and cultural background can all influence the nature of the voices they hear (11). For instance, one study found that women were more likely to report emotional voices, while men were more likely to experience voices that were critical or hostile (12). In some cultures, hearing voices may be seen as a form of spiritual communication or a sign of divine intervention, while in others, it may be viewed as a symptom of mental illness or demonic possession (13).

Coping strategies associated with auditory hallucinations also differ significantly across cultures. Cultural beliefs and interpretations can profoundly shape how individuals understand and respond to these internal voices. A comparative study conducted in Ghana, India, and the US ((14,15) exemplifies this. Participants from Ghana were more likely to describe the voices as morally good and causally powerful, attributing them to ancestral spirits. In contrast, participants from the US tended to view them as intrusive unreal thoughts, potentially indicative of mental illness.

Ethiopia, with its rich cultural and religious tapestry, offers a unique lens to explore auditory hallucinations. Christianity and Islam are prominent religious influences, alongside indigenous belief systems (16). These cultural and religious backgrounds can color the content and meaning attributed to the internal voices experienced by individuals in Ethiopia. In-depth studies conducted in Addis Ababa, a city brimming with cultural diversity, can illuminate how Ethiopians experience and interpret these internal voices.

To this end, this study aimed to explore the lived experiences of auditory hallucination in people with severe mental illness (SMI) receiving care at Amanuel Mental Specialized Hospital, Addis Ababa, Ethiopia.

1.2. Statement of the Problem:

Despite the growing recognition of auditory hallucinations among individuals diagnosed with psychiatric illnesses globally, there remains a notable dearth of research specifically examining the experiences of patients in the context of Ethiopia. The existing literature predominantly originates from Western contexts, potentially limiting its applicability to the cultural, social, and healthcare landscapes of Ethiopia. Moreover, while some studies have explored auditory hallucinations in broader African contexts, the specific nuances and challenges faced by individuals within Ethiopian psychiatric settings remains to be explored.

Consequently, crucial knowledge gaps persist regarding the lived experiences, perceptions, and coping strategies of Ethiopian patients encountering auditory hallucinations. The current understanding of auditory hallucinations predominantly relies on studies conducted in disparate cultural and geographical contexts, potentially overlooking the unique cultural, social, and psychological factors that shape the manifestation and management of these phenomena among Ethiopian psychiatric patients.
Furthermore, existing research often focuses on quantitative assessments, overlooking the rich qualitative insights that could elucidate the subjective experiences and contextual intricacies of auditory hallucinations among Ethiopian populations.

Without addressing these gaps, the unsolved problem of effectively supporting and treating Ethiopian psychiatric patients experiencing auditory hallucinations will persist, potentially leading

to suboptimal treatment outcomes, prolonged suffering, and diminished quality of life. Thus, there is a need to pose research questions aimed at unraveling the complexities surrounding auditory hallucinations in this specific cultural and healthcare context.

1.3. Rationale of the Study:

According to the researcher's knowledge, no qualitative research has explored how these individuals cope with and interpret these experiences and thus adding epistemic merit. This study aims to bridge this gap by conducting in-depth qualitative research with patients at Amanuel Mental Specialized Hospital (AMSH) in Addis Ababa. By delving into participants' narratives, we can gain a deeper understanding of their individual experiences with auditory hallucinations. This knowledge can empower individuals by validating their experiences and fostering a sense of understanding. Additionally, the research can identify culturally relevant coping mechanisms that individuals utilize to manage these phenomena.

The findings can directly inform the development of culturally sensitive assessment methods and interventions tailored to the specific needs of individuals experiencing auditory hallucinations in Ethiopia. This might involve incorporating traditional healing practices or religious beliefs alongside evidence-based therapies. Ultimately, improved understanding of these individual experiences can lead to better support, treatment, and overall well-being.

This research can also have a significant impact on policy and healthcare practices. Additionally, healthcare professionals can benefit from this research by developing a deeper understanding of the unique challenges faced by their patients. This fosters empathy and allows professionals to provide more culturally relevant care.

1.4. Research Questions:

What is the content and characteristics of the auditory hallucinations experienced by participants (e.g. source, words, voices, sounds, frequency, duration)

How do participants understand the auditory hallucinations they experience?

How do auditory hallucinations alter participants' daily lives?

How do participants react to auditory hallucinations?

How do they cope with auditory hallucinations?

1.5. Research Objectives

1.5.1 General objective

To explore the experience of hearing voices among people with SMIs at Amanuel Mental Specialized Hospital in Addis Ababa Ethiopia.

1.5.2. Specific objective

Objective 1: To understand the sources, content and characteristics of auditory hallucinations experienced by participants

Objective 2: To explore the interpretations participants, assign to their auditory hallucinations.

Objective 3: To explore the impact of auditory hallucinations on participants' daily lives.

Objective 4: To identify coping mechanisms participants, employ to manage their auditory hallucinations.

CHAPTER TWO

LITERATURE REVIEW

2.1. Historical background

For a very long time Auditory hallucinations, often referred to as "hearing voices," have interested researchers and clinicians due to their complex nature. These perceptual experiences happen even with no sounds around (3). Even though we know a lot about hearing voices now, their historical roots trace back to ancient civilizations where they were connected to God's and spirits (14). In ancient Greek and Roman texts, people believed that hearing voices was a message from gods or spirits. For instance, we can look at the Oracle of Delphi where the priestess Pythia purportedly channeled the words of the god Apollo (17). Similarly, in medieval Europe, auditory hallucinations were linked to religion. And people claimed to hear the voices of saints, angels, or demons (18).

History accounts, people with auditory hallucinations thought hearing voices was like receiving a message from supernatural forces or seeing into the prophecy. They also thought it offered insight into the cultural and social context of these experiences (19). However, as psychiatric knowledge advanced, considering hearing voices as symptoms of mental illness started increasing(12). Nowadays, physicians recognize that hearing of voice extends beyond schizophrenia and is common in other disorders like bipolar disorder, depression and Post Traumatic Stress Disorder(PTSD) (20).

Despite their prevalence, systematic study of auditory hallucinations is only a recent development. Different Studies show their prevalence has significant variability, rates ranging from 5-15% of the general population, in most cases in those who have SMI (7). In Africa, there is not enough information about how common hearing voices are. The prevalence rates vary, but according to a study done in South Africa the prevalence of any reported hallucination was 12.7%, a rate comparable to that found in studies from the developed world (21).

On a Neuropsychiatric Genetics of African Populations-Psychosis (NeuroGAP-Psychosis) cross-country study done in Ethiopia, Uganda, South Africa and Kenya, from 9,059 research participants 875 (9.7%) of the control sample said they had experienced at least one psychotic symptom in their lifetime with the prevalence of lifetime psychotic symptoms varying by country. Apart from hallucinations, which were the most often reported symptom in Ethiopia, odd experiences were the most prevalent psychotic symptom that was described (22). Furthermore, a two-stage survey conducted in Butajira, Ethiopia, on68,378 people using Composite International Diagnostic Interview (CIDI) reported 2,159 recognized cases of psychotic or affective disorders and 321 cases of schizophrenia, with an estimated lifetime frequency of 4.7/1,000 (23).

Despite their prevalence, controversies surround the conceptualization, measurement, and cultural interpretation of auditory hallucinations. Some argue about the link between hearing voices and normal perceptual experiences since it's not clear and different for everyone (9) . Different Cultures see hearing of voices in different ways and raise questions about how accurate the psychiatric diagnostic criteria and treatment approaches are, highlighting that we need to see and investigate considering cultural, social, and individual factors in understanding auditory hallucinations.

2.2Theoretical background

Theoretical frameworks help us understand the fundamental mechanisms and why people hear voices. According to major theories the voices are interpreted as (meaning, identity, and as if the voice is trying to harm them) and is related to their distress (24). Freud believed that hallucinations and dreams were very similar and both conditions represent a psychotic state where there is a complete lack in the sense of time (25). Kolb and Brodie (1982) claim that hallucinations are the result of preconscious or unconscious material emerging into consciousness in reaction to specific psychological demands and situations, such as the fulfillment of wishes, the boosting of self-esteem, or guilt feelings (26). However, no hypothesis has been presented to describe the variability and complexities of auditory hallucinations (27). Instead, researchers have used ideas from different areas like cognitive psychology, neuroscience, and phenomenology to come up with a better explanation for this phenomenon.

2.2.1 Cognitive Perspectives:

Cognitive models of auditory hallucinations focus on how cognitive functions such as beliefs, attention, and memory affect the development and maintenance of hallucinatory experiences (28). According to these theories, confusing internal thoughts or memories for external voices may occur due to errors in processing information or interpretation (27). For instance, people with Schizophrenia disorder with source monitoring deficits may have difficulty distinguishing between their own inner speech and external sounds resulting in auditory hallucinations (29).

Further still, the cognitive model argued that extraordinary patterns of neural excitation account for an experience of hearing voices. These activation patterns generate auditory signals associated with signal detection errors and impairment in executive and inhibitory control, as well as emotional factors such as memory biases and expectations that shape the interpretation of such events or experiences (30). In this hierarchy any emotional aspects have a particularly prominent role.

For example, notions about the voices can cause anxiety yet at the same time support the continuation of auditory hallucination episodes resulting in chronicity (24). Therefore, auditory hallucinations were argued to cause a new set of symptoms (e.g., those related to anxiety

syndrome). This shows that cognitive models include multiple explanations. Some models depend on attention biases, in those who are predisposed to auditory hallucinations pay too much attention to irrelevant internal cues, leading to misinterpretations (31). Others highlight self-monitoring impairments, which might lead to the perception of inner speech as external voices (32).

2.2.2. Neurobiological Perspectives:

Auditory hallucinations are caused by flaws in brain structure and functioning as argued in neurobiological research. Two outstanding mechanisms clarify this acquisition of auditory hallucinations. Reduced neural connectivity is a proposed explanation for AHs. This kind of reduction in connectivity occurs when some neurons lose their key connections with the other parts of the brain that make up the brain (24). This suggests self-sustained operation within these areas leading to internal speech production and perception without self-monitoring. Another reason for AHs seems to be one's inability to separate internally from externally generated sound, which could be caused by cognitive control deficit in frontal lobe (33). In relation to this mechanism is reduced social conversation because it increases chances of having hallucinatory conversations.

Some regions such as temporoparietal junction (TPJ) – an area integrating both auditory and visual information – and auditory cortex responsible for processing sounds have been found to change during neuroimaging studies that concern auditory processing (34). These observations suggest that dysfunction in these areas may lead to misinterpretation of inner stimuli. Dysfunction in dopaminergic and glutamatergic neurotransmitter systems has also been implicated in the pathophysiology of auditory hallucinations. Specifically, research suggests that excess dopamine in the mesolimbic pathway, which is involved in reward and salience detection, might lead to hyperactivity in brain regions like the TPJ (35). This hyperactivity could lead to misinterpreting internal stimuli, such as self-generated thoughts, as being important and external, potentially manifesting as auditory hallucinations (28).

2.2.3. Phenomenological Approaches:

Subjective experience of auditory hallucinations is foregrounded in phenomenological approaches that concentrate on lived experiences as qualitative (10) By approaching auditory hallucinations from the individual's perspective on their content, context and significance, a phenomenological study reveals the subjective meanings and cultural variations of these occurrences ((19). This would be an inclusive view because they will consider all aspects. Moreover, there are theories that have been developed to explain why people may hear voices or see things that other people cannot perceive. Rather than being based upon speech production or memory recall, this finding suggests that the phenomenology for auditory hallucinations is more akin to a perceptual level typical of speech perception (18). "This would be consistent with the fact that individuals act- out

their belief that their experiences are just ‘‘as real’’ as an actual voice of a normal person speaking in conversation.” (36)

A number of key themes have been highlighted by phenomenological study as being crucial to comprehending the experience of hearing voices. These include the distress that comes with hearing voices, as well as transparency, which is defined as the feeling that the voice is coming from somewhere other than one's head (35). Furthermore, cultural beliefs can influence how individuals interpret auditory hallucinations. For instance, in some cultures, voices might be attributed to spirits or deities, whereas in others, they might be seen as signs of mental illness.

Recent comparative studies, such as those conducted by Luhrmann and others, have examined the phenomenology of auditory hallucinations across different cultural and clinical contexts (37). These studies have revealed variations in the content, characteristics, and cultural interpretations of auditory hallucinations. For example, research by Lysaker has found that auditory hallucinations in some African cultures might be less distressing and hold more positive connotations compared to Western cultures (15). These findings highlight the importance of considering cultural factors in theoretical models and clinical practice.

2.3 Phenomenology

Auditory hallucinations encompass a complex array of experiences that go beyond just hearing voices. The characteristics of these voices vary widely, ranging from simple sounds like buzzing, ringing, or music to complex, multisensory experiences that incorporate visual or tactile elements ((37). The content can include direct address, conversations between unseen figures, or even echoes of the individual's own thoughts, blurring the line between internal and external perception (32,38,39). These voices can be perceived with varying degrees of clarity, sometimes sounding external and distinct, while other times existing within the head but feeling separate from the self (5). Additionally, the voices can be friendly or hostile, familiar or strange, and can fluctuate in intensity and frequency over time (6).

In dimensional understanding of psychosis, auditory verbal hallucinations (AVH) are unitary phenomena present on a continuum from non-clinical voice hearing to SMI. It is becoming acknowledged that auditory hallucination can occur in otherwise healthy people at rates of up to 20% of the population, as well as in a variety of non-psychotic diseases such as post-traumatic stress disorder and borderline personality disorder (40) . In healthy voice hearers, auditory hallucinations occur infrequently but can last for years at a time and occur at different times of the day. In any scenario, the vast majority of those occurrences are considered to be benevolent in nature (41).

The relationship between the individual and the voices they hear is multifaceted and profoundly influences how they respond emotionally and behaviorally (3). For some, the voices are intrusive and distressing, leading to anxiety, fear, or even paranoia (42) The constant presence of voices can be emotionally draining, affecting mood, motivation, and overall well-being (19). In severe cases, auditory hallucinations can contribute to suicidal thoughts and behaviors due to the overwhelming distress and inability to cope (43).

Interestingly, some individuals develop a more complex relationship with the voices, attributing personal meaning or significance to them (38). They may engage in conversations with the voices, seeking guidance or companionship ((9). This can be seen as a coping mechanism, a way to manage the experience and make sense of the voices. Cultural beliefs can also shape how individuals interact with the voices. For instance, some cultures may encourage communication with the voices, while others may emphasize suppression (44).

The presence of auditory hallucinations can significantly disrupt various aspects of daily life. Individuals might experience difficulties concentrating at work or school, struggling to follow instructions or complete tasks due to the intrusive nature of the voices (45). Social interactions can become strained or even impossible, as individuals withdraw due to fear of judgment or paranoia surrounding the voices (18). Auditory hallucinations can also disrupt sleep patterns, leading to fatigue, irritability, and a decreased ability to cope with daily stressors (46).

Qualitative research has explored the various coping mechanisms people develop to manage auditory hallucinations. These strategies were categorized as adaptive or maladaptive, with adaptive strategies focusing on managing distress caused by the voices and improving daily functioning. Examples of adaptive strategies included distraction techniques (listening to music, spending time with loved ones) and cognitive reframing (challenging negative thoughts associated with the voices) (38,47). Seeking social support from trusted friends, family, therapists, or support groups provided emotional validation and additional coping strategies (48).

Studies have also identified other helpful adaptive strategies. Self-soothing techniques like deep breathing, meditation, or progressive muscle relaxation were found to promote relaxation and reduce emotional arousal triggered by the voices (18,49). Attributing personal meaning or significance to the voices, even if negative, emerged as a way to understand and manage the experience (meaning-making) ((38). Some individuals asserted control by confronting or arguing with the voices (talking back), while others found that murmuring or talking softly to themselves created a sense of control and reduced the salience of the auditory hallucinations (50).

Another research on coping with auditory hallucinations in first episode psychosis indicated that the experience and coping techniques for auditory hallucinations in patients with first episode psychosis is different from that of chronic patients. It portrayed that the most commonly used

tactics were not the most helpful, and included yelling/talking back to the voices, listening to songs/music/radio, talking to someone, and going to bed (51).

Research also highlighted maladaptive coping mechanisms that can exacerbate distress and hinder daily life. These included substances use as a form of self-medication to numb the emotional impact of the voices (e.g., alcohol or drugs) (52). Social withdrawal, isolating oneself from social interactions to avoid judgment or fear of disclosing experiences, was another maladaptive strategy (53). Similarly, avoidance behaviors, where individuals avoided situations or triggers that might intensify the auditory hallucinations, could ultimately limit their lives (45). Understanding the level of insight an individual has into the nature of their hallucinations can significantly impact their experience. Some individuals may lack awareness that the voices are not real (lacking insight), while others may have full insight but still struggle with the emotional impact (having insight) (31). Identifying effective coping mechanisms for each individual is a valuable tool in intervention strategies.

2.4 Cultural and Religious dimensions

A lot of research done in different cultures have shown that people experiencing these phenomena perceive them differently, interpret them and interact with them wholly (37). The meaning, impact, and coping strategies associated with auditory hallucinations also differ significantly across cultures. A comparative study conducted in Ghana, India, and the US exemplifies this ((54). Participants from Ghana were more likely to describe the voices as morally good and causally powerful, attributing them to ancestral spirits. In contrast, participants from the US tended to view them as intrusive unreal thoughts, potentially indicative of mental illness. Additionally Bhugra et al.'s (2004) research revealed that among South Asians living in Britain, 52%, attributed their auditory hallucinations to evil spirits or djinns which made them feel scared, isolated and attacked by unseen beings(55). From these findings it becomes clear that there are several ways people experience auditory hallucinations and make sense of it.

The idioms of culture and features of language might shape the ways people perceive the content of the voice and where voices are coming from. The result of a phenomenological investigation in auditory verbal hallucination shows a number of participants indicated that they could hear voices speaking in different languages. Those who reported hearing several voices typically described them in terms of the personal traits of the voices as good or evil (40).

In addition, this relates to cross-cultural psychiatry research. For example, in India religious or spiritual content was reported by 73% of their participants, compared with only 12% in the UK (56). Similarly, a smaller percentage of Indian subjects' hallucinations had negative valuation than British ones – just 38% and an insignificant 4%, respectively.

Moreover, cultural context affects how individuals handle hearing things and deal with others on a daily basis. In one particular case study S Chidarikire (2020) noted that in Zimbabwe's Shona communities located within collectivist societies, people greatly relied on family relations and social networks for emotional understanding and practical assistance when dealing with these occurrences (57). The most notable aspect was that 82% of the participants had sought assistance from the healers in traditional practices who performed rituals and provided spiritual guidance to appease for what they believe to be voices that are caused by spirits (57). On the other hand, individualistic cultures may attach more value on self-reliance as well as individual coping mechanisms since they emphasize seeking mental health care services (38). On the other hand, some societies have stigma on mental illnesses, and this can also hinder help-seeking behaviors (44).

The explanatory models of auditory hallucinations across different cultures have also been . According to a Saudi study, Saudis report biological, psychological, and social mechanisms in addition to religious (e.g., jinn) and cultural (e.g., modest attire) frameworks that may cause another reality for the affected individual (58). Similarly, a qualitative study conducted on the semi nomadic population in Borana found a disconnect between local and psychiatric concepts where the key informants identified "marata" (madness) as behavioral symptoms rather than mental disorders and ascribed SMIs partly to supernatural causes such as possession by evil spirits, curses, bewitchment, 'exposure to wind' and subsequent attack by evil spirits in postnatal women (59).

Various research have indicated that people use indigenous knowledge and resources to understand and deal with auditory hallucinations. The favored therapies in the Borana study focused primarily on traditional practices, such as contacting wise men or indigenous healers, praying, using holy water, and obtaining modern mental health care as a last resort (59). The findings from the Saudi study also imply that in order to avoid misdiagnosis and mistreatment, health care providers should find it beneficial to take individual characteristics into account and collaborate with religious leaders (such as Shaykhs (58). It is necessary to connect mental health services with spiritual care in order to meet the requirements of the community for mental health care, as well as to facilitate the early identification and referral of mentally ill patients (60).

An understanding of these life experiences is vital in designing effective intervention measures. This is specifically important when considering the approaches of treatment which must take into account native beliefs and practices alongside biomedicine (15).

2.5 Treatment Approaches

Auditory hallucinations are best managed through a holistic approach that addresses both the symptoms and underlying factors causing the experiences. Depending on diagnosis, symptom severity and individual preference, treatment methods may vary with several interventions

showing efficacy in reducing distress and improving quality of life among persons with auditory hallucinations (4). Studies assessing the effectiveness of different ways of treating this condition have yielded mixed results (20). Antipsychotic drugs are generally successful in relieving patients' experiences although there are certain cases where benefits might be limited or side effects may be intolerable (33). Psychotherapeutic approaches like CBT for psychosis hold promise for reducing distress and improving coping skills among those experiencing auditory hallucinations (61). Nevertheless, access to evidence-based treatments is constrained in some settings thereby emphasizing the importance of culturally appropriate and accessible interventions (37).

2.5.1 Pharmacological Treatment

Specifically, managing auditory hallucinations entails the use of pharmacological interventions that are often in the form of antipsychotic drugs (3). These medications, like risperidone and olanzapine, work to correct imbalances in neurotransmitters such as dopamine and serotonin that cause psychotic symptoms including hearing voices (62,63). Antipsychotic medications function by blocking receptors that respond to dopamine within the brain, especially D2 receptors. This particularly checks excessive transmission of dopamine associated with psychosis hence minimizing incidence rates or severity levels of auditory hallucination (33).

At times other drugs may be prescribed together with antipsychotics either for enhancement purposes or to manage their side-effects (63). In a case where there is comorbidity of depression and anxiety antidepressants may be used while mood stabilizers could be useful in people who have bipolar disorder or fluctuating moods. It is important for doctors designing medication regimes for patients experiencing auditory hallucinations to consider the balance between symptom relief and side effects such as weight gain, metabolic syndrome and movement disorders (62).

2.5.2 Psychological Treatment:

Management of auditory hallucinations relies upon psychotherapeutic techniques like cognitive-behavioral therapy (CBT) (53). In such a way, CBT also helps in the development of coping skills and restructuring abnormal thoughts on hallucination. By means of cognitive restructuring among others, persons can challenge the content as well as the importance of their voices to them thereby lowering distress and improving overall quality of life (6,64). For example, in a study conducted by Lincoln et al. (2014), individuals who took part in CBT for psychosis showed significant decreases in the severity and distress of their auditory hallucinations together with improved global functioning and better living standards (64).

Additional resources and support for individuals with auditory hallucination are offered through peer support groups, family therapy, or vocational programs which are complementary to

psychotherapy (20,65). The significance of individualized therapy must be stressed among people offering healthcare services while dealing with auditory hallucinations.

2.5.3 Emerging Practices:

Some treatment methods such as Avatar Therapy and Transcranial Magnetic Stimulation (TMS) are helping to change the way hearing voices are managed (66). TMS is a noninvasive technique where magnetic fields are applied on specific areas of the brain which process sound. By altering neural activity within these regions, it is expected that TMS will interfere with abnormal neural pathways considered to be implicated in auditory hallucinations hence decreasing their severity and frequency (6). This procedure represents a significant advancement in neuromodulation techniques since it enables targeted intervention without necessarily resorting to invasive procedures.

Alternatively, avatar therapy is another method being used by people today for dealing with disconcerting voices experienced during auditory hallucinations through digital technology (67). The person suffering from the condition can also interact with avatars of his own making while some even go further to challenge the delusions held by their voices before formulating safe strategies with them (67). Avatar therapy is concerned with externalizing and personifying the voices, which shifts perspective from the individuals' viewpoints to an inclusive approach that helps them regain control of their experiences and assists in symptom management through collaboration (68).

Treatment resistance is still a major challenge despite the progress made in understanding and managing auditory hallucinations thus emphasizing its chronicity as well as its refractoriness (69). Combining pharmacotherapy with psychotherapies like Cognitive Behavioral Therapy (CBT) may assist in developing coping skills, challenging maladaptive beliefs about hearing voices and decreasing distress (53).

Additionally, engaging in social support programs, like peer support groups, family therapy, and vocational rehabilitation, can provide resources and assistance for those navigating auditory hallucinations (37).

CHAPTER THREE

RESEARCH METHOD

3.1 Study design and philosophical perspective

This study employed a qualitative study design which is rooted in a phenomenological approach. This research aligns with a constructivist philosophical stance. Constructivism posits that individuals actively construct their knowledge and understanding of the world through their personal experiences, social interactions, and cultural contexts (70).

Within this philosophical framework, the proposed study aims to explore and understand the lived experiences of people with SMIs who experience auditory hallucinations and receive treatment at AMSH. By adopting a constructivist stance, the study recognizes that participants' interpretations and perceptions of their auditory hallucinations are shaped by their individual experiences, sociocultural backgrounds, and personal beliefs.

This approach emphasizes the importance of participants' subjective experiences and acknowledges that multiple realities may coexist, as each individual constructs their understanding of auditory hallucinations in a unique way. Through in-depth exploration and analysis of participants' narratives, the study seeks to uncover the complex meanings and experiences associated with auditory hallucinations within the Ethiopian context.

3.2 Study setting

The study was conducted at Amanuel mental Specialized Hospital in Addis Ababa Ethiopia. AMSH is one of the public hospitals and the only mental specialized hospital in Ethiopia. The hospital has 300 beds and 17 OPDs. An average of 9,662 people visit the outpatient department of the hospital each month. It is a hub for people with severe mental health disorders where about 95% of the inpatient population are with psychotic symptoms and 56% of them have a diagnosis of schizophrenia.

3.3 Study period

The study period was from April to August 2024

3.4 Study population

The participants of this study were people with SMIs who were receiving care at the psychiatric units at AMSH. Eligible participants included patients who have been diagnosed with SMIes, have a history of experiencing auditory hallucinations, and were inpatient at the hospital. They were recruited from inpatient psychiatric units in these hospitals.

3.5 Inclusion and exclusion criteria

Inclusion criteria

- Patients who have clinical diagnosis of schizophrenia spectrum and bipolar disorder receiving treatment at the psychiatry unit at AMSH
- Patient who can speak Amharic and Oromiffa languages
- Patients who are or have been experiencing hearing voices for one month or more

Exclusion criteria

- Patients who are acutely ill.
- Patients who do not have the capacity to consent or participate in the study based on clinician assessment and the UBACC.

3.6 Sampling

The study employed a purposive sampling method with maximum variation to select a diverse group of participants. Participants were people with SMIs, experiencing auditory hallucinations, and receiving treatment at AMSH during the study period. To ensure a broad range of perspectives and experiences, the sample was purposefully selected to include participants with diverse characteristics, such as age, gender, duration and severity of illness, and frequency of auditory hallucinations. Data was collected from 9 participants and saturation was reached.

With the support of hospital staff, potential participants were identified and informed about the study by their healthcare providers. Upon expressing interest, participants were screened using the UBACC tool to evaluate their capacity for consent. Patients who scored 14 and above were given detailed information about the study procedure, and their informed consent was obtained. The principal investigator conducted interviews with the participants who met the inclusion criteria and provided consent.

3.7 Operational definition

Auditory Hallucination: are phenomenon where individuals perceive sounds or words that have no external source

Severe mental Illness: This includes all Schizophrenia spectrum disorders and bipolar disorder ((71).

3.8 Data collection

Data was collected by the principal investigator using semi-structured in-depth individual interviews. The in-depth interview guide created for this study was translated to Amharic and Oromiffa language and used by the PI for conducting in-person interviews. The interview guide was used to explore the experiences of patients who were receiving care at AMSH. Data was recorded using an audio recorder, the interviews took on average about 40 minutes, and the investigator made field notes about the participants' actions, emotional expression and non-verbal communication and used probing methods based on the participant's response. Confidentiality and privacy of the information was insured by conducting the interview in private offices at AMSH. The interviewer used his experience in interviewing and addressing sensitive questions that arose during the interview and made sure that interview was as comfortable as possible

3.9 Data management and analysis

Data analysis took place concurrently during the data collection period. The interviews were conducted using the Amharic and Oromo language. The audio records were transcribed then translated to the English language. The study employed thematic analysis, following the procedures outlined by Braun and Clarke (2006), to Analyses the collected data (72). Interviews were audio-recorded, transcribed verbatim in Amharic and Oromiffa, and cross-checked against the audio recordings for accuracy. Subsequently, the transcripts were translated into English.

Open code software was used for coding and data analysis (73). Subsequently, the principal investigator coded the respondent's words, phrases, sentences, and notes that are pertinent to the study's topic. The transcripts did not include any reference to identifying features. In section drawing on the qualitative data, participant quotes were referred to by the identification number and efforts were made to ensure that the individual is not identifiable from the quote. The data was stored securely. The data was organized into 7 themes and a total of 19 subthemes and the findings were interpreted.

Throughout the analysis, the researcher maintained reflexivity and ensured that the themes are grounded in the participants' experiences and perspectives. This rigorous approach facilitated a comprehensive understanding of the participants' experiences with auditory hallucinations within the Ethiopian context.

To ensure qualitative rigor in exploring the lived experiences of auditory hallucinations, various measures were employed. This included thorough participant recruitment, ethical protocols, researcher reflexivity, rigorous analysis techniques, and the use of multiple data sources such as charts. These steps helped ensure the credibility and reliability of the study's insights into auditory hallucinations.

3.10 Result Dissemination Plan

The findings of this study will be submitted to the School of Medicine at Addis Ababa University and presented to the Department of Psychiatry and College of Health Sciences. Additionally, the results are prepared as a manuscript and submitted to a reputable, peer-reviewed scientific journal in the field of mental health or psychiatry for publication.

3.11 Ethical considerations

Ethical clearance was sought from the Department of Psychiatry, College of Health Sciences, University of Addis Ababa, and AMSH before initiating the study. After screening for capacity for consent using UBACC, informed written consent was obtained from participants after providing them with detailed information about the study's purpose, procedures, and their right to decline or withdraw from the study without any consequences. To maintain confidentiality, personal identifiers were omitted from the data, and information was only accessible to the research team. Audio recordings were securely stored.

To address potential psychological distress related to discussing auditory hallucinations (AH), participants receivedpsychoeducation about their experiences to normalize and destigmatize them. We created a supportive environment during interviews, offering empathy and understanding. Participants were taught basic relaxation techniques to help manage distress during or after the interview process. For those experiencing significant mental distress, connections with their healthcare providers had facilitated to ensure appropriate care and support. These measures are in place to minimize potential harm and address any psychological distress that may arise from discussing their experiences with auditory hallucinations.

CHAPTER FOUR

Results

4.1. Profile of participants

The result of this study was obtained from 9 participants with the experience of hearing voices who are receiving care for SMIs at Amanuel Mental Specialized Hospital. The sample included 5 females and 4 males, ranging in age 18 to 48. Of the participants, 3 were diagnosed with bipolar disorder and 6 had schizophrenia. Two of the participants were admitted for the first time while the rest had repeated admissions. As for marital status, five participants were married, two were single and two were divorced. Four resided in Addis Ababa while the remaining five were referred from rural regions. Most of the participants were followers of the Orthodox Christian religion whereas two women were Muslims, and one woman was a protestant. The educational status of the participants ranged from illiterate to degree holders with the majority elementary education complete. Their perceived socioeconomic status ranged from low to middle income.

4.2 Themes

The core themes that emerged were: Descriptive Features and Characteristics of the Voices, Attribution and Appraisals of the Voices, Emotions Associated with Hearing the Voices, Impact of the Voices, Coping Strategies and Resilience, and Help Seeking Intention.

4.3 Descriptive Features and characteristics of the Voices

4.3.1 Patterns of Occurrence

The episode and duration of the voices differ participant to participant with variation in when they started, how often they occur and their timing. Most participants hear the voices occasionally, while others experience it daily. For most participants these voices tend to happen at night, interrupting sleep. Others had encounters with the voices at random times. Some participants reported that hearing the voices was persistent, fading at times while others reported that it lasted for a few days and disappeared, and the frequency ranged from every day to occasionally lasting minutes to hours.

As for the onset, for some it was a recent development, while most had lived with hearing the voices for a long time. Participant mentions that the onset varied greatly from as recent as a few months to as long as 13 years.

“I think almost 13 years… it started when I returned from an Arab country…. “

P02 28M, BIPOLAR DISORDER

"Three months two weeks ……illness started long ago voice hearing is a recent development"

P07 48M, SCHIZOPHRENIA

Some mentioned they started hearing the voices around the onset of their illness while others mentioned it happened long after.

"….I mean I began hearing these voices when my illness started, and they are constantly directing me with commands like 'go here,' 'enter there,' and 'leave there. … .four years ago, in 2021."
P03 27F, SCHIZOPHRENIA

The participants reported a duration period of a few days to intermittent occurrence that lasted for more than a decade.

"...currently I am not hearing but it happened once for a few days and disappeared"

P04 48M, SCHIZOPHRENIA

Most participants mentioned that the occurrence of the voices happened more during the night hours and that the timing of the voices' appearance and disappearance is sudden.

"It doesn't lasts for long but comes by himself go by himself…At least I spend the day with people…but hearing the voices at night is difficult……it can come anytime suddenly"

P08 25M, BIPOLAR DISORDER

4.3.2 Content and Type

Participants reported hearing various types of voices which differed in their content and type. Most participants often heard voices instructing them to perform specific actions, some of which were harmful to the individuals (e.g., self-harm or aggression).

"...It instructs me to beat people and to get into conflict…not with other people but with my mother…he orders me by saying 'beat your mother'."

P01 25F, SCHIZOPHRENIA

"They give orders… don't eat Injera… eat food that is not injera like bread kinds of instructions… like I told you, 'do this' kind of instruction….."

P08 25M, BIPOLAR DISORDER

One participant mentioned that the voices frequently directed him to seek and use substances.

"They give order… pick this,.. do this…kinds of orders…for instance, chew Khat…smoke cigarette" P08 25M, BIPOLAR DISORDER

For some of the participants, the voices carry instructions to commit suicide.

"...The voice told me and I had decided to kill my self and got into Lake Hawassa, I went in until my neck and then ….fortunately someone saved me…."

P02 28M, BIPOLAR DISORDER

"...yeah……. .the voice told me to take one month's medication at once…and I took it……..tells me to grab electric wire……yeah when I become despondent the voice reminds me and tells me to do something like this."

P07 48M, SCHIZOPHRENIA

"... the devil plays tricks on me by using my brother's voice… I decided to commit suicide… not an electric wire but pulled out the satellite cable that I could reach. I didn't know what I was doing when all this was going on… Yes, he tells me to end my life… Yes, the voice pushed me to do it."
P05 37F, BIPOLAR DISORDER

A less common experience involved voices providing a narrative of the participant's actions or thoughts like a running commentary.

"I hear the statement 'We bought it with money' repeatedly"

P03 27F, SCHIZOPHRENIA

Some participants reported that they heard predictive voices which enlightened them about events that are about to unfold.

"If the voice said your father is coming to do something to you, and tells me to do something else , it is often true. The voice says someone was planning to hurt you but Allah saves you. …Yes, it is the voice of my Lord…If they say somebody is coming, then that person will come.…The voices of my sisters told me that my father was coming to rape me. …they told me the intention of my father and not to trust him and to be distant from him. After that I accepted that and then my father came and started talking and getting close to me."

P09 18F, SCHIZOPHRENIA

Most of the participants also reported hearing more than one voice. The voices heard by the participants also varied in order. Most were first order forms which involved mere listening, some were second order forms which involved addressing participants directly; whereas, others were third order forms which involved participants hearing the voices conversing.

Some of the participants mentioned that they receive messages from the voices

"…the voice has a moment where he is trying to communicate messages… to leave alone my mother."

P01 25F, SCHIZOPHRENIA

"I don't receive messages. No messages telling me to do something. But I ordered them. I told them the Lord tells you to do this… Receive the message from my Lord and I forward the message to them… yes there is an original message that is delivered to me."

P09 18F, SCHIZOPHRENIA

Some also mentioned hearing the voices calling them by their names when in actuality there was nobody around them.

"…sometimes it seems to me that someone is calling my name from behind……..calling my name……it calls loudly my name when I sit at home……you know like someone is calling me… that I what I hear but other can't …but when I look there is no one……it says .Adugna …… Adugna……."

P07 48M, SCHIZOPHRENIA

A few participants mentioned hearing the voices saying hello and inquiring after their health

" It looks like to me calling my name and greeting me … .how are you … how do you do …. It seems to me someone is calling my name and greeting me… saying 'Adugna, Addugna'…."

P07 48M, SCHIZOPHRENIA

Some participants mentioned that they hear voices having conversations and face difficulty comprehending the conversations.

"There are more than one voices at once… the voices talk to each other…and I am listening as a third party observing. Yes, I am the third party in this case. It is hard for me to remember the conversation… If you ask, why?... there are nonsense discussions… or a discussion that won't benefit me… the talks might relate with me but have no benefits"

P08 25M, BIPOLAR DISORDER

The participants also mentioned that they had encountered other types of voices and non-verbal auditory experiences, such as animal sounds or indistinct murmurs and music.

Two participants mentioned hearing aggressive sounds of animals.

"Yes, I hear other sounds. For example, a snake's hiss… sometimes seems like it's biting me, similar to a snake's sound. There are other types of sounds as well."

P02 28M, BIPOLAR DISORDER

One participant mentioned that he sometimes hears murmurs.

"The sound is not very clear, and it's more like an indication that something is wrong. ….I hear it as a warning to be cautious."

P02 28M, BIPOLAR DISORDER

Hearing the voice of a crowd was also reported by a few participants.

".....initially it was the sound of a crowd you can hear from outside…footsteps, people passing by… …people speaking oromiffa for instance, outside …."

P08 25M, BIPOLAR DISORDER

Another participant mentioned that she hears a spiritual hymn which belongs to a religion that she is not a follower of.

"I hear protestant songs, that's what i hear….[singing in her voice in Oromiffa language] 'Waaqayoo Nu Mitte Galatakee Iyasusi Yaamasagana Yaamasagana Iyasusi kenyaa'"

P08 25M, BIPOLAR DISORDER

The voices talked about different themes. Most participants mentioned hearing personal content from the voices which included neutral and critical comments reciting past misdeeds, discussing their weaknesses and commenting on mundane daily activities.

"....if you had done what we had told you, you wouldn't have ended up like this. If you had eaten what we told you or used the cigarette and khat as we told you…"

P08 25M, BIPOLAR DISORDER

Some voices conveyed messages with political or religious significance, reflecting participants' socio-cultural environments.

"Hmm… In the past, without thinking much, I used to talk about politics and was influenced by it. It seems related to politics. For example, while studying, during a time when we were learning, the coronavirus came."..... When the coronavirus came, we returned home. At that time, our area was under lockdown. I was a bit disturbing. Many of the voices I heard were from those who were trapped or had died, and I heard a lot of voices saying,…'Down Down Weyane'…. 'There are many who have been trapped or have died.'... This voice seems to be related to politics."

P02 28M, BIPOLAR DISORDER

A subset of participants reported voices discussing sexual topics, which were often distressing to the individual.

"….. 'You whore.. we will pay you to sleep with you'…in the voice of women… 'we will buy you'…I am not somebody you can buy I said and cried…how can they buy my flesh…I spitted.. I mean it is so inappropriate….[spit] I am not like that…kept repeating 'we have bought you…we have bought you … ..we have bought you'…. "

P03 27F, SCHIZOPHRENIA

4.4 Attribution and Appraisals of the Voices

4.4.1 Perceived Localization and Reality

Participants shared their thoughts regarding the interpretation of the voices they experienced. Many participants mentioned that they hear the voices through their ears like the voices are coming from the outside. One participant described an unusual phenomenon of perceiving voices originating from their throat, adding a tactile element to the auditory experience.

"When I hear the voices via my throat, I reply through my throat. Especially if my brother has a secret to tell me by approaching me slowly. He tells me stop, keep quiet, be like this or that…"
P09 18F, SCHIZOPHRENIA

This participant also reported identifying specific voices being localized to one ear, with varying tones and messages.

"I hear my dear brother's voice with my right ear. When it comes straight to me I respond through my mouth…. I also hear through my left ear. …Yes, my father and his brother speak to me through the left ear…. Yes there is a difference, a huge difference."

P09 18F, SCHIZOPHRENIA

Another participant mentioned the voices speak together and the voices overlay one another and make it difficult to understand where they are coming from.

".....while I am listening to one of them, another one comes to me in succession. ....I hear one and find it difficult to understand the other. I experience something like this….it makes me forget"
P02 28M, BIPOLAR DISORDER

And yet another participant mentioned that there are times when he finds it quite difficult to differentiate where the voices are coming from.

"Yes…sometimes it is hard to tell where the voice is coming from…"

P08 25M, BIPOLAR DISORDER

A subset of the participants also mentioned that they think the voices originate from inside thoughts with their understanding of it varying in complexity.

"It originates from my thoughts and goes to the ears"

P01 25F, SCHIZOPHRENIA

"I hear it from the inside, like it is inside my head, do this, do that, like someone motivating you for work."

P05 37F, BIPOLAR DISORDER

"I think It seems like a thought…..it seems to me like a thought that talks"

P07 48M, SCHIZOPHRENIA

Participants' reports of their perceptions of the reality of the voices they experienced were also different. For some , the voices were entirely real and linked to genuine stress and isolation**.**

"...They are real . For example , the stress I experienced was genuine .I was overwhelmed ...it was real . It was practical and real… …"

P02 28M, BIPOLAR DISORDER

Others affirmed the voices as real but were uncertain at times about the reality of the voices.*"...Yeah , "the voice is real ...but i don't know whose voice it is …"*

P04 48M, SCHIZOPHRENIA

" Yeah , I believe so…but they are not from the visible world …"

P05 37F, BIPOLAR DISORDER

" … I believe the voice exists … something comes behind me … i think it seems like a thought … sometimes it seems real but it is not real … it seems like someone is calling my name but there is no one …"

P07 48M, SCHIZOPHRENIA

A few others reported that the voices are not real.

"I know it is a thought, but it still makes me anxious..... I think of hanging myself.....I lose what I do.....I have nowhere to hide ....what should I do?"

P06 31F, BIPOLAR DISORDER

While discussing the reality of the voices some of the participants also expressed frustration at being misunderstood by others, as those around them could not hear the voices they experienced.

"... I don't think my mother hears the voice…"

P01 25F, SCHIZOPHRENIA

"...no one hears the voice, i am the only one who hears it… my husband doesn't hear its, he always says to me , "hush up! It is the devil's work making you like this ...I thought you were fine , but you are not …"

P03 27F, SCHIZOPHRENIA

"...when I talk loudly with the voices , my husband says , 'here she goes again!...Then i say to him why don't you say that ? i didn't buy the illness.. why do you say that ?"

P05 37F, BIPOLAR DISORDER

4.4.2 Causal attribution and Interpretation

There was a wide array of interpretations over the source, cause and origin of the voices. Some of them were spiritual, others gave medical explanations and yet others were perplexed by the cause of hearing the voices. Some participants interpreted the voices as religious experiences. Most linked the voices with satanic temptations.

"Yeah , it seems like my dead brother's voice, but it is the devil's voice ... it told me to commit suicide... It told me I am useless.. It is the devil's work ... Satan can tempt you, resembling your father, brother ,and children ..."

P05 37F, BIPOLAR DISORDER

Some participants believed the voices originated from God.

"...I think it is from God ... It is from God , not from me , not from people ..."

P01 25F, SCHIZOPHRENIA

" At first , I didn't hear his voice ... i thought it was an illness... but when i heard it on Juma'a (Friday), i believed it was true ... it is not a mental health problem... it is associated with religion ..." P09 18F, SCHIZOPHRENIA

And yet another one associated it with family rituals.

"……devil……there is a problem in the family that's why it happened to me…… you know in our family there is a ritual that is called 'wukabi' that is the cause…."

P07 48M, SCHIZOPHRENIA

Some participants described the link between the onset of their illness and the time they started hearing the voices.

"The first time I heard the voices was when I got sick two years ago...around my illness....."

P03 27F, SCHIZOPHRENIA

Other participants expressed uncertainty on whether the voices had any connection with the illness.

"I am not sure about my illness…they say Bipolar…depression….anxiety might be the cause"....

P08 25M, BIPOLAR DISORDER

Other participants associated the emergence of the voices with emotional and situational triggers, linking the experience of voices to specific emotions and unmet needs such as hunger, family conflicts.

" …There are times when I go in and do it[masturbation]. That's what the voice tells me once I'm in a bad mood …for example , if I am hungry , if my family doesn't do something for me , or if my family doesn't feed me what i need , I will find myself on the streets…"

P02 28M, BIPOLAR DISORDER

" …I don't know what triggers it … I think it is from stress because stress can cause anything."
P05 37F, BIPOLAR DISORDER

Loss of a loved one, abandonment by a partner, loneliness, God's wrath, idleness, reminders from the dead were mentioned as factors which exposed them to or maintained the experience of hearing voices.

"The cause is, for example, first of all from changing religion, and secondly, because I was very sad about being abandoned by my husband"

P06 31F, BIPOLAR DISORDER

4.2.3 Perceived Control and Relationship with the voices

Participants shared varying ways of interacting with the voices, ranging from passive strategies to active verbal engagement. Most participants resorted to non-verbal engagement choosing to listen in silence or ignore the voices, often describing this approach as a sustainable strategy to minimize the impact of the voices.

"I've gotten used to it and dont pay attention to the voice"

P08 25M, BIPOLAR DISORDER

Others reported attempting to engage verbally with the voices , such as speaking back or asking questions, though this was sometimes followed by negative consequences

"I tried to talk back to them once , but it only made them louder ."

P05 37F, BIPOLAR DISORDER

The participants also mentioned that they frequently experienced hostility from the voices, and got into power struggles. They described their relationship with the voices as largely negative. The participants expressed a dynamic with the voices marked by internal strife .

"They are not friends because they give commands……it seems someone who has power and control ... .I didn't like the voice….."

P08 25M, BIPOLAR DISORDER

While others participants mention that the voices are hostile towards them, mostly unfriendly and estranged.

"The relationship is hostile … I don't think they like me…. Because if they did like me they wouldn't bring me here….."

P09 18F, SCHIZOPHRENIA

Participants' perception about the degree of control they have over the voices varied. Most of them reported total lack of control over the voices, while a few mentioned showing resistance to the voices with occasional control.

"I can't... I can't.... I can't do anything .....when I hear it I try to keep silent as much as possible… you know there is a point when you just give up when you hear this voice .....there is nothing for you to do ... you just leave it"

P06 31F, BIPOLAR DISORDER

"But when I tell it to stop…it doesn't stop. It increases and overpowers me. What shall I do, nobody understands. Not my family, nor here nor at the holy water place."

P01 25F, SCHIZOPHRENIA

"I am completely powerless….unless aided by medications"

P08 25M, BIPOLAR DISORDER

One patient reported how she resists the command that tells her to hit her mother by telling herself not to do it and exhibits occasional control.

The voice tells me to hit my mother..I hit her…but sometimes i don't."

P01 25F, SCHIZOPHRENIA

Although hearing voices was associated with distressing emotions, some participants reported positive aspects of voices, such as entertainment, advice, information value, consolation and comfort.

One participant mentioned that she hears music.

".....I hear this song people sing while they are harvesting…'Woho…he…woho…he…e' the song goes…I love listening to it…the music creates the best feeling…it is amazing this harvesting song….."

P03 27F, SCHIZOPHRENIA

Another one reported getting some advice from her deceased mother.

"Like an alive person's advice … she used to comfort me saying….don't be sad my daughter...don't hurt yourself"

P05 37F, BIPOLAR DISORDER

Others mentioned the voices serve as a source of useful and relevant information.

"Because I was able to hear the voices it has become a way for me to be informed about what i didn't know…since the content was relevant to my work…what was going on and what was happening to others there…that was the good side of hearing the voices……..By the time of hearing the voices, it didn't have any problem, rather it was good. Had it been troublesome I would have been forced to discuss it with others. But since it was a useful content I preferred to weigh the facts and leave it as it is, good. I hadn't heard anything bad…"

P04 48M, SCHIZOPHRENIA

4.3 Emotions Associated with Hearing the Voices

4.3.1 Internal conflict

Participants shared their struggles with internal conflict, often caught between their own desires and the commands of the voices. These commands pushed them toward actions they found undesirable, inappropriate or distressing.

" The voice used to tell me to beat my mother … I don't want to beat her …But sometimes I used to do it … But I don't want to…"

P01 25F, SCHIZOPHRENIA

"Yes, sometimes the voices would speak about things I wasn't interested in . They would tell me to do things i didn't want to so … being bipolar, the voices would come up with things i had no desire to do .."

P02 28M, BIPOLAR DISORDER

"The voice told me about sexual things …i didn't want to hear about it .."

P03 27F, SCHIZOPHRENIA

Some participants expressed feelings of regret, both from actions carried out under the voice's influence and the anticipation of regret if they followed future commands .

"...I feel some regret when I do something…"

P02 28M, BIPOLAR DISORDER

"...If I do what the voice tells me to do , I will regret it…"

P05 37F, BIPOLAR DISORDER

Feelings of guilt were also reported by participants who acted on commands form the voices, with guilt often exacerbating social withdrawal or avoidance behaviours.

"...That's why when i see people , it hits me … i feel guilty , after i do it…"

P02 28M, BIPOLAR DISORDER

4.3.2 Negative self-perception

Participants described feeling inferior due to the voices, which influenced their sense of self worth and their interactions with close family members.

"...They would make me feel like i'm less than others ...making me act in a way that was submissive or inferior ..."

P02 28M, BIPOLAR DISORDER

" ...Even my mother doesn't respect me ... my husband is disrespectful to me "

P06 31F, BIPOLAR DISORDER

Others also shared experiences of the voices reinforcing feelings of worthlessness, sometimes leading to self doubt or suicidal ideation.

"...Yeah , it says 'What good are you?' I take that and repeat it. I am useless ...I am worthless.. It had told me to commit suicide..'"

P05 37F, BIPOLAR DISORDER

" The voices told me I am worthless because I haven't done something like smoking cigarettes and chewing chat ..."

P08 25M, BIPOLAR DISORDER

4.3.3 Isolation and external judgment

Some participant noted that the voices were more prevalent in solitude.

"...Hearing the voices might not happen while you are with others . But when you are alone ... your full attention will be captured..."

P04 48M, SCHIZOPHRENIA

Some participants reported facing stigma and neglect, especially from family members, while others denied experiencing any discrimination.

."Because of the voice , i experienced discrimination ...no one wants to talk to me ..."

P09 18F, SCHIZOPHRENIA

Others, on the contrary, mentioned that they didn't face any stigma or discrimination.

"...No stigma or discrimination ..."

P08 25M, BIPOLAR DISORDER

4.3.4 Emotional Ambivalence

Participants frequently mentioned the presence of emotional turmoil associated with hearing the voices. They reported feeling distressed, anxious or agitated due to the voices, which often disrupted their daily lives.

"...I just hear a persons voice that makes me distressed…i got irritated…"

P01 25F, SCHIZOPHRENIA

"... I was anxious …my body is agitated…all the things are distressing for me …"

P07 48M, SCHIZOPHRENIA

Other participants noted feelings of fear or being overwhelmed by the voices, especially when the experience was new or intense.

"...It might create a sense of fear and shock in you …it might make you feel uncomfortable …"

P04 48M, SCHIZOPHRENIA

"... The voice makes me feel overwhelmed at times…"

P02 28M, BIPOLAR DISORDER

Participants also noted a change in temperament, with increased irritability which is incongruent with their previous personality.

"...Most of the time , i get easily irritated by situations …i am not like this before "

P05 37F, BIPOLAR DISORDER

On the contrary**,** uplifting Emotions were also mentioned in the responses of the participants. A few participants reported that there were times where they experienced feelings of invulnerability tied to faith and positive associations with certain auditory experiences.

"...Everything shall pass through Allah …no one can hurt me …"

P09 18F, SCHIZOPHRENIA

"...I hear this song people sing while they are harvesting …it creates the best feeling …it is amazing…"

P03 27F, SCHIZOPHRENIA

4.4 Impact of the Voices

4.4.1 Impact on Functioning and performance

Participants noted neglecting daily tasks, including eating, as they were captivated by the voices. Some reported spending hours unresponsive or engaging in harmful actions.

"...I hear the voices with full attention, like watching TV… then after God restores my consciousness, I go back to work. Otherwise, I will spend the whole night or day… others may be surprised by my responses to the voice… even when i hear my neighbors saying that i am not getting well… I don't respond to anything… I will spend three or four hours sometimes without eating… and also, I used to beat my son several times…"

P05 37F, BIPOLAR DISORDER

" …the voices repeatedly told me not to eat food… For example, food like injera… it used to tell me to eat bread and other things…"

P08 25M, BIPOLAR DISORDER

Participants noted that stress and distractions from the voices hampered their ability to focus on academics or work related activities making them challenging.

"... I would be a bit stressed… It was very intense. I was very stressed, reading many books, but I didn't produce work like I expected… the results wasn't as i expected…"

P02 28M, BIPOLAR DISORDER

The participants reported that the voices have made communication with others challenging and has also caused disruption in their sleep pattern. Many struggle with falling asleep, while others were awakened in the middle of the night by the voices and found it difficult to go back to sleep.

"… no, when other people talk to me I can't hear them because of the voices…"

P02 28M, BIPOLAR DISORDER

You know like a person, the voice would wake me up, like someone saying wake up and then it disappears. Afterwards I find it hard to go back to sleep whatever I do."

P06 31F, BIPOLAR DISORDER

"…It doesn't interrupt my sleep…it makes me gaze in sadness…"

P01 25F, SCHIZOPHRENIA

"… the voice I hear makes me want to go away, to go to a place I prefer, to go on a long journey, or even to disappear. At night, I leave at 9 o'clock; I might disappear. It's a real problem. Even at home, it disturbs my sleep…"

P02 28M, BIPOLAR DISORDER

"… yeah… it wakes me up at midnight… I couldn't see who woke me up… it says, 'wake up', and I woke up. It disappears after that, but I can't sleep, then just start house chores…"

P05 37F, BIPOLAR DISORDER

" … I sleep well… I don't hear the voices at night…"

P03 27F, SCHIZOPHRENIA

4.4.2 Physical Impact

Participants also indicated in their reports that there were physical consequences associated with hearing the voices. One participant reported physical manifestations when experiencing voices, such as muteness, body shaking , and loss of control over speech.

"...i cant speak ...yeah, when i hear the voice, my mouth can't speak ; its like i am being mute ...my whole body starts shaking ...i can hear the voice , but i can't speak ..."

P03 27F, SCHIZOPHRENIA

Another one mentioned that she experiences a headache when hearing the voices.

" It still shows me that my brain is weak .....I have headache and my stomach burns inside me"

P06 31F, BIPOLAR DISORDER

Participants also described experiencing physical harm and abuse, including being beaten or restrained often due to others' attempts to manage their behaviors.

"...Hmm… I was severely beaten on my head. I broke the television……yes… by the way, my hands and feet were chained. I was chained for almost 3 years and never left home…"

P02 28M, BIPOLAR DISORDER

"... Now I am an 18 year old girl… I have a boyfriend… they used to chain me to prevent me from going outside…"

P09 18F, SCHIZOPHRENIA

4.4.3 Psychological Impact

In addition to the persistent emotional burden, the psychological impact of the voices was also reported to be far reaching ranging from blows in self esteem to threatening to take the lives of the individuals. Suicidal thoughts and self-harm were commonly reported by the particpants. Several participants reported having death wishes, experiencing suicidal ideation, and engaging in self-harm due to the voices' torment.

"...I would prefer to take my life, I would say… I would rather die on my children's side than here… I would rather die than live with all these voices… with this evil spirit… with the devil… i would rather die…"

P03 27F, SCHIZOPHRENIA

"... the bad side was that i had decided to kill myself, to go into Lake Hawassa. I went in until my neck drowned, and then suddenly i swam out… the voice told me to kill myself…"

P02 28M, BIPOLAR DISORDER

"...i mean the voice of my dead brother were telling me to commit suicide… it's not them in actuality; it's the devil impersonating the voice of my brothers… so i tried hanging myself with the dish cable… and also i tried to cut my wrist with a knife… but God was protecting me, and my time to die was yet to come…"

P05 37F, BIPOLAR DISORDER

While some participants initially perceived no harm from the voices , they later acknowledged their disruptive and chaotic influence over time.

"...I can't say it has brought significant harm into my life . Listening over the course , though, many things happened, and I thought this must be associated with it . There are no consequences to listening to the voices at the moment , but later on , as time went on , it resulted in bringing chaos to my life … the fact that it has resulted in my admission to this mental health hospital being the primary proof of its harmful side …"

P04 48M, SCHIZOPHRENIA

Yet others mentioned that they are reminded of the fact that they are ill by the voices affecting the opinion they hold about themselves.

"I think I am far from the way I was before… when you were healthy, you know…that path is a bit disrupted…after the voices…since I have lost signs of health in myself"

P08 25M, BIPOLAR DISORDER

4.4.4 Social Impact

Participants described how hearing voices significantly disrupted their ability to maintain relationships and social interactions , leading to isolation and avoidance behaviors .

"...Well , it made me not be close to people. One , I told you that the voice tells me to go away to another place .. When i say this and that , it makes me run away from people know "

P02 28M, BIPOLAR DISORDER

"...Anxiety , distress, and I spent most of my time alone. I can't go outside ; it doesn't allow me to …My illness makes me fear others, it makes me cry a lot …"

P07 48M, SCHIZOPHRENIA

Participants also shared experiences of societal reactions. Some reported pity from neighbors who described their condition as madness, while others expressed frustration at being accused of experiencing the voices willingly .

"...Everyone knows about it , everyone hears me talking to them, even my neighbors…they pity me …they say she was not like this before … they used to say she is mad …"

P01 25F, SCHIZOPHRENIA

"... when i told them about what i hear , they didn't believe me …They laughed at me …they believe that i am doing it willingly …but it is true for me …"

P09 18F, SCHIZOPHRENIA P08 25M, BIPOLAR DISORDER

4.5 Coping Strategies and Resilience

4.5.1 Individual and Behavioral Coping

Participants described individual strategies for managing voices, including listening in silence, ignoring the voices and behaviors, like sleeping, walking away, covering ears and masturbating as a form of distraction. Among these, listening in silence was commonly used by the participants

while sleep was mentioned as a significant coping strategy, as many participants found the voices ceased while asleep. However, the challenge of falling asleep while hearing the voices often hinders the strategy's effectiveness.

"I can't do anything… First I go to bed to try to sleep to avoid the voices… if I'm asleep, it works; if not, no… until I fall asleep, I will listen to something. If there is no sleep, the voices are always there…"

P08 25M, BIPOLAR DISORDER

One Participant noted, engaging in masturbation to distract themselves, which temporarily eliminated the voices.

" I also masturbate once… it bothers me… when I do, I lose the voice."

P02 28M, BIPOLAR DISORDER

Some participants mentioned attempting to negotiate with the voices, such as delaying compliance, but did not yield significant control.

" I tried to negotiate with the voice by saying to myself, not now, come later… but it kept coming."
P01 25F, SCHIZOPHRENIA

Some participants reported engaging in direct dialogue with the voices in the hopes of gaining control over the voices. This included insulting the voices, which were reciprocated, offering momentary relief, but no long term reduction in distress.

" yes sometimes I talk back to them saying 'I will not do it', but after a while,... I will do it after an hour or after I eat. Then after that, it tells me to disappear, then I go from one rural area to another."

P02 28M, BIPOLAR DISORDER

" I am not sure about talking back to the voices, but sometimes I do respond to them…I insult them, and the voice also insult back."

P08 25M, BIPOLAR DISORDER

4.5.2 Social and interpersonal coping

The participants employed various social interpersonal strategies to manage their experience with hearing voices. Engaging in conversations with others served as a distraction from the voices, helping some participants focus on external interactions.

" yeah I just choose to talk to others while hearing the voices to avoid any attention to the voice and distract me from hearing it… I do talk to others to forget the voice…"

P08 25M, BIPOLAR DISORDER

Participants highlighted discussing their experience with others as a coping strategy, though some preferred to process their experience alone.

" I didn't discuss the voices with others… there was no chance to try and to find out what's going on and discuss. I just discussed the issue with myself and kept silent…"

P04 48M, SCHIZOPHRENIA

" I talked to my sister about the voices; she used to be surprised by the issues and said that I'm going to die… I also discuss it with my soul father, but he always says it is prayer… I believe that I am closer to God than my soul father…"

P05 37F, BIPOLAR DISORDER

Some participants mentioned that they received support from family members which included financial assistance, emotional understanding, and patience, while others reported facing misunderstanding, and physical punishment.

"My mother doesn't understand me… she told the police, and neighbors also told my brother to beat me…"

P01 25F, SCHIZOPHRENIA

"It's my family who helped me… even when I was in night school, they paid for school… from my father's retirement, my mother's selling tella, and my brother's work. They sacrificed a lot for me." P05 37F, BIPOLAR DISORDER

"My mother used to say that my daughter is not ill… she got my back… my brother also does what it takes for me…"

P09 18F, SCHIZOPHRENIA

The support of their partners in their journey with hearing the voices was also reported by some of the participants as monumental. One participant reported:

"….nobody else is capable of treating me and handling me, not even my brothers, just him[my husband]. Nobody else, he is patient with me, very patient. "

P03 27F, SCHIZOPHRENIA

Friends were mentioned as providing companionship, emotional solace, and outlet for sharing experiences, offering additional resilience.

"I got my friends… one is dead now, one is married. I used to talk to her; she comforted me…" P01 25F, SCHIZOPHRENIA

4.5.3 Spiritual and religious coping

Participants found solace and spiritual practice, such as prayer, church attendance, and crying during moments of distress. These activities provide emotional relief and temporary mental peace even if they do not eliminate the voices.

"There is another help… i used to pray, i used to go to church."

P02 28M, BIPOLAR DISORDER

" You know what I do?... Maybe when it is hard on me, if i am not depressed… i go to church and pray or cry, then i get some relief… even if it is midnight, my mind gets some peace and i get some relief from the voices…it decreases"

P05 37F, BIPOLAR DISORDER

4.5.4 Perceived Effectiveness of coping

Participants expressed mixed perceptions of their coping strategies, acknowledging their limited impact. While sleep was considered the most effective, it only worked when sleep was achieved. Prayer and talking back to the voice were seen as offering temporary relief, but no lasting change.

" I didn't try anything to stop it; I don't think there's change… I just leave it; I can't stop the voices… even sometimes I talk back to the voices… they always tell me to pray; I grab a prayer book and start to pray and feel sleepy…"

P05 37F, BIPOLAR DISORDER

" most of the time, it works 50/50… not as effective as much, but if I fall asleep, it will work…" P08 25M, BIPOLAR DISORDER

4.6 Help Seeking Intention

4.6.1 Religious Approach

Nearly all participants mentioned the use of religious approaches to deal with hearing the voices and their illnesses in general. This is in line with their perception of the causes of the voices, given

that most attributed them to supernatural entities. Most participants reported that they resorted to prayers when seeking relief from hearing the voices.

" I go to church and pray or cry, then I get some relief… even if it is midnight, my mind gets some peace and I get some relief from the voices…"

P05 37F, BIPOLAR DISORDER

One participant mentioned that she recite verses from the quran to help her deal with the voices.

"I hear songs of protestant religion … .I recite the Quran verses and say go away from me…"

P03 27F, SCHIZOPHRENIA

Along with prayers, participants highlighted the use of holy water as key religious interventions for managing their mental health challenges. These practices were described as sources of emotional relief and a means of coping for the hearing of voices.

"Once I moved to the holy water place and I entered the church…I have been using it , and it has helped me . I am praying …"

P02 28M, BIPOLAR DISORDER

One muslim participant also mentioned that she was taken to the holy water bathing which was practiced in a christian church around her vicinity to resolve the mental health challenges she was facing.

"They took me to holy water around Nazareth.. They resolved most of my complaints, they treated me well and the priest told me ' it's only depression that is untreated' go to Addis Ababa"

P03 27F, SCHIZOPHRENIA

4.6.2 Psychiatric Care

Perspectives on hospitalization for managing auditory hallucinations varied among participants. Some participants reported that hospitalization helped stabilize their symptoms and provided a structured environment , countering their initial doubts .

"I used to obey the prescriptions the doctors gave me …They helped me a lot after God . There is a pill I took for five years, but the pill I am taking now helps me a lot …Previously, I thought Emmanuel Hospital was a horrible place until I came and saw it … it is different though … i didn't think they had this kind of perspective … "

P05 37F, BIPOLAR DISORDER

Others acknowledged the necessity of hospitalization due to constant hallucinations but also described difficulties encountered during their stay .

"Yeah , the voice is the reason I spent most of the time here in this hospital …I have been through a lot of problems here because of the voices…"

P08 25M, BIPOLAR DISORDER

A few participants expressed resistance to treatment , citing a lack of belief in their diagnosis and feeling forced into the process.

"I am not sick ; that is why I said I didn't want the tablets …They put me here by force . I am not mad ..They are talking the opposite of what i said …it is my father who put me here…"

P09 18F, SCHIZOPHRENIA

The use of medications was widely reported in managing auditory hallucinations and related symptoms although the report in its effectiveness varied . Some of the participants credited long term treatment for improving their conditions and expressed gratitude to medical professionals for their support.

" Yeah , I have been taking medication… It is medication for mental illness … I have been taking it for more than thirteen years…"

P01 25F, SCHIZOPHRENIA

"I did nothing to stop it … but meanwhile , they put me in St.Paul Hospital .They gave me some red pill and a sleep tablet , and after that , I got relief …Then the voices started decreasing …They prescribed me medication , and it helped me a lot … Thanks to God, …I have some changes now …" P05 37F, BIPOLAR DISORDER

"Medication [is what helped]… Now I am getting better after I came here[the hospital]…"

P07 48M, SCHIZOPHRENIA

Some participants expressed uncertainty about the specific role of medication in reducing the voices . For example , while noting a decrease in voices, they questioned the direct impact of prescribed drugs.

"I am taking fluoxetine .. I think fluoxetine does not have an association with treating the voices … The voices are decreasing … I think medication plays a role in it …"

P08 25M, BIPOLAR DISORDER

One participant reported experiencing significant side effects from medication , including involuntary tongue protrusion after an injection in the emergency unit which added to her resistance to taking medications.

"My tongue went out from inside … when i took an injection in the emergency unit, the inside part of my tongue came out..."

P09 18F, SCHIZOPHRENIA

CHAPTER FIVE

Discussion, conclusion and recommendation

5.1 Discussion

This study explored the experiences of hearing voices in individuals with SMI. . The findings revealed a variety of voices, unpredictable in onset, lasting from days to years. The content of the hallucinations varied greatly, including commands, predictions, conversations, personal criticisms, disturbing sexual content, religious content and politically charged messages. Participants described a range of emotional and psychological responses to hearing voices, including internal conflict, negative self -perception and social isolation, many struggled with commands from the invoices to act against their will, leading to regret, guilt and feelings of worthlessness.

The voices often exacerbated feelings of anxiety, distrust and fear, disrupting daily activities, sleep and social interactions. While some found solace in spirituality, prayer, or religious practices, others reported mixed effectiveness in coping strategies. Many sought religious interventions, like prayers and holy water, alongside psychiatric care, which some found helpful, though others were resistant or skeptical about medical treatments. Some reported significant physical and social consequences, such as self-harm, stigma and strained relationships.

Notably, command hallucinations were found to be common with over half of patients experiencing them. Quantitative studies conducted on Asian patients with schizophrenia also found , 53% command hallucinations and 62% reported complying with the commands (73). Additionally, the findings of this study suggest that musical hallucinations and animal sounds are less frequent occurrences(74). Furthermore, the content of auditory hallucinations may have been influenced by cultural background. As study suggests by comparing patients from Saudi Arabia and the UK found differences in the content of hallucinations, highlighting the potential role of culture in shaping this experience. For instance, we can see this this reflected in the local language of the voices, local music and even in the mention of food that is localized to the culture. It is also indicated in the otherwise taboo concepts like promiscuity.

In terms of form and content, there was no notable difference between the reports of the experience of hearing voices between the participants with bipolar disorder and the ones with schizophrenia diagnosis which is in line with another study by Smith et al 75).

In the current study, the emotional impact of hearing voices was characterized by distress, fear, irritability, guilt, feelings of worthlessness, this understanding aligns with existing study on the intrusiveness and distress associated with AH as noted by some studies (40,42). Social withdrawal, and reduced interaction with others due to fear of judgment and stigma were also commonly reported as a precursor for the disruption in social life observed in most of the participants. In

addition, similar to an Indonesian study , some participants experienced emotional conflicts when voices demanded actions against their desires, leading to regret and guilt (76,77).

We also found varied experiences regarding the source and location of the voices . Most of the participants attributed the voices to external sources while some mentioned internal origin, considered as thoughts or inner dialogue (77). A unique experience was hearing different voices localized to a specific ear, of hearing voices through other body parts such as voices emanating from the throat is a unique phenomenon. This could be an evidence for the concept of "meta - awareness" indicated by previous studies (77).

The diverse interpretations of the participants on the voices are indicative of the fact that hearing of voices is a unique experience shaped by the individual's culture, religion and path of life. Religious interpretation of the voices was a predominant explanation for the origin and cause of the voices. This is common in many settings where religion is an integral part of people's lives.. (77,78).

The participants' association of the voices with the devil has also shaped the relationship the participants have with the voices which is similar to the Saud Arabian study(58). As an entity that is considered powerful and malevolent, the participants' mode of coping is found to be primarily passive. On the contrary a participant who was hearing voices of God and those sent by him reported having complete control over the voices. This could be an indication that the interpretation and relationship between the participants and the voices influences the degree of control over the voices.

Beyond the emotional impact, the study revealed multifaceted impacts of auditory hallucinations on participants. Participants experienced sleep disturbances, muteness, body shaking , headaches, suicidal ideation and self-harm, disgust, and even violence towards family. This aligns with studyon sleep disruption and how severe cases can lead to suicidal thoughts and behaviors (43,79)

Additionally, hearing voices can disrupt daily activities , leading to isolation and decreased quality of life (76). Most participants yearned for the voices to stop and developed their own cocktail of coping mechanisms which included distraction - techniques like sleep , social support , prayer , self - distraction activities, or resisting engagement with the voices (5,58).

Interestingly, unlike findings in Goff et al. (2011, the study did not find engagement of participants with the voices through dialogue or negotiation . The perceived effectiveness of these coping strategies varied, with most reporting limited success (52). The study also did not reveal commonly reported maladaptive coping mechanisms like substance use although social withdrawal was common. The reason for this absence could be the sample size or because there were no participants with comorbid substance use disorders . It is important to note that techniques

recommended by modern psychotherapy, such as deep breathing and meditation , were not mentioned , suggesting a lack of psychotherapy follow up or adherence to clinical recommendations .

In this study the two most common treatment approaches followed by the participants and their families to get relief from the voices were psychiatric (primarily antipsychotic medications) (2,20,62,63), and religious or spiritual practices such as Prayer, going to Church or Mosque for rituals, reading religious scriptures and reciting Quran verses, washing with holy water (80,81)Participants reported varying effectiveness; with some finding both approaches helpful in managing the voices. Interestingly, participants and their family's religious beliefs often influenced the help seeking behavior, with most seeking religious treatment first before medical intervention. This suggests a strong influence of religious attribution on help seeking intention in this specific cultural context.

5.2 Limitation

This study was conducted in Amharic and Oromo language and then translated into English. The researcher acknowledges the potential challenges of accurately translating nuanced language and cultural concepts. To mitigate this, the researcher carefully reviewed the translation process to ensure the core meaning of the participants' experiences was preserved. While perfect translation is difficult, the researchers believe the findings accurately represent the participants' perspectives. This study is limited by its exclusive focus on hospitalized patients with SMI.

5.3 Conclusion

By exploring the sources, interpretations, and impacts of these experiences, the study highlights the complexity of living with auditory hallucinations. A contribution of this study to the domain of study on the topic could be that there is more to the experience of hearing voices than meets the eye when we dare to consider it as a unique human experience rather than mere sign and symptom of schizophrenia which builds upon previous body of research. This would pave the way for healthcare professionals to approach their patients with a curious outlook, leaving room for exploration of their interpretation and help seeking intention which would shape the appropriate treatment modalities and ultimately the treatment outcome. The study adds new understandings about the experience of auditory hallucinations from a different sociocultural perspective. It can also serve as an entry point for informing the design of targeted psychological interventions.

5.4 Implications and Recommendations

Implication

1. Clinical Practice: Mental health practitioners could adopt personalized and culturally sensitive approaches when addressing auditory hallucinations. This includes acknowledging the participants' interpretations and integrating their coping strategies into treatment plans.

2. Policy: Mental health treatment guidelines could emphasize personal resilience and coping skills when dealing with auditory hallucinations.

3. Education and Training: Incorporating insights into the training of mental health professionals to enhance their understanding of the subjective experiences of auditory hallucinations.

Recommendation

1. Conduct longitudinal studies to explore the evolution of auditory hallucinations and coping mechanisms over time.

2. Develop culturally informed therapeutic interventions that integrate patients' belief systems and contextual factors

3. Establish support groups and community resources to aid individuals in managing the daily impact of auditory hallucinations.

4. Investigate the role of social networks and family dynamics in shaping participants' coping strategies and interpretation

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Appendix

Annex I

Capacity to consent to the study

Potential Participant Name: _____ Date: _____

The UBACC (University of California San Diego Brief Assessment of Capacity to Consent) is a tool designed to assess an individual's capacity to provide informed consent. Here's a list of the UBACC items:

- Understanding
  - Understanding the purpose of the study.
  - Understanding the risks and benefits of participating.
  - Understanding that participation is voluntary.
- Appreciation
  - Appreciating that there are alternatives to participation.
  - Appreciating the implications of participation (e.g., financial costs, time commitment).
- Reasoning
  - Reasoning about the information provided (e.g., weighing risks and benefits).
  - Demonstrating a logical thought process.
- Expressing a Choice
  - Clearly stating a choice to participate or not participate.
  - Providing reasons for the choice made.

Each item is typically scored on a scale, often from 0 to 2, with higher scores indicating better capacity to consent.

Assessment Items:

1. Does the individual understand he/she would be participating in research and that research is voluntary? Yes No

2. Does the individual understand what will happen to him/her if he/she decides to participate? Yes No

3. Does the individual know how long he/she will be in the research study?
Yes No

4. Can the individual explain one or two risks associated with the research study?
Yes No

5. Can the individual explain what he/she should do to stop being in this research study?
Yes No

6. Does the individual know who to contact if he/she experiences problems or has questions about the study? Yes No

7. Interventional studies: Can the individual explain what alternatives there are if he/she chooses not to participate? Yes No

INVESTIGATOR EVALUATION:

0. Does the individual express a choice about whether or not to participate?
Yes No*

1. Does the individual have the decision-making capacity to give informed consent for this study? Yes No*

Annex II

Information Sheet

My name is Abel Negussie. I am a second-year clinical psychology trainee at Addis Ababa University. I am conducting a research titled "Exploring the Experiences of Hearing Voices among People with Severe mental illnesss at Amanuel Mental Health Specialized Hospital at Addis Ababa, Ethiopia."

You are invited to participate in a research study about the experiences you have about hearing voices throughout the course of your illness.

Purpose of the Study: The purpose of this study is to explore the experience of hearing voices among patient at Amanuel Mental Specialized Hospital in Addis Ababa Ethiopia. I will ask you questions about your subjective experience regarding hearing voices.

Procedures: If you agree to participate, you will be interviewed briefly. The interview will ask you about the content and characteristics of the voice you hear or have heard before, and the impact it has on your life in general.The interview will take approximately 50 to 60 minutesto .

Benefits of Participation: There are no direct benefits to participating in this study. However, your participation may help us gain a deeper understanding of individual experiences with hearing Voices. This knowledge can empower individuals by validating their experiences and fostering a sense of understanding. Additionally, the research can identify culturally relevant coping mechanisms that individuals utilize to manage these phenomena.

The findings can directly inform the development of culturally sensitive interventions tailored to the specific needs of individuals experiencing auditory hallucinations in Ethiopia.

Risks of Participation: There are no known risks associated with participating in this study. However, some people may feel uncomfortable answering questions about their experiences about hearing voices that most people don't share.

Confidentiality: All information collected in this study will be kept confidential. Your name will not be used in any reports or publications. Only the principal investigator and the research team will have access to your data.

Right to Withdraw: You have the right to withdraw from this study at any time without penalty. If you decide to withdraw, you can simply stop participating and no further data will be collected from you.

Voluntary Participation: Your participation in this study is voluntary. You are free to choose whether or not to participate. If you choose to participate, you can withdraw at any time without penalty.

If you agree to participate, you will be asked to have an interview. The interview will explore about your Experiences of Hearing Voices. The interview will approximately take 50 to 60 minutes to complete.

Before participating in this study, the necessary information concerning the study that is the purpose of the research, procedures, risk and/or discomforts with their solutions, benefits, privacy and confidentiality, and freedom to withdraw is provided for me in a well-organized way.

Name _____Signature _____

Witness _____signature _____

Principal Investigator: Abel Niguse

Advisors: Dr. Awoke Mihiretu

Dr. Barkot Milkias

Phone – (+251)912001781

Email- abela999@gmail.com

Address of Department of Psychiatry clinical psychology program, Addis Ababa University:

Phone- (+251)118962052

If you are willing to participate in the study, you will be given a copy of the information sheet and you will be asked to sign an informed consent form.

Annex III-

Informed Consent Form

I have read and received information and understood the information provided about the research, procedure, risks, benefits and that participating in the research will not affect my treatment at this hospital. I am informed that an audio will be recorded during the interview and that the researcher will ensure my confidentiality. I consent to participate voluntarily in the research exploring the lived experiences of hearing voices in people with SMI receiving care in this hospital.

Participant's Signature _____ Date _____

Annex IV-

Date:_____

Identification Number:_____

Thank you for agreeing to participate in this study.

Demographic Information:

- Age: _____
- Sex: _____ (Male/Female)
- Residence: _____ (Urban/Rural)
- Religion: _____
- Marital Status: _____ (Single/Married/Divorced/Widowed/Separated)
- Educational Status: _____ (Highest level of education completed)
- Occupation: _____ (Current or most recent occupation)

Clinical Information:

- Diagnosis: _____ (Specific diagnosis related to auditory hallucinations)
- Site of Treatment: _____ (Facility name and type)
- Treatment Modality: _____ (All current treatment approaches)
- Treatment Duration: _____ (Total time in current treatment)
- Current State: _____ (In remission/Partial remission/Acute state)
- Duration of Illness: _____ (Total time experiencing auditory hallucinations)

Content and Characteristics of auditory hallucination

1. Can you tell me what hearing of voices is like?

2. When did you first experience it?

3. How often do you experience hearing the voices?

4. Are there any triggers? If yes what are the triggers?

5. How does the voice sound like, is it familiar or unfamiliar?

6. What kind of relationship do you have with the voices?

7. What do you feel when you experience hearing the voices?

8. What do you do when you hear the voices?

Impacts on daily life

1. How do the hearing of the voices affect your daily activities and relationships?

2. What are the changes you have observed due to the voices?

3. Have you ever shared and discussed your experiences with others?

Perceptions and interpretations

1. What do you think is the origin of your hearing Voices?

2. What are your beliefs about why you experience them?

3. How do other people view a person with hearing of voices?

4. Have you ever experienced any stigma or discrimination due to the hearing of voices?

5. What has been a positive aspect about hearing the voices?

Treatment practices and coping mechanism

1. What treatments or interventions have you tried for managing the hearing of Voices?

2. How effective have these treatments been for you?

3. Whom do you turn to for support or what systems do you have in place to help you cope the hearing of Voices?

4. What has been difficult about treating hearing voices?

Annex V

ቀን_____

መለያቁጥር_____

በቅድሚያመጠይቁንለመሙላትፈቃደኛስለሆኑአመሰግናለሁ፡፡

ግላዊመረጃ

እድሜ_____

ጾታ_____ (ሴት/ ወንድ)

የሚኖሩበትአካባቢ_____ (ከተማ/ገጠር)

ሀይማኖት_____

የትምህርትደረጃ _____ (አንደኛደረጃ/ ሁለተኛደረጃ ት/ቤት)

የትዳርሁኔታ _____ (አላገባውም /አግብቻለው /ተፋትቻለው /አጋሬበህይወትየለም/ችም)

የስራሁኔታ _____

የሆስፒታልመረጃ

1. የምርመራውጤት_____
2. ህክምናየሚከታተሉበትቦታ_____
3. የህክምናዘዴ_____
4. የህክምናጊዜቆይታ_____
5. ህመሙያለበትደረጃ_____
6. የህመሙቆይታ_____
7. ተኝተውታካሚኖትወይስእየተመላለሱነውየሚታከሙት_____

የሚሰማዎትድምፅይዘትእናባህሪያት

1. ድምጾቹንመስማትእንዴትእንደሆነሊነግሩኝይችላሉ?

2. ይህነገርለመጀመርያጊዜመቼእንደጀመረያስታውሳሉ?

3. በምንያሃልድግግሞሽይከሰታል?

4. ይሄድምጽእንዲነሳየሚቀሰቅሱነገሮችአሉእንዴ፣ ካሉስምንድንናቸው?

5. ድምጾቹንሲሰሙዋቸውየምታውቋቸውድምፆችናቸውወይስየማታውቋቸው?

6. ከድምፆቹጋርያልዎትንግንኙነትእንዴትይገልፀታል?

7. ድምጾቹንሲሰሟቸውምንይሰማዎታል?

8. ድምጾቹሲሰማዎትምንያደርጋሉ ?

ዕለታዊህይወትላይያለውተፅዕኖ

1. የሚሰማዎትድምጽየቀንተቀንህይወቶላይናከሰውጋርያለዎትግንኙነትላይምንአይናትተጽእኖአምጥቷል?

2. በሚሰማዎትድምጽምክንያትያስተዋሉትለውጥአለ?

3. ስለሚሰማዎትድምጽከሰውጋርአውርተውያውቃሉ ?

የባህልትርጓሜናግንዛቤዎች

1. የሚሰሟቸውድምጾችከየትየመነጩይመስሎታል?

2. እነዚየሚሰሟቸውድምጾችከምንየመነጩናቸውብለውያምናሉ?

3. ድምጽየሚሰማቸውንሰዎችሌሎችእንዴትይመለከቷቸዋል?

4. ድምጽከመሰማቱጋርበተያያዘየደረሰቦትመገለልወይምመድሎአለ?

5. ድምጾቹንከመስማትጋርየተያያዙአውንታዊነኖችንቢገልጹልኝ?

የሕክምናልምምድናየመቋቋምዘዴዎች

1. ይሄንንየድምጽመስማትሁኔታለመቆጣጠርምንምንአይነትመንገዶችተጠቅመዋል?

2. የተጠቀሟቸውመንገዶችምንያህልጠቃሚሆነውአግኝተዋቸዋል?

3. ድምጽመስማቱንለመቆጣጠርናለመቋቋምወደማንይሄዳሉ?

4. ድምጾቹንመስማትለመቆጣጠርየተቸገሩባቸውነገሮችካሉይገለጹልኝ

AnnexVI
Hayyama beekumsa qabu

Maqaan koo Abeel Negussie jedhama. Ani Yunivarsiitii Addis Ababaatti leenji'a kilinikaal Saayikolojii wagga lammaffaati. Qorannoo mata duree "Namoota Rakkoo Sammuu Cimaa Qaban Keessatti Muuxannoo Sagalee Dhagahuu Hospitaala Ispeeshaalaayizd Fayyaa Sammuu Amanuel fi Hospitaala Ispeeshaalaayizd Tikur Anbessa Addis Ababa, Itoophiyaatti" kan jedhun Qorachaa jiraam.

Waa'e muuxannoowwan sagalee dhaga'uu adeemsa dhukkuba keessanii irrati qabadan irrati hunda'un qorannoo kana keessatti akka hirmaattan affeeramtaniittu.

Kaayyoo Qorannichaa: Kaayyoon qorannichaa muuxannoo sagalee dhagahuu dhukkubsataa Hospitaala Ispeeshaalaayizd Sammuu Amanuel fi Hospitaala Ispeeshaalised Tikur Anbessa Addis Ababa Ethiopia keessatti argamu qorachuudha. Sagalee dhagahuu ilaalchisee waa'ee muuxannoo offii keessanii gaaffii isin gaafadha.

Adeemsa: Qorannoo kana irratii yoo hirmaachuuf walii galtan, yeroo gabaabaaf gaaffii fi deebii ni taasifama. Af-gaaffiin kun qabiyyee fi amala sagalee kanaan dura dhageessanii ykn dhaga'aa jiratan, akkasumas walumaa galatti dhiibbaa inni jireenya keessan irratti qabu issin gaafata. Af-gaaffiin kun tilmaamaan daqiiqaa 50 hanga 60 fudhata hanga .

Faayidaa Hirmaannaa: Qorannoon kana irratti hirmaachuun kessan faayidaa kallattiin hin qabu. Haa ta'u malee, hirmaannaan keessan muuxannoo dhuunfaa Sagalee dhaga'uu irratti hubannoo gadi fagoo akka argannu nu gargaaruu danda'a. Beekumsi kun namoota dhuunfaa muuxannoo isaanii mirkaneessuu fi miira hubannoo guddisuudhaan humneessuu danda'a. Dabalataanis, qorannoon kun malawwan dandamachuu aadaa wajjin walqabatan kan namoonni dhuunfaa taateewwan kana bulchuuf itti fayyadaman adda baasuu danda'a.

Balaa Hirmaannaa: Qorannoon kana irrati hirmaachuu wajjin walqabatee balaan beekamaan hin jiru. Haa ta'u malee, namoonni tokko tokko sagalee namoonni baay'een hin qoodne dhaga'uu ilaalchisee muuxannoo isaanii ilaalchisee gaaffii ka'aniif deebii kennuudhaaf miira mijataa hin taane itti dhaga'amu danda'a.

Iccitii: Odeeffannoon qorannoo kana keessatti walitti qabame hundi iccitii ta'ee ni eegama. Maqaan keessan gabaasa ykn maxxansa kamiyyuu keessatti hin fayyadamu. Qorataa muummee fi gareen qorannoo qofatu daataa keessan argachuu danda'a.

Mirga Bahuu: Qo'annoo kana keessaa yeroo barbaaddanitti adabbii malee ba'uuf mirga qabdu. Yoo ba'uf murteessitan, salphaatti hirmaachuu dhiisuu dandeessu, daataa dabalataa issin irraa hin sassaabamu.

Hirmaannaa Tola ooltummaa: Qo'annoo kana irratti hirmaannaan keessan tola ooltummaadha. Hirmaachuu fi dhiisuu filachuun bilisa. Yoo hirmaachuuf filattan adabbii malee yeroo barbaaddanitti ba'u dandeessu.

Yoo hirmaachuuf walii galtan interview akka gootan isin gaafatama. Af-gaaffiin kun waa'ee Muuxannoo Sagalee Dhagahuu keessanii ni qorata. Af-gaaffiin kun tilmaamaan daqiiqaa 50 hanga 60 fudhata.

Qorannoon kana irratti hirmaachuun koo dura, odeeffannoon barbaachisaan qorannicha ilaalchisee kaayyoo qorannichaa, hojimaata, balaa fi/ykn furmaata balaa isaa, faayidaa, iccitii fi iccitii isaanii, fi bilisummaa Hirmaachu dhisuu walqabatee haala gaariin qindaa'een naaf kennama jirra.

Maqaa _____Mallattoo _____ . Ragaa _____mallattoo _____ . Qorataa Muummee: Abeel Nigusee Advisors: Dr. Awoke Mihiretu

Dr. Barkot Milkiyaas
Bilbila – (+251)912001781
Email - abela999@gmail.com irratti ergaa

Teessoo sagantaa xiin-sammuu kilinikaa Kutaa Xiin-sammuu, Yuunivarsiitii Addis Ababa: Bilbila- (+251)118962052

Qorannicha irratti hirmaachuuf fedhii yoo qabaattan, waraabbii waraqaa odeeffannoo isinif kennama, unka hayyama beekumsa qabu akka mallatteessitan ni gaafatamatu.

Unka Hayyama Odeeffannoo Qaban

Waa'ee qorannoo, adeemsa, balaa, faayidaa fi qorannoo irratti hirmaachuun wal'aansa koo hospitaala kana keessatti dhiibbaa akka hin geessisne odeeffannoo kenname dubbisee argadheera. Yeroo af-gaaffii sagaleen akka waraabamu fi qorataan iccitii koo akka mirkaneessu naaf himama. Qorannoo namoota rakkoo sammuu cimaa qaban kanneen hospitaala kana keessatti kunuunsa argatan irratti muuxannoowwan jiraataman sagalee dhaga'uu qoratu irratti fedhii kootiin akkan hirmaadhuuf hayyama nan kenna.

Mallattoo Hirmaataa _____ Guyyaa _____ .

Qabiyyee fi Amaloota Sagalee Dhageettii

1. Sagalee dhagahuun maal akka fakkaatu natti himuu dandeessaa?
2. Jalqaba yoom si mudate?
3. Sagaleewwan dhaga'uun yeroo meeqa si mudata?
4. Sagalee meeqa dhageessa; yeroo meeqa isaan dhageessa (sa'aatii keessatti yeroo baay'ee/ guyyaatti yeroo baay'ee/guyyaatti al tokko/torbanitti al tokko/yeroo xiqqaa)?
5. Waan biraa dhageessanii beektuu? Sagalee guddaa akka tasaa, Hooquu, bilbilaa? Yeroo hammam hammamiitti? (sa'aatti yeroo baay'ee/ guyyaatti yeroo baay'ee/guyyaatti al tokko/torbanitti al tokko/yeroo xiqqaa)?
6. Sagaleewwan akkaataa idileetti maal jedhu? Fakkeenya?
7. Sagaleewan kun wallitti haasa'anii beekuu? Yeroo hammam hammamiitti?
8. Karaa keettin namoota birrraf erga dabarsuf yaalanii beekuu?
9. Waa'ee sagalee kana maati kee wajjin ni dubbatta? Hiriyyoota kee? Sagalee akka dhageessan eenyutu beeka? Maal jedhu?
10. Sagaleewwan dhaga'uun yeroo si mudatu maaltu sitti dhaga'ama?
11. gaaf Sagalee kana dhageessu maal goota?
12. Waa'ee ofii ykn nama biraa dubbata?
13. Yeroo tokkotti sagalee tokko qofa jirra , ykn sagalee tokkoo ol,?
14. Dubbatanis haasa'uu baatus yeroo hundumaa ni argamuu? Akkamitti beekta?

Dhugaa ta'uu

1. Sagaleen kun dhugaa moo yaada qofadhaa jetee yaada? Sagalee yeroo dhageessu dhugaa mitti Lakki yaada qofaadha kana sammuu kee keessaa dhufa
2. Sagaleewwan mataa kee keessaa moo gurra kee keessaa ni dhageessa?
3. Garaagarummaan siifi sagaleewwan gidduu jiru maali? Sagaleewwan qaama kee ti? Yoo hin taane akkamitti kan enyuuti? Kan sagaleen sun bararbaadu fin kan atti n barbaadu
4. Haati kee si waliin kutaa keessa yoo jiraatte sagalee dhagahuu dandeessi jettee yaaddaa?
5. Sagaleen sun dhugaadha moo dhugaa miti jetta? Sagaleewwan sana yommuu dhageessu, dhugaa akka hin taane sammuu kee keessa qaxxaamuraa
6. Waa'ee maalii sitti haasa'u?
7. Yeroo hundaa wantoota walfkaata dubatu moo waan adda addaa dubbatu?
8. Umuriin sagaleewwanii meeqa ta'a? Akkuma kee guddata deemu moo xiqqaata demu

Waliti dhufeenya sagaleewwan waliin jiru

1. Sagaleewwan kana yommuu dhageessan kan beekaman moo kan hin baramne?

2. Hariiroo sagaleewwan wajjin qabdu akkamitti ibsita?
3. namota Dubatan beektaa? Eenyu, umrii, saala? Sagaleewwan waliin hariiroon jiru maali?
4. Sagaleewwan waliin haasa'uu danda'eessa? Sagaleewwan kun siif deebisu
5. Walitti dhufeenya sii walin qabuu (fira/diina/orma) .

To’annoo fi Dhiphina

1. Waan isaan jedhan ni dhaggeeffattaa?
2. Sagaleewwan hangam xiyyeeffannaa kennita?
3. Hammam isaan irratti to’annoo akka qabdu sitti dhaga’ama?
4. Waan gootu sitti himanii beekuu?
5. Waan gootu yeroo sitti himan si dhiphisaa?
6. Waan isaan sitti himan raawwatte bekta?
1. Sagalee dhaga'uun si dhiphisa
7. Sagaleewwan sana dhaga’uun maaltu si dhiphisa?
8. Sagaleewwan kun dhimmoota akka walqunnamtii saalaa kana fakkaatna siti agarsiisuu
9. Yeroo sagaleen dubbatu waan biraatiif xiyyeeffannaa kennuun ni ulfaataa

Gama Gaarii

1. Sagaleewwan sitti tolan jiruu? Sagaleen si jaallataa hoo?
2. Sagaleewwan kun si gargaaruu?
3. Sagaleewwan kadhannaa wajjin walqabatan ni jiruu?
4. Sagaleewwan Waaqayyo biraa akka ta’an sammuu kee keessa qaxxaamuree beekaa?
5. Waa'ee sagalee dhaga'uu sheeki/luba kee waliin haasoftee beektaa?
6. Yeroo Waaqayyoon kadhattu Waaqayyo deebisee dubbatee beekaa? Waaqayyo waan akkamii jedha

Hubannoo fi Hiikkaa

1. Ka’umsi sagalee dhaga’uu keessanii maali jettanii yaaddu?
2. Maaliif akka isaan mudatu amantiin kee maali?
3. Namoonni kaan nama sagalee dhaga’u akkamitti ilaalu?
4. Sababa sagalee dhagahuutiin arrabsoo ykn loogiin si mudatee beekaa?
5. Sagaleewwan dhaga’uun waan gaarii ta’ee ture
6. Sagaleewwan kana maaltu fida (baayoomedikaal, dhiphina hawaasummaa, miidhaa ijoollummaa, ha, walqunnamtii saalaa, kanneen biroo)?
7. Dhukkuba kee maaltu fide sitti fakkaata (baayoomedikaalaa, dhiphina hawaasummaa, miidhaa ijoollummaa, /walqunnamtii saalaa, kan biroo)?

Gochaalee Wal’aansaa fi Mala Danda’uu

1. Dhageettii sagalee bulchuuf wal’aansa ykn gidduu seensaa akkamii yaalteetta?
2. Wal’aansoowwan kun hangam bu’a qabeessa siif ta’aniiru?
3. Deeggarsa argachuuf gara eenyuutti deemta ykn sirnoota sagalee dhaga’uu dandamachuuf si gargaaran akkamii qabda?
4. Sagalee dhaga’uu wal’aanuun maaltu rakkisaa ture?
5. Sagaleewwan sana dandamachuuf waan akkami gootaa (fkn, ittiakka hin dhageenyeti darbu, xiyyefana gara biraati jijiru, dubbachuu, sirbuu, sagalee ol kaastee dubbisuu)?
6. Sagaleewwan waliin haasoftee akka dhaabbatan itti himtee beektaa?
7. Isaan waliin waliigaltee gootee beektaa?
8. Malleen kana keessaa tokkollee sif hojjete bekaa

Dhiibbaa Jireenya Guyyaa Guyyaa Irratti Qabu

1. Sagalee dhaga’uun sochii guyyaa guyyaa fi hariiroo keessan irratti dhiibbaa akkamii qaba?
2. Sagaleewwan irraa kan ka’e jijjiirama akkamii argite?
3. Muuxannoo kee namoota biroof qooddee mari’attee beektaa?
4. Sagaleewwan kun halkan si rafiissani ?