

Accepting and making sense of voices

Sandra Escher, M.Phil, PhD

Prof. dr. Marius Romme, PhD

Issues to be discussed

- The core concept of this approach
- Its beginning and development
- The main results of our research
- The consequence for the psychosis concept

Core concept of hearing voices

- Hearing voices in itself is not a sign of mental illness but a signal of problems.
- Hearing voices is apparent in healthy people. There are more healthy voice hearers than patients.
- Becoming a patient is due to the inability to cope with voices and with the underlying problems.
- The characteristics of the voices refer to what has happened to the hearer and to his/her problems

Auditory hallucinations in general population

Population surveys

Tien 1991

15000 subjects

Prolonged auditory hallucinations

2-4% level 2

Elicited with D.I.S

1/3 level 5= subjective negative effect

EATON 1991

810 subjects

Prolonged auditory hallucinations

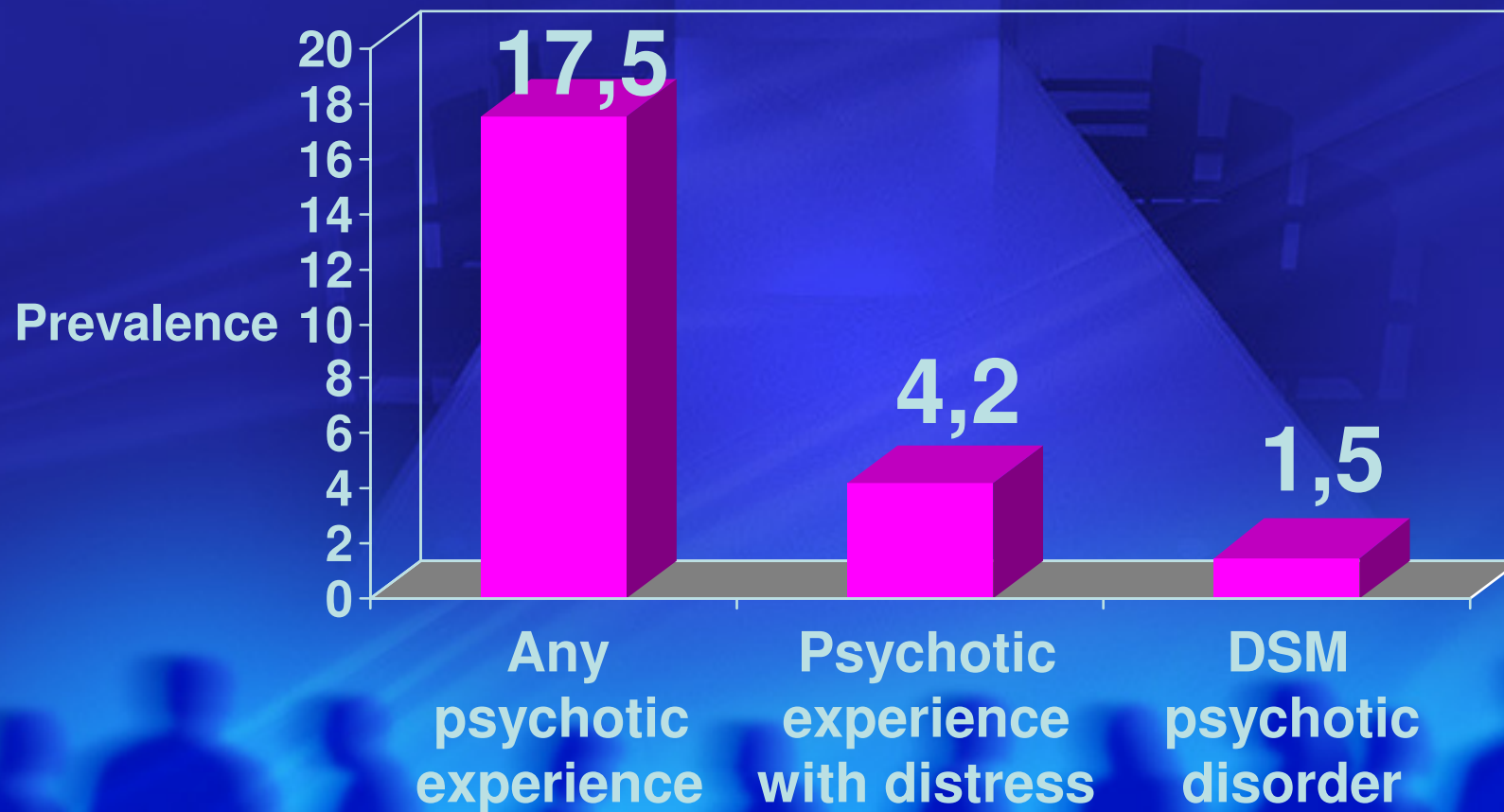
4%

Assesed by psychiatrist

45% criteria for psychiatric diagnosis

16% criteria for diagnosis of schizophrenia

Lifetime epidemiology of psychosis



Conducted 7 studies

- ❑ **The pilot study** and Patsy
 - ❑ Voice hearers talking with each other. We constructed a questionnaire
 - ❑ Congress an meeting non-patients
- ❑ **From questionnaire to interview: the book accepting voices**
- ❑ **Differences and similarities in the characteristics of the voice hearing experience between patients and non-patients.**
- ❑ **Development of a therapeutic approach: book ‘ Making sense of voices ‘**
- ❑ **Trauma and hearing voices: chapter in Trauma and psychosis**
- ❑ **Children hearing voices; a 3-year follow-up study on 80 children**
- ❑ **a study on 50 people hearing voices who recovered from their distress: book Living with voices:**

Similarities and differences between patients and non-patients (3)

	Schizofrenia N=18		DD N=15		NP N=15	
Positive Voices	N=15	83%	N=10	67%	N=14	93%
Negative voices	N=18	100%	N=14	93%	N=8	53%
Predominantly positive	N=2	12%	N=2	13%	N=11	79%
Neutral voices	N=4	22%	N=3	20%	N=1	7%
Predominantly negative	N=12	67%	N=10	67%	N=0	0%
Afraid of voices	N=14	78%	N=11	84%	N=0	0%
Voices disturbed daily life	N=18	100%	N=14	100%	N=3	20%

Development of an approach

Making sense of the voices

- Maastricht interview for voice hearers
- Report
- Construct

Children and youngsters hearing voices (5)

3 year-follow-up study

Research instruments

- ❑ Maastricht Interview for children hearing voices (MIC)
 - ❑ **Escher, Romme (1987; 1995)**
- ❑ Brief Psychiatric Rating Scale (BPRS)
 - ❑ **Ventura ea. (1993)**
- ❑ Dissociative Experience Scale (DES)
 - ❑ **Bernstein and Puttman (1986)**
- ❑ Youth Self Report (YSR)
 - ❑ **Achenbach 1982**

- 60% of the children lost their voices; most children learned to cope better with their emotions
- 85% of the children began to hear voices in relation to one or more problems or traumatic events.

Are there factors that influence the course ?

■ BPRS

- High score on anxiety
- High score on depression
- High frequency of the voices

■ Des

- High score on dissociation

Are there differences between patients and non-patients?

No difference in the experience itself

Being in care had no influence on the course of voice hearing.

Accepting and support made a difference.

Are there differences between patients and non-patients?

- ❑ Patients reported more emotional triggers and greater childhood adversity.
- ❑ Emotional appraisal was more often negative.
- ❑ Their emotions and behaviour was more influenced by their voices.
- ❑ Patients used more passive coping strategies.
- ❑ Patients reported more traumatic events.
- ❑ Children with aggressive behaviour, acting out, were more often in care.

Problems/ trauma

- Confrontation with death
22.5% (18)

Problems around the home situation

23.7% 19 children

■ Tension within the family 10

■ Divorce 6

■ Moving houses 3

Problems around the school situation

23.7% 19 children

- ▣ Capability problems 8
- ▣ Changing schools 7
- ▣ Being bullied 4

Physical conditions interfering with development 8.7% 7

- Brain damage caused by traffic accident 1
- A physical health problem with long term admission 4
- Birth trauma 2

In relation to sexuality

7.5% (6)

Sexual abuse	4
Rejection in love	1
Abortion	1

Other kind of problems/trauma

5% (4)

- ▣ Seeing something weird 1
- ▣ Anaesthesia 1

Message of the voices

- Onset of the voice hearing
- Characteristics of the voices
- The content
- The triggers

- ❑ The onset points to what has happened to the voice hearer
- ❑ Character traits of the voices might resemble the persons involved in the trauma
- ❑ Content or influence: ' You better be dead; you better make you home work now; tell your friend he is a fag; you are an outsider'
- ❑ Triggers:
 - ❑ circumstances, places where the voice come.
 - ❑ Emotions that trigger the voices like anger, anxiety and loneliness



MAX

**is an example of the
relationship between the
characteristics of his voices
and his problem
coping with anger and
aggression**

The onset

- Max was 6 years old when he began to hear voices in his first year at primary school.
- At night he started to see scary figures.

Character traits

- The voices are aggressive when Max feels angry. However they are friendly when Max feels good.

triggers

■ At school:

- He has a difficult relation with all his classmates. They quarrel with him a lot. Max: 'the quarrels come inside my head'.

Influence of the voices

- ❑ The voices challenge him to set fire to the school building.
- ❑ *The voices force him to say things to other people that will get him into trouble; like ' say to your friend he is a fag'.*
- ❑ When they all speak at the same time Max gets confused.

development

- ❑ At the end of the research Max discovered the relation between the voices and his aggression.
- ❑ Max learned to cope with his aggression at school with the help of his teacher.
- ❑ Max got more self-esteem.
- ❑ Max now has an inner voice that warns him when he gets too angry. This voice says: ' you better sit down because you know it will only gets worse' .

Early intervention

- ❑ Normalising the experience
- ❑ Conduct the interview about the experience and look for problems/trauma at the onset
- ❑ Give education about voice hearing to the parents. Support them to develop their own idea about it.
- ❑ Support the child to continue his/her development

www.Intervoice.org.com

inter.
v**oice**



Support groups and members

22 countries

- Holland
- Scotland
- Denmark
- Norway
- Germany
- Switzerland
- Portugal
- Belgium
- Australia
- Canada
- Brazil
- The UK
- Ireland
- Sweden
- Finland
- Austria
- Italy
- Spain
- France
- USA
- Japan
- Palestine

Durham University. UK

Charles Fernyhough:

c.p.fernyhough@durham.ac.uk

Institute of
Advanced
Study