Accepting and making sense of voices

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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 then 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**

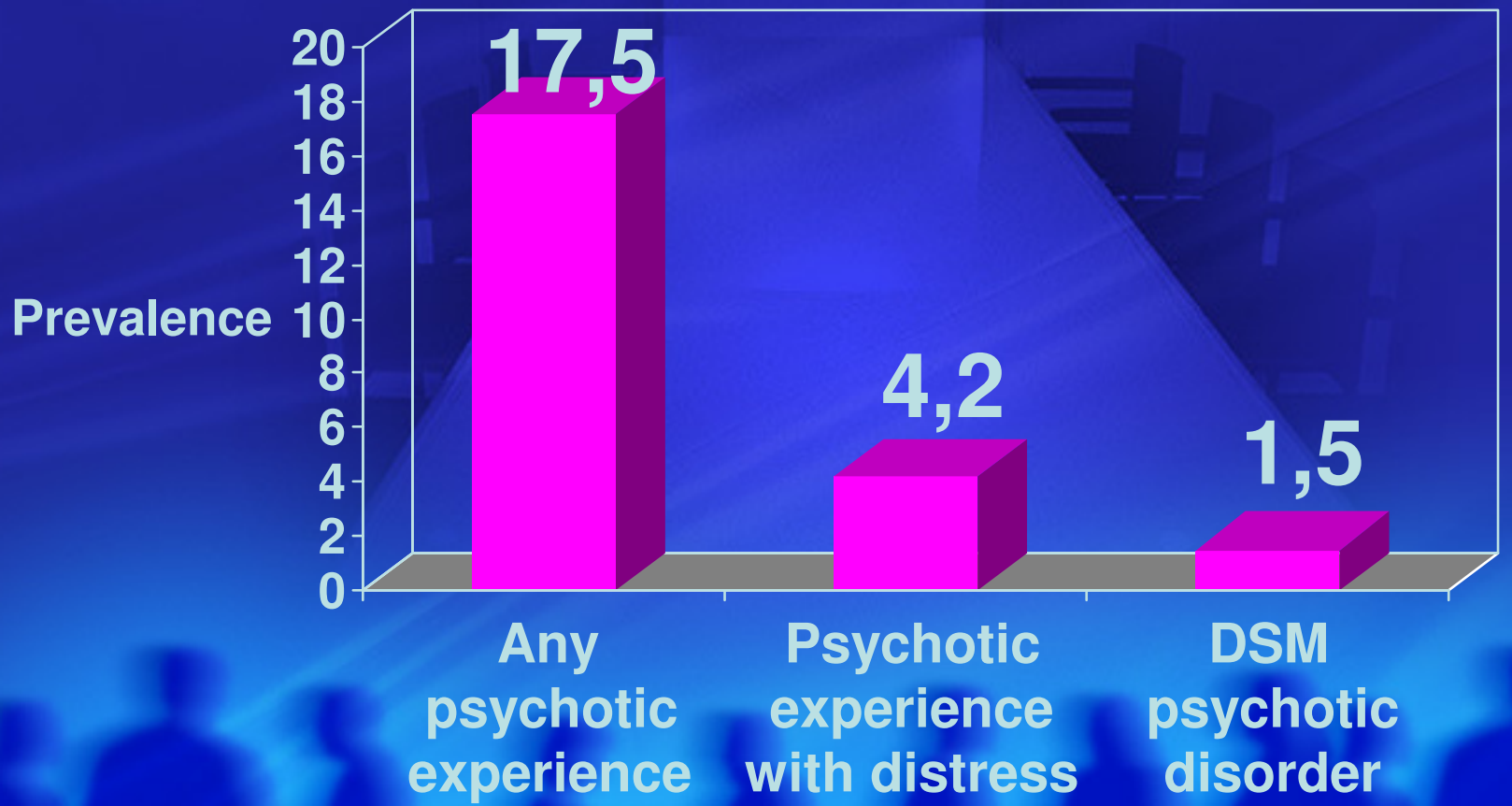
Prolonged auditory hallucinations **4%**

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 voce 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

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

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