

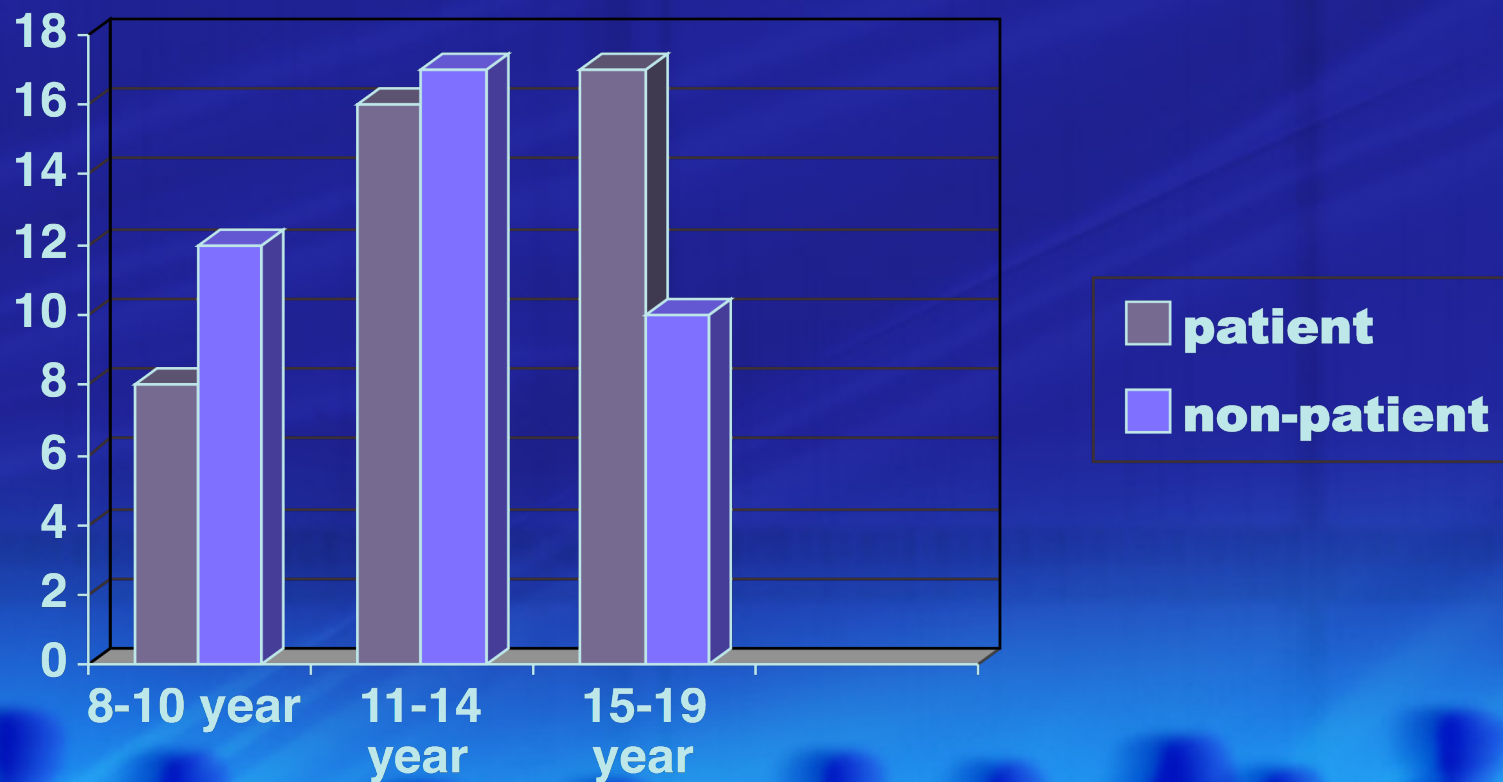
The message of the voices: some results from a 3-year follow-up study on 80 children hearing voices

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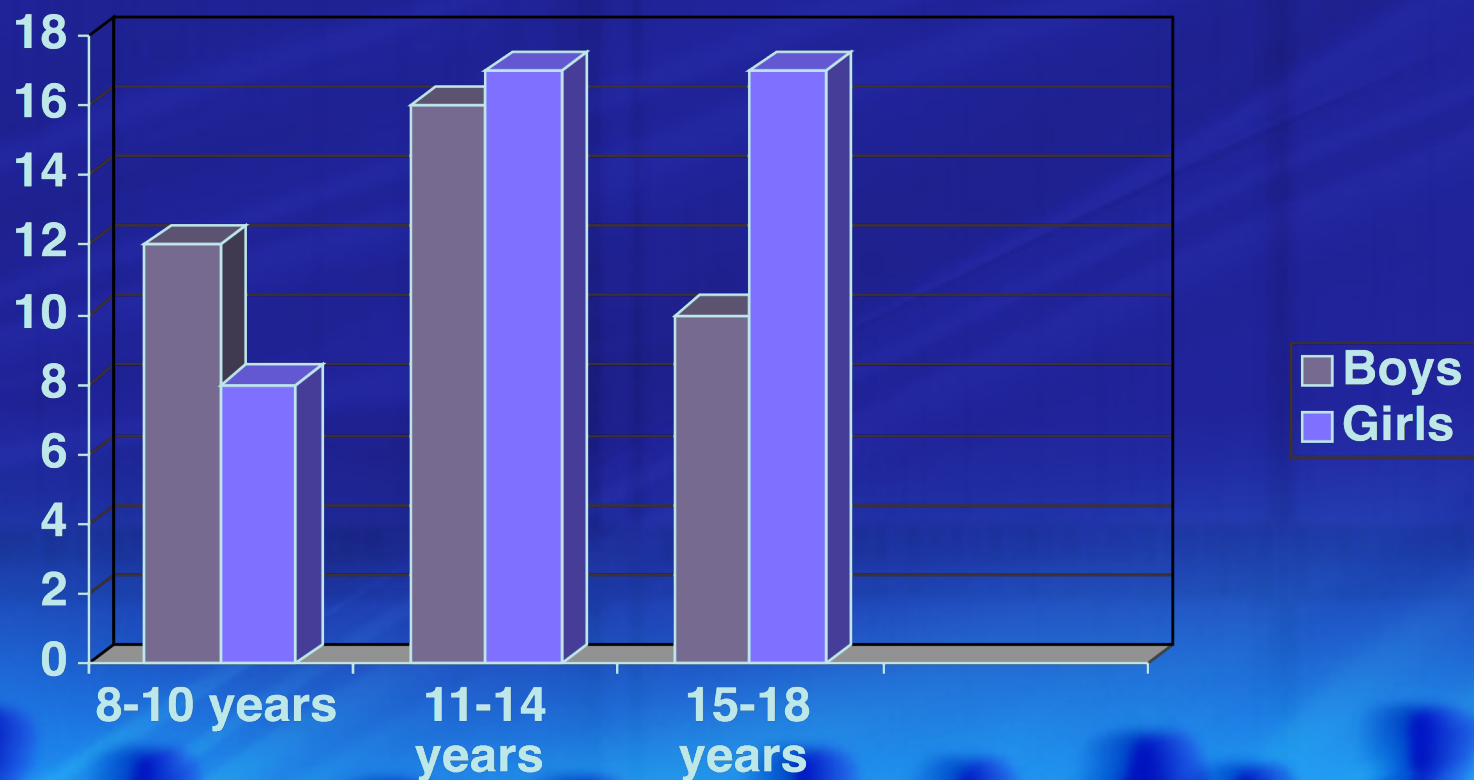
Prof. Dr. Marius Romme

First year

80 children hearing voices




Participating children first year



Research instruments

- Maastricht Interview for children hearing voices (MIC)
 - **Escher, Romme (1987; 1995)**
- Brief Psychiatric Rating Scale (BPRS)
 - **Ventura ea. (1993)**
- Dissociatieve Ervaringen Scale (DES)
 - **Bernstein and Puttman (1986)**
- Youth Self Report (YSR)
 - **Achenbach 1982**
- Children's Global Assessment Scale (CGas)
 - **Shaffer ea (1983)**

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- 60% of the children lost their voices
 - 85% of the children began to hear voices in relation to one or more 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 difference between patients and non-patients?

No difference in the experience itself

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

Are there difference between patients and non-patients?

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

Trauma

- Confrontation with the death
22% (18)
- Problems around the home situation
23% (19)
- Problems around the school situation
23% (19)
- Other kind of trauma
15% (12)

Problems around the home situation

19 children

■ Tension within the family 10

■ Divorce 6

■ Moving houses 3

Problems around the school situation 19 children

■ Mental disabilities 8

■ Changing schools 7

■ Being bullied 4

Other kind of trauma 12 children

■ Sexual abuse	4
■ Birth trauma	2
■ Physical illnesses	2
■ anaesthesia	2
■ Rejection in love	1
■ Abortion	1

Two sorts of information

- The general data, which become reduced to codes and worked on with statistics.
So called objective information.

- The individual stories, which cannot be generalised as the voices have an individual meaning.
so called subjective information

Voices as a source

- Voices have a message; not using the voice is a missing a helpful source.
- The voices can be talked to or given a message.

Message of the voices

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

- The onset
- Characteristics: the voice of the abuser
- Content: '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 or do not come. Emotions that trigger the voices like anger and loneliness



MAX

The onset

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

Characteristics

- Max hears between 4 to 10 voices: male, female and children's voices.
- The voices are aggressive when Max feels angry. However they are friendly when Max feels good.
- The do not remind Max of anyone he knows.

triggers

■ At school:

- He has a difficult relation with all his classmates and quarrels a lot. 'the quarrels come inside my head'. Max has no friends.

■ In the streets:

- Max: 'when I see people quarrel I feel I am in between them'.

■ At night in bed:

- Max: ' I see the school in my head and hear the voices of monsters'.
- When he has seen scare faces on TV, he sees them again at night.

Content

- The are negative: ' I come and get you';' if you tell this to anyone we will punish you; you cannot do anything right' ;
- Sometimes they can be positive: they warn Max if there are boys around the corner who want to fight with him. Max listens to them and takes an other route.
- The voices invite Max to join them.

Influence of the voices

- The voices challenge him to jump from a roof; to set fire to a 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

- Max believes there is a relation between the voices his aggression. However Max cannot cope with this as he believes that when he is angry he will fight and seriously harm people.
- Max learns to cope with his aggression at school with the help of his teacher.
- Max gets more self-esteem
- Max now has an inner voice that warns him when he gets too angry the voice says: ' you better sit down because you know it will only gets worse' .



What parents and children report

Conclusions regarding mental health care.

- ❑ Voices were not accepted as real. They were seen as either an illness or a fantasy
- ❑ Voices were not used in therapy
 - ❑ Characteristics
 - ❑ Triggers
 - ❑ Content
- ❑ Parents and children were forbidden to talk about something that disrupted their daily life. The child was singled out.

Regarding mental health care

- ❑ Voices were only seen as negative.
- ❑ Voices were not talked about or talked to.
- ❑ Medical theories forced voice hearer and parents on a medical road they were not familiar with.
- ❑ Medical concepts forced voice hearers/carers to submit to or to lie.