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

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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)

- Dissociative Ervaringen Scale (DES)
  - Bernstein and Puttman (1986)

- Youth Self Report (YSR)
  - Achenbach 1982

- Children’s Global Assessment Scale (CGas)
  - Shaffer ea (1983)
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 differences 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 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.
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.
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.