

Melissa Roberts



FOUNDATION

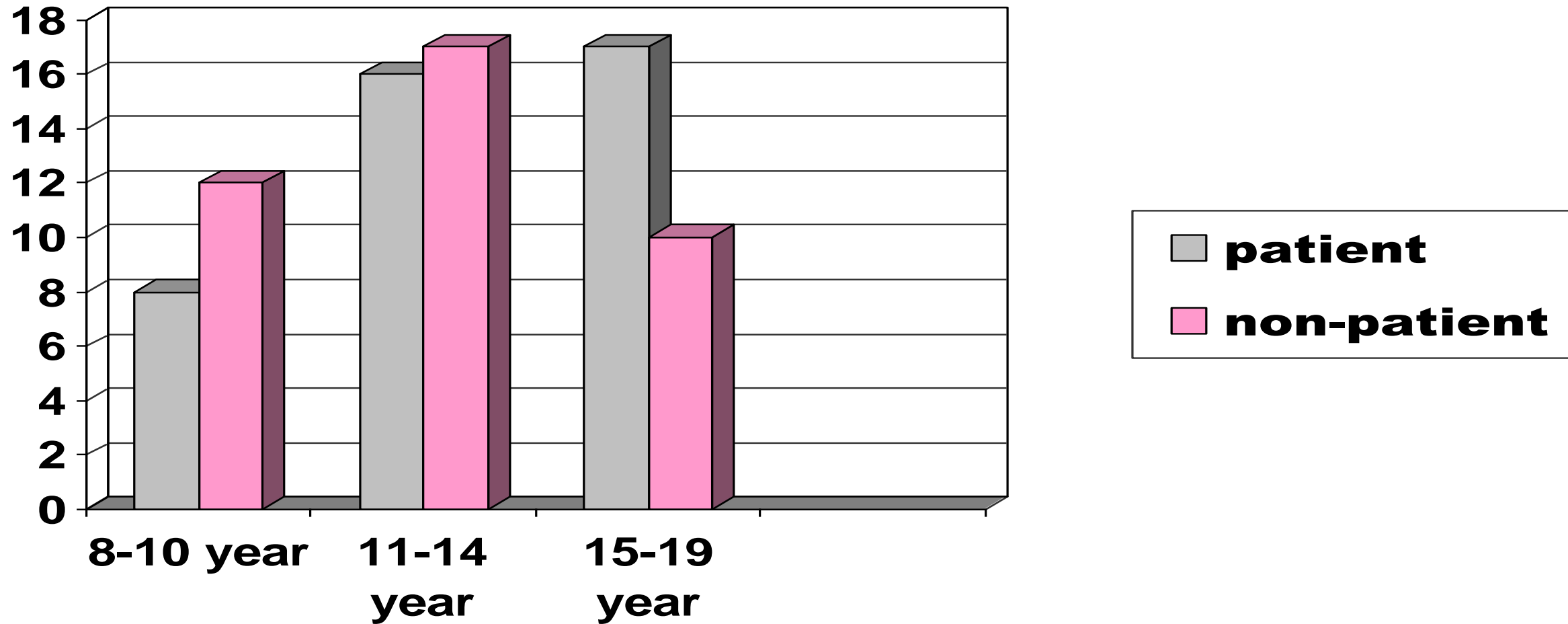
**THE MESSAGE OF THE VOICES
SOME RESULTS FROM A THREE-YEAR FOLLOW-UP
STUDY ON 80 CHILDREN HEARING VOICES**

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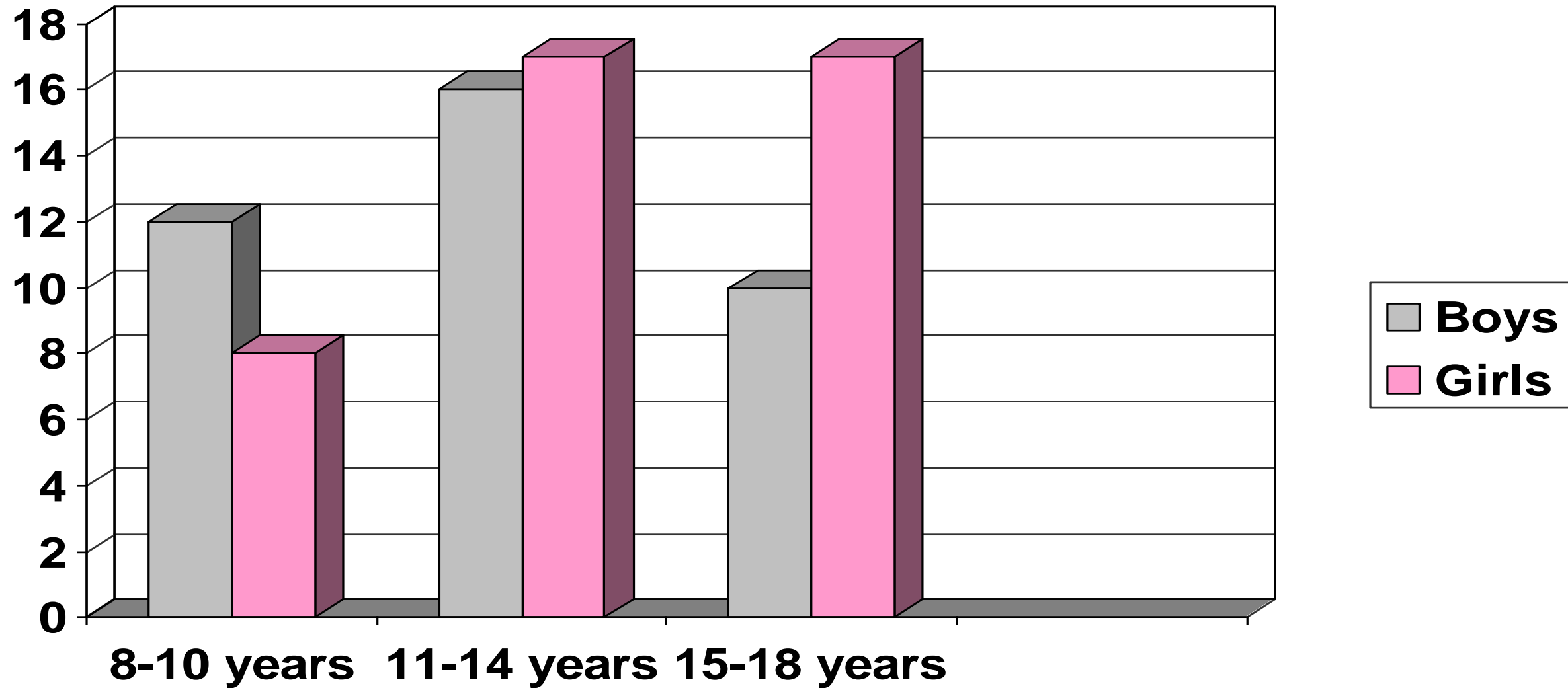
Prof. Dr. Marius Romme



80 CHILDREN HEARING VOICES



PARTICIPATING CHILDREN FIRST YEAR





- Maastrichts Interview for Children Hearing Voices (MIC)
Escher, Romme (1987; 1995)
- Brief Psychiatric Rating Scale (BPRS)
Ventura ea. (1993)
- Dissociative Ervaringen Scaal (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 DIFFERENCES BETWEEN PATIENTS AND NON-PATIENTS?

➤ BPRS

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

➤ Des

- High score on dissociation



➤ 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)



19 CHILDREN

- Tension within the family 10
- Divorce 6
- Moving houses 3



19 CHILDREN

- Mental disabilities 8
- Changing schools 7
- Being bullied 4



12 CHILDREN

- Sexual abuse 4
- Birth trauma 2
- Physical illnesses 2
- Anaesthesia 2
- Rejection in love 1
- Abortion 1



- 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.



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



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



- The voice of the abuser.
- You better be dead; you better make your home work now; tell your friend he is a fag; you are an outsider
- The circumstances, places where the voice comes or do not come.



THE ONSET

From his 6th year on, from the moment he started to hear voices, his work at school began to decline.

Max has a very nice 16 year old brother. Max always tries to live up to the standard of his big successful brother, who is not troubled by voices or anything else. My wife and I also do not hear voices.



THE TRIGGER

Max seems to be troubled a lot by negative voices as soon as he feels the pressure to do something.

Max becomes afraid and is then gruffly and unreasonable.

This happens mostly when he has to go to school, specially when there are difficult examinations.

Max does not hear voices when he is on vacation, or during an outing. Then he is a very nice, supportive, spontaneous boy full of humour with no health or social problems.



THE TRIGGER

When there are, for example, **examinations with mathematics**, his voices order him to **write down the wrong figures** and he feels that he has to obey.



The nature of the voices is extremely destructive. When he wakes up, a male voice mostly tells him **he better be dead**.

During the day the voices tell all kinds of horrible things I do not dare to mention but the overall message is that **he is a total failure**.



- Max does not want help, because he feels he is not a nutter.
- We keep Max's voices strictly in the family.
- We will do anything to help Max, if necessary change our behaviour.



**Mental health is regaining
a balance in daily life
with emotions and social actions.**



- Voices are only seen as negative.
- Voices are not talked about or talked to.
- Medical theories force voice hearers on a medical road they are not familiar with.
- Medical concepts force voice hearers to submit to or to lie.