

VOICE HEARING: A QUESTIONNAIRE

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This questionnaire was originally designed as a research tool to elicit information from people who hear voices. It has proved to be extremely useful in getting a much fuller picture of the shared experiences of voice hearers and the results have subsequently been used to develop a range of coping strategies that can help voice hearers to come to terms with their experience.

As a result of using this questionnaire, we discovered that as well as its value for research, it also proved to be a good way of beginning the process of exploring the voice experience for individual voice hearers - and - as a means of developing the confidence of mental health workers who want to work with voice hearers.

It is important to stress that this questionnaire was developed by voice hearers in partnership with mental health professionals and that voice hearers are regarded as being the experts and full partners in the process of finding solutions to the difficulties that hearing voices can sometimes cause.

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Hearing Voices: A structured questionnaire

Introduction for voice hearers:

This questionnaire has been designed for people who hear voices. It is intended to help you to understand your experience better. It is our view that your voice hearing experiences gives you knowledge and expertise that no one else, other than voice hearers, can possibly have. Therefore we would like to ask you to share this knowledge by completing the questionnaire so that we can all achieve a fuller understanding of what these experiences mean. If you are exploring your voice experiences with someone else, such as a friend, therapist or mental health worker, then filling in this questionnaire could be a way to help them understand what is happening to you.

We are particularly interested to find out in what circumstances you hear voices and what methods you use to cope with them. We want this questionnaire to be useful, not only to the person who fills it in, but also to other voice hearers. For instance, perhaps you have devised a method that enables you to overpower the voices, if so, it might be possible to teach others to do the same. For this reason the results of the questionnaire are being used for our research into voices and we would like to ask your permission to use your completed questionnaire for this purpose. We would also like to be able to contact you again should we need to ask you to clarify any of your answers. We want to be able to do this so that we get all the facts right, which is very important in research work. After completion, a summary of the interview will be given to you for your own use. Your identity and other information about your experience will be confidential and only used with your consent.

Since the interview is a long one (it can take a minimum of one and half hours to fill in, sometimes longer) and the questions require you to think a lot about your experience, you may want to conduct the interview over two sessions, rather than one. Please feel free to let the interviewer know if you are getting tired or upset and the interview can be continued at another session.

I give my permission for the completed questionnaire to be used for research purposes, we will request your expressed consent to publish any of the information you provide in this questionnaire for any other purpose (for instance publishing extracts of your responses for use in providing helpful information to other voice hearers).

YES/NO

Signed _____

Contact telephone number/address

Information for interviewers:

This questionnaire has been designed to increase knowledge and awareness of the voice hearing experience. It can be used as a way of opening up discussion about voices with someone you are working with, as the interview can encourage and stimulate dialogue about the voices. For some voice hearers, this could be the first time that they have talked about their experience and for many it will be the first time this has been done in a structured and considered way. The voice hearer may disclose information that may have been unknown to you or to any service working with them. Therefore, the interview is a potentially intense experience for the voice hearer and interviewer and it is necessary to consider the availability of follow up support (such as someone to talk to, a telephone number to call, availability of supervision for the interviewer etc.). It could be that the voices become more active or angry as a result of the interview. It is our experience to date, however, that this is rarely a problem and that most voice hearers find the questionnaire an enjoyable and positive experience as it provides a safe and structured way to talk about their voices. The questionnaire can also be a way of building trust between the voice hearer and the person they are working with and can create favourable conditions for further discussion and action about how to cope with the voices, such as joining a self help group and developing other coping strategies. The interview should be conducted in a mutually acceptable place, it should feel safe, quiet and be free from interruptions. If you have not previously met the voice hearer or only know them slightly, it would be valuable to hold a preliminary meeting to explain the purpose of the questionnaire and to answer any questions the respondent may have, this helps to build trust. This pre-interview should be unstructured and informal, although in answering the questionnaire itself it is important to follow the question format. This questionnaire has been designed for adults (over 16 years), if required there is a specific questionnaire for children which can be obtained from the address below. Please ensure a summary of the completed questionnaire is given to the respondent.

If you would be prepared to share your completed questionnaire with INTERVOICE to help with our research please send to, all information will be treated with the strictest confidence: Paul Baker at admin@intervoiceonline.org

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Please answer the following questions, if there is information that you do not wish to disclose then you of course have the right to say "I do not wish to answer".

1. PERSONAL INFORMATION

Age: Male/Female
Marital status: Children:
Employment status: Nationality/Ethnic origin:

2. ASPECTS OF THE EXPERIENCE ITSELF

This interview is intended to encourage a dialogue about your experience. This interview will enable us to learn a lot more about your experience and the way you cope with your voices.

2.1 I would like you to give me a broad view of any extraordinary or bizarre experiences you have had recently or in the past.

2.2 How many voices do you hear?

At what age did you first hear the voices? -

Number of voices () now () at the start

Your age when they began () years old

2.3 Can these sounds/voice(s) also be heard by other people yes/no

Can you explain why/why not?

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2.4 Where are the sounds/voice(s) coming from (where are they located)?

Now

At the start

Are they:

In your head yes/no

Through your ears yes/no

Somewhere else within your body yes/no

The voices appear to come from somewhere outside your body yes/no

2.5 Concerning the voices you hear:

2.6 Are these voices coming from you or do they come from someone else?

(We are trying to establish how the voice hearer perceives their voices (me/not me) when they are experiencing them)

The voices are coming from within myself (ego-syntonic/me)

Yes/No

The voices are coming from someone else - or - something outside myself (ego-dystonic/not me)

Yes/No

Can you explain why?

2.6 Are you able to carry on a dialogue with the voices or communicate in any way with them?

Yes/no

Can you give an example?

2.7 Do you ever have any other unusual experiences such as visions, altered states of perception, out of body experiences etc?. If so, would you please describe them: -

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3. CHARACTERISTICS OF THE VOICES

3.1 Do you hear one or more voices?

How many?

Has it always been like this?

Has the number of voices ever changed?

Number of voices at the beginning ()

Number of voices heard now ()

3.2 Are you able to indicate who the voices belong to and/or the names you have given to the voices

| no | name | age | gender | contents/tone | frequency |
|----|------|-----|--------|---------------|-----------|
|----|------|-----|--------|---------------|-----------|

1

2

3

4

5

6

etc

3.3 Does the manner or tone of the voices remind you of someone you know or used to know?
If yes, who?

3.4 The number of times you hear voices and the amount of time they take up, may vary from day to day, however, can you tell me;

On average how many times a day (over a 24 hour period) do you hear your voices?

How much time of the day do they take up?

4. YOUR PERSONAL HISTORY OF VOICE HEARING

4.1 Let us return to the time when you first started to hear voices.

How old were you when you first heard voices (age)?

I was _____ years old.

How many years or months have you been hearing voices? -

4.2 Can you describe the circumstances when you first heard them? (please describe what happened with each voice)

4.3 We have put together a list of the kinds of circumstances that other voice hearers say they experienced before they heard voices.

These kind of life events may also have happened to you, do you recognise any of them as being similar to you own experience?

What age were you when this event occurred?

circumstances

The result of a serious physical injury or a serious illness

An admission to a general hospital or being given an anaesthetic **yes/no - age and year**

Living on your own for the first time **yes/no - age and year**

Following:

A divorce or the break up of a close/intimate relationship **yes/no - age and year**

The first menstruation or a pregnancy/abortion **yes/no - age and year**

A major decline in the health situation of a loved one **yes/no - age and year**

Admission to a psychiatric hospital **yes/no - age and year**

Changes in employment status (starting work, change of job, promotion) **yes/no - age and year**

Loss of employment status (retirement, redundancy, unable to work) **yes/no - age and year**

After:

The death of a close friend or family member **yes/no - age and year**

Beginning a course of study **yes/no - age and year**

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| | |
|--|------------------------------|
| You found yourself unemployed/fired/redundant | yes/no - age and year |
| Falling in love and being rejected | yes/no - age and year |
| A move to a new residence, school or college | yes/no - age and year |
| Problems within a religious community or other spiritual sect | yes/no - age and year |
| Attending a séance, satanic ritual, spiritual event | yes/no - age and year |
| Being present at a suicide or contemplating/attempting suicide | yes/no - age and year |
| During severe tension in your home or within your relationship | yes/no - age and year |
| When a child left home/ or the last child left home | yes/no - age and year |

4.4 Are one or more of these circumstances related to the fact of you hearing voices? If so, could you describe how?

5. WHAT TRIGGERS THE VOICES?

5.1 Have you noticed whether the voices tend to be present when you take part in particular activities or that they arise in certain kinds of circumstances? Can you describe what these are?

5.2 Have you noticed whether the voices are present when you feel certain emotions? Check the following list, do they occur when are experiencing emotions such as:

- insecurity
- jealousy
- fear
- grief
- doubt
- fatigue
- in love
- depressed or sad
- anger or depression
- happiness
- your own sexual feelings
- loneliness
- the sexual feelings of others
- powerlessness

Can you describe how the voices react? (For instance are they comforting and helpful or frightening and unhelpful?) Do they have an effect on the emotion you are feeling, for instance making you more or less depressed -or - more or less happy.

5.3 Are you hearing the voices now?. If so, are the voices commenting on this questionnaire, what are they saying?

6. WHAT DO THE VOICES SAY?

6.1 Do you hear positive (friendly) voices? What do they say; what do they do? Give an example.

6.2 Do you hear negative (unfriendly) voices? What do they say? What do they do? Give an example.

6.3 Do the voices talk about specific subjects/persons? Can you describe them? What do the voices say? Do these subjects interest you as well?

7. WHAT INFLUENCE DO THE VOICES HAVE ON YOUR WAY OF LIFE?

We would like to ask you what kind of influence the voices have on you:

7.1 Are you afraid of the voices? Why? Have you always been afraid? Please give an example.

7.2 Do the voices upset you? How do they do this? Please give an example.

7.3 Do the voices disturb your daily activities? How do they do this? Please give an example.

7.4 Do the voices confuse you? How do they do this? Please give an example. -

7.5 Would you experience the voices as:

| | now | at the beginning |
|------------------------------|------------|-------------------------|
| predominantly positive | yes/no | yes/no |
| predominantly negative | yes/no | yes/no |
| neutral | yes/no | yes/no |
| negative as well as positive | yes/no | yes/no |

8. YOUR INTERPRETATION OF THE ORIGIN OF THE VOICES

As a voice hearer you have probably wanted to find an explanation for why you hear voices, you may already have developed your own interpretation of the meaning of the voices. Professionals do the same, however, they will not have the same ideas, this is because they are considering the meaning of the voices from a different frame of reference (often a medical or biological perspective). Here, we are concerned with what you think might cause the voices and how you identify them.

8.1 Who do you perceive or think the voices might be? For instance do you identify them as someone you know or used to know?

The voices are coming from a living person:

1. who is part of your daily life yes/no

2. your parents or another family member yes/no

3. who is unknown to you yes/no

The voices are from a deceased person:

4. who was very well known to you yes/no

5. who was unknown to you yes/no

6. symptoms of an illness yes/no

7. one or more parts of your personality yes/no

The voices are:

8. A good guide yes/no

9. A ghost or someone from out the past(reincarnation) yes/no

10. Gods, ghosts, angels yes/no

11. A good spirit yes/no

12. A bad spirit or devil yes/no

13. Entities (such as a spiritual person or power that you cannot see, although you can feel or hear its presence) yes/no

14. Extraordinary perceptions (telepathy, mediumistic) yes/no

15. A result of the pain of other people or from something else around you yes/no

8.2 Please describe your own interpretation of what causes your experience and what your theory is for why you have this experience. Please explain why you think this.

8.3 Do the different voices each have their own explanation for why they exist? If so, why do you think this is?

9. YOUR RELATIONSHIP WITH THE VOICES

We would like to ask you what kind of relationship you have with the voices.

9.1 Are you able to influence the voices in any way? yes/no

Please give an example.

9.2 Do the voices leave you feeling powerless? If so, how do they accomplish this? (by their presence or by what they say?)

9.3 Are you in control of the voices? Has this always been the case? Please describe how you control them

9.4 Are you able to hold a conversation with the voices? Do you do this? Do you speak out loud or in your mind when you talk to them (or both)? How do the voices react. Have they always acted in this way? If not, why?

Please give an example

9.5 Do you ever call the voices names? If yes, how do you do this, within your mind or by speaking out loud? Are you able to recall the voices?

9.6 Are you able to refuse orders? If yes, which orders can you refuse and which ones cannot be refused? What happens if you refuse to do what the voices order you to?

9.7 Are you able to cut yourself off from the voices and to open up to them again?

If you hear voices do you mainly concentrate on what the voices say or on what you are doing? Does this differ for each voice or for each time?

10. COPING STRATEGIES

What do you do when you hear voices?

We have just discussed your relationship with the voices. I would like to know exactly what you do when you hear voices.

If the answer to any of the following questions is yes, please ask how many times they have tried this and what the effect is.

10.1 COGNITIVE STRATEGIES

| no. | strategy | yes/no | if yes, describe |
|-----|--------------------------------------|--------|------------------|
| 1. | Send the voices away | | |
| 2. | Ignore the voices | | |
| 3. | Concentrate on listening | | |
| 4. | Listen selectively | | |
| 5. | Think about something else | | |
| 6. | Make a deal with the voices | | |
| 7. | Try to limit contact with the voices | | |

10.2 BEHAVIORAL STRATEGIES

| no. | strategy | yes/no | if yes, describe |
|-----|--------------------------------------|--------|------------------|
| 8. | Start to do something | | |
| 9. | Try to escape the voices | | |
| 10. | Telephone someone | | |
| 11. | Visit someone | | |
| 12. | Distract yourself | | |
| 13. | Keep a diary about the voices | | |
| 14. | Carry out certain rituals/behaviours | | |

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10.3 PHYSIOLOGICAL STRATEGIES

| no. | strategy | yes/no | if yes, describe |
|-----|----------|--------|------------------|
|-----|----------|--------|------------------|

| | | | |
|-----|--------------------------------|--|--|
| 15. | Relaxation exercises like yoga | | |
|-----|--------------------------------|--|--|

| | | | |
|-----|------------|--|--|
| 16. | Medication | | |
|-----|------------|--|--|

| | | | |
|-----|-------------------|--|--|
| 17. | Alcohol and drugs | | |
|-----|-------------------|--|--|

| | | | |
|-----|------|--|--|
| 18. | Food | | |
|-----|------|--|--|

10.4 Which coping method do you use most?

How often do you use it?

Do you use it systematically?

If not, why?

10.5 What is the result of using these methods? (do you find that you have more or less power over the voices)

10.6 If you know that the voices appear in certain circumstances (such as entering a crowded room), would this effect what would do if you knew you were going to face such an experience (for instance would do try to avoid it, find an alternative or try not to be influenced).

10.7 In the past have you tried something that seemed to help?

11. YOUR EXPERIENCE OF CHILDHOOD?

Childhood can be a very different experience for each of us, some people like to look back to their childhood, whilst others prefer to put it behind them as soon as possible.

What is your perception of your childhood?

11.1 Was your childhood pleasant or stressful? Can you describe what your childhood was like?

11.2 Did you feel safe at school, in the streets and at home? If not, please explain why?

11.3 As a child have you ever been mistreated? How?

11.4 As a child, did you ever receive strange punishments? For example, being locked up in a toilet or being tied up?

11.5 Have you ever, as a child or a teenager, been yelled at or belittled? Did you ever experience the feeling of not being wanted, or did you feel that you were never able to do anything right?

11.6 Have you ever witnessed the maltreatment of another family member?

11.7 Have you ever been sexually abused by a member of the family?

11.8 Have you ever had sex against your will? Have you been in a situation where you were unable to resist or escape from?

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Do you think your childhood experiences have anything to do with why you hear voices?

12. YOUR MEDICAL HISTORY

12.1 We would like to know something about your medical history, particularly in relationship to hearing voices. For instance have you ever used psychiatric services or seen a psychologist, therapist or counsellor as a result of your experience? If so what kind of assistance did you get and for how long? Was any of the assistance useful in having a beneficial impact on your experience? Have you been diagnosed as having a psychiatric condition, if so what? Have you ever taken medication, if so, what was or is it and how much do you take and did it work?

Please answer the following questions.

year

hospital/community
based kind of therapy
length
indication for treatment

12.2 Did you talk to any of these therapists/service providers about your voices?

12.3 What did they do about the voices?

12.4 Have you sought assistance from alternative or complementary health practitioners (such as acupuncture, herbal medicine, co-counselling etc.)? Was it useful?

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13. YOUR SOCIAL NETWORK

Contact with other people is an important part of life. Therefore, I would like to ask you to tell me about the people with whom you have a personal relationship and also of anyone else who is important to you. The order is not important and you are not required to give full names. Initials or a description like "my son" is sufficient.

| no. | name | knows about the voices yes/no | talks about the voices yes/no |
|-----|------|----------------------------------|----------------------------------|
| 01 | | | |
| 02 | | | |
| 03 | | | |
| 04 | | | |
| 05 | | | |
| 06 | | | |
| 07 | | | |
| 08 | | | |

Thank you for your assistance in completing this questionnaire. If you feel that you need to talk again about your experiences or are feeling upset by the questionnaire please let me know as it is important to have support if you need it. You may also be interested in finding out more about coping with your voices, if you are, there are some interesting books you can read and there are also other things you can do. If this is the case let me know and I will pass on any information that might be of help.