



12 Essential Facts about Hearing Voices

1. Voice hearing is often seen as a prime symptom of psychosis (American Psychiatric Association 1994). Hearing voices (auditory hallucinations) is considered a first rank symptom of the specific psychosis of schizophrenia (Schneider, 1959). There are three main psychiatric categories of patients that hear voices; schizophrenia (around 50%); affective psychosis (around 25%) and dissociative disorders (around 80%) (Honig et al., 1998).

2. However, hearing voices in itself is not a symptom of an illness, but is apparent in 2 - 4 % of the population, some research gives higher estimates and even more people (about 8%) have so called "peculiar personal convictions", that are sometimes called "delusions", and do so without being ill. Many people who hear voices find them helpful or benevolent (Romme & Escher, 1993). In a large study of 15,000 people it was found that there was a prevalence of 2.3% who had heard voices frequently and this contrasts with the 1% prevalence of schizophrenia (Tien, 1991).

Bentall and Slade (1985) found that as many as 15.4% of a population of 150 male students were prepared to endorse the statement 'In the past I have had the experience of hearing a person's voice and then found that no one was there'. They add: '...no less that 17.5% of the [subjects] were prepared to score the item "I often hear a voice speaking my thoughts aloud" as "Certainly Applies"'. This latter item is usually regarded as a first-rank symptom of schizophrenia ...'

3. Whilst one in three people who hear voices become a psychiatric patient - two in three people can cope well and are in no need of psychiatric care. No diagnosis can be given because these 2 out of 3 people who hear voices are quite healthy and function well. It is very significant that in our society there are more people who hear voices who have never been psychiatric patients than there are people who hear voices and become psychiatric patients. (Romme & Escher, 2001).

Green and McCreery (1975) found that 14% of their 1800 self-selected subjects reported a purely auditory hallucination, and of these nearly half involved the hearing of articulate or inarticulate human speech sounds. An example of the former would be the case of an engineer facing a difficult professional decision, who, while sitting in a cinema, heard a voice saying, 'loudly and distinctly': 'You can't do it you know'. He adds: 'It was so clear and resonant that I turned and looked at my companion who was gazing placidly at the screen[...] I was amazed and somewhat relieved when it became apparent that I was the only person who had heard anything.'

This case would be an example of what Posey and Losch (1983) call 'hearing a comforting or advising voice that is not perceived as being one's own thoughts'. They estimated that approximately 10% of their population of 375 American college students had had this type of experience.

4. Brain imaging has confirmed that voice hearers do experience a sound as if there

were a real person talking to them (Shergill, Brammer, Williams, Murray, & McGuire, 2000).

5. In a study by Honig and others (1998), of the differences between non-patient and patients hearing voices, it was not in form but content. In other words the non-patients heard voices both inside and outside their head as did the patients but either the content was positive or the hearer had a positive view of the voice and felt in control of it. By contrast the patient group were more frightened of the voices and the voices were more critical (malevolent) and they felt less control over them (Honig et al, 1998).
6. Psychiatry in our western culture unjustly identifies hearing voices with schizophrenia. Going to a psychiatrist with hearing voices gives you an 80% chance of getting a diagnosis of schizophrenia (Romme & Escher 2001).
7. Conventional approaches in psychiatry to the problem of voice hearing have been to ignore the meaning of the experience for the voice hearer and concentrate on removing the symptoms (audio hallucinations) by the use of physical means such as medication (Romme & Escher, 1989). Although antipsychotic medication is helpful to some sufferers of psychosis (Fleischhaker, 2002), there is a significant proportion (30 per cent) that still experience the 'symptoms' such as hearing voices despite very high doses of injected antipsychotic (Curson, Barnes, Bamber, & Weral, 1985).
8. Further anti-psychotic medication prevents the emotional processing and therefore healing, of the meaning of the voices (Romme & Escher, 2000).
9. Traditional practice in behavioural psychology concentrated on either distracting the patient or ignoring references by the patient to the voice hearing experience, with the hope that the patient would concentrate on 'real' experiences, which would then be positively reinforced (the assumption being that the voice hearing was a delusional belief). The effect of this approach is to discourage the discussion about the voice hearing experience but without eradicating it (P.D.J. Chadwick, Birchwood, & Trower, 1996).
10. In research concerning people who hear voices it was found that 77% of the people diagnosed with schizophrenia the hearing of voices was related to traumatic experiences. These traumatic experiences varied from being sexually abused, physically abused, being extremely belittled over long periods from young age, being neglected during long periods as a youngster, being very aggressively treated in marriage, not being able to accept ones sexual identity, etc (Romme & Escher 2006).
11. Hearing voices in itself is not related to the illness of schizophrenia. In population research only 16% of the whole group of voice hearers can be diagnosed with schizophrenia. (Romme & Escher 2001)
12. The prognosis of hearing voices is more positive than generally is perceived. In Sandra Escher's research with children hearing voices she followed 82 children over a period of four years. In that period 64% of the children's voices disappeared congruently with learning to cope with emotions and becoming less stressed. In children with whom the voices were psychiatrised and made a part of an illness and not given proper attention, voices did not vanish, but became worse, the development of those children was delayed. (Romme & Escher 2006)