

MAASTRICHT VOICE INTERVIEW
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INTRODUCTION

TO VOICE HEARERS: Please feel free to let the interviewer know if you are getting tired or upset and the interview can be continued at another session.

TO INTERVIEWERS: This questionnaire provides a safe and structured way for voice hearers to explore the experience of voice hearing with a familiar, trusted person. Often this is a mental health worker, though the interview has been used by experienced self help group members as well. For some voice hearers, this could be the first time that they have talked about their experience. The interview is a potentially intense experience for the voice hearer and interviewer. Consider the availability of follow up support (such as a friend or staff to call, the 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 that this is rarely a problem and that most voice hearers find the questionnaire an enjoyable and positive experience. The questionnaire can also be a way of building trust between the voice hearer and the person they are working with. It can set the stage for creating new coping strategies. The interview should be conducted in a mutually acceptable place, it should feel safe, quiet and be free from interruptions.

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PERSONAL INFORMATION

Name: _____
Date of interview(s): _____
Age: _____
Contact information, as needed:

Name of interviewer: _____

Contact information for the people or services the interviewee can reach for support:

Name: _____ Phone #: _____
Name: _____ Phone #: _____
Name: _____ Phone #: _____

1. THE NATURE OF THE EXPERIENCE

This questionnaire has been designed for people who hear voices. It is intended to help you gain greater insight into your experience of hearing voices. It is also designed to encourage a dialogue between us about your experience and the way you cope with the voices. This will enable us together to work out the best way of dealing with them.

1.1 I would like you to tell me about your experience of hearing voices. How many voices do you hear? Do you hear other sounds as well? Do you see visions?

1.2 Can the sounds or voices also be heard by other people? Can you explain why?

1.3 Where are the voices coming from (where are they located)?

- In your head
- Through your ears
- Somewhere else within your body
- From somewhere outside your body

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

(How do you perceive your voices - as 'me' or 'not me'?)

- The voices are coming from within myself Yes/No
- The voices are coming from someone or something outside myself Yes/No
- Can you explain why or how?

1.5 Are you able to carry on a dialogue with the voices or communicate in any way with them?
Can you give an example?

2. CHARACTERISTICS OF THE VOICES

2.1 Do you hear one or more voices? How many?

Has it always been like this?

Has the number of voices ever changed?

Have the voices always been the same voices?

2.2 Can you tell me who the voices belong to? Have you given them names? What is their general theme? Is their tone negative or positive? How often do you hear them?

No.	Name	Age	Gender	Theme & Tone	Freq

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

3. PERSONAL HISTORY OF HEARING VOICES

3.1 Let us return to the time when you first started to hear voices. How old were you when you first started hearing each voice?

3.2 Can you describe for each voice the circumstances when you first heard them?

3.3 We have put together a list of difficult circumstances and situations that people might experience in their lives. Which of these life events have happened to you? At what age?

Circumstances	Y/N	Age	Year
Stressful changes			
Living on your own for the first time			
Moving, changing schools			
Attending college or other training			
Failing an exam or course			
Losing a job, being unemployed			
Change in job (including promotion)			
Retirement, being on disability			
A child leaving home			
Financial problems			
Illness or death			
Serious illness or injury			
Hospital admission			
Psychiatric hospital admission			
Death of close family member or intimate friend			
Death of cherished pet			
Serious illness of a loved one			
Confronted with suicide or suicide attempt of a loved one			

Circumstances	Y/N	Age	Year
Love and sexuality			
Divorce, breakup of an intimate relationship			
Reproductive problems, miscarriage, unwanted pregnancy			
Rejection in a relationship			
Severe tension in your home or in close relationship			
Sexual abuse or assault or domestic violence			
Infidelity or other unexpected changes in relationship			
Dealing with sexual minority status			
Religion, spirituality, mystic - cosmic experience			
Attending seance, satanic ritual, other spiritual event			
Problems within religious community or group			
Controlling or abusive religious ideas in family			
Other:			

3.4 Are any of these circumstances related to the fact that you began to hear voices? Or did these events change the nature of your voices? If so, could you describe how?

4. WHAT TRIGGERS THE VOICES?

4.1 Have you noticed whether the voices tend to be present when you take part in particular activities or in certain kinds of situations? Can you describe what these are? (For example, shopping, watching TV, cooking, being alone, etc?)

4.2 How do you feel when you are confronted with the situations that trigger voices?

4.3 Are there particular times (day, night, weekend, certain hours) when the voices are present or not present? Do you have ideas why?

4.4 Have you noticed whether the voices come from objects, like the TV? From which objects?

4.5 Have you noticed whether the voices are present when you feel certain emotions? Check the following list. Do they occur when you feel:

- | | |
|---|--|
| <input type="checkbox"/> insecurity | <input type="checkbox"/> doubt |
| <input type="checkbox"/> jealousy | <input type="checkbox"/> tiredness |
| <input type="checkbox"/> fear | <input type="checkbox"/> anger or aggression |
| <input type="checkbox"/> grief | <input type="checkbox"/> depression or sadness |
| <input type="checkbox"/> being in love | <input type="checkbox"/> loneliness |
| <input type="checkbox"/> your own sexual feelings | <input type="checkbox"/> the sexual feelings of others |
| <input type="checkbox"/> powerlessness | <input type="checkbox"/> happiness |

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, such as making you more or less depressed or more or less happy?

5. WHAT DO THE VOICES SAY?

5.1 Do you hear positive (friendly) voices?

What do they say? Please give an example of the exact words they use.

5.2 Do you hear negative (unfriendly) voices?

What do they say? Please give an example of the exact words they use.

5.3 Do the voices talk about specific subjects or people?

What do the voices say?

Do these subjects concern you as well?

6. HOW DO YOU EXPLAIN WHERE THE VOICES COME FROM?

6.1 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. We might not have the same ideas. Here we are interested in what you might think causes the voices and how you identify them.

The voices are from a living person: **Yes/No**

1. Someone who is part of your daily life?
2. Your parents or another family member?
3. Someone unknown to you?

The voices are from a deceased person: **Yes/No**

4. Someone who was very well known to you?
5. Someone unknown to you

And/or do you believe the voices are: **Yes/No**

6. Symptoms of an illness?
7. Parts of your personality (from your unconscious)?

The voices are: **Yes/No**

8. A good guide?
9. A ghost or someone reincarnated?
10. Gods, angels?
11. A good spirit?
12. A bad spirit or demon?
13. Another kind of entity?
14. Extraordinary perceptions, such as telepathy or channeling?
15. Come from the pain of other people around you?
16. Other ideas:

6.2 What is your interpretation of the origin of your voices?

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

I would like to ask what kind of effects the voices have on your way of life.

7.1 How are the voices trying to influence you? Please give examples.

1. They offer a solution to a problem:
2. They offer you advice and help you:
3. They describe what you do or think:
4. They comment on what you do or think or comment about the people you are dealing with:
5. They take over your thinking:
6. They swear at you or are very critical about what you are doing:
7. They forbid you to do the things you like to do:
8. They strengthen the feelings you have:
9. They strengthen the thoughts you are busy with:
10. They interrupt things you enjoy doing:
11. They interfere when you are talking to someone else:
12. They command you to do things:

How do the voices affect you? How do they accomplish this?

7.2 Are you happy with some of the voices? Why? Has this always been so?

7.3 Are you afraid of the voices? Why? Have they always scared you? Please give an example.

7.4 Do the voices disturb your daily activities? How do they do this? What are the effects? How powerless do the voices make you 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. BALANCE OF THE RELATIONSHIP

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

8.1 Are you able to influence the voices in any way? Please give an example.

8.2 Are you in control of the voices? Has this always been the case? Please describe how you affect or manage them:

8.3 Are you able to hold a conversation with the voices? Do you speak out loud or in your mind when you talk to them (or both)? How do the voices react? Have they always reacted in this way? How have they changed?

8.4 Do you ever call the voices names? In your head or out loud?

8.5 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 do?

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

8.7 Can you concentrate on the voices when they are present so that you now exactly what they are saying? Does this differ with each voice and each time? If so, why? Give an example.

8.8 When you hear the voices do you mainly concentrate on them or on what you are doing? does this differ with each voice and each time?

9. COPING STRATEGIES

We have just discussed your relationship with the voices. I would like to know what exactly you do when you hear the voices. If the answer to any of the following questions is yes, please tell me how many times you have tried this and what the effect has been.

COGNITIVE STRATEGIES

Yes/No

Effective?

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. Set limits or boundaries with the voices

BEHAVIOURAL STRATEGIES

Yes/No

Effective?

8. Start a distracting activity
9. Try to escape the voices
10. Telephone someone
11. Visit someone
12. Distract yourself
13. Write down what they say
14. Carry out rituals (such as . . .)

PHYSICAL STRATEGIES

Yes/No

Effective?

15. Relaxation exercises like yoga
16. Medication
17. Alcohol or drugs
18. Food

9.19 Which coping methods do you use most? How often do you use them? Do you use them systematically? If not, why?

9.20 What are the results of the strategies you use most?

9.21 What do you do if you are going into a situation that usually make your voices stronger?

9.22 In the past have you tried something that seemed to help? Why don't you use that strategy any more?

10. YOUR EXPERIENCE OF CHILDHOOD

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

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

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

10.3 As a child were you mistreated? How?

10.4 As a child, did you ever receive unusual punishments? (How were children disciplined in your family?)

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

10.6 Have you ever witnessed the maltreatment of another family member? Who?

10.7 Have you ever witnessed sexual abuse in the family or elsewhere? Who was involved?

10.8 Have you been touched in a way that made you uncomfortable?
Have you been in a situation where you were unable to resist or escape from?

11. YOUR MEDICAL HISTORY

11.1 We would like to know something about your medical history. 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? Did you find it helpful? What benefits did you receive?

History of hospitalization(s), medications, other treatments:

11.2 Did you talk to therapists or helping professionals about your voices?

11.3 What did they do about the voices?

11.4 Have you sought assistance from alternative or complementary health practitioners (such as acupuncture, herbal medicine, faith-based healing, bioenergetic therapy, past life therapy, etc.)? Was it useful?

12. YOUR SOCIAL NETWORK

Contact with other people is an important part of life. I would like to ask you to tell me about your relationships. Do they know about your voices? Can you talk with them about the voices?

	Name	Knows about the voices?	Can talk with about the voices?
1			
2			
3			
4			
5			
6			
7			

13. QUESTIONS

Are there any other things we have not discussed you want to talk about? Do you have questions? Is there anything else you want to add?