



CONSUMER UPDATE

Changes in positive and negative voice content in cognitive-behavioural therapy for distressing voices

What did we want to find out?

Hearing voices is a potentially distressing experience associated with a number of mental health diagnoses, and for some it may require therapeutic intervention. The effectiveness of psychological therapies for distressing voices has typically been evaluated in terms of voice severity and voice-related distress. Voice content, however, is a potentially valuable measure of treatment outcomes that has traditionally been overlooked by researchers. Negative voice content is experienced by the majority of voice hearers, and there is evidence to suggest that it may be a key contributor to voice-related distress and need for care. Negative voice content includes, but is not limited to, statements that are persecutory, abusive, derogatory, threatening and/or critical, or perceived as so due to personal context or the tone of the voice. This does not occur in isolation - voice hearers also commonly report hearing positive voice content. This may include content that is reassuring or guiding, and there is research to suggest it has potentially beneficial effects on aspects of wellbeing. This is the first known study to examine the changes in negative and positive voice content following a modular CBT intervention for distressing voices in a 'real-world' clinical setting. It is an opportunity to provide valuable insights into the development and goals of interventions for distressing voices, and the way in which practitioners assess their outcomes.

What was the treatment?

Cognitive Behavioural Therapy (CBT) is the current best practice when it comes to treating distressing voices. Participants engaged in treatment that consisted of two modules, each comprising of four therapy sessions. Module one focused on improving coping strategies and self-esteem, whilst module two involved cognitive therapy aimed at re-evaluating unhelpful beliefs about the self and the voices.

What were the outcomes?

- **Voice Content:** Overall, there was a small, but significant reduction in negative voice content. This reduction occurred in the second half of treatment, following module two, suggesting that cognitive therapy may be effective in reducing negative voice content. Coping strategy enhancement, however, may not influence negative voice content. Positive voice content did not change following either module of treatment, implying that it is not affected by CBT. These results also suggest that positive and negative voice content may need to be considered as separate constructs.
- **Voice Severity and Voice-Related Distress:** In line with existing literature, both voice severity and voice-related distress were reduced after the treatment. The majority of this reduction occurred earlier on, following the coping strategy enhancement module.

There are many future research directions to enhance the reduction in negative voice content and investigate ways to increase positive voice content. These would benefit from an improved overall understanding of negative and positive voice content – the psychological processes behind them, and the way in which they are defined and measured.

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Original report: Brand, R., Badcock, J. & Paulik, G. (2022). Changes in positive and negative voice content in cognitive-behavioural