Guided Self-Help for Psychosis
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Voices

Understanding Voices (Worksheet 1)

This work can be helpful because it:

- clarifies the experience and can make it understandable
- communicates that the mental health practitioner understands and is knowledgeable about these very confusing experiences
- can be used to normalise experience - ‘just because you hear voices doesn’t mean you are crazy’
- helps recognition - or at least entertain the possibility - that voices originate from the mind and makes doing something about them logical - like using coping strategies or taking medication.

Normalising can involve more detailed descriptions of instances where voices can be heard (see leaflet Understanding Voices). Discussing the similarity to dreaming (awake) or even a ‘living nightmare’ can be helpful.

Repetition or gentle reminding of the ‘reattribution’ sequence of questions is sometimes helpful as your sessions progress.

Often people are puzzled by voices and this provides the opportunity to explain and normalise them. Sometimes delusional reasons for voices are given which can then be explored in their own right. This doesn’t mean you are colluding with them and is very unlikely to make them worse.

Working with content of voices (Worksheet 2)

Following reattribution, discussion of the content of the voices naturally follows. So, enquire into what they say and who might be speaking - are they recognisable? Discussion of what is said then follows - if the person can tolerate discussing them. If not, simply discussing the broad nature of comments, e.g. critical, threatening or abusive, is usually sufficient to allow useful work to be done.

Take one specific comment e.g. ‘you’re useless’ and weigh up reasons why the person might think this true and then reasons against. Draw a simple conclusion at the end, e.g. ‘I’m doing my best’ which might be helpful to write down in a diary or card.

Check out the ways the person has used to cope with voices and reinforce those that work and discuss other possibilities (Worksheet 3).

Command hallucinations can be explored by examining the belief that the person always has to do what is said. The reasons for this may be their loudness, persistence and punishing nature - look with the patient for ways of coping, times they have resisted: ‘just because they are loud and keep at you doesn’t mean they are true’. In some ways they are like brainwashing and working towards reprogramming is appropriate.

Example

Jane had heard very abusive and critical voices from childhood which she was able to understand as related to traumatic experiences. She learnt that when they were particularly distressing responding firmly to them (‘I am a good person’) whilst looking in a mirror could help reduce their intensity.

Introduction

Simple problem solving and setting personal goals can be really useful in getting over problems. The steps are:

1. identify a problem to overcome or a goal to achieve
2. plan how to proceed
3. having a go at making it happen and
4. check whether it has been successful

If it hasn’t worked, discuss and see if you can plan together different ways to overcome the problems.

If this is proving unsuccessful because of psychotic symptoms, specific help with voices may be needed or with strong beliefs that are interfering. Techniques from cognitive behaviour therapy may be appropriate.

Assessment and formulation of the difficulties will be helpful in understanding and making sense of connections between past and present issues. (See Making sense sheet which is one way of putting relevant information together). Specific work can then follow.
Delusions

What’s going on? What’s the problem? (Worksheet 4)

Delusional ideas are managed in the first instance by ‘commonsense’ reasoning approaches. This involves getting a picture of what the beliefs are and how they began. Start with the most important belief and then move on to others, possibly at the next session. If this is becoming time-consuming, you may be able to guide the patient by asking specific questions or exploring the problem over 2 or 3 sessions. However getting the story in one ‘go’ even if you can’t get much else discussed is often most effective – though you can fill in detail later or pause halfway and return later when you can meet again.

Next step - assemble their reasons for believing what they believe. They may in the process come up with inconsistencies in their story but it is often better not to point them out - let them see them, themselves - early on in the therapy process. Later you may use an A-B-C formulation (see Worksheet 4) to clarify.

This helps develop an understanding relationship and may open a chink of doubt but rarely changes high conviction beliefs. These need further work.

You can then ask about the effects of the most troublesome beliefs, e.g. causing isolation, and discuss whether despite the belief, they can find ways to reduce distress and get on with their life. Even when these are grandiose, e.g. ‘I’m Frank Sinatra’, it can be possible to ask – why is this important to you? Or why is it important for others to accept that you are Frank Sinatra? The reasons, e.g. ‘I’d get respect’, are often ones you can work with, e.g. ‘how else would it be possible to get respect?’.

Example

Ian was convinced that his firm were engaged in a conspiracy against him. He spent time explaining why he believed this and whilst the belief remained, we agreed that a copy of his employment record would be requested from the firm as he wanted to find out what was said about him. In return, he stopped emailing and telephoning the police and his firm. He also started seeing a friend again and agreed to go on holiday with his family.

Delusions of reference (‘they keep talking about me’) and thought broadcasting (e.g. ‘they know what I’m thinking’) can be helped by testing out - in session: go for a walk and ask exactly when these occur and then discuss. Ask them to note similar specific times when these beliefs occur between sessions - ask a patient to write some of these down ideally, but at least remember and discuss next time (see leaflet on Understanding how others think). Focussing on such occurrences often reduces them simply by making patients observe them more closely.

Using an A-B-C formulation can be helpful in clarifying what are beliefs, events and consequences – it is then possible to look with the patient as to whether the belief, e.g. ‘they are all talking about me’ is warranted by the activating event, e.g. seeing someone talking or laughing in the street. (As you become familiar with using A-B-C, you’ll begin to find that other connections between events, thoughts, feelings and behaviour can be developed and linked to underlying beliefs and earlier experiences.)

Motivation

Has your get and and go got up and gone? (Worksheet 5)

Negative symptoms, especially poor motivation, are a major problem for many people with psychosis:

- Often paradoxically the person may have felt under pressure to do things, not been able to and given up. Empathise with them and their carers’ good intentions - talking about ‘getting back in control of your life’ can help. Reduce the pressure they feel and assist them in starting to do things at their own pace - and improve consistency.

- Set longer-term goals (i.e. 3-5 years). Examples given are often fairly vague, e.g. to get some friends and/or a job, but agreeing them can instil hope and guide recovery.

- Agree short term targets which are SMART with the emphasis on being achievable – e.g. getting to the local shop on Tuesday morning. [SMART – specific, measurable, achievable, realistic & timed] (Use a Target Sheet if it is helpful – develop targets in steps rising up from the base of sheet – tick off as achieved).

- Provide ways of managing the increase in anxiety, voices or ideas of reference that may come with increased activity and stimulation.

- Discuss with the doctor who is prescribing medication whether it can be reduced to levels where sedation and side effects are minimised in negotiation with the individual even if some increase in positive symptoms results.

- Enlist support, e.g. family members, and provide them with the rationale for working this way.

Example

Gareth was not functioning at college and was isolating himself. We agreed that he would stop trying to go to college and take a year off. I would explain this to his parents and we would spend the next few months working on his symptoms. He would relax and select activities that he enjoyed with the long-term goal of returning to college or getting a job and developing some friendships. By putting him back in control of his life, he was able to slowly work toward and eventually achieve his goals.
Worksheet 1: Understanding voices

This worksheet provides help with understanding the experience of hearing voices.

Do you hear voices when no one else is around or when no one seems to be talking?
Yes/No/Perhaps ..................................................................................................................................................................
[If not, this worksheet probably won’t apply to you.]

Does it sound like someone speaking to you as if in conversation?
Yes/No/Perhaps ..................................................................................................................................................................

Does it sound like someone shouting at you?
Yes/No/sometimes ............................................................................................................................................................

If you are unsure, do you hear sounds, e.g. mumbles or humming, which seem difficult to explain? Perhaps you can’t work out where they come from?
Yes/No/Perhaps ..................................................................................................................................................................
[Again, if not, this worksheet probably won’t apply to you.]

Is the experience distressing to you?
Yes/No/Sometimes ............................................................................................................................................................

Is it a problem in some other way to you?
Yes/No/Sometimes ............................................................................................................................................................

If so, how does it affect you? ..........................................................................................................................................

Can anybody else hear what is being said?
Yes/No/I don’t know ..........................................................................................................................................................

So not even parents, family or friends can hear it?
Yes/No/I don’t know ..........................................................................................................................................................
[If you don’t know, would it be worth checking with someone, e.g. a family member, friend or staff member?]

[If they can hear what you hear, can everybody else? If so, it doesn’t sound as if you are hearing voices & this worksheet is probably not relevant to you.]

Why do you think others say they can’t hear your voices?
● I’m not sure
● It is because they are spiritual voices
● It is because the voices are produced in some way by forces or people who want to harm me
● It is because they are caused by my mental health problems
● Some other reason .............................................................................................................................................................

If you want to understand more about voices, you might find the information Understanding Voices (p.20) helpful

There are a lot of circumstances in which people hear voices:
● When someone is going off to sleep or just waking up
● Dreams or nightmares are situations where you can hear people speak and see them without them being present – voices and visions may be like ‘dreaming awake’ or if distressing even, a ‘living nightmare’.
● Part of their cultural or spiritual experience, e.g. evangelical Christianity, spiritualist churches, many other religions.
● After a bereavement
● Sometimes they can be an ‘imaginary friend’
● When very stressed, e.g. after very traumatic experiences, sleep or sensory deprivation, hostages in war situations
● When using drugs like cocaine, amphetamines or cannabis.
Worksheet 2: Dealing with what voices say

What do the voices say to you?

- Pleasant things
- Unpleasant things
- Both good and bad things

Do you think what they say is true?

- Yes
- No
- Don’t know

Can you write down what the voice says:

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If not, is it just too bad to write down or say?

- Yes
- No

Even so, see if you can do the following exercise.

It can help to make a list of the reasons why what the voice says is true or false

**TRUE**

1. ..........................................................................................................................................................................................
2. ..........................................................................................................................................................................................
3. ..........................................................................................................................................................................................
4. ..........................................................................................................................................................................................
5. ..........................................................................................................................................................................................
6. ..........................................................................................................................................................................................

**FALSE**

1. ..........................................................................................................................................................................................
2. ..........................................................................................................................................................................................
3. ..........................................................................................................................................................................................
4. ..........................................................................................................................................................................................
5. ..........................................................................................................................................................................................
6. ..........................................................................................................................................................................................

On balance, what do you think? Are you trying your best? Is the voice being fair or unfair?

It can help sometimes to work out a simple statement like ‘I’m OK’, ‘I’m doing my best’ which can be helpful to say to yourself when the voices are getting you down.
Finding the best way for you is the key but it's certainly worth trying different methods if the ones you are using aren't working.

Are there some you might try?

Worksheet 3: Coping with voices

How do you cope with the voices?

- I can’t cope with them
- I do something to distract myself
- I talk back to them
- I do something else

There are a lot of different ways that voice-hearers have developed to help them cope

- Behavioural control e.g. relaxation, warm bath, go for walk
- Socialisation e.g. friends, day centres
- Medical care e.g. use of medication, calling your key worker or duty service
- Symptomatic behaviour – which means responding to voices and is really not helpful in the long-term although it can be understandable e.g. getting drunk or using drugs, punching policeman
- Cognitive control e.g. TV, music, crosswords, puzzles, computer games

Coping strategies

- Some people have found ways of managing their voices by developing a dialogue or conversation with them – learning to talk to them (if in private) or think things that can help, ‘you may say bad things to me, but I’m doing as well as I can’.
- Cursing or shouting at the voices – doesn’t usually work but being assertive and firm with them sometimes does.
- On the other hand, learning not to respond to them, in public particularly - just letting the voice ‘go’ can also be effective.
- Giving them specific times that they will listen to them
Worksheet 4: What’s going on? What’s the problem?

Why use this worksheet?

- It has probably been suggested to you because others do not understand your concerns, or disagree with you about something that is very important.
- It may help you to explain to others these important issues that matter to you.
- It may also help you work out what to do about them.

Do you want to write down what you strongly believe – know – is happening?

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Can you write down what the most important thing about your belief is...
in one sentence: [this will help you focus on the action that can be taken]

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Can you list the reasons why you are convinced that this belief is right?

1. ....................................................................................................................................................................................................
2. ....................................................................................................................................................................................................
3. ....................................................................................................................................................................................................
4. ....................................................................................................................................................................................................
5. ....................................................................................................................................................................................................

How sure are you about these reasons?

[Can you rate them out of 100? Put a number next to them above, e.g. 15 or 90]

What do you need to do about your belief? What can you do?

1. ....................................................................................................................................................................................................
2. ....................................................................................................................................................................................................
3. ....................................................................................................................................................................................................
4. ....................................................................................................................................................................................................
5. ....................................................................................................................................................................................................

Do you need any assistance?

Is there anything or anyone that could help?

1. ....................................................................................................................................................................................................
2. ....................................................................................................................................................................................................
3. ....................................................................................................................................................................................................
4. ....................................................................................................................................................................................................
5. ....................................................................................................................................................................................................

You might find an A-B-C box helpful in understanding things that upset or unsettle you:

<table>
<thead>
<tr>
<th>ACTIVATING EVENT (A)</th>
<th>BELIEF (B)</th>
<th>CONSEQUENCES (C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(What’s happened?)</td>
<td>(What does it seem to mean?)</td>
<td>(How does it affect you?)</td>
</tr>
</tbody>
</table>
Worksheet 5: Motivation

Has your ‘get up and go’ got up and gone?

Problems to do with stress and mental health problems can seriously affect what we do and how we do it. All areas of life can be influenced – work, relationships and study can be difficult to pursue when you feel distracted, have poor concentration, lack the will to do things or just feel completely exhausted.

While this happens to everybody at some time in their life, when it becomes a persistent problem going on for weeks or months, simply hoping it will get better isn’t good enough. Relationships can be affected because you don’t feel like talking or just can’t seem to get the words out.

It may be difficult to feel close to others when you’re distressed or just numbed. Interests in hobbies, sports, TV, music, going out, friends and other people may be affected and lead to a decrease in activities. This can mean getting increasingly isolated and even if you used to be reasonably sociable, you can get quite cut off and become socially withdrawn. Sometimes this can make life feel easier - less stressful - but in the long term can become dull, boring and depressing. These experiences are called ‘negative symptoms’ and can be very disabling - it doesn’t mean you are lazy. But it is very important initially to reduce feelings of stress and then start to set goals which are well within your capacity to do, with your mental health worker.

How much time do you think you will need to rest and recover? _______ mths/years

Once feeling more relaxed, what would be your first step to getting back to ‘normal’?

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(Don’t complete until you feel ready to do so – it might help to come back to this later).

Are you concerned that you may start to feel bad or stressed if you become more active? Yes/No

Are you worried that voices might get worse (Yes/No) or feelings that your thoughts are being read (Yes/No) or that people are talking about you (Yes/No)?

If these are worries that are interfering with progress, maybe you need to do some work on understanding these problems better and finding ways to cope with them before increasing your level of activity. It might still be worth preparing for that time though:

What interests have you had in the past when you were younger, e.g. at school?

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Are there any types of places you have ever liked going to? e.g. clubs, gigs, libraries, museums, football matches

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What are your longer-term goals, in 3-5 years?

Hobbies/leisure ............................................................................................................................................................................

Relationships ............................................................................................................................................................................

Living arrangements (e.g. live independently) ............................................................................................................................................................................

Work/study ............................................................................................................................................................................

Now you might want to go back and workout the first step – that is well within your capability - towards reaching these goals. It can often help to write these down and maybe use a target sheet (p.18). It can be a slow process.

BUT even though you can’t push yourself very hard - or anyone else - out of these ‘negative symptoms’, there is a lot you can patiently and gradually do.
<table>
<thead>
<tr>
<th>TARGET</th>
<th>DAY</th>
<th>1</th>
<th>2</th>
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<th>5</th>
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Target sheet
Understanding voices

The information in this leaflet has been useful to a number of people who are troubled by hearing voices. However some people hear voices and are quite happy with the experience – if you are one of these, the following may not be so relevant to you.

Hearing voices...

Hearing voices when nobody is around or at least when nobody seems to be saying the words you hear is quite common. Sometimes the things said seem to come from neighbours, TV, radio or people you pass in the street. Other times they can just seem to come out of the air.

They seem to be very real; they can be very loud. They may shout at you or sometimes just whisper. They can say all sorts of things. Sometimes the things said are not particularly upsetting but for most people they are worrying, threatening or abusive.

They may seem to be talking about you, even telling you what you are doing or thinking. This can be very puzzling, as it is difficult to understand how they can know such personal things. They can be particularly distressing when they are rude or abusive towards you. Sometimes they can swear or tell you to do awful things.

They can sound very convincing as if they have the power to make you do things, even when they are things you don’t want to do. It can be very difficult to work out where they are coming from. So it may be worth checking whether other people can hear the voices. If they can, they may be able to help you do something about them. Sometimes they can help you work out what or who is saying these things to you.

If they can’t hear them, you need to work out why that might be the case. It may be that they aren’t with you when the voices happen; see if you can tape record whatever it is you are hearing. Maybe the voices seem to be directed at you alone - only you can hear them. It’s worth trying to work out why that might be and talk about it with someone like a nurse, psychologist, spiritual adviser or doctor, who might be able to help. Sometimes it is caused by things happening to you: see the list of ‘where voices come from’.

Voices may seem to be coming from behind you, through the walls even through loudspeakers. Or although it can be very difficult to believe at times, voices that nobody else can hear are sometimes misinterpretations of other sounds or your own thoughts sounding as if they are spoken aloud. That doesn’t mean that the voices sound like your own voice, they may be memories of someone else’s voice or voices you don’t recognise. It may be a man’s voice or a woman’s voice. Just like in dreams you can hear people speaking, so voices can be thoughts aloud. Memories of other people speaking or of a tune in your head are examples of sounds you can sometimes quite vividly recall.

It is important to understand that voices cannot make you do anything. Thinking that they can’t control you, might make the voices feel worse initially. But if they are from your mind, it is up to you whether you act on what they say – in other words what you are thinking. But do get support if they seem overwhelming.

There are a variety of ways in which you can lessen the effect of voices or learn to cope with them better.

Where do voices come from?

Voices can occur in lots of different situations:

● when you have a very high temperature and with other physical illnesses
● severe states of deprivation, e.g. in a desert without water
● with illnesses like severe depression or schizophrenia
● when seriously deprived of stimulation, e.g. under conditions of sensory deprivation,
● In very stressful circumstances in hostage situations
● very stressful events like violent attacks, accidents or intimidation can sometimes imprint themselves on someone’s mind as voices

Studying in the USA have shown that 4-5% of the population hears voices at any one time

What can you do about voices?

The following are methods which have been useful at some time or other to people distressed by voices. Some may not be useful to you, but others may...

● switch on the radio
● listen to music (maybe use headphones)
● have a warm bath
● talk to a friend
● go for a walk
● read a newspaper or magazine
● make a cup of tea
● try some vigorous exercise
● just relax - use whatever method of unwinding that works for you
● keep a diary so that you can work out when the voices come on and what starts them off: then you might be able to work out ways of dealing with them
● some people talk about ‘developing a relationship with their voices’ which can help – asking them why they are saying what they say
● maybe talk with, or better, ask in your mind why they are distressing you — what right do they have to invade your privacy?
● if they say you are bad, see if you can discuss it with them—talking about your good points also
● some people have found it helpful to allocate a certain time in the day to listen to the voices and then get on with their life at other times.

● if they tell you to do something you don’t want to do, question them—explain that you don’t deserve to be told to do such things and you want to take control of your own life

● perhaps talk with a doctor about how medication might help with the voices

● talk with a nurse, doctor or psychologist about ways of understanding the voices and developing other coping methods

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**Supernatural or religious voices**

The voice can seem like it comes from God or Satan, some supernatural source or even aliens of some sort. If it does you might want to talk over with someone like a therapist, psychologist, doctor, why you think that is where it comes from. Has it said that to you itself? Well, is that reason to believe it? Would God say such unpleasant things? Satan (if you believe he exists) might but are you maybe jumping to conclusions that because the things said are so evil that it must be from an evil source - like the devil. Such evil voices can occur as a result of being depressed or the effects of drugs like speed & cocaine. If you do have religious belief, you may find additional help through discussion with your spiritual adviser.


Website: http://www.emotionalwellbeing.southcentral.nhs.uk/conditions/psychosis

Also in some countries, *Hearing Voices Groups* have been set up which can be a rich source of support & information.

Professor David Kingdon
University of Southampton
4-12 Terminus Terrace
Southampton
S017 3DT
Email: dgk@soton.ac.uk

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Understanding what others think

Thoughts can sometimes be quite confusing: sometimes this can lead to misunderstandings about the way people communicate or refer to each other. The following might be useful to you if you’re feeling confused in this way

**Can you read other people’s thoughts or they read yours?**

Over the years, many people have tried to work out whether it is possible for one person to read someone else’s mind or to get them to think what the person themselves is thinking. In some ways it would be quite convenient not to have to say things and just think them to each other. There have been some instances where twins or brothers or sisters have believed that they have been aware when, for example, the other has had an accident or fallen ill, even when they have been a long way away.

People use the term ‘telepathy’ to describe this and quite a lot of people have some belief that some forms of telepathy occur. Scientists tried to test this in the 1950’s and 1960’s by using experiments. They got volunteers who would sit in one room and try to transmit a thought to someone in the next room. For example, they would look at a playing card drawn from a pack and the person in the other room would try to imagine which card they were holding. Or a set of cards with shapes or colours on them were used. The results of these experiments were not dramatic - in some cases, it seemed that the guesses were right more often than would be expected by chance but in most the results did not prove that telepathy was possible.

Of course, there are some people who believe that they have a particular ability to read other people’s minds, for example, mediums and some spiritualists. If you ask them to read a particular person’s mind, they won’t usually do so, so there is not much evidence that they can do what they actually say. Some will be tricksters, others seem to genuinely believe what they say. It is as well to have an open mind but also a reasonable one.

You may feel yourself that you have this power. If you have, does it mean that you think you can read anybody’s mind? If so, perhaps it would be worth checking this out with a close relative, friend, therapist, nurse or doctor. Thoughts can work in quite mysterious ways. They are essential to our existence but can sometimes be confusing. Have you ever had the feeling that you know exactly what someone else is thinking? It may be that something they did, which might have seemed like a sign to you, is the convincing factor.

Perhaps they said something that you are sure, they could only know if they read your thoughts. It may just be that you don’t feel that you need anything to back up your belief, you just know it to be true.

On the other hand, you might be sure that someone else seems to know just what you have been thinking about. Sometimes it can be embarrassing because the thoughts you had were violent or sexual. Maybe you looked up and saw them watching you and that convinced you.

Try to work out what evidence you have that they can actually know your thoughts. As we said earlier, there is not a lot of evidence to support the belief that people can read each other’s thoughts. And there is no evidence that someone can broadcast their thoughts to people around them, even though you can sometimes be absolutely convinced that that is happening. Nor is there evidence that thoughts can be put into your mind or taken out by other people.

Talk with a health worker. See if you can test it out, if you’re not convinced. When you are feeling very sensitive, these sorts of beliefs can develop and worry you. They are really an unfortunate diversion from dealing with practical and emotional problems you may have.

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Brain scans of people who hear voices have shown that when the voices are active, there is brain activity in the are that normally indicates that they are speaking. It does therefore seem that voices, at least in the people scanned is literally ‘inner speech’.
Research about thought broadcasting and reference.

The feeling that you are being referred to when that is not taking place is quite common. But when it becomes a fixed belief that doesn’t seem to be based on good evidence, it can be distressing and seriously interfere with living. Cognitive behavioural therapy uses discussion of such beliefs to understand them better and perhaps put them into context so that things are not, inappropriately, taken personally. The information on this site has been carefully researched and results of randomised controlled studies in ‘treatment-resistant schizophrenia’ have recently been published showing the effectiveness of cognitive-behavioural techniques.


Professor David Kingdon
Department of Psychiatry
Royal South Hants Hospital
Southampton, UK
SO17 0YG
Email: dkj@soton.ac.uk

How can the TV, music or radio refer to you?

The TV, radio and music form an important part of most people’s lives. They provide relaxation and information but sometimes the things they seem to be saying can seem to become just too personal.

It can seem like the TV presenter, for example, is saying things which must refer to you and you alone. He or she seems to know things about you that are personal and which you may have thought nobody else knew about. They may seem to refer to you by name. It can be very convincing and loud. Certain programmes seem particularly likely to cause problems, the News has been shown to be one, but documentaries and programmes like EastEnders or Frazier can also have the same effect.

Words in songs may seem to be directly related to what you are thinking in an uncanny way. It can be hard to believe that they can be intended for anyone but you alone.

When this happens, it can be worth just checking with someone who is with you — if anyone is with you — if they heard anything strange. Perhaps ask, for example, ‘I thought I heard my name called, did you hear it?’

It is worth noting down what times of day and which programmes seem to be related to the problem, or note what is said about you, or what is being said as part of the song. If it is a song or you’ve got a video of the programme, going over it with a therapist, nurse, doctor or somebody you get on with, may help you work out what is happening.

Of course, sometimes people are referred to on TV, etc, when they’ve done something that is newsworthy but it is also possible that thoughts may have got muddled, things misheard or voices caused the problem. If voices might be the problem, you might want to look at ‘Understanding voices’ another leaflet in this series.

Having constant references to you can be very disconcerting, particularly when the references are critical or abusive as they often seem to be when you are under pressure or depressed, you can be very sensitive to things happening and this can be very confusing. It can mean you can be oversensitive. After all, why should people on the TV or radio refer to you? What could you possibly have done that could deserve that? It can help to talk these fears and concerns out with other people. Although it is best to talk about them to people who can help, they might just puzzle strangers. It is worth working out what may help.

And strangers?

When you are walking in the street or any public place, sometimes it can seem that people are talking about you or laughing at you. This can be very upsetting and worrying and even stop you going out. Because they look at you and then talk or laugh, it may seem reasonable to assume that they are referring to you. But they may just be thinking about other things — why is it that you think they are referring to you? If you were dressed or behaving strangely they might but if not, why?

When you are feeling stressed, you can be very sensitive—over-sensitive—and sometimes these beliefs can develop out of that.

Coping with ideas of reference or thought broadcasting

- keep a diary to note when it happens (your therapist can give you one);
- discuss your diary with your family, good friend or health worker;
- unless it is too distressing or your health worker suggests it, don’t stop watching TV, or going out, etc. This just limits your life;
- why should it/they refer to you? Talk to your health worker, family or good friends about any possible reasons;
- medication may help, talk with a doctor about it.
## Making sense

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