

MASTER'S THESIS

Voice hearing among Chinese people with schizophrenia in Hong Kong

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**Voice Hearing among Chinese People with Schizophrenia
in Hong Kong**

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**A thesis submitted in partial fulfillment of the requirements
for the degree of
Master of Philosophy**

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Abstract

The present study is an exploratory study investigating voice hearing among Chinese people with schizophrenia in Hong Kong. Through in-depth interviews with nine persons with schizophrenia, the meaning of the voices, factors affecting their voice hearing and the strategies used to cope with voice hearing were explored.

It was found that most of the voices were intelligible to the respondents. Some voices were congruent with their personal development and privacy. The content of the voices were related to traditional cultural beliefs and the prevailing social context. The voices had a negative impact on the respondents' mood, behavior, work, finance, family relationship and social life, though their influence on the hearers depended on the characteristics, content and frequency of the voices.

The respondents lacked insight into the factors affecting their voice hearing. Apart from causes of their voice hearing, the respondents were able to share their views on their predisposing life history, precipitating elements of voice hearing, and the social and cultural context. For most respondents, voice hearing is a coping strategy used against the frustrations and failures they have experienced in their lives.

The respondents had a limited number of effective personal strategies to cope with the voices. These strategies were not applied systematically. Factors affecting the hearers' successful coping strategies include gratification of their unfulfilled needs, self-defeating attitude towards the use of coping strategies and non-compliance to drug. The most important attitude for successfully coping with voice hearing was to accept to co-exist with the voices.

This study has some implications for social work practice in the mental health field. Formulation of treatment programs for voice hearers, enhancement of training for social workers working with voice hearers, and community education are essential for helping hearers cope with their voice hearing.

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