A retrospective case study of the thematic content of psychotic experiences in a first episode psychosis population

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Abstract:

Background. Historically, the content of psychotic experiences has tended to be of little importance to biological psychiatry, with hallucinations and delusions being seen as symptoms of mental illness rather than meaningful experiences or responses to life circumstances.

Aims. This study aims to explore the thematic content of psychotic phenomena in a sample of clients with a first episode of psychosis.

Methods. The electronic medical records of 160 services users of two Early Intervention for Psychosis Services were comprehensively reviewed. A thematic analysis was used to explore the thematic content of psychotic symptoms recorded by healthcare professionals.

Results. The results illustrate 30 themes and 85 sub-themes. This includes delusional beliefs (e.g. “being harmed, attacked or killed”, “being monitored or followed by others”, “special powers or abilities”) and hallucinations (e.g. “commanding voice”, “derogatory/critical voice”, “commentary”).

Conclusions. The results illustrate the extensive and varied experience of psychosis within this sample. Based on the findings of this study, it is hoped that future research studies and mental health services will attend to the meaning and content of psychotic experiences.

Keywords:

Psychosis, schizophrenia, retrospective case study, content, experience, thematic analysis

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The data that support the findings of this study are available from the corresponding author upon reasonable request.

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Introduction

Historically, the content of psychotic experiences has been of little importance to biological psychiatry, with hallucinations and delusions seen as symptoms of mental illness (Bentall, 2005; Read & Dillon, 2013) and delusions described as "meaningless speech acts" (Berrios, 1991). However, there is an increasing focus in research endeavours and clinical settings on the personal relevance of the thematic content of psychotic symptoms.

There is an emerging evidence base which has qualitatively explored the content of psychotic symptoms. In a review of 100 clinical cases, Corsten and Longden (2013) reported that prevalent themes of auditory hallucinations include hearing negative and malicious voices, which criticise, command or threaten the hearer. Several studies have demonstrated significant heterogeneity in the phenomenology of auditory hallucinations (Beavan & Read, 2010; Haarmans, Vass & Bentall, 2016; McCarthy-Jones et al., 2015), leading to proposals that auditory hallucinations can be classified under five subtypes: hypervigilance; autobiographical memory; inner speech; epileptic and deafferentation (McCarthy-Jones et al., 2014).

Similarly, qualitative studies have explored thematic content of delusional beliefs. Interpretive phenomenological analysis has been employed to generate a typology of themes within delusional content. This revealed 34 themes corresponding to the domains of negative self, negative interaction, special self, identity and relationships,

specific mental experience, and entities (Rhodes, Jakes & Robinson, 2005). Themes of persecution, grandiosity, religion, guilt and love have consistently been found and have been posited as universal to all delusional beliefs (Kiran & Chaudhury, 2009; Stompe, Ortwein-Swoboda, Ritter & Schanda, 2003).

Qualitative research has also demonstrated that delusional content has personal relevance for service users, with a statistically significant association found between themes of a person's life goals and themes of their delusions (Jakes, Rhodes & Issa, 2009). It has been proposed that individuals experience psychotic symptoms that make psychological sense in the context of life events, and which can be formulated to embody underlying emotional conflicts such as low self-worth, anger, shame and guilt (Corstens & Longden, 2013).

The significance of thematic content of psychotic experiences is most developed in relation to trauma. Several studies have demonstrated that the content of psychotic symptoms is related to adverse life experiences (Bentall et al., 2014; Falukozi & Addington, 2012; Read & Argyle, 1999; Reiff, Castille, Muenzenmaier, & Link, 2012). Pivotal research by Romme and Escher (1989) suggested that 70% of voice hearers have experienced trauma which they connect with their voices. These findings have been replicated by studies which estimate that half of psychotic symptoms either directly or indirectly relate to histories of abuse, including themes of humiliation, intrusiveness, guilt, threat and fear (Read & Argyle, 1999; Hardy et al., 2005; Reiff,

Castille, Muenzenmaier & Link, 2012). Differences in thematic content have also been observed across a range of adverse childhood events. For example, survivors of physical abuse reported perceiving an everyday world of aggression and contempt by others, pervasive mistrust, and feeling isolated (Rhodes & Healey, 2017). Contrastingly, themes reported by survivors of sexual abuse included condemnation by external entities and topics of sexual abuse (Rhodes, O'Neill & Nel, 2018).

Assessing and understanding the content of psychotic experiences has important clinical implications, with voice content predictive of emotional distress and contact with mental health services (Beavan & Read, 2010). Anecdotal reports consistently describe the value of making sense of psychotic experiences as part of recovery (British Psychological Society, BPS, 2017). Qualitative studies exploring key components of psychological therapies highlight that service users and therapists value the process of understanding the onset of psychotic symptoms including how this links to life events (Berry & Hayward, 2011; Wood, Burke & Morrison, 2013). As such, it has been suggested that treatment should include a greater focus on addressing past experiences and linking them to psychotic symptom content in order to make symptoms less frightening and more understandable (Catone et al., 2016).

As psychotic symptoms often persist after treatment, it has been proposed that interventions could be better tailored according to symptoms presentation (including phenomenology and content), therefore increasing treatment efficacy (McCarthy-

Jones et al., 2015). It has been proposed that, for example, if a person is presenting with auditory hallucinations closely related to a traumatic memory, they may benefit from techniques traditionally associated with posttraumatic stress disorder, such as trauma-based CBT or eye movement desensitization and reprocessing (McCarthy-Jones et al., 2014).

Despite this recent increased focus on content, feedback from service users suggests that mental health professionals often fail to consider the content and meaning of psychotic episodes (BPS, 2017).

Aims of the current study

This study aims to explore the thematic content of psychotic symptoms in a sample of service users with a first episode of psychosis. This study aims to explore the themes within service users' psychotic experiences as directly reported in their electronic medical records.

Method

Study design

The current study utilised a retrospective case study design. The electronic medical records of 160 users of Early Intervention for Psychosis Services (EIPS) between 2012 and 2017 were comprehensively reviewed, using the Clinical Record Interactive Search System (CRIS). CRIS is software which removes identifying information from pre-existing electronic medical records. It then produces a de-identified database that can be accessed by researchers, allowing access to service users' pre-existing electronic records which have been entirely anonymised.

Ethical approval

The study was approved by the NHS Health Research Authority (IRAS ID 229787) and the collaborating NHS Trust's Research and Development Department. The study was also registered with the ClinPsyD sub-group of School Research Degrees Sub-Committee at the university at which the first author was undertaking their doctoral training. As this study was limited to using pre-existing, non-identifiable data provided by CRIS, a research database already approved by a Research Ethics Committee (REC), a full ethical review by a REC was not required.

Confidentiality and consent

No patient identifiable information was used in this study. Data was collected

exclusively from CRIS, with all identifying information removed. As no service users were contacted to directly participate in the research project, consent was not obtained.

Participants

The sample comprised 160 participants referred to one of two EIPS in London. As service users of EIPS, all participants had undergone a multidisciplinary assessment which concluded that they had experienced a first episode of psychosis (FEP) within the past 3 years, for which they had not received any antipsychotic treatment. Eligibility assessments were completed by community mental health nurses, psychiatrists and psychologists within the team.

Inclusion and exclusion criteria

Clients must have had a comprehensive eligibility assessment completed and recorded on referral to the service, to ensure that there was sufficient information for analysis. This assessment included details of presenting problems, mental health history, family history and background. Individuals who communicated via an interpreter were excluded from the study due to the risk of interpretation impacting on disclosures of psychotic experiences.

Procedure

Healthcare professionals' reports in the 'Progress Notes' section of electronic medical records were comprehensively reviewed for all participants. 'Progress Notes' included

all routine notes from all professional groups in a service user's care. Qualitative data pertaining to symptom presentation was collected, with all entries copied verbatim into an electronic data collection sheet.

Approach to analysis

The current study employed Braun and Clark's (2006) approach to thematic analysis. Due to the exploratory nature of the study, an inductive analysis was employed. This permitted analysis of the data without conforming to existing frameworks.

Following data collection and familiarisation with the data, initial codes were generated. A total of 2,306 individual codes were extracted from the qualitative data obtained from electronic medical records. Codes were sorted into themes by grouping similar codes, with the aim of making connections between codes and forming broader themes. More specific sub-themes were created under general themes. This phase continued until all codes were allocated to themes and sub-themes. After an initial set was established, a process of reviewing, naming and defining the themes and sub-themes was conducted. Where codes did not form a coherent pattern within a theme or sub-theme, their position was reviewed. Themes that had fewer than five extracts associated with them were collapsed into broader themes or discarded. Themes with large numbers of extracts were considered for splitting into further sub-themes. Themes and sub-themes were then labelled to capture the essence of each, and detailed definitions created.

Inter-rater reliability

The initial 30 themes and 85 sub-themes were provided to the second author, together with their definitions and a list of 230 codes. This included one extract associated with each sub-theme and theme, plus a random selection of 115 extracts. The second author allocated each extract to the theme and/or sub-theme they felt most appropriate. Once basic errors were removed (e.g. typographical errors and codes entered in error), authors' allocations of themes and sub-themes matched at a rate of 85.3%. Several amendments were then made based on discussion of discrepancies between the allocations. For example, the title and definition of the subtheme "monitored by authorities, police or government organisations" was amended to include "people in authority" to account for different interpretation of an extract. Similarly, a subtheme titled "imposters" was amended to "people are not who they seem" to more fully account for the range of participants' experiences. Additional subthemes were created including "inanimate noises" as a subtheme of the theme "hearing noises".

It was noted that the majority of discrepancies were caused by a failure to allocate extracts to multiple themes or subthemes. Therefore, the thematic analysis was reviewed once more paying specific attention to multiple allocations of codes.

Results

Participant characteristics

The sample comprised 160 people under the care of two EIPS, as detailed in Table 1. The diagnostic profile was reflective of FEP populations (Conrad et al., 2014), including diagnoses of 'paranoid schizophrenia' and 'acute and transient psychotic disorder'. Within this sample, 24% did not have a diagnosis listed. This is consistent with the approach of diagnostic uncertainty employed in EIPS (Baird et al., 2012).

Themes of delusional beliefs

Delusional beliefs were recorded in the electronic medical records of 143 participants (89.4%). Results demonstrate an extensive range of delusional themes, presented in Table 2. Due to the large number of themes and sub-themes identified, only a small selection will be explored in more detail.

The most commonly recorded delusional theme was that of "being harmed, attacked or killed". This theme was recorded for 88 participants (55%) and comprised six sub-themes including the belief that they would be poisoned, harmed by black magic or curse, their home would be broken into, their belonging would be stolen, or that people would harm their family members. For example:

People are trying to harm her [P127]

Someone will put rat poison in her food [P64]

People from his community have done black magic on him [P1]

People have been trying to break into the house at night [P4]

The theme of "being monitored or followed by others" was experienced by 77 participants (48.1%). This theme comprised five sub-themes including the belief that they were being monitored by electronic devices or by authorities, police or government agencies, or followed by others. For example:

People are watching him when he is out in public [P4]

Neighbours are spying on her [P130]

There are surveillance cameras in his smoke alarm and television [P101]

Police are running covert surveillance of him [P101]

Another commonly reported theme was that of "being talked/laughed about or looked at". This was reported by 48 participants (30.0%). For example:

People are talking about him [P4]

People are laughing at him behind his back [P33]

People in public places laugh at her [P47]

People are staring at him [P29]

The theme "distrust of mental health services or treatment" was reported by 30 participants (18.8%). This comprised two subthemes: mistrust of staff and mistrust of medication. For example:

Mental health staff are out to hurt him [P90]

Nurses wanted to hurt her [P58]

Medication is affecting the iron levels in his blood which is causing him to feel weak [P120]

She is being poisoned by Quetiapine [P134]

Less commonly recorded was the theme of things not being real. This theme included sub-themes of people not being who they seem or a belief that everything is a movie, game or simulation. This theme was recorded 15 participants (9.4%). Examples include:

His mother is not his real mother [P10]

Actors are pretending to be nurses, doctors [P67]

His life is like the Matrix and he could prove who he really is via telephone [P9]

He lives in the "Truman Show" [P99]

Subject of delusional belief

The perceived subject of delusional beliefs were included in the electronic records for 93 participants (58.1%), as detailed in Table 3. The most commonly recorded subject was mental health staff, with 26 participants' beliefs (16.3%) relating to mental health staff. For example:

Mental health staff are out to hurt him [P90]

Nurses wanted to hurt her [P58]

The ward doctor was controlling her via a computer [P53]

Actors are pretending to be nurses, doctors [P67]

Other commonly reported subjects included family members, which was recorded in the notes of 24 participants (15.0%). For example:

Family are plotting against him [P38]

Family members were out to destroy her and get her locked up [P75]

His mother lives in Buckingham palace [P40]

The Devil, demons or spirits were cited as the subject of delusions in the notes 23 participants (14.4%). For example:

A lot of people, including the Devil, have plotted for him to be admitted in hospital [P10]

She was possessed as a child and taken over as a baby by the demon [P63]

Demons communicate to him through animals such as when dogs are barking [P7]

He has a demon inside him [P85]

Themes of hallucinations

Hallucinations were recorded for 129 participants (80.63%), as detailed in Table 4. The most commonly reported theme of hallucinations was that of a "commanding voice". This included experiences of being commanded to harm or kill self, or to harm or kill others. This theme was experienced by 83 participants (51.9%). For example:

Voice told him to smash a window [P12]

Voice tells him to harm himself [P30]

Voices tell him to hurt other people [P28]

Voices telling to kill her partner [P80]

The second most commonly reported auditory hallucination was that of a "derogatory or critical voice", which was reported by 58 participants (36.3%). This theme included comments of being worthless, unwanted, unloved, evil or bad, or pertaining to their sexuality, intelligence or actions. For example:

Voices telling her "no one loves you" [P124]

Voices say "you're thick" [P103]

Voices call her ugly [P143]

Voices comment on things that she does e.g. "that's rubbish" [P80]

Another commonly reported hallucinatory theme was "visual hallucinations". Visual hallucinations were reported by 68 participants (42.5%). This theme comprised nine subthemes including hallucinations of people or faces; family members; shadows or figures; religious figures; animals or insects; distorted images; lights, shapes or colours; and death or blood. For example:

Saw face of his [deceased] grandad on the wall [P4]

Seeing a bird flying [P8]

Images of objects which become warped [P4]

Seeing flashing lights [P100]

Another commonly reported theme was that of "hearing noises", which was reported by 34 participants (21.3%). This theme involved hearing non-verbal noises and included subthemes of inanimate noises; crying or screaming; whispering or mumbling; or laughter. For example:

Hears footsteps up the stairs [P115]

Hears tap dripping [P115]

Hearing a buzzing sound [P45]

Hears babies crying [P1]

Less commonly experienced were "positive voices". Positive voices were reported by 26 participants (16.3%) including voices that were reassuring or encouraging, or voices that offered protection from negative voices. For example:

Sometimes voices say nice things about her [P149]

Friendly voice providing him with comfort and advice [P6]

Hears his father's voice talking to him reassuringly telling him that everything is going to be alright [P20]

Good voices telling her not to listen to the bad voices [P70]

Subject of hallucination

The perceived subject of hallucinations was recorded for 76 participants (47.5%), as detailed in Table 5. The most commonly reported subject was that of an unknown person – the subject of the hallucinatory experience could not be specifically identified by 26 participants (15.0%). However, 15 participants (9.4%) reported that their hallucinatory experience was related to family members. For example:

Voices are of her family who want her and her husband dead [P64]

Sister's voice making derogatory comments about her [P140]

Voice of her grandfather is reassuring [P151]

Hears derogatory comments from her mother [P159]

Another commonly reported subject was God, recorded for 14 participants (8.8%). For example:

God had told him that Olanzapine would cause him cancer [P120]

Hearing God talking to him [P39]

Voice of God told him not to take drugs [P113]

Heard God's voice giving her instructions [P42]

Celebrities or fictional characters were cited as the subject of hallucinatory experiences by 6 participants (3.8%). For example:

Voice of Roger [Moore] stops him from doing what the other voices say [P108]

He has heard Teresa May's voice [P40]

Voices of characters from Lord of the Rings [P11]

Used to hear Osama Bin laden before he died [P41]

Discussion

This study explored the thematic content of psychotic experiences reported by 160 users of EIPS. The results illustrate the extensive and varied experience of psychosis which, in this sample, encompassed 30 themes and 85 sub-themes.

The thematic content of delusions observed in the current study complements those outlined in previous research. Delusions of persecution are considered by many the most common delusion (e.g. Mitropoulos et al., 2015). The belief of being harmed, attacked or killed was reported by 88% of the present sample, making it the most common theme. Themes of conspiracy, monitoring, religion, delusional relationship, pregnancy, and guilt were all also observed in the current study, consistent with previous research (Mitropoulos et al., 2015; Kiran & Chaudhury, 2009). Though the present study did not seek to condense thematic content into over-arching themes, it can be conceptualised that the delusions observed are consistent with the proposed universal themes of persecution, grandiosity, guilt, religion, hypochondria, jealousy and love (Stompe et al., 2003).

The thematic content of hallucinations observed in the current study is also consistent with previous research. Corsten and Longden (2013) reported that the most prevalent themes include hearing negative and malicious voices, which criticise, command or threaten the hearer. Less frequently experienced are positive or supportive voices, voices in a foreign language and voices related to spiritual frameworks. In the present

study, a commanding voice was the most commonly reported hallucination, experienced by 51.9% of the sample. This was closely followed by derogatory or critical voices, experienced by 36.3% of the sample. Positive and supportive voices, or voices in foreign languages, were reported by fewer participants.

The current findings enhance previous research by exploring themes and sub-themes in more extensive detail. One consequence of this was that thematic content emerged that might be considered culturally-based or time-specific. The high prevalence of persecutory and paranoid beliefs is well documented for those experiencing psychosis. However, the present study demonstrated a specific subsection of participants who reported beliefs that they were being monitored or followed via electronic devices. The presence of these delusions might provide some evidence for the variability of psychotic symptoms across time, including the sensitivity of delusions to culture.

The current findings also further existing research by highlighting the interpersonal nature of the thematic content documented in psychotic symptoms. The subject of delusional beliefs and hallucinations were reported in 58.1% and 47.5% of the sample respectively. This equates to roughly half of the current sample reporting psychotic experiences in direct relation to others, for example holding a belief that a neighbour was conspiring against them or hearing the voice of a deceased family member. Of particular note, 18.8% of the sample reported delusional content focussed on mistrust

of mental health services, with mental health professionals positioned as the primary subject of the delusion for 16.3%.

Clinical implications

Results suggest that there is significant variability in the experience of psychosis. The number of themes and sub-themes that emerged from the thematic analysis suggests that psychosis has a complex and varied presentation. However, current clinical practice continues to place a limited emphasis on the meaning of individuals' psychotic symptoms. The data collection process for this study highlighted that there were instances where the content of psychotic symptoms was not recorded at all, despite growing evidence that the content of psychotic experiences is personally meaningful (Beavan, Read, & Cartwright, 2011; Geekie & Read, 2009; Mitropoulos et al., 2015).

It is recommended that the content of psychotic symptoms is assessed and recorded during routine clinical care in order to promote better understanding and recovery. It is recommended that healthcare professionals routinely ask service users about the nature and form of their psychotic experiences, as well as any significance this might have for them.

In line with previous recommendations by researchers (e.g. Rhodes & Healey, 2016) the current findings emphasise the importance of offering therapy for interpersonal

difficulties including the long-term effects of trauma. Given that many of the themes outlined in the current study are of an interpersonal nature, it is recommended that the content of psychotic symptoms, and their meaning, is a focus of treatment. This may be in the form of psychological therapy, including exploration of the developmental, social and psychological factors that contribute to the development of psychotic symptoms (Close & Garety, 1998; Freeman et al., 1998; Morrison, 2001). The efficacy of psychological interventions may be improved by targeting interventions based on psychotic symptom content and phenomenology (McCarthy-Jones, 2014). Individuals with psychosis are also likely to benefit from interventions drawing on the principles of the Hearing Voices Movement, which highlights the relevance of life experiences in the development of psychosis (Corstens, Longden, McCarthy-Jones, Waddingham & Thomas, 2014; Romme & Escher, 1989).

Strengths and limitations of the study

The present study was strengthened by the use of a moderately large sample (n=160) to explore psychotic symptom thematic content, as well as an innovative methodology which allowed a more detailed and direct understanding of individuals' experience of psychosis.

However, the study's reliance on electronic medical records also had disadvantages. Recording the symptom content based on medical records meant that the data collected was subject to biases at two stages. Firstly, at the point of mental health staff

learning about the experiences, for example if participants chose not to disclose their experiences to staff. Secondly, there may have been failures of recording experiences, where time-pressured mental health staff may not have recorded all the content disclosed to them. As such, it is assumed that not all relevant content was recorded, and therefore available for analysis.

A further limitation is that data analysis was subject to bias. An inductive approach to thematic analysis was used, with the aim of remaining independent from the author's prior knowledge of pre-existing classifications of psychotic symptoms. However, the results of the thematic analysis were evidently driven by the pre-existing concepts of hallucinations and delusions. The authors note that there may have been alternative ways of conceptualising service users' experiences, particularly for those whose experiences cross the boundaries of hallucinations and delusions, or those who experience additional psychotic symptoms such as thought disorder. The risk of bias in data analysis was reduced by employing an inter-rater reliability check. However, the robustness of this measure could have been increased by including more than one rater and auditor.

Future research

Results illustrate the extensive and varied experience of psychosis and support an argument that future research should attend to the meaning and content of psychotic

experiences. Future research might replicate the current study in a range of countries and across different cultures (Fernando, 2003; Taitimu, Read & McIntosh, 2017), using similar retrospective case report analysis or in-depth interviews.

Conclusion

This study aimed to explore the thematic content of psychotic symptoms in a first episode psychosis population. The results illustrate the extensive and varied experience of psychosis within this sample. Based on the findings of this study, it is hoped that future research studies and mental health services will attend to the meaning and content of psychotic experiences.

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Table 1. Participant characteristics

Characteristic	Total	Male	Female
Gender	160	80	80
Age at entry to service M (SD)	23.74 (5.57)	23.07 (5.43)	24.41 (5.68)
Ethnic background N (%)			
White – British/ English/ Irish/ Other	84 (52.50)	42 (52.50)	42 (52.50)
Black or Black British – African/ Caribbean/ Other	50 (31.25)	26 (32.50)	24 (30.00)
Asian or Asian British – Pakistani/ Indian/ Bangladeshi/ Other	17 (10.63)	8 (10.00)	9 (11.25)
Mixed ethnicity	1 (0.63)	0 (0.00)	1 (1.25)
Any other ethnicity	7 (4.38)	1 (1.25)	6 (7.50)
Not listed	4 (2.50)	3 (3.75)	1 (1.25)
Diagnosis N (%)			
Not listed	47 (29.38)	22 (27.50)	25 (31.25)
Mental and behavioural disorder due to substance use	22 (13.75)	16 (20.00)	6 (7.50)
Paranoid schizophrenia/ schizophrenia unspecified	18 (11.25)	12 (15.00)	6 (7.50)
Unspecified nonorganic psychosis	24 (15.00)	10 (12.50)	14 (17.50)
Mania with psychotic symptoms	8 (5.00)	6 (7.50)	2 (2.50)
Acute and transient psychotic disorder	10 (6.25)	4 (5.00)	6 (7.50)
Non-psychotic diagnosis	12 (7.50)	4 (5.00)	8 (10.00)
Other nonorganic psychotic disorders	3 (1.88)	2 (2.50)	1 (1.25)
Acute polymorphic psychotic disorder	3 (1.88)	1 (1.25)	2 (2.50)
Other acute and transient psychotic disorders	2 (1.25)	1 (1.25)	1 (1.25)
Schizoaffective disorder	5 (3.13)	1 (1.25)	4 (5.00)
Severe depressive episode with psychotic symptoms	5 (3.13)	1 (1.25)	4 (5.00)
Puerperal mental disorder, unspecified	1 (0.63)	0 (0.00)	1(1.25)

Table 2. Frequency of delusional themes

THEME/ Subtheme	Total	%
BEING HARMED, ATTACKED OR KILLED	**88**	**55.0**
Being harmed, attacked or killed (non-specific)	66	41.3
Poison	12	7.5
Black magic/ curse	14	8.8
Break in/ intruders	20	12.5
Theft	7	4.4
People harming family members	21	13.1
BEING MONITORED OR FOLLOWED BY OTHERS	**77**	**48.1**
Being monitored or followed by others (non-specific)	47	29.4
Monitored by known people	14	8.8
Monitored by electronic devices	33	20.6
Monitored by authorities, police or government organisations	10	6.3
Followed by others	27	16.9
BEING TALKED/ LAUGHED ABOUT OR LOOKED AT	**48**	**30.0**
People talking about them	36	22.5
People laughing about them	10	6.3
People looking at them	19	11.9
RECEIVING MESSAGES OR SIGNS	**45**	**28.1**
Signs/ connections	13	8.1
Messages	35	21.9
BODY IS CHANGED OR DAMAGED	**40**	**25.0**
Body is changed or damaged (non-specific)	19	11.9
Genitals/ sexual organs	7	4.4
Objects inserted/ removed from body	9	5.6
Pregnancy	10	6.3
Dirty or malodorous	6	3.8
CONSPIRACY	**37**	**23.1**
Conspiracy (non-specific)	18	11.3
Family conspiring against them	17	10.6
Authorities, police or government organisations conspiring against them	8	5.0
Conspiracy with mental health services	8	5.0
SPECIAL POWERS OR ABILITIES	**33**	**20.6**
Special powers or abilities (non-specific)	26	16.3
Telepathy or advanced communication/ understanding	12	7.5
RELIGIOUS	**33**	**20.6**
Demons/ devil/ evil spirit	19	11.9
Prophecy	12	7.5
Divine mission	10	6.3
In communication with God	14	8.8

POSSESSION OR CONTROL	**32**	**20.0**
Possession or control (non-specific)	10	6.3
Thoughts are being controlled	9	5.6
Actions are being controlled	12	7.5
Known person is controlling them	6	3.8
Organisation is controlling them	5	3.1
Devil, demon or spirit is controlling them	5	3.1
DISTRUST OF MENTAL HEALTH SERVICES/ TREATMENT	**30**	**18.8**
Mental health staff	22	13.8
Medication	10	6.3
SUCCESSFUL/ POWERFUL/ IMPORTANT	**24**	**15.0**
Successful/ powerful/ important (non-specific)	8	5.0
Achievement/ wealth	8	5.0
Position of power/ influence	20	12.5
Connection to royalty	6	3.8
SOMETHING BAD IS GOING TO HAPPEN	**19**	**11.9**
Something bad is going to happen (non-specific)	7	4.4
Large-scale disaster	5	3.1
Impending death	7	4.4
THINGS ARE NOT REAL	**15**	**9.4**
People are not who they seem	10	6.3
Everything is a movie/ game/ simulation	5	3.1
RELATIONSHIPS	**12**	**7.5**
Unfaithfulness	5	3.1
Delusional relationship	7	4.4
GUILT	**9**	**5.6**

Table 3. Subject of delusional belief

SUBJECT OF DELUSIONAL BELIEF	93	58.1
Mental health staff	26	16.3
Family	24	15.0
Devil/ demon/ spirit	23	14.4
Neighbours/ flatmates	19	11.9
Authorities, police or government organisations	19	11.9
Parents	17	10.6
Miscellaneous	14	8.8
Partner/ ex-partner	10	6.3
Friends	7	4.4
Colleagues	5	3.1

Table 4. Frequency of themes of hallucinations

THEME/ Subtheme	Total	%
COMMANDING VOICE	**83**	**51.9**
Commanding voice (non-specific)	47	29.4
To kill/ harm self	49	30.6
To kill/ harm others	38	23.8
VISUAL HALLUCINATIONS	**68**	**42.5**
Visual hallucinations (non-specific)	14	8.8
People or faces	30	18.8
Family members	12	7.5
Shadows or figures	19	11.9
Religious figures	10	6.3
Animals/ insects	10	6.3
Distorted images	5	3.1
Lights/ shapes/ colours	6	3.8
Death/ blood	5	3.1
DEROGATORY/CRITICAL VOICE	**58**	**36.3**
Derogatory/critical voice (non-specific)	38	23.8
Worthless/ unwanted/ unloved	9	5.6
Stupid	6	3.8
Sexuality	5	3.1
Appearance	7	4.4
Evil/ bad	9	5.6
Actions	9	5.6
THREATENING/ WARNING VOICE	**35**	**21.9**
Threatening/ warning voice (non-specific)	8	5.0
Threat to harm them	9	5.6
Threat to harm others	5	3.1
Threat related to voices	6	3.8
Warnings/ reminders	20	12.5
HEARING NOISES	**34**	**21.3**
Hearing noises (non-specific)	10	6.3
Inanimate noises	10	6.3
Crying/ screaming	5	3.1
Whispering/ mumbling	9	5.6
Laughter	11	6.9
A POSITIVE VOICE	**26**	**16.3**
A positive voice (non-specific)	19	11.9
Reassuring/ encouraging	7	4.4
Protection from negative voices	6	3.8
TACTILE HALLUCINATIONS	**26**	**16.3**
Animals/ insects	11	6.9

Being touched	12	7.5
Vibrations/ itching/ burning	9	5.6
VOICES TALKING TO EACH OTHER	**22**	**13.8**
Talking about them	14	8.8
Talking/ arguing amongst themselves	13	8.1
COMMENTARY	**15**	**9.4**
A VOICE CALLING THEIR NAME	**12**	**7.5**
ALTERED TASTE OR SMELL	**11**	**6.9**
FEELING A PRESENCE/ SPIRIT	**7**	**4.4**
VOICES IN ANOTHER LANGUAGE	**6**	**3.8**

Table 5. Subject of hallucination

SUBJECT OF HALLUCINATION	76	47.5
An unknown person	24	15.0
Miscellaneous	18	11.3
Family	15	9.4
God	14	8.8
Parent	9	5.6
Friend/ partner	9	5.6
A named voice	9	5.6
Celebrity/ fictional character	6	3.8