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Spanish adaptation of the Varieties of Inner Speech Questionnaire (VISQ). Study of the relationship between inner speech, dissociation, and hallucination proneness



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ABSTRACT

Inner speech is a familiar experience for us but, in general, few systematic studies have been done on the subject. Recent studies have included this phenomenon in the development of auditory hallucinations. The purpose of this article is to propose and validate the Spanish version of the Varieties of Inner Speech Questionnaire (VISQ), to which we have added a new factor called Dialogues with Self-Positions in Inner Speech. It is further intended to test the relationship between this scale, dissociation, and proneness to hallucinations. For this purpose, 318 students completed the VISQ, plus a dissociation scale and another one for hallucination proneness. The results show the scale's good psychometric reliability and validity. Dissociation was found to mediate between the VISQ scale and hallucination proneness. The implications for hallucination models and future lines of research are discussed.

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Adaptación al español del *Varieties of Inner Speech Questionnaire* (VIQS). Estudio de la relación entre diálogo interno, disociación y propensión a las alucinaciones

RESUMEN

El habla interna [inner speech] es una experiencia familiar para nosotros pero que ha sido en general poco estudiada de manera sistemática. Recientes estudios han incluido este fenómeno en el desarrollo de las alucinaciones auditivas. En el presente artículo se pretende revisar y validar la escala Varieties of Inner Speech Questionnaire (VISQ) en castellano, añadiendo además una quinta escala denominada Posiciones del Yo en el Lenguaje Interno. Además, se pretende comprobar la relación entre las diferentes escalas, la disociación y la propensión a las alucinaciones verbales. Para ello 318 estudiantes completaron la VISQ-R más una medida de disociación y otra de propensión a las alucinaciones. Los resultados muestran unas buenas propiedades psicométricas de fiabilidad y validez en la escala VISQ-R. Los modelos de mediación, por su parte, indican un papel de mediación de las medidas de disociación entre todas las escalas del VISQ-R menos el lenguaje interno dialógico y la propensión a las alucinaciones verbales. Se discuten las implicaciones para los modelos de las alucinaciones verbales y futuras líneas de investigación.

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The phenomenon of inner speech is familiar to us all. It is a type of experience which constitutes and characterizes thought. When we think, we talk to ourselves. Plato, for example, in the *Theaetetus* (Plato, 1987), said that thought is "...a discourse that the mind carries on with itself" (Plato, 198e), so when people think, "they are just conversing and they themselves suggest the questions and answers, sometimes agreeing and others denying" (Plato, 190a).

Our own daily experience shows how internal speech is also present in the form of dialogue. When, for example, we think about a problem, we can take the point of view of another and we can anticipate an answer. After a meeting at work in which we participated actively, we may continue the discussion in our minds and imagine answers we did not propose at the time. These are examples of how internal speech is present in our daily lives. Psychology research has also provided data about it. Since the pioneering work by Piaget (1962) and Vygotsky (1987) on egocentric speech, empirical studies have been done on inner speech and self-regulation (e.g., Fernyhough & Fradley, 2005), on their neurological correlates (e.g., Ehrich, 2006), and on inner speech impairments and auditory verbal hallucinations (Fernyhough, 2004). In all of them, the importance of inner speech as a mediator in psychological processes is emphasized. One common element in all those lines of research is understanding inner speech as talking silently to oneself. As such, it is a specific type of verbal practice which is far from the typical interaction between partners in a conversation, because in this case there is only one partner performing both the roles of speaker and listener at the same time.

As already emphasized by Vygotsky (1987), this particular way of talking to oneself has a dialogic quality. This author suggested that inner speech represents the end point of an evolutionary process in which external discourse is gradually internalized as a form of verbal thought. As demonstrated in other studies (e.g., Wertsch, 1980), inner speech reflects the dialogic structure of verbal interpersonal exchanges. Therefore, mental dialogue may be an internal version of interactions between perspectives that occur between individuals in the social world.

In this study we were interested in the important implications that the study of inner speech has for understanding auditory hallucinations. From this point of view, inner speech is understood to be the basis of auditory verbal hallucinations (AVHs). Recently, Perona-Garcelán, Pérez-Álvarez, García-Montes, and Cangas (2015), in the framework of the Dialogic Self Theory (Hermans, 2014), proposed that AVHs are in themselves dialogic experiences. From this viewpoint, the self is considered a complex experience made up of the interiorization of the values and perspectives of reality with which a person is confronted during his life. This author calls the interiorization of these perspectives self-positions (Hermans, 2014). The self, from this approach, is made up of all those self-positions which interact with each other from an integrated position which provides coherence to the person's psychological world.

In the proposal by Perona-Garcelán et al. (2015), the relationship a person maintains with his/her voices is the core facet of AVHs. For these authors, the voices in themselves have pragmatic, dialogic properties (Leudar, Thomas, McNally, & Glinski, 1997), and persons who have this type of experiences relate to their voices in a manner similar to what they do in their settings (Hayward, Berry, McCarthy-Jones, Strauss, & Thomas, 2013). From this perspective, AVHs are caused by the different self-positions that make up the person's self at any given time, becoming dissociated from each other in such a way that they are experienced as "significant others." Therefore, the phenomenology of inner speech would provide body to the hallucinatory experience, in which inner dialogues among the self-positions would be experienced as voices.

In recent years several methods have been developed to study inner speech: questionnaires (Morin, Uttl, & Hamper, 2011) and

experience sampling (Hurlburt, Heavey, & Kelsey, 2013). However, few have included any of Vygotsky's phenomenological characteristics, such as dialogicity, condensation, or the function of self-regulation of inner speech (Alderson-Day et al., 2014). The only questionnaire for this purpose is the Varieties of Inner Speech Questionnaire (VISQ) by McCarthy-Jones and Fernyhough (2011). The VISQ is a scale which measures inner speech in four dimensions: (i) dialogicity, the communicative and conversational quality of inner speech; (ii) condensation, or the extent to which inner speech is syntactically and semantically abbreviated; (iii) evaluative/motivational inner speech, such as saying "I should do this" to oneself; and (iv) the presence of other people's voices in inner speech. The English version shows good construct reliability and validity.

McCarthy-Jones and Fernyhough (2011) showed that the "evaluative/motivational inner speech" and "the presence of other people's voices in inner speech" factors were positively associated with anxiety. Proneness to Auditory Hallucinations was also positively correlated with Dialogic Inner Speech. In a later study, Alderson-Day et al. (2014), in a sample of healthy subjects, found that the VISQ factor "evaluative/motivational inner speech" was associated with low self-esteem and more frequent dissociative experiences. Using a structural equation model, they found that dissociation mediated between specific components of inner speech (evaluative and other people in inner speech) and proneness to auditory hallucinations.

The purposes of our study were first, to adapt the VISQ scale to Spanish, including another variety of inner speech which we call "Dialogue with self-positions in inner speech." From our viewpoint, the VISO defines the different factors that make it up depending on the person's relationship with himself. The "Dialogic Inner Speech" and "Evaluative/Motivational Inner Speech" factor items, for example, refer to the neutral dialogic relationship (in the first case) and affectively loaded dialogue (in the second) of the person with himself. But it does not include another form of inner dialogue: the person conversing with other people in his imagination, in which he takes the initiative. We think the VISQ factor which includes the presence of "Other people in Inner Speech" does not span the phenomenological characteristics of the type of variety of inner speech we are proposing. Careful reading of the items for this factor proposed by McCarthy-Jones and Fernyhough (2011) reveals that it does not express this relationship of dialogue with the "other inside", but limits the person to listening passively to that other. This dimension is more like the one proposed by Hurlburt et al. (2013) called inner hearing.

In the second place, we systematically replicated the study by Alderson-Day et al. (2014) to examine the relationship of the various VISQ factors in the Spanish version, including this new factor, with dissociation and proneness to hallucinations in healthy subjects. Starting out from the model by Perona-Garcelán et al. (2015), we hypothesized that the dissociation variable mediates between the dialogic varieties of inner speech and hallucination proneness. However, this mediation will not occur in the relationship between condensed inner speech and hallucination proneness.

Method

Participants

The original sample was comprised of 318 students at the University of Seville School of Psychology. Participants were sent a request by e-mail to participate in the study, offering them an academic incentive for doing so. The answers were given anonymously, and students only filled in their sociodemographic data and an informed consent for participating in the study. In the end,

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