

# Recovery with voices outside psychiatry

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# 50 people who hear voices

- ◆ They greatly suffered from their voices.
- ◆ They recovered from their distress with their voices.
- ◆ They took their lives in their own hands again.
- ◆ They recovered outside the traditional psychiatric care
  - ◆ 27 of them got a diagnosis of schizophrenia.

# Causes related to hearing voices

- ◆ Sexual abuse 18 (3 + phys.abuse)
- ◆ Emotional neglect 11 (3 + sex. abuse)
- ◆ Adolescent problems 6
- ◆ High stress 4
- ◆ Being Bullied 2
- ◆ Physical abuse 2
- ◆ Not clear 7

Total 50

# In Psychiatry

What they got

they did not need

What they needed

they did not get

# What do they get in psychiatry:

Jacqui:

“ I knew that what had happened to me as a child was the root cause of my distress.

To my astonishment the psychiatrists that I tried to tell, either denied my experience or told me that I would never, ever recover from what had happened.

They told me that I had an illness. I was mentally ill. I was expected to be the passive recipient of treatment for a disorder I had and medication was the only option to me, but that actually, I would never really get better anyway.

No one ever asked me what I thought might help.

The fact that I listened to my voices was evidence of my illness. “

# What did they need to recover:

- 1 Meeting some one who takes interest in the voice hearer as a person: giving hope.
- 2 Meeting people who accept the voices as being real; but also accepting the voices oneself as ones reality.
- 3 Making Sense or Recognising the personal aspects of your voices.
- 4 Changing the power structure between you and your voices.
- 5 Making choices.
- 6 Changing the relationship with the voices.
- 7 Recognising once own emotions and accept them.

# Some one who takes interest in the voice hearer as a person: giving hope.

## Eleanor :

- ♦ “I went back to Bradford and my new psychiatrist was Pat Bracken and that was a massive help. The very first time I met him he said to me:

“Hi, Eleanor nice to meet you. Can you tell me a bit about yourself?”

So I just looked at him and said:

“ I’m Eleanor and I’m a schizophrenic”.

And in his quit, Irish voice he said something very powerful:

“I don’t want to know what other people have told you about yourself, I want to know about you”.

It was the first time that I had been given the chance to see myself, not as this genetically determined schizophrenic. He was so much more humane than that”.

# Meeting people who accept the voices as real: accepting the voices yourself.

- ◆ Ron:

“Anne Walton a fellow voice hearer, who at my first hearing voices group, asked me if I heard voices. When I replied that I did, **she told me that they were real.**

It does not sound like much but that one sentence has been a compass for me showing me the direction I needed to travel and underpinning my belief in the recovering process”.

# **Making Sense:**

**Recognising the personal aspects. Discovering relationships with ones life history.**

**Daan:**

**“I thought I was bad because the voices called me all sort of names. Later I realized that the voices were related to the physical abuse because they have the characteristics of those who abused me. When I realised that, the voices became more or less intruding depending on the situation I was in.**

**The voices become bad when there are conflicts in the house. So they are a kind of mirror of my living situation”.**

# Changing the power structure between you and the voices.

Eleanor:

“I realized that the fear I felt had created this vicious circle of avoidance and isolation. I tentatively began to test out what the voice claimed. One night he said.

“I want you to cut off your toe and if you don't I'll kill your family.”

It was the hardest thing I've ever had to do, but I said ‘ just do it’ .

It was a terrible night, but nothing happened. I realized the voice had not much power”.

# Making Choices

Debra lives in New Zealand. She was a adopted child and criticized by her foster parents of being worthless and defective. has been emotionally neglected. After finishing school she became increasingly anxious to mixing with others. She stayed in her for 18 years, only leaving it in the most exceptional circumstances.

Debra:

” I decided I needed to take the risk of inviting real people into my world and cautiously and clumsily this became **my new quest**.

I eventually got to the stage where I began to venture out from my home I continued my education, went to university made friends and gained employment. “

# Changing the relationship with your voices

Ami:

“My relationship with my voices changed when I learned to see them as a signal of my problems and I learned to react positive to them.

When they said to me:

**“look at her what a disaster”**

I looked in the mirror and thought they are right:

**“I should dress more properly”.**

From a negative influence it became a stimulus”.

# Recognising once own emotions and accept them

## ◆ Jeanette

“Because of the tolerance of my therapist(psychiatrist) I learned that emotions of anger and grief were my emotions and they may be there”. He said:

“I would have also been angry when what has happened to you would have happened with me. How is it possible that you are angry and I don't see anything”?

I became conscious that I hardly knew who I was. “Who I am, are my voices, I did not know who I was I didn't know what my feelings were, what was from the voices and what from others”.

And later I discovered:”The girl that lay there that was me. At last I had been able to feel the pain; I had felt at the time. The death agony I had was me. I felt my body again without missing a piece of it. I had to recognize myself and specially accept myself”.

# Reasons why with H.V. recovery is **not** possible inside Psychiatry

- ◆ In psychiatry hearing voice means having Schizophrenia
- ◆ The message one then gets is one of :
  - ◆ **No hope and a life long illness**
- ◆ One is treated as a passive victim of pathology
- ◆ Once own capacities to recover are set aside.
- ◆ All other problems are denied or not listened to.
- ◆ Inability to accept people's experience, denying personal aspects.
- ◆ Medication only with many harmful consequences.

# Examples of negative conditions in traditional psychiatry

## THE NO HOPE CONDITION

Stewart:

" I was only 15. I got a diagnosis of schizophrenia and different professionals nurses, social workers; psychologists and psychiatrists all gave the same sort of message, time and time again that my prospects for the future were not great. I shouldn't have expectations about school, work or having relationships.

# The passive victim approach

Audrey:

“In one week I had two appointments. The Tuesday they told me that I had manic depression and on the Thursday they told me it was schizophrenia.

These are complete bizarre words. How do you know to combat that? What are you supposed to do. It was very frightening and I felt such hopelessness.”

# The dominance of the diagnosis and the H.V. experience over all other problems

Johny:

"I first heard voices at the age of 15, during the summer school holidays. I felt no control over the voices. Due to my dyslexia and slight speech impairment I had been extensively bullied at school.

Over the next few years I became an alcoholic. When drunk I had a little respite from the voices. I was admitted to the local psychiatric hospital and was treated for my alcoholism and depression. I did not tell about my voices. During my third admission I finally told a student nurse about the voices.

My diagnosis was quickly altered to that of schizophrenia and I was heavily medicated, with no result on my voices. The only result in ten years was that I became more and more socially isolated"

# Harmful consequences of medication only

Antje:

”when I think about all the years in psychiatry I have the impression that every time I was dismissed and went back to normal life there was this reduction of possibilities in my life”.

# Social drawbacks of a diagnosis of schizophrenia

Frans is diagnosed with paranoid schizophrenia.  
He works already for 20 years as an IT specialist.

Frans: " I am confronted with a number of consequences":

- ◆ At annual work assessments a report from the psychiatrist is needed.
- ◆ When I tell the doctor at my work about my voices I am approached as under aged and a report is asked from a psychiatrist.
- ◆ With financial transactions the costs of insurances become higher.
- ◆ To become self employed I get the same problems with health insurance.
- ◆ The diagnosis is kept as a life long reality.
- ◆ No psychotherapy is given, but
- ◆ the advice not to take children.

# Conclusion

- ◆ The traditional psychiatric system does not fit the patient's needs and inhibits the development.
- ◆ Everyday Mental health workers just do the wrong things every day again.

# What needs to be changed in practice ?

- ◆ If not abolished 'Schizophrenia' should not be used automatically with voice hearers.
- ◆ It should be acknowledged that H.V. is mostly related to traumatic experience and the voice hearers distorted emotions as a consequence.
- ◆ Psychiatrist should not express scientific nonsense like:
  - ◆ the chronicity myth
  - ◆ no hope to recover.
- ◆ Medication as the only and primarily indicated treatment helpful to suppress the voices

# What principles needs to be changed

- ◆ Psychiatrists should take up their original role: helping people to cope with their emotions and problems.
- ◆ Psychiatrists should be interested in exploring the background of the mental health problems they meet. Not being afraid of the emotions involved.
- ◆ Psychiatry and psychology should acknowledge that H.V are in it selves not signs of illnesses, but signals of problems and emotions people cannot cope with.