

Wellness Tools

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R E C O V E R Y

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How to manage distressing voices

This booklet has been designed in response to a request by mental health staff to know more about alternative help for people who are unhappy with their voices. The work has been collated from the archive of voice hearers that I have interviewed and worked with for some years as part of my research (1997-2002) with Dr. Ivan Leudar and Dr. Phil Thomas. I believe that this collection of coping strategies could be useful for anybody who hears voices that they find distressful, and for people who have just started hearing voices and want to hear something about them. I have not included extracts from interviews because I want the booklet to be copied to give out to voice hearers so I have cut out anything that is not, likewise I have left out academic references, of which there are many in this area. This booklet is not intended to extend academic knowledge but to disseminate what I hope will be practical and useful advice. Any feedback, comments or requests for more references should be sent to:

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What are voices?

Quite literally voices are a kind of language. They are a type of private language that can be experienced as words, feelings or thoughts. They often consist of words or sentences and are heard as spoken. This way of looking at voices is not the usual way. It is more usual that voices are classed as a symptom of mental illness, although it hasn't always been this way and indeed in certain places still voices are seen as positive religious and spiritual experiences. Voices can guide, they can comfort, they can support, but at times they can also threaten, bully, or criticise the voice hearers.

Who hears voices?

Anybody can hear voices. Me, you, saints (St Paul, St Theresa de Avila), religious leaders (George Fox founder of the Quakers, Ghandi, Mohammad, Moses), scientists (Galileo), philosophers (Socrates), artists (William Blake), musicians (Shumann), writers (John Milton) and plenty more. In fact, historically we find that many of the world religions were founded on the basis of voice hearing experiences Christianity, Judaism and Islam, for example.

Contrary to popular belief there do exist a variety of voice experiences that psychiatry does not recognise as symptoms of mental illness. These include hallucinations on going to sleep or waking, hallucinations following trauma, isolation, torture, sleep deprivation or anxiety, hypnotic hallucinations and hallucinations due to psychoactive drug use.

Many people will hear a 'hallucinatory' voice in their lifetime. Unfortunately, due to the way in which these experiences are viewed as 'symptoms' of 'illnesses' it is quite understandable that people don't come forward and offer these experiences openly. Research suggests that many 'normal' people hear voices at the rate of between 4-30% of the general population, going up to 40% of college students, my own research conducted with Dr. Leudar at the University of Manchester suggests that the rate may be even higher. Freud himself reported that:

'During the days when I was living in a foreign city I was a young man at the time, I quite often heard my name suddenly called by an unmistakable and believed voice; I then noted down the exact moment of the hallucination and made conscious enquiry at home about what had happened at the time. Nothing had happened.'

Perhaps by addressing the positive findings of research, and putting particular pressure on the media to begin fair reporting on issues of mental health we can start to turn around the prejudiced views. In the mean time however the most important thing is to attend to people who are unhappy right now as a result of their voices.

Voices and Medication

The use of neuroleptic medications in psychiatry can eliminate voices and is useful in some cases where patients want their voices alleviated or eliminated. They can also be useful on a temporary basis to give a patient more opportunity to put in place coping strategies for when they come off the medication. There can be unpleasant effects of these medications and they are limited in their effectiveness.

1 If a psychiatric patient hears voices this may well be a symptom of their illness, but they are also susceptible, as we all are, to other voice hearing experiences. These might include stressful life events, trauma, hearing voices on going to sleep or waking, as a normal healthy part of the bereavement process. In medical thinking these voice-hearing experiences are not symptoms of psychiatry, however it is often assumed that any voice heard by a psychiatric patient is directly related to their illness.

2 Not all voices are bad. It is quite common for a person to hear more than one voice. In these circumstances the person may hear one or two distressing voices but perhaps a couple more supportive, friendly or advisory voices. These voices, for these people constitute a part of their private, owned inner self and taking these away can have an adverse effect.

3 Repressing voices may actually increase the problem, if distressful voices are a way of expressing built in stress following trauma, abuse or suffering, then there is an argument for dealing with these as symptoms of other life problems. Eliminating the voices could result in other expressions of the problem. A more useful approach may be to try to manage or cope with the voices in such a way it could be possible to address the life issues as well as the voices.

Identifying factors in your voice hearing experiences

Hearing voices is a private experience. Coping with distressful voices is then also a private experience. The strategies outlined in this booklet come from people who hear voices. They are suggestions only; there are no fail-safe strategies that we can give. It is hoped that you will use the questions to identify some of the characteristics of your voice hearing experience that will help you to choose which strategies to try.

Questions to help identify aspects of the voice hearing experience

- 1 When do you hear voices?
- 2 Where do you hear voices?
- 3 Are they associated with a particular person, place or event?
- 4 Are your voices associated with your mood or well-being?
- 5 Are there any factors that you can identify with the voice that relate to how hostile/negative or supportive/positive the voices are?

Sometimes people are not aware of the answers to the above questions. In such cases it might be useful to take notes on the voices for a week or so in order to be able to answer the questions and familiarise yourself with the voices. You may find that you have to try a few strategies before you find something that works for you. You might find that a combination of the strategies is more effective than just one.

Coping strategies

Ability to have control over your voices is central to the strategies listed below. All too often people who hear distressful voices feel confused and powerless, passive victims of a voice. This associated with the social stigma that makes it difficult to talk about their feelings produces isolating fearful conditions that begin to work in a circular fashion. For instance if someone who hears distressing voices that are intense and relentless it is likely that they will become less socially, outwardly involved, turning in to deal with their voices. This can result in people not coping in work, with their families and friends. Over time people become more introverted and loose daily social structures. People often find themselves for days without really going out and meeting people. Isolation however is one of the strongest conditions for voice hearing and other hallucinations in 'normal' people. This is obviously heightened if people are already susceptible and vulnerable to such experiences. What we need to do then, is break out of the circular trap, put in place appointments, dates, meetings, responsibilities to force ourselves to function as we would do normally and be able to put in place some of the strategies to start imposing some order on what otherwise is a perplexing, bewildering experience.

The strategies that will be covered in this booklet have been collected from a number of interviews that I have conducted as part of on going research into hearing voices. They are not new techniques, but they are tried and tested by other people in the same boat. There are plenty of well documented coping strategies already available in various books:

- *Accepting Voices By Marius Romme and Sandra Escher, 1993, Mind publications*
- *Hearing Voices a common human Experience, John Watkins, 1988, Hill of content*
- *Recovery an alien concept Ron Coleman, 1999, Handsell publishing.*

The aim of this booklet is to make a small user manual of coping strategies that can be distributed more easily and to a wider audience the strategies that have worked for other voice hearers.

Any coping strategy for voices has to be considered in terms of your whole life. It is clear that voices are part of a growing, evolving, developing human life and as such they need to be addressed in light of this. Holistic therapies concern the well being of the whole person and it is necessary that we look after ourselves physically, mentally, spiritually, and intellectually. When learning to cope with or manage distressful voices this is super important.

Talking

Talking to a caring, supportive friend or relative is the most powerful thing we can do when we are upset, scared or feeling alone. Just getting things off our chests can make us feel much better and they say a problem shared is a problem halved. As mentioned though, there are few people who really understand and don't have prejudices about hearing voices experiences. If people don't have someone that they can turn to, or feel that they are not ready yet to talk, or perhaps want to talk but don't know where to start, a diary might help to order your experiences.

Diary

A diary can be used in a variety of ways. An individual can record the factual details of their voice hearing experience, their emotional responses and feelings or a combination of both. For instance, one could record the context, date, time and content of the voice. Then a short note on what they did in response, how they felt and what happened next. A diary can function in a number of ways for voice hearers

- 1 A diary can be used to record voice-hearing events for personal use. Sometimes people are not ready to talk to others about their experiences and just want to keep a private, personal record of what they are experiencing.

- 2 When people write in a diary, they can find that they are releasing feelings and worries that would otherwise be locked up inside. The process of writing is a skill that will develop in time and in itself may even be a process of focusing attention and concentrating, few people experience voices in such intense moments.
- 3 It can indicate ordered patterns of voice hearing experiences, perhaps one might find that they only ever hear the voice in moments of stress, or when they get back from work etc. Finding this order can help to begin to make sense of an otherwise random and chaotic experience
- 4 It is a form of focusing on the voice, which has been shown in some cases to reduce unwanted voices.
- 5 The diary can be used to communicate more clearly with other people about the experiences. Communication can be helpful in reducing stigma and taboos of these experiences and allows people to take control. This can increase awareness, self-confidence and make people feel more powerful.

There are practical considerations of writing diaries. It is important to ensure that what you have written will not be read by anyone you don't want to read it. In order to be most effective a diary should be kept going. To make it more easy to find the time to write some people find that putting a side a time of the day or the week in peace to write down your reflections will ensure that these moments are enjoyed and continued. Some people still find it difficult to keep to a regular diary and if this is the case there are various other strategies that you might like to try. Equally, if you can identify some patterns in your diary, it may now be useful to consider combining the diary with another strategy to increase your coping management.

Writing

Some voice hearers have found that not only writing diaries helps them but other types of writing. One voice hearer found that before she was on medication she used to keep her voices under control by writing poetry, but that with the medication that she was given she could no longer hold the lines in her head, by the time she had written the first few words she had forgotten the end of the line. Medication can have this effect. Writing short stories about your experiences, poetry, songs, children's' stories can all be useful ways of separating yourself from the voices. This strategy is useful in many ways similar to diary projects. The use of writing classes where people can share their writings and learn from others is also a powerful resource for some people.

Focusing

There is growing research to suggest that focusing on voices can, contrary to popular belief reduce or eliminate voices. The best way analogy I can think of is that when you look at the sky you might notice a particularly bright star, but as you turn your head to look at it disappears out of sight! As we have seen diaries are a way of monitoring and recording what the voices say and what how you feel. There are other ways in which you can focus on voices. Just listening intently to the voices, noting the type of voice, male or female? Young or Old, what kind of things are they saying? In this way people can become more familiar with their voices, facing them square on instead of turning away from them. It is unclear the mechanisms involved but there are reports of peoples voices disappearing following continued focusing, interviews and diary studies.

Ignoring

In contrast to focusing, some people find that ignoring the voices, giving them no attention or diverting the attention can also work in reducing the disabling effect of distressful voices. Because they tend to ignore the content and the context of the experience it is not likely to be the most effective strategy but the belief is that if a voice is distracted or ignored for long enough it will eventually disappear.

Dialogue with the voice

In the same vein, talking to the voice can be a method for taking control of the voice. Some voice hearers find that telling the voice to go away, to leave them alone or maybe to come back later when they would be less disruptive a useful tool. It is true that some people find this produces ongoing dialogue or arguments with the voices, but positive results have also been reported.

Meditation and chanting, anxiety/stress management

Meditation can be used to calm the voice hearer. One voice hearer said that meditation worked for her better than anything else she had ever tried. Another person reported that although meditation could never touch schizophrenia they did report that meditating calmed the mind, slowed down the voices and generally had a positive effect on the well being of the meditator. There is argument for suggesting that meditation may in fact be a useful tool for prevention of unwanted thoughts or voices from the mind, as meditation has the ability to control the activity of the mind, to prevent people being passive victims of their mental world and give them techniques for stopping the incessant mental chatter.

Chanting could also be a useful activity, as has been suggested voices are related to sub-vocal inner speech, that is the slight muscular movements of the vocal chords and larynx during hallucinatory experience, then chanting, singing, humming can prevent this sub-vocal speech, which may in turn prevent hallucinations.

Increasing Background noise

Some voice hearers say that it is in silence that they begin to hear noises and voices. One voice hearer I spoke to lead a normal healthy happy life and had never received attention from psychiatry, when I spoke to her she told me that she had learnt that to cope with her voices she had make sure that there was always background noise, she always had a personal stereo with her, even when she went to sleep at night she had the radio turned on. In this way she managed to live and work without problems. Some people hear voices more often against white noise, that is non vocal, non musical noises, like when the TV goes off at night and turns to fuzzy screen, or when the rain falls against the window pane. This idea follows that we are likely to pick out parts of the white noise and recognise patterns in the noise that we interpret as noise or voices, in the same way that our eyes sometimes look at a crack in the paving slab and see the portrait of a famous person, or see shapes in the clouds passing. In this case it would be advised to have background noise with more patterns, like music, vocal music or radio will reduce the chances further producing voices.

Survivor/self help groups

A source of great of strength to many people lies in patient initiative self-help groups. By people who have experienced similar problems coming together and providing a supportive, caring environment people can achieve extraordinary improvements. Knowledge, resources, experiences, coping strategies can all be shared and result in feelings of empowerment within the group. We all know that if something happens to us we feel relieved to find out that other people have also experienced (and recovered) from similar experiences. The same is multiplied for experiences that receive social stigmas and taboos. The Hearing Voices Network in Manchester is a fantastic resource: 0161 834 5768, www.hearing-voices.org/manchester.htm.

It is also wise to remember that voices are one aspect of our complicated lives and that if we can recognise that the voices stem from or are associated with abuse, trauma, stress etc. then we could maybe find self-help groups, which focus on these issues.

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Note to Mental Health Practitioners

The role of psychiatric doctors and nurses is paramount in the recovery of psychiatric patients. Studies from social psychology demonstrate that expectations have a powerful effect on performance. In the respect of hearing voices, if we *expect* that 'voices' are necessarily symptoms of schizophrenia then that is what they will be experienced as. If we *expect* that a patient will never fully recover from schizophrenia the likelihood is that they won't. A positive and informed perspective on hearing voices is likely to increase a patient's possibility to manage their voices, to learn to cope with their experiences and begin living them as many people learn to do with physical illness.

The initial interview with the patient is a starting point to implementing the strategies laid out in this booklet. It is also a departure to the professional/patient relationship. It is the view of the author that voices do not occur in isolation in an individual's life. Voices are situated in the context of the life lived by the patient. Therefore it is suggested that if at all possible it would be useful to perform a narrative interview (contact Rae Story). This will ensure that the patient has a chance to express what the voices mean to them, what consequences the voices have for their life and how they chose to make sense of them. Remember that the psychiatric view of voices as symptoms of mental illness is only one way in which to make sense of this experience. In narrative interview settings voice hearers have a variety of categories for explaining and making sense of their experiences. It might be useful to respect their category of experience during their treatment, particularly in relation to finding suitable coping mechanisms.