

COMMENT, CRITIQUE, AND INSPIRATION COLUMN

Engaging with Voices: Rethinking the Clinical Treatment of Psychosis

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Although the hearing voices movement (HVM) has yet to take root in the US to the extent it has in the UK (and parts of Australia and Europe), recent publications and events, including a keynote presentation by UK hearing voices trainer Ron Coleman at the 2012 Annual NAMI convention and a TED 2013 talk in Los Angeles by British voice hearer and psychologist Eleanor Longden, suggest that the tide is starting to turn (Arenella, 2012; Grantham, 2012; Thomas, 2012). At its core, the HVM emphasizes a few basic, but important, points: that antipsychotic pharmacotherapy and various forms of psychotherapy that aim to suppress psychotic experiences are often—for too many people—ineffective or insufficient; that voices and other extreme experiences and beliefs carry important messages that need to be explored rather than silenced, and that voices themselves are often less of the problem than the difficulties individuals have in coping and negotiating with them (Corstens, Escher, & Romme, 2008; Longden, Corstens, Escher, & Romme, 2012; Place, Foxcroft, & Shaw, 2011).

Stanford anthropologist Tanya Luhrmann (2012), an expert in voices and unusual experiences as manifest in both religious and psychiatric contexts, underscores an even farther-reaching “insight” of the HVM—namely “that the way we understand our mental experiences has the potential to alter them fundamentally.” As voice hearers’ testimonials underscore, voices that are ignored, temporarily suppressed, or feared to the point that both clients and clinicians are unwilling to engage with them, often persist indefinitely, remaining abusive, distressing, and inaccessible, their “messages” unheard. By engaging with voices, on the other hand—approaching them as real, meaning-laden “actors” in the theater of the mind—voice hearers can begin a dialogue with the potential to restructure not only the content and valence of their voices, but their form and structure (Romme et al., 2009). For some voice hearers involved with the HVM,

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abusive voices gradually become neutral, or even positive; others successfully bargain with their voices for more time alone, or persuade a muffled voice to “come out,” to speak louder, and to clarify what it wants. Disruptive external voices, on the other hand, may become more thought-like and controllable, while greater mastery of voice dialogue may also lead to significant insights regarding healthy internal dialogue, the nature of the self, and the normative interplay between wanted and unwanted thoughts.

Our own work confirms the complexity of the relationship between intentional engagement and experience: Participants in an in-depth phenomenological study of psychosis we are currently conducting, for example, have reported consciously assigning inherently ambiguous unusual sensory experiences to a single modality (such as voice or sight), focusing on only certain experiences and thus, over time, strengthening those experiences while others drop away, or explicitly focusing on sounds, objects, or thoughts to the point that they become more and more auditory, voice-like, or visibly transformed. Others underscore the power of explanatory frameworks—either imposed by clinicians or indigenously developed—to transform the nature of experience; not only reducing the cognitive dissonance of radically unusual experiences, but also providing metaphysical or spiritual frameworks through which such experiences can be organized, interpreted, and brought into meaningful relationships with one another. “The real suffering,” as one participant stressed, “is not what my clinicians call the delusions, but the inability to express what I’m experiencing . . . to make sense of it in any way that anyone else would understand.”

Our point is certainly not to imply that individuals are responsible for or fully in control of psychosis, but rather to underscore the importance of understanding the always only partial (but crucial) role of agency in refashioning subjective experience, both as part of the process of psychosis and of recovery (or the negotiation of a fundamentally changed world). If clinicians and researchers ignore such influences completely, we are

unsurprisingly left thinking that psychotropic drugs (which intervene directly at the level of the brain) or self-initiated “blocking” strategies (in which agency is limited to suppressing symptoms over which clients have no real control) are the only tools available to manage the often distressing experience of voices and psychosis.

Although the approaches advocated by the HVM may at first be perceived by clinicians as encouraging a potentially dangerous form of collusion (affirming or validating the reality of delusions or hallucinations), it is worth remembering that many beliefs and belief systems (including an array of religious and spiritual frameworks) can be—and in everyday discussions regularly *are*—collaboratively explored without any expectation of consensus between interlocutors as to what constitutes “the truth.” It is thus common to discuss ideas regarding spirituality, religion, and metaphysics with friends without concluding that merely by asking in-depth questions, the questioner is affirming his or her interlocutor’s beliefs or confirming their objective reality. Instead, the articulation of an individual’s beliefs in the context of discussions with others facilitates a fundamentally important process of self-discernment, clarification, and the exploration of potentially shared social and cultural meaning—social exploration that facilitates the integration of individual beliefs and theories with larger bodies of social and cultural discourse.

Beyond the insights such experiences might hold, and the potential of using HVM techniques to reshape them in positive ways, it is also worth emphasizing that these techniques involve a broader, but equally fundamental, change in the nature of the relationship between service users and their interlocutors (whether clinicians, family members, or members of the general public): the sociocultural normalization of voices and unusual beliefs as topics of conversation that do not fundamentally differ in kind from other topics. To return to the example of religious beliefs, it is not only that concerns about collusion are unnecessary, but that, conversely, through everyday non-clinical dialogue, experiences that unambiguously occupy a central place in the mental lives of many individuals with psychosis are accorded the same status as other meaningful life events, beliefs, and relationships. Happily, our experience presenting HVM materials directly to clinicians has been that, most often, their responses are far more often along the lines of “this seems so obvious” and “why isn’t this a standard part of clinical intake (or practice)?” than “this seems so dangerous/risky/scary.” Both the Maastricht Interview for Voice Hearers (Escher, Hage & Romme, 2000) and Coleman and Smith’s (2002) voices workbook, for example, include immediately practical and important questions designed to map out the temporal course of voices (when they started, when new voices joined or old voices disappeared), precipitating events, links between the content of the voices and

past or present experiences, and the extent to which the individual has or has not already tried to engage or bargain with them. These questions can easily be adapted for unusual beliefs (“delusions”), for example, by asking when they started, what was happening at the time, how have they changed, whether or not they are connected to important life events and goals, and how they allow the client to make sense of his or her altered perceptual (hallucinatory) experiences?

Certainly, decades of work by talented clinicians, voice hearers, and peer workers have led to a varied toolbox of techniques and practices designed to positively transform or diminish distressing voices; specialized trainings in the full array of such techniques are by no means widely available in the US. Clinicians with a strong interest in exploring alternatives and some willingness to travel can nevertheless find regular opportunities to work with both domestic and British trainers in the US. Even without formal training, an important first step is simply starting to talk with service users and voice hearers about the history and content of their voices and unusual beliefs, just as we would other meaningful, important aspects of human experience.

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