

Hearing Voices Network Information Booklet



Edition 11, 2012

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HVNA Supporters

Publishers

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NB Where possible material within this booklet is referenced; however, some information may have been inadvertently reproduced without adequate citation/acknowledgement. If so we apologise in advance; it is the case that certain well-known elements or aspects of the literature on the hearing voices approach has been traditionally shared among Hearing Voices Networks, Voice Hearers and their allies (particularly in this age of online forums and blogs) and its original source is not always easily identified. Some of this learning has been absorbed within the halls of learning institutions, some in conferences, workshops and gatherings, some in hearing voices groups themselves.

Editors

The first edition of this booklet was the result of a hearty effort from myself (Lyn Mahboub) and my esteemed colleague and co-editor, Theresa Hewlett; whose quick wit, perseverance, late night coffee and cigs sustained us (along with her family's tolerance of us burning the midnight oil).

Editions

First edition May, 2007; This current edition (May 2012) is the 11th incarnation of this booklet.

Acknowledgements

In writing this booklet we have relied on a number of experts by experience, and experts by profession, all of whom have responded swiftly to my call for inspired input and support. A good number of individuals over the past several years have generously shared their ideas, thoughts and words of wisdom along with their time proofing versions, sourcing references and gathering gold to include.

The development of this booklet was has been made possible thanks to the visionary leadership of Richmond Fellowship WA's CEO Joe Calleja, along with RFWA Board and management support. Joe, and the board, has stayed strong allies and supporters of the Hearing Voices Approach and backed the development of the Hearing Voices Network Australia (HVNA) through thick and thin.

Over the past 6 and a bit years, the HVNA has had input and support from a range of people, many have gone above and beyond the call of duty to advance the hearing voices approach. We would like to express our thanks to our ongoing supporters:

- Richmond Fellowship WA Board
- RFWA staff and in particular CEO Joe Calleja who has been a mammoth HVN champion, but also Marlene Janssen HVNA Coordinator from 2008 - 2012, Ros Bowyer Voices@Work Project Manager, Amanda Waegeli (nee Olsen) HVNA trainer, project worker and Voices@Work project officer, David Rivett HV Recovery Group Facilitator, Rosi Dunstan, and all RFWA group facilitators.
- Hywel Davies Cymru HVN Wales UK generous donations
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- As of 2012 the WA Mental Health Commission
- Our ongoing supporters at INTERVOICE: (the International Network for Training, Education and Research into Hearing Voices) such as Ron Coleman (our patron) & Karen Taylor from Working to Recovery Ltd, Paul Baker, Peter Bullimore, Rufus May, Jacqui Dillon, Eleanor Longden, Rachel Waddingham, John Watkins, Tevor Eyles, Dirk Corstens, Marius Romme, Sandra Escher and many others from the Hearing Voices Community round the world.

We would like at this point to make special mention of our early contributors / supporters who helped us during start up way back when. Our thanks to:

- Lotterywest & Myer Foundation (financial support)
- Hearing Voices Network Development Working Party

We dedicate this booklet to all those lost lives for whom the system failed. We commit to strive for change always.



Supporters continued

Members: inaugural chair Jen Stacey, Dr Mike Wise-Miller, Paula Edwards, Virginia Pulker, Georgie Paulik, Warwick Smith, Helen Vlais, Sheree A, Hollie B, May G, Sanna, Dean B, and Chris P and Will.

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- Mark Rapley, Professor of Clinical Psychology, School of Psychology, University of East London, whose courage kick started critical understanding and awareness of the HV Movement in WA.
- Prahran Mission Melbourne (Sandi Noble, Harriet Dance and Jacqui Stewart)
- June O'Connor Centres (June herself, their board and workers across sites)
- And to those too numerous to mention

Our adage: "Accept that the voices are real and belong to you. Accept that the voices may have meaning (metaphoric or literal) based on your life experiences."

Intervoice online.

In particular, we would like to pay homage to those who have gone before us and treaded the boards of Hearing Voices Network Organisation development around the world, your steps inspire us.

Indeed we are jubilant to see the development of two HV Networks in Australia, since we came into being. It is thanks to the many dedicated individuals who have persevered; people like Indigo, Sandi, Janet, Doug, Bruce, Georgie and their supporters (Prahran Mission and many others) that Voices Vic and HVN NSW have been born. Thanks too to the many individuals, too numerous to mention, who have developed the numerous HV Groups around the country—there are groups in NT, NSW, Victoria, Tassy, QLD, ACT, SA and WA in urban and rural areas.

Warm Regards

Lyn Mahboub

Strategic Recovery Advisor &

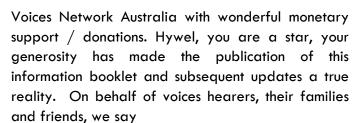
Manager Hearing Voices Network

May 2012



We are very grateful to **Hywel Davies** (Welsh HVN, UK) who continues to support the Hearing





THANK YOU! THANK YOU! HVNA team

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Welcome

Hi, and welcome to our 11th edition of this Information Booklet. Due to the increasing demand, we are reprinting this booklet again, with more up-to-date information; we hope the information is of value to you.

We see our role as being part of a chain of people around the world responsible for providing hopeful messages about hearing voices.

Every day that I get an opportunity to speak with voice hearers who are working the hearing voices approach, they tell me amazing, wonderful stories about their recovery journeys and how they are having wins - small and large - on the journey toward self-empowerment. I am privileged to hear how their voices are saying new and encouraging things as opposed to negative, awful things and how they are actively working toward a life beyond "illness".

The growth of Hearing Voices Networks around Australia, and indeed the world, is a testament to the voice hearers who have done the work to take their power back. They have made the tough decisions to pursue their recovery journey despite the odds and the

hurdles that they encounter. In addition, it is a testament to the courageous workers and other professionals who dare to make a difference. Those who, as a colleague often says, are "trained in the Hearing Voices Approach and not afraid to use it".

It is hoped that this booklet will be one of many steps in the information gathering exercise toward making sense of yours or other's distressing voices. We hope that people will come to 'know' that their voices are real; the experience is real and people are not passive victims of their biology - that they will come to embrace the knowledge that there things one can do, coping strategies one can learn and knowledge one can find out about the voices; that people realise they can come to learn the voices' purpose, origin and meaning (to them) and that find new ways to think about oneself and ones experience beyond limiting, reductive labels and come to have greater self confidence, self awareness and self love.

Wishing you many successes and magical moments on your journey, be you an expert by experience or expert by profession.

> Lyn Mahboub Strategic Recovery Advisor & Manager Hearing Voices Network May 2012

From our patron



It is a real honour to be the patron of the Hearing Voices Network Australia. As a voice hearer myself, I have experienced first hand at how the hearing voices network can change your life. I remember going to my very first group and being asked a simple

question by Anne Walton, one of the founders of the UK network. Her question was, "do you hear voices?" My reply was, "yes". Her response was "they're real". Those two simple words changed my life; for in those words was a fundamental truth that no matter how many times I was told to ignore the voices I heard. I could not because I did hear them and it was the fact that I heard them, that made them real.

Those two simple words also held a great deal of power because if the voices I heard were real, then I could do something about it. Whilst they remained unreal, as I had been taught by the system to believe, I was always waiting for someone else to come up with an answer. Once I accepted their reality for me, then I began to take ownership over my experience, and with ownership over the experience of hearing voices came ownership over my journey to recovery.

In the self-help group I learned many techniques to help me first cope with the voices then, over time, take control over my voices. I also learned to come Ron performing at INTERVOICE 2008



out of my shell and to start living again. This is, in my opinion, the power of the network. I hope you will find your way in whatever journey you are on as a voice hearer, or a family member or a mental health professional.

The information in this booklet has been written to help, I hope you find it useful in your journey.

> Cheers Ron Coleman Patron Hearing Voices Network Australia



Hearing Voices Network Australia (HVNA)

Our Role

To enable acceptance and recovery for people who hear voices through support for self-help groups, education & awareness

(Where recovery is defined as living a meaningful life from the perspective of the individual)

Our Vision

A world where people who hear distressing voices have access to information and supports that enable them to have mastery over their experience.

Our key Result Areas

We will realise our vision through four Key Result Areas:

- 1. Supporting Hearing Voices Groups to develop
- 2. Education, Training and Awareness
- 3. Networking, Partnerships and Alliances
- 4. Infrastructure and Resources

Our Key Principles

- Accepting that hearing voices is a valid experience.
- Respecting each person's interpretation and beliefs about their experiences.
- Fostering and enabling safety and wellbeing of all.
- Promoting hope.
- Helping consumers to know that they are not alone.
- Believing in each person's capacity to take control of their experience and recover.
- Encouraging people to come together and feel safe in sharing their experiences and coping strategies.
- Working collaboratively and inclusively with other services to develop knowledge and achieve holistic approaches to recovery.
- Fostering and supporting consumer independence and empowerment.



Hearing Voices

Within the Hearing Voices approach the term 'hearing voices' is a short hand expression used to describe a range of sensory experiences which are not always experienced as auditory and are commonly known as 'hallucinations'. This may include visual, feeling, smelling and other sensations. Essentially, 'hearing voices' encompasses any extra ordinary perceptual experiences that are perceived as separate from oneself.

It is generally assumed that Hearing Voices is a negative experience, and while this is true for some, it is not the case for all people who hear voices. Only a small subset of voice hearers, hear distressing, terrifying and/or overwhelming voices. Many of this subset are the ones diagnosed as suffering from one of the 'conditions' from the schizophrenia spectrum.

What is often not known, is that for some people, the act of organizing and understanding the experience and meaning of their distressing voices, and understanding the relationship of their voices to their personal lives, has enabled them to gain control over their voices, and, for many, their distressing voices have changed into positive guiding ones, and for others "their voices speak to them in a metaphorical way about their lives, emotions and environment" (Intervoice online). As a result, many people no longer display what psychiatry calls 'negative symptoms' and some are thought to be no longer 'having schizophrenia' (one is prompted to ask where the schizophrenia went or if the diagnosis was valid in the first place?).

For too long our modern culture, has regarded hearing voices as an indicator of a serious 'mental illness'. However, the commonness of this experience in the general population suggests that this is an incorrect assumption. Indeed, with in the Hearing voices movement, based on extensive review of existing literature, we argue that "it is no longer sustainable to think of voices as part of a disease, such as schizophrenia," instead hearing voices can be regarded as a meaningful, real experience that might be better understood in the context of their personal circumstances. Certainly, given the mounting evidence that over 70% of people with distressing voices and psychotic experiences have reported having experienced a severe traumatic or intensely emotional event, such as an accident, divorce or bereavement, sexual or physical abuse, love affairs, or pregnancy or an event that activated the memory of an earlier trauma prior to hearing distressing voices (Romme et al, 1998) it is argued that we may indeed be better thinking about using terms such as complex traumatic experiences (not disorder which is a pathologising term) rather than terms such as 'schizophrenia' which bring with them a recipe for discrimination, distancing and a loss of hope.

"Accepting the voices as part of my life experience has made them less angry & more supportive of my life goals & needs" (Donna Voice Hearer).

Who hears voices? - did you know that hearing voices is more common that left handedness?

There are many studies that demonstrate that voice hearing is a common human experience (Watkins, 2008; Eaton et al 1991). For example, Posey and Losch (1983) examined 375 college students, 71% of whom reported having had an experience with a "verbal hallucination" at least once. While Tien (1991) examined 15,000 people and found that there was a prevalence rate of 2.3% of people who had heard voices frequently, however, Barrett and Etheridge (1992) show it maybe that the lifetime prevalence is much higher. Summing up all the research, it is generally accepted that approximately 10-25% general population hear voices (Tien, 1991)1. Given the difference of this figure with that of the

About Hearing Voices

prevalence of schizophrenia at 1% this demonstrates that voices in themselves are not a sign of mental illness. In a nutshell, there are many people who hear voices that are not diagnosed with schizophrenia or any other 'mental illnesses'.³

This discovery of the prevalence of voice-hearing in the general population propelled Romme and Escher's ground-breaking research towards a new understanding of hearing voices as a natural variation in human experiences; commonly, a reaction to unresolved trauma or stress.

History of the Hearing Voices Approach

In 1987, in Maastricht, Netherlands, Marius Romme, a social psychiatrist and Patsy Hage, a voice hearer, went on Dutch television to speak about voice hearing and asked people who heard voices to contact them.

Following the TV program:

- 750 people responded
- From that group, 450 heard voices
- 300 of those could not cope
- 150 were able to handle them

Research following on from this response led to the establishment of the Resonance Foundation - the first self-help group. This led to the first Hearing Voices conference in Maastricht, Holland in 1988, aiming to raise awareness of the voice hearing experience. This led to a worldwide movement that works towards supporting the recovery of those who are distressed by hearing voices. After seeing what they had achieved in Holland, Paul Baker brought the approach to the UK in 1990. 13 people attended the first UK Hearing Voices Manchester conference. Since then interest multiplied rapidly as voice hearers themselves took up the gauntlet. Today there are more than 190 voices groups within the UK alone.

Around the world, groups of voice hearers meet and talk, sharing viewpoints and strategies to support each other, telling their stories and exploring ways to work with, rather than against, their voices in order to reclaim control and rebuild their lives. In many places these groups have blossomed into small and large organizations that we call Hearing Voices Networks.

Hearing Voices Network

A Hearing Voices Network is a collection of Hearing Voices Groups and affiliated members (such as service providers, consumers, carers and friends) working toward promoting recovery, acceptance and education about the experience of hearing voices.

All Welcome

Whether people define hearing voices as a symptom of medical illness, or not (many do not view voices through an illness lens) the HV Approach is open to all. Indeed the approach has helped many voice hearers to be able to live with their voices and over time, many have come to consider them as a positive (or at least manageable) part of their lives. It is the aim of the hearing voices approach to spread hopeful messages about the experience of hearing voices. Since the 19080's a huge international community of voice hearers, collectives of professionals and family members have emerged. This community is welcoming and valuing of those who are experts by experience and those who are experts by profession and seeks to raise awareness through education and research and above all story in the hope that people who have distressing and debilitating experience might be supported on their recovery, rather than left in 'back wards' fated to suffer iatrogenic chronicity by service systems that don't understand.

Think about connecting with us today!!



A new approach to understanding voice hearing

The international Hearing Voices movement is a breath of fresh air amid the dominance of a simplistic and pessimistic overemphasis on genes, diagnoses and drugs. The real experts on what it's like to hear voices, and what is useful when this happens, are finally being recognized as having a hugely important contribution to make.

Dr John Read Associate Professor of Psychology, The University of Auckland Editor of 'Models of Madness'

Traditionally, psychiatry has regarded the phenomena of voice hearing as a 'delusion', a 'symptom of psychosis' or schizophrenia.⁴ In fact, they commonly thought what the voices say and the meaning that this experience has for the person concerned was meaningless.⁵

Furthermore, talking to someone about the voices they hear was, historically, thought to be ill-advised, and likely to reinforce the 'delusion'. Treatment with medication was, and still is, considered the front line treatment offered for voices by traditionalists, and is likely to be recommended (or legally enforced under the Mental Health Act, 1996) with the aim of eliminating the voice/s.

However, from a voice hearer perspective, this is not as effective as was first hoped. Even whilst on the "newer" atypical antipsychotic drug 'treatments', approximately 50% of people with a diagnosis of schizophrenia still hear voices. Such treatments often produce severe, disabling side (direct)

This combination of problems produced a dilemma for both voice hearers and service providers.

The Hearing Voices Movement evolved out of a mental health system that was unhelpful to many. It was seeded via a conversation between two experts—one an expert by profession and another an expert by experience. Professor Marius Romme and voice hearer Patsy Hage were the founders of the movement, and it is through their, and others, courage and action that many thousands of people worldwide have benefited. Romme and Escher's collaborative research with voice

effects which can destroy a person's quality of life.8

hearers sparked the Hearing Voices Movement by providing new insights that have significantly changed the way the phenomena of voice hearing is understood and responded to today.

Such research has demonstrated that hearing voices is a natural variation of human experience.9 Current

research (Beavan, Read, & Cartright, 2006) supports early studies, that have found that hearing voices is a relatively common human experience that needs to be accepted and supported.

Research shows that there is a relationship between past or recent traumatic, or intensely emotional, events (i.e., accident, divorce, loss of a loved one through death, sexual or physical abuse, love affairs, pregnancy & birth) and the onset of voice hearing for 70% of adults and 85% of children.



Prof Marious Romme Co founder

According to Martin (2000), Romme & Escher's suggestions for changing entrenched perceptions of voice hearing are, that professionals should attempt:

- To accept the patients experience of voices;
- To try to understand the different language patients use to describe their frame of reference as well as the different language the voices use for communication;
- To consider helping the individual communicate with the voices;
- To stimulate the patient to meet with other people with similar experiences and to read about hearing voices in order to diminish the taboo and isolation (p. 136).

The 2 big things that came out of [working with my voices in the Voices @ Work Project] 'the importance of education & acceptance'; education so you have something to work with & acceptance of your voices & the life events that brought them about". Donna



Hearing Voices Network Australia

Background & History

In July of 2005, the Richmond Fellowship of Western Australia (RFWA) brought Ron Coleman (international speaker, voice hearer & mental health trainer) & Karen Taylor (mental health trainer & psychiatric nurse) to Perth to deliver a series of Recovery workshops. As a delegate from INTERVOICE (the International Network for Training, Education and Research into Hearing VOICEs), Ron Coleman supported and encouraged us to begin a Hearing Voices Network in Australia.

This resulted in RFWA taking the innovative step of auspicing the development of the Hearing Voices Network Australia (HVNA). Quickly a Hearing Voices Network Development working party was formed to assist with the early local network development; local consumers, voice hearers & professionals (gov and non gov) were committed to this task.

RFWA has supported the network's setup from day one and remains committed to supporting HVN and HVG development across the country. In the absence of funding, following our 3 year start up life, RFWA has provided its own funds to keep the network alive.

Over the past 6 years at our WA domain, we have trained hundreds of professionals and introduced the approach to volumes of voice hearers and family members. We have done so via presentations, training and interactive workshops,

run by local speakers and international ones and sometimes both at the same time. In addition, for 6 years running we have enabled WA representation at the annual INTERVOICE Conference, sending at least 1 person to the events (sometimes 2 and once 3) in Scotland, Denmark, Holland, England, Italy and soon in Wales, then in 2013 it will be Melbourne Australia hosted by Voices Vic.

In 2008, HVNA hosted the INTERVOICE event in Western Australia alongside RFWA's major international Recovery from Psychosis conference. This was a coup for us as it was the first time the event was held outside Europe. Headlining were leading hearing voices experts by profession and experience as keynote speakers. In attendance were approximately 16 people from the Scottish Hearing Voices Network alone, along with representatives from Japan, Italy, Palestine, England, Holland, Denmark all around Australia and more.

Since its inception in our WA domain, we have had a person with a lived experience at the helm. From our inaugural chair Jen Stacy in 2005, to our first Director Lyn Mahboub in March 2006, our subsequent part-time project workers and later Network Coordinator, experts by experience were involved. We have also had the help of experts by profession such as Theresa along the way.

A major lynch pin to the network has been Joe Calleja a staunch supporter and unflagging upholder of the vision of the Network.

Connectedness

As a member of INTERVOICE, HVNA has good relationships with national and international Hearing Voices Networks and leaders in the field. We also ensure that we maintain our connections with our growing fellow state HV Networks (NSW and Victoria).



HVN WA

Currently, we operate as a program of RFWA but ultimately, we hope to evolve into a PLE (people with lived experience) operated organisation. Primarily, due to our small nature we operate primarily as HVN WA which is about to have a growth spurt.

We look forward to when we are able to connect to the 'network mothership' (and vice versa) more readily and (soon) to actually have a voice at the end of the phone when people call (a positive one of course).

HVNA

Tasmania

HVNA & RFWA are among others around Australia championing the development of a National Network. whatever this may come to look like. HVN WA has two members sitting on the National HV Steering Group which aims to develop a strategy for forging a National Network. It is hoped that we will overcome the tyranny of distance and lack of national funding to realise this dream.

It is our dream there are sufficiently resourced networks around the country such that we can share quality service and innovative practice around Australia and offer support to voice hearers, consumers, family members and mental health workers across Australia who are seeking to utilize a Hearing Voices approach.





Three phases of voice hearing

Research has identified that there are three phases of voice hearing. The following is a summary of these phases, to assist you in making more sense of your experiences.

The STARTLING phase

Voices often start after a traumatic experience or at a time of great suffering. Most voice hearers describe the onset of voices as a startling and anxiety provoking experience; although the level of intensity does vary for different people.

During the starting phase the voices may be hostile and demand a lot of attention, interfering with a person's life and making it hard for them to carry on with their everyday activities and personal relationships.

Alternatively, the voices may be helpful and a person may feel a sense of recognition and identify the voices as an understandable aspect of their internal self. Still, this phase can be confusing and sometimes very frightening; and people need reassurance and possibly some strategies or assistance to cope with their anxiety.

The ORGANIZATIONAL phase

Once a person's initial anxiety and confusion has been reduced it is possible for them to organise the voices and their relationship to them.

In this phase people seek to find meaning and to arrive at some understanding of their experience; and learn to accommodate and cope with the voices in their everyday life. In order for this to occur there needs to be some form of acceptance. The process may take months or years and is often marked by an attempt to actively negotiate with the voices.

Voice hearers often seek ways of controlling or coping with voices by:

- Ignoring them (through distraction);
- Listening to them selectively;
- Entering into willing conversation with them;
- Making specific appointments with them.

Trying to ignore the voices by distraction rarely works, as the effort involved often leads to a severely restricted lifestyle. People may understandably go from an initial feeling of powerlessness to feeling angry towards the voices. All feelings must be supported, so that a person might find their own coping strategies.

Voice hearers report that the most helpful strategy is to select the positive voices and try to understand them by listening and talking to only them. Another useful strategy is to set limits and structure the contact with the voices. However, in order to learn to cope effectively with hearing voices it is important to accept them. Denying them is not helpful. People need to learn to think positively about themselves, their voices and their own problems.

During the organizational phase it may be useful to attend to these issues:

- The possible significance of the voices in terms of a person's current and past experiences;
- The meaning of the voices in a person's everyday life and their family's attitude towards the voices;
 and
- The particular circumstances under which the voices are heard.

The STABILIZATION phase

In this phase a person has learnt to cope with their voices and has begun to live in balance with them.

The person thinks of the voices as being a part of themselves. The relationship with the voices is more reasonable. The voices become less controlling and the person is re-empowered. The person is able to choose between following the advice of the voices or following their own ideas. The voices have a more positive influence. The person is less anxious about their voices.

Voices vary from being very problematic and undesirable to being thought of as a special ability or gift. Either way many people would not want to stop hearing voices, as they may fulfill a useful psychological function.¹⁰

EDITORS NOTE:

People can move through these phases interchangeably. For example, they may have made sense of one voice they are hearing, but then begin to hear a new voice, and they will be back in the Startling Phase for the new voice, but in the Stabilization Phase for their first voice.

If you would like some more information on the three phases, please contact us at HVNA.



When people are told they suffer from a permanent biological brain disorder, they feel they will never recover or regain control over their lives. This treatment approach has ensured that people remain hopeless, helpless patients and has made them indefinitely dependent on the mental health system.

Psychiatrist diagnosed with schizophrenia Dr. Daniel Fisher (2007): Evidence Based Practices & Recov"What the research shows is that the voices exist. We must also accept that we cannot change the voices. They are not curable, just as



you cannot cure left Prof Marius Romme handedness or dyslexia, human variations are not open to cure - only to coping. Therefore, to assist people to cope, we should not give therapy that does not work. We should let people decide for themselves what helps or not. It takes time for people to accept that hearing voices is something that belongs to them."

Professor Marius Romme as cited in Martin (2000)

Traditional psychiatric notions of the phenomenon of hearing voices need to be questioned as does the belief that psychiatric drugs are the first resort to cope with voices which are experienced as distressing. There is a meaning in the voices people hear and what they say which is often understandable in the context of someone's life. I think it is important to focus on the social contexts that can give rise to voices (e.g. abuse, powerlessness, racism etc).

Many current approaches to helping people who hear voices focus at an individual level and are based on the idea that people are wrong in their beliefs about their voices. What we need instead is a greater appreciation of the variety of experiences of those who hear voices. Research of the 'normal population' suggests that many more people hear voices than psychiatric textbooks might have us believe. Some people are not distressed by their voices and may not go anywhere near mental health services - they may even regard them as gifts (e.g. Spiritualist mediums). Others may hear voices in the context of an upsetting event in their life (e.g. bereaved people hearing the voice of a deceased loved one). Some may hear a mix of positive and negative voices, whilst others may hear extremely distressing voices.

Instead of a pathologizing approach we need to help people find a better fit between these experiences and the lives they wish to lead. People need a forum where they can consider the best way of understanding their voices that fits for them and learn ways of coping from others with first hand experience of voices. There's also a need to reduce the distress which often comes from a sense of isolation when hearing voices and the self-help groups like those facilitated by the Hearing Voices Network Australia are an excellent meeting of this need.¹¹

David Harper, PhD



Hearing Voices Groups

If you experience any auditory, visual or other sensations (such as feeling, smelling and so on) that others cannot hear, see or experience, then you are in the right place. A voices group may be just for you. The benefits of participating in a Hearing Voices Group are well known within Europe and the UK where the "hearing voices approach" has become mainstream.

Hearing Voices Groups provide peer support and

encouragement. There is the recognition that for many people mental health services have not worked. Hearing Voices Groups can be thought of as an addition to existing treatments, yet these groups do not mirror services. Instead, something new is offered which has already improved the lives of thousands of mental health consumers around the globe.

Benefits of groups

Research into Hearing Voices Groups internationally has documented numerous benefits:

 They offer a safe environment where voice hearers can talk freely about their experience and feel accepted and comfortable;

- Groups encourage active participation and recovery, and may reduce hospitalizations;
- They promote partnerships between voice hearers, service providers and mental health consumers;
- They help people who hear voices to know they are not alone; and
- Groups help people to build confidence and gain mastery over their voices (eradication is not the goal).

What can I expect?

Typically within a Hearing Voices Group a number of people who share the experience of hearing voices come together to help and support each other, to exchange information, and to learn from one another. Groups are based on the commonsense idea, that 'a problem shared is a problem halved'. This is based on the principal of peer support.

Peer support groups

The value of peer support has been heralded as

beneficial for many different groups from cancer recovery to mental ill-health recovery groups. Although the notion of peer support, in a more formal sense, largely arose out of the Alcoholics Anonymous movement in 1935, the idea that people who have faced similar adversity might be of value to each other has been around since antiquity.¹²

Since the inspiration of AA, peer support principles

have been adopted by other arenas and disciplines from education to addiction, and more recently in mental health — where mental health consumers are slowly being recognized as a valuable resource to their peers. Specifically, the voices movement is among this group and provides mutual or reciprocal support.

Voice hearers meet each other in a group and have an opportunity to:

- Share experiences with patients and non-patients;
- Explore different ways of managing and coping with voices;
- Access information and resources to learn about the recovery process.

Hearing Voices groups provide...

- Acceptance and a sense that one is not alone;
- A safe place to talk about visions and voices;
- An opportunity to learn what the voices mean and how to gain control over the experience;
- An opportunity to build stronger social networks and supports; and
- A springboard to step into voluntary and then paid employment.

In voices groups, people are enabled to choose the way they want to manage their experience. For some they will want to sit with their experience, for others they will want to understand it and to learn from it. Voices groups provide access to information and resources so people can make their own choices.

Further, Hearing Voices groups allow people to explore the relationship between their life history and their experience of hearing voices should they want to do so

"My Hearing Voices group has

helped me get my life back, it

has been simply amazing to

connect with others, who, like me,

hear voices. I did not realize how

many people feel like me. I now

feel less alone and have hope in

Anonymous

my future."



Hearing Voices Groups & Networks

HEARING VOICES NETWORKS

Within Australia there are 3 Hearing Voices Networks

Voices Vic in Victoria:

- for more info see: www.prahranmission.org.au/hearing_voices.htm

New South Wales:

- for more info see: www.hvnnsw.org.au

Western Australia:

- for more info see: www.hvna.net.au

It is the aim of HVNA to support the formation of a National Network over time

- supporters: Voices Vic, HVN NSW and specific individuals within Australia. We have been liaising with INTERVOICE via Ron Coleman to gain international support to make this happen.

HEARING VOICES GROUPS

Across Australia there are numbers of Hearing Voices Groups. We know there are some in:

- Victoria
- New South Wales
- Tasmania
- Northern Territory
- Queensland
- South Australia
- Australian Capital Territory and
- Western Australia



In WA there are several groups that ebb and flow. They are run by different organisations and people.

Suburbs we know about that currently have groups are: Bassendean, Kelmscott, Subiaco (MH Group), Joondalup JoC & Emerging in Rockingham JoC and West Leederville (the MIFWA Young People's HV Group 08 9388 2191).

If you know of a group or know someone who wants to start one please email us at hvna@rfwa.org.au

"Indeed, if every inspiration that comes to one with such commanding urgency that it is heard as a voice is to be condemned out of hand by the learned qualification of a morbid symptom ... who would not rather stand with Joan of Arc and Socrates on the side of the mad than with the faculty of the Sorbonne on that of the sane..."

Johan Huizinga, "Bernard Shaw's Saint"



HVNA group guidelines



Groups:

- ✓ Accept that voices and visions are real experiences;
- ✓ Accept that people are not any the less for having voices and visions;
- √ Respect each member as an expert;
- ✓ Sanction the freedom to talk about anything not just voices and visions;
- √ Sanction the freedom to interpret experiences in any way;
- √ Sanction the freedom to challenge social norms;
- ✓ Encourage an ethos of self-determination;
- √ Value ordinary, non-professionalised language;
- ✓ Are a self-help group and not a clinical group offering treatment;
- √ Focus primarily on sharing experiences, support and empathy;
- ✓ Members are not subject to referral, discharge or risk assessment;
- ✓ Members are able to come and go as they want without repercussions;
- ✓ Members are aware of limits to and constraints on confidentiality;
- ✓ Accept people as they are;
- ✓ Make no assumption of illness;
- ✓ Can be a community to which people belong;
- ✓ Work towards upholding equity in the group;
- ✓ Participants decide on the limits to confidentiality not the facilitator;
- ✓ Work out problems collectively;
- ✓ Share responsibility rather than the facilitator solely;
- ✓ Members join for as long as it suits them;
- ✓ Are open to people from other geographical areas;
- √ Facilitators are not under clinical pressure to report back to anyone else; and
- ✓ Encourage, support and enable Voice Hearers to take a facilitator or co-facilitator role.¹³

Hearing Voices Groups often adopt their own name and their avidina own principles and values. Through consensus the HVNA have adopted these as ours. Each voices group is free to form their own. Our thanks to the UK HVN who allowed us to draw on theirs.

The overall aim... is to create acceptance that hearing voices is a valid experience for which there are many explanations. By doing this, we aim to erase the stigma of voice hearing, and enable voice hearers to realise their place in a society which knows and understands their plight.

www.hearingvoicesnetwork.com





Positive voice hearing experiences

"...Hearing voices has traditionally been viewed as a negative thing and a symptom of mental health problems, but new research has revealed that not only do 4% of the general population hear voices, but some say that the voices are a positive part of their lives. Research suggests that many people hear voices in their head without suffering from any mental illness. Some people report that their voices offer them encouragement, comfort or inspiration as they go about their lives. Many researchers believe that hearing voices may be part of normal human experience and that everyone is susceptible to hearing voices to differing degrees - for instance, most people have had the experience of hearing someone call their name when in fact nobody is present..." 14

One of the more intriguing aspects of the schizophrenia literature is the discrepancy between the strength of the belief that schizophrenia is a brain disease and the availability of direct supporting evidence; even those who hold the belief admit that there is no direct evidence for it.

(Boyle, 2002a, para 1)

For me, hearing spirit is a blessing—I am told and shown certain interesting things sometimes, told about things to do, often given advice such as turn off the iron or bring in the washing. Other times, I am given wonderful ideas or taught better ways to do things such as shortcuts on the computer. Often I am woken from my sleep and given information.

I grew up in a spiritual household where it was normal to think about spiritual things and for my mum to be "off in the astral" and so I guess it was a natural progression to open to spirituality—that was about the age of 15, but even so I had to work at hearing spirit. For a long time I practiced channeling techniques and learning to 'listen' in a quiet way. Eventually I came to be able to 'hear'. I was able to hear messages for others, their 'guides' or other energies, showed me things about the person. Those messages were always filled with love and positive advice for their emotional healing and journey of recovery.

I never thought of this as 'hearing voices', as such, although I have always said "they say", "spirit said" or "I heard spirit say" - it's just shows I guess, that I, like so many, knew so little about what 'hearing voices' meant and associated 'hearing voices' with something 'bad'. And I had experienced 'bad' with dark energies, visions and what I call 'heard thought'. I've had lots of distressing experiences with visions and breakdown, and, on several occasions I have heard external sound and whispers. During these times I was very unwell. I was terrified because I didn't understand about voices work then. I much prefer the wonderful experiences I have with spirit and seek to learn to bring the positive experiences to the fore when experiencing the distressing times. Since meeting other voice hearers, I now realize that my experiences come under the umbrella of voice hearing and have come to see that I share so many like experiences with others and am not alone.

Linnie Mahboub



INTERVOICE:

The International Network for Training, Education and Research into Hearing Voices.



INTERVOICE is an international community dedicated to sharing information about hearing voices. Includes an online forum, stories, groups, news, and publications. Professionals

working in the flied, voice hearers and family members congregate together in the aim to spread hopeful messages about hearing voices. See their prolific website for tons of info and hopeful messages: http://www.intervoiceonline.org/.

The 2012 annual INTERVOICE Congress will be in Wales , UK!!
19th, 20th & 21st September



This year celebrates the 25th anniversary of the formation of the Hearing Voices Movement. Over the last 25 years the network has helped countless voice hearers gain ascendancy over the negative impact of the voice hearing experience.

Learn about the congress or register see:

http://www.intervoiceonline.org/3342/events/2012world-hearing-voices-congress.html The INTERVOICE board is made up of a range of individuals. The chair is Dr Dirk Corstens and our Australian rep is Kellie Comans to name a couple.



Kellie was an instrumental part of a small working group who has developed a Community

based Hearing Voices group in Wodonga, Victoria with the support of Ros Thomas of Gateway Community Health.

Kellie shared her recovery story about her life of voices and visions as key note speaker at the 2010 INTERVOICE Congress. Kellie is quoted as saying: "Recovery is an active process. You can't sit on your arse and slide up a hill".







The 2013 INTERVOICE Hearing Voices Congress will be in Melbourne Australia

Stay tuned to http://www.prahranmission.org.au/hearing_voices.htm





What I have got out of doing the Hearing Voices Approach work:

Realising that my voices aren't my enemies. That they have actually been my friends & trying to help me when I was younger. This did work then but not now I'm older ... When I changed my attitude towards all my voices (they're my friends, not my enemies) their attitude changed & they were prepared to change & talk to me as friends.





Strategies For Coping Hearing Voices

FOCUSING TECHNIQUES

- Accepting that voices are not 'the' problem, they are a consequence of a problem. Your job is to find out more
- Identify your voices—number, gender, age and so on
- Learn about boundaries to apply to people and your voices (i.e., make a deal with your voices, "be quiet now and I'll listen later")
- Listen out for positive voices too—they can be allies
- Schedule a time to listen to the voices and ask them to leave you alone until that time
- Tell negative voices that you will only talk with them if they are respectful towards you
- Voice dialogue— let a trusted family member, friend or mental health worker talk directly to your voices
- Work through Ron Colman & Mike Smith's "Working with Voices II" workbook with a trusted family member, friend or mental health worker
- Write down what the voices are saying to you

POSITIVE EMOTIONAL TECHNIQUES

- Go for a picnic
- Listen to energetic music
- Look at good things achieved list
- · Look at photo albums
- Look at the list of good things others have said about you
- Make a list of your assets or strengths

- Make an emergency comfort bundle (of goodies)
- Read books, love letters, love poems
- Read joke books, emails, etc
- Say positive statements to self
- Record positive statements on tape (your voice)
- Watch films comedy or inspirational

POINTS TO REMEMBER TO ENABLE ME TO LOOK AFTER MYSELF

- Do something nice for 'me' each day
- Eat a healthy diet
- Keep regular appointments with my support network even if I am feeling OKAY
- Look up, get perspective, stretch or shift your body
- Plan my day; ensure I do not have long periods of time with nothing to do
- Reach out. Talk to someone
- Take medication as prescribed (in consultation)
- Think about how I am feeling and be realistic about what I can achieve
- Try to see the grey areas

EMOTIONAL FOCUSING

- Discuss feelings with another person
- List emotional triggers
- Paint or draw emotions
- Rainy day letter
- Write a diary
- Write poetry or prose regarding feelings

THINGS THAT MAY HELP VOICE HEARERS TO COPE

- Acupuncture
- Avoiding street drugs
- Chanting or singing
- Distraction e.g. reading, and computer games
- Focusing on the voices
- Going to Hearing Voices Groups
- Having good support around you, good friends, family, nurse, counsellor etc
- Holidays
- Humour
- Identifying when you are most likely to hear the voices
- · Ignoring voices
- Isolating yourself
- · Keeping a diary about them
- Keeping occupied e.g. cooking, house chores
- Keeping physically active and healthy
- Listening to music
- Massage
- Meditation
- Money
- Positive attitudes
- Praying or speaking to God
- Religion and Healing
- Sex
- Shouting at the voices
- Sleeping
- Staff listening to you
- Talking (to a trusted person)

WHAT MAY NOT HELP

- Being over-medicated
- Being told not to talk about voices
- Dreams and trying to get to sleep
- Labelling

Our thanks to the Dundee Hearing Voices Network for allowing us to draw on their THINGS THAT HELP VOICE HEARERS TO COPE and WHAT DOES NOT HELP categories.

With Distressing Voices

Network Australia



- · Lack of sleep
- Not having information
- Other people denying the existence of voices
- Other people denying your explanation of your voices
- Professionals thinking they know more about your voices than you
- Side effects of the medication
- Thinking negatively
- · Being socially isolated

RELAXATION TECHNIQUES

- Acknowledge fear, worry, and stress and let go consciously. Trust
- Count your breaths
- Dancing or walking
- Focus on the position of your body
- Focus solely on breathing, breathe deeply
- Give yourself permission to relax
- · Guided fantasy dreamtime
- Learn (figure 8) Yoga breath
- Listen to guided relaxation on tape
- Listen to relaxing music
- · Massage hands, feet, head, etc
- Relax each muscle individually
- · Swimming or floating
- Yoga

THINGS THAT MAY WORK FOR ME IN A CRISIS

- Ask for help sooner not later
- Create a personalised crises plan when you are feeling well
- Cry
- Find a safe place
- Have PRN medication
- Kick boxes around outside
- · Let people know where I am

- Let someone know how I am feeling
- Plan safety
- Remember that situations and feelings frequently change-"This too shall pass" (King Solomon)
- Rest on my bed
- Shout into my pillow
- Try to identify how I am feeling

COMFORTING TECHNIQUES

- Buy or pick fresh flowers
- Change the sheets on your bed
- Cuddle up to a teddy
- Eat a favourite food in moderation
- Have a bubble bath
- Have a soothing drink
- · Hold a safe comforting object
- Find a safe space
- Hug someone
- Listen to soothing or favourite music
- Prayer, meditation, creative visualization
- Put lights or the radio on (to sleep)
- Sing favourite songs
- Sit in a safe place
- · Soak your feet
- Spray room fragrance
- Stroke or brush your pet or someone else's
- Use perfume or hand cream
- Take a warm bath
- Use pot pouri and essential oils
- Wear comfortable clothes
- Write a diary or talk about how you feel with another person
- Zen seeing (with a friend)

GENERAL IDEAS

- Don't beat yourself up, we all make mistakes
- List achievements
- Make a contract with your voices
- Positive self talk
- Self forgiveness (find yourself innocent)
- Talk to the voices, find out how they feel
- Wear one ear plug

DISTRACTION TECHNIQUES

- Cinema
- Clean or tidy things up
- Do puzzles or develop a hobby
- Exercise walking, running, dance, beach
- Gardening or striking pot plants
- Listening to CDs or mp3 player
- Paint or draw pictures, posters, cards
- Playing games, cards, computer
- Reading out aloud or hum a tune to yourself
- · Sewing, knitting, collecting
- Shopping
- Sports
- Telephone a friend
- Use visual imagery or count to yourself when trying to get to sleep
- Visit a friend
- Walk in shallow water
- Washina
- Watch TV or a DVD
- Write letters

*NOTE: Distraction techniques are useful when voices are particularly distressing or intrusive but are not recommended as an on-going coping technique.

Special thanks to Maria & Audrey for sharing their personal collection of strategies and thanks also to the members of the Hearing Voices Network Australia for their contributions. Please respect the collective minds of Voice Hearers – any replication from this document must acknowledge its source (s).



The soldier and the advocate

The soldier and the advocate

Took a walk one night

Stood on the edge of reason

And began a desperate fight

The soldier told the advocate

The cuts within his flesh

Were from his frontline duty

When as a trench man he was fresh

The advocate then asked him
"But don't you hold the knife
And when marching with your enemy
Carve away your own sweet life?"
"Well yes!" declared the soldier
"But our battle lingers on
And when the pain starts screaming
One cut and all is gone"

The advocate could not believe
How this could be the plan
To beat the opposition
That fought inside this man
He knew that fighting demons
Was a bitter bloody sight
But while they held the battle plans
They would always win the fight

So he asked the soldier bluntly
To face his demons one by one
And to find the strength to tell them
"This battle will soon be won"

The soldier wailed at the advocate
As he hung his head to cry

"If I talk with them again you fool
Then surely I will die"

"Trust me" sobbed the advocate

"For I have demons too

But together through these trenches
We can do what we must do"

That night went on for ever
A slog through winters snow
But the soldier and the advocate
Knew where they had to go
The battle was so fierce
As the demon snipers raged
Sweat and blood and flesh were shed
But the enemy soon caved

Now if you listen closely
At Devil's Point each night
You will hear the demons sleeping
Exhausted from the fight
So the story ends with peace
On this battlefield of life
Where the demons took their leave
And the soldier dropped his knife

And the moral of the story

Is pure and sweet and true

If you face your demons one by one

Then peace will reign for you¹⁵

Tig Davies © 2006 Recovery Trainer, Published Poet, Singer Songwriter and Consumer Glasgow, Scotland



Stepping Stones To Recovery

By: Ron Coleman

Any journey has a beginning, and for me it was my meeting with Lindsay Cooke, my support worker. It was her who encouraged me to go to the hearing voices selfhelp group in Manchester at the start of 1991. It was she, not me, who believed that a self-help group would benefit me. It was she who saw beneath my madness

and into my potential, it was her faith in me that kick started my recovery and it is to her that I owe an enormous debt.

There are other essential requirements for a journey to be successful; one of these is the ability to be able to navigate to your desired destination. In

this I was fortunate not to have one navigator but many.

Navigators

In this section I will mention only five of them. The first is Anne Walton, a fellow voice hearer who at my very first hearing voices group asked me if I heard voices, and when I replied that I did, told me that they were real. It does not sound 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 recovery process.

The second is Mike Grierson. Mike was the person who navigated me through my first contact both with my voices and with society. He encouraged me to go out and socialize with people who had nothing to do with the psychiatric system. He also took me to places like the cinema and classical concerts which reawakened my love for the arts. Mike was not only my social navigator, he was also one of the people who helped me to focus on my voices in a way that allowed me to explore my experience.

The third and fourth are Terry McLaughlin and Julie Downs. Terry and Julie were my navigators back to normality, they rekindled my interest in politics and took me into their family without reservation. It was with Terry that I developed much of my early thinking around training and mental health. Now with Julie as a coworker I am continuing to develop training packages,

which we use to explore the world of mental health.

My fifth person is Paul Baker, another of my navigators on the road to recovery. Paul, who brought the hearing voices network to the United Kingdom, encouraged me to become involved in the network, then when the time was

> right handed over the development of voices groups to me. To all of my navigators; Anne, Mike, Terry, Julie and Paul I owe my sanity.

Mapmakers

Choice is the mortar

that holds the bricks

together

Navigators require a map or a plan from which to navigate, and I have been fortunate, for the people who were my mapmakers were; Patsy Hage, Marius Romme and Sandra Escher. I do not believe that these three people fully understand what they have done. Little did Patsy know when she read the book by Julian Jaynes that the questions this would make her ask were going to affect so many people, indeed it is because of her questions that the Hearing Voices Network and resonance and other networks throughout the world exist today. Whether she wants it or not she has a premier place in the history of the hearing voices movement.

Sandra Escher is without doubt the person who made sure that ordinary people could understand the maps that were being made. Her ability to put across the message in language that is accessible to everyone has meant that the group's work has not remained in the world of academia but has been used by voice hearers from the very beginning. Sandra and Patsy have played a very important part in my recovery.

The final map maker is Marius Romme, who in his own words, is a traditional psychiatrist is without doubt one of the greatest map makers who it has been my good fortune to know. When he listened to Patsy Hage and explored what she was saying it was then, in my opinion, he stopped being a traditional psychiatrist. When he asserted in public for the first time that hearing voices was a normal experience and that voice hearing was not to be feared he stopped being a traditional psychiatrist.

...recovery can not and does not happen in isolation...



Stepping Stones To Recovery Continued

When he continued his work despite being ridiculed and criticized by his peers, he stopped being a traditional psychiatrist, and in my opinion, became a great psychiatrist. To Patsy, Sandra and Marius I only owe one thing and that is my life.

Up to this point I have mentioned nine people who have been participants in one way or another in my recovery journey and therein lies the first stepping-stone to recovery - people.

People

If I were to name all the people who have played a part in my recovery the list would be massive. The other thing about this list would be the fact that the majority on it would not be professionals. One of my fundamental beliefs about recovery is the premise that recovery cannot and does not happen in isolation. Nor can it happen if all our relationships are based on a professional and client interaction. Recovery is by definition wholeness and no one can be whole if they are isolated from the society in which they live and work.

For many years I had argued that there is no such thing as mental illness and this has led me into some interesting debates with people over the last few years. One of these debates was with Marius Romme, during this

discussion it became clear that Marius was not arguing a case for biological illness, what he in fact was saying was that illness could be expressed as a person's inability to function in society. This I can accept as it means that recovery is no longer a gift from doctors but the responsibility of us all.

This raises the question of whether society is prepared to take any kind of

responsibility for the recovery of people with mental health problems. I am of the opinion that they will not, for in our sophisticated culture we too have bought into the notion of a biological explanation for mental health. I suppose that my expectations of society might appear to be too high, but that must be seen in the context of those societies that do accept responsibility for those amonast them who become "mad".

For example, in the Aboriginal culture when someone goes mad, the whole tribe comes together to discuss

what the tribe has done to cause the person to be mad. Can you imagine this happening in our cultures? I think not. When someone goes mad in our culture it is off to hospital with them. It is not a gathering of the local community that gets together to decide what is wrong with the community. It is a ward round made up of socalled experts who get together often without the person concerned being present who decide both what is wrong

with the client and how it will be treated. This scenario, alas all to familiar, does not hold out much chance of recovery for the client. It is an impersonal rather than a person-centered way of approaching the problem. Within this scenario recovery is objective not subjective and the person is no longer a real factor in the process.

Self

If people are the

building bricks of

recovery then the

cornerstone must

be self.

If people are the building bricks of recovery then the cornerstone must be self. I believe without reservation that the biggest hurdle we face on our journey to recovery is ourselves. Recovery requires; self-confidence, self-esteem, self-awareness and self-acceptance and without these recovery is not just impossible, it is not worth it.

We must become confident in our own abilities to change our lives; we must give up being reliant on others

doing everything for us. We need to start doing these things for ourselves. We must have the confidence to give up being ill so that we can start being recovered. We must work at raising our self esteem by becoming citizens within our own communities, despite our communities, if need be. We are valued members of our societies and we must recognize our value.

We need to recognize our own faults, as the system may have created our diagnoses, but often it is ourselves who reinforce it. We need to be aware of our learned behaviour, this should be part of our old lives. We need to change those behaviours that still trap us in our roles as patients. We need to accept and be proud of who and what we are, I can honestly say my name is Ron Coleman and I am psychotic and proud. This is not a flippant statement, this is a statement of fact.

I am convinced that when we grow confident about who and what we are; we can then be confident about who



Stepping Stones To Recovery Continued

and what we might become. For me these four selves; self-confidence, self-esteem, self-awareness and self-acceptance are the second stepping-stone on the road to recovery.

Choice

The third step is closely related to the second and it is rooted in our own status. I believe that we ourselves have a great deal of say in our own status. We can choose to remain victims of the system, we can choose to continue to feel sorry for ourselves, we can choose to remain the poor little ill person who requires twenty-four hour care from professionals. On the other-hand we can choose a different direction, we can choose to stop being victims and become victors, we can choose to stop feeling sorry for ourselves and start living again, we can choose to stop being the poor little ill person and start the journey of recovery. This for me is the third stepping stone... choice.

When we thought of ourselves as ill it was easy to let others make our choices. The recovery road however demands that we not only make our own choices but that we take responsibility for all our choices good and bad. As we make choices we will make mistakes, we must learn to see the difference between making a mistake and having a relapse. For it is the easy option to go running back to the psychiatric system when we make mistakes. Rather than face our own weaknesses we fall into the trap of blaming our biology rather than our humanity. If people are the building blocks of recovery and self is the cornerstone then choice is the mortar that holds the bricks together.

Ownership

There is one other stepping stone in the recovery process and that is ownership. Ownership is the key to recovery, we must learn to own our experiences whatever they are.

Doctors cannot own our experiences, psychologists cannot own our experiences, nurses, social workers support workers, occupational therapists, psychotherapists, carers, and friends. Even our lovers cannot own our experiences. We must own our experiences. For it is only through owning the experience of madness can we own the recovery from madness.

The journey through madness is essentially an individual one, we can only share part of that journey with others, most of the journey is ours and ours alone. It is within ourselves that we will find the tools, strength and skills that we require to complete this journey for it is within ourselves that the journey itself takes place.

Recovery has become an alien concept, yet nothing I have talked about so far is based on rocket science, rather it is based on common sense. It is not anything new, it is merely a reiteration of a holistic view of life. We need to realise that sometimes we, all make things much more difficult than they need to be. It is almost as if we need life to be a rocket science that we can never understand. We seem to spend much of our time making the complexities of living even more complex through our appliance of scientific objectivity rather than exploring our lives through the simple mechanism of personal subjectivity. The time has come to have a close encounter with an alien concept - it is time for recovery.

Recovery is on the agenda, not clinical, or social recovery but personal recovery. The responsibility for recovery lies with us all, professionals, users and carers, we can only achieve it by working together, we can only achieve it by talking and listening to each other. We can only achieve it through shifting the paradigm from one of biological reductionism to one of societal and personal development.

The work of Romme and Escher has started this paradigm shift, it is up to all of us to continue this work until the shift has been made. Until we succeed, people will still be locked away from society because they hear voices or see visions or have different beliefs. Until we succeed, people will still be treated against their will. Until we succeed, society will still fear madness. Until we succeed, civilization will remain uncivilized. Recovery is our common goal, it is achievable now, let us not lose the moment let us work together to make it happen.



Ron is an independent consultant and trainer. He has been involved in work to promote recovery for many years and has written extensively on the subject. He was heavily involved in developing the first Hearing Voices Networks in the UK.





Love and Voices

Simon McCarthy Jones, Research Fellow at Macquarie University, Sydney, Australia, is a researcher into the experience of hearing His recent collaboration with a colleague, Larry Davidson, produced a paper on the role of love in the experience of hearing voices.

McCarthy-Jones, S., & Davidson, L. (2012). When soft voices die: Auditory verbal hallucinations and a four letter word (love). Mental Health, Religion & Culture. pp.1-17. See also his new book Hearing voices: The histories, causes and meanings of auditory verbal hallucinations at http://www.simonmccarthyjones.com/books/.



Ros and Indigo in Wodonga

Fun, Learning and connection



Prof Marius Romme



Paul Baker & Sandra Escher & others





"Never believe that a few caring people can't change the world. For indeed, they are the only ones who ever have."

Margaret Mead



Recovery: it's about...

Expecting, Connecting, Respecting, Accepting

Inspiration, Perspiration & Passion

Acting with Integrity

Taking responsibility

Allowing ownership

Celebrating Diversity

Equality & Democracy

Rediscovering Life Dreams

Searching for Meaning

Challenging, Risking, Stretching & Growing

Caring, Allowing & Letting Go

Looking at the Big Picture

Radiating Compassion & Hope

Communicating & Allowing Silence

Balance, Believe, Be Bold

Think Deeply, Act Compassionately, Connect Wholeheartedly

Lyn Mahboub

"Mental illnesses are not diseases...they are analogies. We act as if mental illnesses are physical illnesses, even though we know that...they are not.

Prof Steven Schwartz's (2000), Abnormal Psychology (p. 27)





Silencing My Voices Forever

By John McEwen



Using Proud-Feel Stories As The Basis For All Day Continuous Good Self-Talk Enabled Me To Silence My Voices Forever!

By creating lists of proud-feel achievements and turning the contents of the lists into proud-feel stories ... and then telling myself these stories all day for three weeks [that is, very solidly engaging in disciplined all day every day continuous good self-talk] enabled me to silence my voices forever!

For those persons who [akin me] want to rid themselves of their voices, this article is not a statement about 'how to do it', rather: it contains ideas to 'make your own' and make 'work for you' and so enable you to silence that damned reviled uninvited intrusion in your life.



Voices

After a very personal and completely devastating dressing down delivered me at the age of 14 years by my Headmaster, I began hearing my voices. Within days, I had located them as coming from inside my head. They spoke to me every day, and they spoke to me all day! – for the next 43 years! My voices were actually three voices, usually speaking in unison. But at times, I could hear each separately - shouting and laughing and scorning and ridiculing and degrading me.

For the first 20 years of my voices' existence, they very graphically and repeatedly told me that I was an animal, a worm, and a lump of shit. For example: "You are a lump of shit and worth only to be flushed away down a lonely deserted street's drain and into the sewerage pipes deep beneath the city – then to disappear forever into the bowels of the earth and never to be heard of again! Ha! Ha! You are nothing but useless shit - refuse which no one wants to have

anything to do with! Ha! Ha! Ha!"

My voice's favorite trick, whilst I was talking to other people, was to shout and laugh so loudly that I could not hear what others were saying ... which led to many embarrassing moments in my conversations with many, many people over the years.

It was not till I was 34 years old, that I managed to convince my voices to change what they had been saying to me. As a consequence, over the next 23 years, instead of telling me I was an animal and worm and lump of shit, my voices continuously reminded me of my ineptitudes, embarrassments, stupidities and sins. They continued to laugh and ridicule me as I was conversing with others, plus use their favorite trick of drowning out other's talk.

My Proud-feel Lists

Throughout my 43 years of efforts to prove to my voices that they were wrong in what they had been saying to me and about me, I would from time to time create proud-feel lists and spend periods of

time reading and recalling the things I'd done of which I was proud. In other words, I spent varying periods of time, whilst alone, in continuous good self-talk. This activity always made

me feel good ... Very, very good!

It was, sometimes, very difficult to create a list – simply because I didn't feel positive about myself and felt I didn't deserve positive self-recognition. Sometimes, feeling so low, it would take me months of perseverance ... till finally I forced myself to create a list ... and was always rewarded for so doing.

I constructed my proud-feel lists in the following way:

I would always begin with a heading that determined which activities and achievements I would include in the list. My headings were always whatever took my fancy, and included: work, sport, creative, friendship, cooking, good deeds, kind acts, making others laugh, and etc.

Most lists usually began after I'd done something of which I was proud, and so

the items on any list would start with recent achievements. After all recent activities had been recalled, I'd then go further back in my life and make a more extensive list.

Items were included in my proud-feel lists purely because I felt proud of that which I had done. Any thoughts I had about how others might scoff or discount an achievement were squashed ... and this included my voice's comments. This was my list ... and detailed the things I'd done of which I was proud!

Sometimes, in thinking back, I could not recall anything for a period in my life. To overcome this memory block, I would daily carry a small notebook and pencil. Throughout the ensuing days, I would remind myself that I wanted to recall my achievements when I was this-age or at this-suburb or country and etc. After some number of days, right in the middle of doing something unrelated, a memory would occur to me, and I'd quickly write it down. Using this method over weeks and months, I came to recall many achievements and experiences I'd forgotten about.

As I was making a list/s, I'd always spend time every day [an hour, or two or four] recalling and recounting and luxuriating in my proud-feel achievements and memories. I'd go through the list, over and over again – feeling really good about myself. Over the years, I increasingly imagined my telling my list to my friends ... and so over the years, my recounting of lists developed into private 'telling my friends stories', which became the format, for me, for continuous good self-talk.

One golden rule I needed to abide by during these good self-talk sessions was: I never told anyone about the list, any items on a list, nor that I was spending time alone using them as a basis for continuous good self-talk. I did this because I feared I would become boastful and egotistical and obnoxious and turn people away from me. To turn people away from me would have given my voices very hurtful ammunition to fire at my ever-hard-fought-for self-esteem. The attitude I developed was: if I wanted to create these lists and spend hours telling



them to myself and feeling very good, it was solely my business - and it was noone else's business - and so I kept mum about what I was doing.

Continuous Good self-talk

One day, at the age of 57 years, as I was creating a proud-feel list and spending 2 to 4 hours each afternoon telling my stories to myself, I suddenly realised I hadn't heard my voices whilst doing so. One second later, one of my voices spoke and said in a commanding voice to me: "Hey! You! I've got something to say to you!" I instantly responded with anger and replied: "Shut Up! I'm busy! Go away and come back later!" I immediately returned to telling myself my good self-talk stories. The voices obeyed! I began thinking about that fact!

Over the next few days, it dawned on me that I did have a way of controlling



my voices. I realised that by engaging in continuous good self-talk I could silence them. This discovery began an exciting and promising momentum inside me. Within days I began wondering what

would happen if I told myself my proudfeel stories all day and every day. I wondered ... if I could silence my voices for 2 to 4 hours by telling myself my proudfeel stories, what would my voices do if I engaged in continuous good self-talk all day and every day ... in exact opposition to their all day and every day bad selftalk?

Tremendous excitement began welling up inside me! I began experimenting and practicing! Whilst going about my business for the day, I would tell myself my proud-feel stories, initially for 2 hours at a time, then building to 4 hours a day. I developed the skill of doing the two things together [business for the day + continuous good self-talk stories] ... learning the limitations & impediments and dangers to watch out for whilst doing both activities at the same time.

Examples. [1] Servicing my car and continuing good-self talk simply involved quickly alternating between both activities. [2] However, driving my car and engaging in continuous good self-talk was dangerous, and I nearly had two collisions before I realised I needed to give my driving more attention than my stories. I then very quickly learnt to keep my driving as foreground in my mind

and my, often emotional, good self-talk as the background ... like my car radio! [3] I had to work out how to conduct my everyday business and have conversations whilst engaging in continuous good self-talk. For me, it became obvious that to successfully do both, I had to reduce and limit my talking to people ... and worked out how to do this without disadvantage to myself!

During these practice periods, I always listened for and then noted that my voices never spoke ... and so I strongly suspected that I had the key to silencing them forever ... though I was always It took eighteen days of continuous good self-talking all day and every day! I awoke on the nineteenth morning and immediately started telling myself my proud-feel stories. After a minute or two I heard a very funny noise in my head and asked: "What is happening?" One of my own-voices told me: "Your voices have realised you are no longer welcoming them and they are leaving ... and they are very angry and the noise you hear is their smashing up things before they leave!" I told my own-voice to tell my voices what they could "f... go and do". I excitedly returned to my proud-feel stories. Two hours later, I ceased my story-telling so that I could hear my voices. I noted that their volume had diminished somewhat ... they were indeed slowly disappearing from my hearing. I calculated that by around 4pm that afternoon their volume would be zero! I rechecked my calculation two hours later by listening to them again and decided that indeed by 4pm I could make a pronouncement re their eagerly sought-after death. I waited till 5pm before I ceased my proud-feel stories and then listened for my voices. I heard nothing! NOTHING! IT WAS THE FIRST TIME FOR 43 YEARS!! For the next 4 hours, I walked around my house ... alternatively laughing and crying! While it had taken me 43 years, I had finally achieved the promise I'd made to myself as a 14 year old! I had silenced my voices! I had won! This was and will always be the greatest ever day of my whole life! And during that evening, I warned my voices that if they ever attempted to make a reappearance, I'd simply do again what I had been doing. For the next three days, to reinforce to them that resolve, I kept telling myself my proud-feel stories for a few hours each morning after wak-

On four occasions over the next six

months, my voices attempted to return – but I immediately warned them of their folly and began my all day proud-feel stories. They were instantly crushed ...





My life changed in many positive and subtle ways [not appropriate to detail here] after the silencing of my voices!



POSTSCRIPT

The voices we hear arise in each of us from different experiences and for different reasons ... and the voices we hear say different things to us, at different times, with different intensities ... and so our voices have very different implications and meanings in each our lives. This article is simply an ideas statement which I hope helps you deal more comfortably with your voices.

Something more ... and I simply wonder whether the method I used to rid myself of my voices could be used to counter or lessen other continuous negative experiences? In other words, could disciplined all day every day continuous good self-talk be strategically used to advantage with an assortment of personal discomforts?

I hope you get some good ideas and I wish you all the best in your endeavors!

John McEwen

of my life experience has made them less angry & more supportive of my life goals & needs. Dayle



Links of Interest

The following links may be of interest to you. Jump online and have a look!

Australian networks and supportive agencies:

www.hvna.net.au www.joc.com.au www.rfwa.org.au www.prahranmission.org.au www.hvnnsw.org.au

International networks/links:

www.intervoiceonline.org
www.hearingvoicesnetwork.co.uk
www.workingtorecovery.co.uk
www.hvn-usa.org
www.hearing-voices.net
www.hearing-voices.org
www.keepwell.com.au
Portland (Oregon) Hearing Voices:
www.portlandhearingvoices.net

International Community for Hearing Voices: www.intervoiceonline.org Working to Recovery www.workingtorecovery.co.uk/

Other:

Ron Coleman's Story www.roncolemanvoices.co.uk/
Jacqui Dillon: voice hearer, international speaker & trainer
http://www.jacquidillon.org/
Dundee HVN (Scotland) www.hearingvoicesnetwork.co.uk/

Gloucestershire HV and Recovery Group www.hearingvoices.org.uk/ The Freedom Center in the U.S,

http://www.freedom-center.org/

Alaska Mental Health Consumers Website: www.akmhcweb.org

Asylum: The Magazine for Democratic Psychiatry:

www.asylumonline.net

Campaign for the Abolition of the Schizophrenia Label:

www.caslcampaign.com

 $\textbf{Chipmunka Publishing:} \ www.chipmunkapublishing.com$

Coming Off Psychiatric Meds website http://www.comingoff.com/
Critical Psychiatry Network http://www.critpsynet.freeuk.com/
Deptford Hearing Voices Network (London, UK): www.dhvs.freeuk.com

ECT: www.ect.org

Freedom Center: www.freedom-center.org **Icarus Project**: www.theicarusproject.net

Institute for the Study of Human Resilience: www.bu.edu/resilience International Guide to the World of Alternative Mental Health:

www. alternative mental health.com

Law Project for Psychiatric Rights: www.psychrights.org
Madness Radio http://www.madnessradio.net/

Mad Pride: www.ctono.freeserve.co.uk

MIND (UK), including MIND Publications: www.mind.org.uk
Mind Freedom International: www.mindfreedom.org
National Empowerment Center: www.power2u.org
National Association for Rights Protection and Advocacy:

www.narpa.org

PCCS Books: www.pccs-books.co.uk **People Who**: www.peoplewho.org

Psychiatric Survivor Archives: www.psychiatricsurvivorarchives.com

Psych Rights http://psychrights.org/index.htm

Rethink: www.rethink.org

 $\textbf{Rufus May} \ \text{http://rufusmay.com/index.php?option=com_frontpage\<emid=1}$

Successful Schizophrenia: www.successfulschizophrenia.org **Scottish Recovery Network** http://www.scottishrecovery.net/

The Road Back http://www.theroadback.org
The Icarus Project http://theicarusproject.net/

You tube:

I Hear Voices http://www.youtube.com/watch?v=qnlvkJ0pmHM

Rufus May – The Dr Who Hears Voices Parts 1-8 http://www.youtube.com/watch?v=si tCGuPg9E

Asylum http://www.insidestories.org/node/294/play

Peer run alternative centre http://www.youtube.com/watch? v=HDgZvZ9Z2GA&feature=related

Rachel Perkins - on Peer Support http://www.youtube.com/watch? v=7EsA1SO6Yf0&feature=related

Psychiatrist Dan Fisher http://www.youtube.com/watch?v=RXmNEEpBXcs&feature=related

Neat cartoon clip Recovery - Get the life you want! - Personalisation http://www.youtube.com/watch?v=f2pGd-EgGcA&feature=related

Pat Deegan You tube links

- http://www.youtube.com/watch?v=jhK-7DkWaKE
- http://www.youtube.com/watch?v=lwdohhabCNQ
- http://www.youtube.com/watch?v=DVIhfuKDjYE

Mary O'Hagan compulsion

- http://www.youtube.com/watch?v=74VD1a9MqR0
- http://www.youtube.com/watch?v=Jda-F6Zgtko

Alternative Care for Psychosis: Preventing Schizophrenia: Open Dialogue has achieved remarkable success helping people through extreme states labeled 'psychosis' and 'schizophrenia' while relying much less on medication and hospitalization. http://ncmhr.org/index.htm

Peer run alternative centre http://www.youtube.com/watch?v=HDgZyZ9Z2GA&feature=related

Motivational Interviewing http://www.youtube.com/watch?v=URiKA7CKtfc Helen Glover - Moving Recovery from Policy to Practice in NSW - Interview

- (Part 1 of 4) http://www.youtube.com/watch?v=8MI-T7ZdR1c
- Part 2 http://www.youtube.com/watch?
 v=z_n1izr5BCg&feature=relmfu
- Part 3 http://www.youtube.com/watch?
 v=yAsvWfXl2EI&feature=relmfu
- Part 4 http://www.youtube.com/watch?
 v=M88Nf8AcW34&feature=relmfu

David Healy professor of psychiatry at Cardiff University

See http://www.youtube.com/watch?v=N95J8n7fZJE

Healy talks about his new book called "Pharmageddon"

http://www.youtube.com/watch?v=m7rbUdp_XIE&feature=related

The Truth About "Schizophrenia" & Fixing Chemical Imbalances

http://www.youtube.com/watch?v=9OVNiLKjMME

The Marketing of Madness - The Truth About Psychotropic Drugs - Full Documentary http://www.youtube.com/watch?v=XohpN2iZTUg&feature=related (chemical imbalance)

Listen To:

Madness Radio: Chemical Crucifixion Grainne Humphry http://

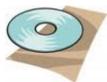
www.madness radio.net/madness-radio-chemical-crucifixion-grainne-humphry



Madness Radio: Bipolar Medication Myths (psychiatrist) Joanna Moncrieff http://www.madnessradio.net/madness-radio-bipolar-medication -myths-joanna-moncrieff

Hearing Voices Madness Radio: Living With Voices Ron Coleman http://www.madnessradio.net/madness-radio-living-voices-ron-coleman

Madness Radio: Meanings of Madness Gail Hornstein http://www.madnessradio.net/madness-radio-meanings-madness-gail-hornstein



DVD's

Recovery from

Psychosis Conference

Presentations www.rfwa.org.au

- Keynote 1: "Hearing Voices and the Complexity of Mental Health Issues from an Aboriginal Perspective" by Dr. Helen Milroy (Australia)
- Keynote 2: "The Personal is Political" by Jacqui Dillon (England)
- Keynote 3: "Hearing Voices with Children" by Dr. Sandra Escher (Holland)
- Keynote 4: "Voice Dialogue" by Dr. Dirk Corstens (Holland)
- Keynote 5: "Understanding Psychosis" by John Watkins (Australia)
- Keynote 6: "Making Recovery Happen: From Rhetoric to Reality" by Ron Coleman and Karen Taylor (Scotland)
- Keynote 7: "Recovery with Voices: A Report on a Study with 50 Recovered Voice Hearers" by Prof. Marius Romme (Holland)
- Keynote 8: "Recovery from Psychosis: What Helps and What Hinders?" by Lyn Mahboub and Marlene Janssen (Australia)
- Keynote 9: "Working with Voice Hearers in Social Psychiatry" by Trevor Eyles (Denmark)



Films

A Brilliant Madness (2002). Available from www.pbs.org. Louise Pembroke, Dedication to the Seven: Hearing voices in Dance and Catatonia (2007). Available from www.mind.org.uk. Dialogues with Madwomen (1993). Dir. Allie Light. Available from Women Make Movies (www.wmm.com).

Hearing Voices: Approaches to Managing Psychosis (1995). BBC worldwide. Available from Films for the Humanities & Sciences (www.ffh.com).

People Say I'm Crazy (2004). Dir. John Cadigan and Katie Cadigan. Palo Alto Pictures. Available from www.peoplesayimcrazy.org.

Someone Beside You (2006). Dir. Edgar Hagen. Available from http://www.maximage.ch./home.html

http://www.someonebesideyou.com/en/index_e.html

Gallery of Voice Hearers

Philosophers and thinkers

Socrates
Plato
Aristotle
Pythagoras
Emanuel Swedenborg
Descartes
Goethe

Goethe Sigmund Freud Carl Gustav Jung Mahatma Gandhi Jean-Paul Sartre

Authors, musicians and creative artists

Jonathan Swift
Cervantes
Beethoven
Robert Schumann
Mozart
Wagner
Rossini
Schopenhauer
Henri Rousseau

Byron Chopin Ben Johnson Dumas

Shelly
Walt Whitman
Edgar Allen Poe
Charles Dickens
Virginia Woolf
Evelyn Waugh
Sylvia Plath
Philip K Dick
Anthony Hopkins

Zoe Wanamaker Paul McCartney Brian Wilson

Spiritual and religious figures Moses

Jesus
St Paul
Mohammed
Joan of Arc
Peter the Hermit
Luther
Calvin
St Augustine
St. Teresa of Avila
St Francis
John Bunyan
George Fox (Founder
of the Quakers)
Joseph Smith (Founder
of the Mormons)

Leaders and rulers

Alexander the Great Caesar Attila Charlemagne Oliver Cromwell Napoleon Hitler Mussolini Stalin Churchill

Scientists, Discoverers & Explorers

Christopher Columbus Galileo Isaac Newton John Nash

List courtesy of

http://www.asylumonline. net/whvd.htm



NOTE FROM THE EDITOR

Due to the rising costs of postage, the Network reserves the right to charge a \$5.00 postage and handling fee for mail out of this Information Booklet.

Where possible we encourage readers to access our website www.hvna.net.au to download an electronic copy in pdf.

However, in saying this do not let cost be a barrier to you accessing this information—call us to cat about obtaining a copy.



People's own words

Mandy's Story: Parenting whilst hearing voices.

Being a parent can be one of the most difficult challenges in life but it can also be the most rewarding experiences. Being a voice hearer is similar. When you combine the two it can undoubtedly be a recipe for pain, stress and confusion (some of the time) - not only for the parent but the children and parenting partner, family and friends. But I've found it can also be satisfying, joyful and good for your mental health.

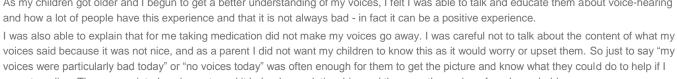
Through learning about the 'Hearing Voices Approach', I worked towards an understanding and appreciation of my voices and voice-hearing experience. I hear positive and negatives voices and the negative voices can be very distressing at times. And the positive can be guiding and helpful.

When distressed by my voices it affected my ability to cope with all parts of my life, and my children knew I was distressed, which in turn could sometimes make them upset. This did not happen all the time; in fact my voices were less distressing when my children were around me. Knowing

when I needed help and support and asking for it at this time, was the best I could do to manage my children and my life.

As my children got older and I begun to get a better understanding of my voices, I felt I was able to talk and educate them about voice-hearing

voices said because it was not nice, and as a parent I did not want my children to know this as it would worry or upset them. So just to say "my voices were particularly bad today" or "no voices today" was often enough for them to get the picture and know what they could do to help if I was struggling. They appreciated my honesty and it helped our relationship, and the smooth-running of our household.



My voices would sometimes help me with my parenting

Sometimes my voices helped me look after my kids; waking me up if I was sleeping during the day when it was time to pick them up from school. And at times they had a great sense of humour, and would come up with fun activities to do with the kids at school holiday times. When I was feeling numb and distant, my voices would help me to stay focused and in tune with my kids - helping me to ask the right questions when they were down and attend to their needs.

I believe every voice-hearer has the right to become a parent and not to have their parenting rights taken away from them just because they hear voices. With the right supports, education about your voice-hearing experience and a willingness to be a great parent you can parent very well as a voice-hearer.

Also see online at http://www.copmi.net.au/parents-and-families/parents/personal-stories/mandys-story.html

Hi, I have not heard my 2 negative voices for at least a month. This has changed the whole way that I conceptualise my voices - they now 'make sense'. This is after the 1 day reconceptualising HV training. S

Now it's not black & white when dealing with the voices but now there's a grey area were things have possibility for positive change.

It takes just as much energy to fight the voices as it takes to work with them & negotiate & listen. Donna

I have got a lot out of the Hearing Voices Group. How to use the strategies and which ones I found the most useful and were to use them for my personal comfort.

Some times in some groups I find it hard to express my self or tell the other members at that time what I am experiencing.

I have found friendship in the group and trust among them. I feel confident with the group members, and I hope they feel the same about me. Voices Group Member, 2006

They (voices) have helped me to see my strengths. They put me down and call me names but they are never right with anything they say so I challenge them and think the opposite of what they are saying. I thank them for their opinion but tell them I disagree...

My voices have changed.... I only hear 4 negative voices now..... They (the other negative voices) tell me it is about time I became stronger. I have been challenging them and when I do they go guiet. They went guiet for an hour afterwards the other day. I'm happy with how the group is going. I get a lot out of it. I have learnt better strategies for my voices and I don't let them upset me . Kim







and the Hearing Voices Network Australia at...

hvna@rfwa.org.au for a copy of any of these publications.

Ph: 08 9350 8800 or

"WA Hearing Voices Awareness Training"

Working with voices for professionals

Attend our 1 or 2 day training (day 1 is a pre-requisite for day 2).

Day 1: Reconceptualising Hearing Voices: An Introduction to the 'Hearing Voices Approach'

Workshop Objectives: You will:

- Gain an understanding of the 'Hearing Voices Approach'.
- Explore the experience of people who hear
- Explore recovery strategies for workers and voice hearers.

Day 2: Reconceptualising Hearing Voices: Working with Voices

Workshop Objectives: You will:

On behalf of Richmond Fellowship WA and the Hearing ork Australia, we welcome you to INTERVOICE 200

- Experience a range of ways of working with voices including voice profiling and mapping.
- Gain a deeper understanding of the usefulness of engaging rather than ignoring voices.
- Explore the modality of Voice Dialogue and hear about how it is used in the 'Hearing Voices Approach'.

Also ask about our 3 hour Snapshot on Hearing Voices, Hearing Voices Approach presentations, our free family and friends evenings and our Hearing Voices Road-show

- this is where we can come to you. Open to voice hearers, families members and workers.

Contact Kevin Lin, RFWA Training Manager 9350 8800 or Training admin at training@rfwa.org.au to register your interest in training in the Hearing Voices Approach and more. Workshops held multiple times throughout the yea



Voice-hearing bibliography

Baker PK (1995): Accepting the inner voices, Nursing Times, Vol. 91, No 31, 1995, pp 59-61

Baker, Paul. (2010) 2nd Edition. The voice inside: A practical guide to coping with hearing voices. Manchester, UK: P&P Publications

Barham, Peter. (1984). Schizophrenia and Human Value. London: Blackwell (revised ed., Free Association Books, 1993).

Barker, P. (ed) (1999): Talking cures: a guide to the psychotherapies, Nursing Times Books, ISBN 1-902499-10-7

Barrett, T.R., & Etheridge, J.B. (1992). Verbal hallucinations in normals. I: People who hear voices. Applied Cognitive Psychology, 6, 379 – 387.

Batty DM (1997): "I still hear the priest occasionally but he's only a minor voice now", The Independent, July 1

Batty, D. (1997): The voices of reason, Nursing Times, vol 93, no 15

Beavan, V., Read, J., & Cartwright, C. (2006). Angels at our tables: A summary of the findings from a 3-year research project into New Zealanders' Experiences of Hearing Voices. Available online: http://www.keepwell.co.nz/downloads/17.pdf Accessed 16th Jan 2007.

Bentall RP, Claridge GS & Slade PD (1988): Abandoning the concept of "schizophrenia": some implications of validity arguments for psychological research into psychotic phenomena, British Journal of Clinical Psychology, vol 27, pp 303-324

Bentall RP, Haddock G and Slade PD (1994): Cognitive behaviour therapy for persistent auditory hallucinations: from theory to therapy, Behavioral Psychotherapy, no 25, pp 51-56

Bentall, R. & Gillian Haddock (1990): Cognitive behaviour therapy for persistent auditory hallucinations, Behaviour Therapy 25: 51 - 66

Bentall, R. P. & Slade, P.D. (eds) (1992). Reconstructing Schizophrenia. London: Routledge

Bentall, R.P. (1990). The illusion of reality: A review and integration of psychological research on hallucinations. Psychological Bulletin, 107, 82-95.

Bentall, R. (2003). Madness Explained: Psychosis and Human Nature. London: Penguin.

Blackman, Lisa. (2001). Hearing Voices, Embodiment and Experience. London: Free Association Books.

Bloom, S. (1997). Creating Sanctuary: Towards the Evolution of Safe Communities. London: Routledge.

Boyle, M. (1990). Evaluating the Validity of Schizophrenia. Chapter 1 in Schizophrenia: A Scientific Delusion. Routledge, London.

Boyle, M. (1999). Diagnosis. In C. Newnes, G. Holmes & C. Dunn (eds.) This is madness: A critical look at psychiatry and the future of mental health services (pp. 9-16). PCCS Books. Ross-on-Wye.

Boyle, M. (2002a). It's all done with smoke and mirrors. Or, how to create the illusion of a schizophrenic brain disease. Clinical Psychology, 12, 9-16.

Boyle, Mary. (1992; expanded 2nd ed., 2003). Schizophrenia—A Scientific Delusion? London: Routledge.

Bracken, P. and Thomas, P. (2005). Postpsychiatry: Mental Health in a Postmodern World. Oxford: Oxford University Press.

Bracken, Patrick. (2002). Trauma: Culture, Meaning, and Philosophy. London: Whurr Publishers.

Breggin, P. (1991). Toxic psychiatry. St Martin's Press.

Breggin, P., & Cohen, C. (1999). Your drug may be your problem: How and why to stop taking psychiatric medications. Cambridge: Da Capo Press.

Casstevens, W. J., Cohen D., Newman F.L. & Dumaine, M. (2006). Evaluation of a Mentored Self-Help Intervention for the Management of Psychotic Symptoms. International Journal of Psychosocial Rehabilitation. 11 (1), 37-49

Chadwick PDJ, Birchwood MJ and Peter Trower (1996): Cognitive therapy for delusions, voices and paranoia, John Wiley, ISBN 0-471-96173-6

Chadwick PDJ, Birchwood MJ, Sambrooke S, Rasch S, et al (2000): Challenging the omnipotence of voices: group cognitive behaviour therapy for voices, Behaviour Research and Therapy, 38, pp 993-1003

Chadwick, P. Susan Lees and Max Birchwood (2000), The revised beliefs about voices questionnaire, British Journal Psychiatry no 177, pp 229-232

Chadwick, Peter. (1997). Schizophrenia: The Positive Perspective. London: Routledge.

Close H and Garety P (1998): Cognitive assessments of voices: further developments in understanding the emotional impact of voices, British Journal of Clinical Psychology, no 37, 189-197

Colbert, T. (1996). Broken brains or wounded hearts. Santa Ana, CA: Kevco Publishing.

Coleman, R. (1999). Hearing voices and the politics of oppression. In C. Newnes, G. Holmes & C. Dunn (Eds.), This is madness: A critical look at





Voice-hearing bibliography continued

psychiatry and the future of mental health services (pp. 150-163). Ross-on-Wye: PCCS Books.

- Coleman, R., Baker, P. & Taylor, K. (2000). Victim to Victor III: Working to recovery A guide to mental wellbeing. Handsell Publishing.
- Coleman, Ron and Mike Smith. (2006) Working with Voices—Victim to Victor (2nd ed). Lewis, Scotland: P&P Ltd. Press.
- Coleman, Ron. (2004). Recovery: An Alien Concept (2nd Edition). Lewis, Scotland: P&P Press (available from www.workingtorecovery.co.uk).
- Cook, S., & Chambers, E. (2009). What helps and hinders people with psychotic conditions doing what they want in their daily lives. British Journal of Occupational Therapy, 72, 238–248.
- Corstens, D., Escher, S. and Romme, M. (2008). Accepting and working with voices: The Maastricht Approach. In A. Moskowitz, I. Schafer and M. J. Dorahy (eds.), Psychosis, Trauma and Dissociation: Emerging Perspectives on Severe Psychopathology. Oxford: Wiley-Blackwell, pp. 319-331.
- Corstens, D., Longden, E., & May, R. (in press). Talking with voices: Exploring what is expressed by the voices people hear. Psychosis.
- Curtis, T. et al (eds.). (2001). Mad Pride: A Celebration of Mad Culture. Handsell Publishing. Great Britain.
- David, T. and I. Leudar. (2001). Head to head: Is hearing voices a sign of mental illness? The Psychologist, 14, no. 5, 256-259.
- Davidson, L. (2011). Recovery from psychosis: What's love got to do with it? Psychosis, 3, 105-114.
- Deegan, Patricia. Coping with voices: Self-help strategies for people who hear voices that are distressing (available from National Empowerment Center, www.power2u.org).
- Dillon, J. (2012). The tale of an ordinary little girl. Retrieved February 15, 2012 from http://www.jacquidillon.org/biography/background
- Downs, J. (ed) (2001). Starting and Supporting Hearing Voices Groups: a guide to starting and facilitating Hearing-Voices Groups. Hearing Voices Network. Manchester.
- Downs, J. (Ed.) (2001). Coping with voices and visions: A guide to helping people who experience hearing voices, seeing visions, tactile or other sensations, Hearing Voices Network, Dundee, UK. hearingvoicesnetwork.com
- Eaton, W.W., Romanoski, A., Anthony, J.C., & Nestadt, G. (1991). Screening for psychosis in the general population with a self-report interview. Journal of Nervous and Mental Disease, 179, 689 693.
- Ensink B: Confusing realities: A study of child sexual abuse and psychiatric symptoms Amsterdam, VU University Press (1992) and also Trauma: A study of child abuse and hallucinations, in Accepting Voices (1993) Romme M and Escher S (eds)
- Escher, S. & Romme, M. (2010). Children Hearing Voices. What you need to know and what you can do. PCCS Books Ltd. Herefordshire.
- Escher, S., et al. (2002). Independent course of childhood auditory hallucinations: A sequential 3-year follow-up study. British Journal of Psychiatry. 181 Suppl 43: p. 10-18.
- Estroff, S. E., Lachicotte, W. S., Illingworth, L. C., & Johnston, A. (1991). Every body's got a little mental illness: Accounts of illness and self among people with severe, persistent mental illness. Medical Anthropology Quarterly, 5(4), 331-369.
- Falloon IRH and Talbot RE (1981) Persistent auditory hallucinations: coping mechanisms and implications for management, Psychological Medicine, no 11, pp 329-339
- Haddock G, Benthall RP and Slade P (1996), Psychological treatments for auditory hallucinations, focusing or distraction? pp 45-71 in Cognitive behavioural interventions with psychotic disorders, Routledge, London Therapy, Haddock G and Slade P (eds)
- Haddock, G. P Slade: Empowering people who hear voices in cognitive behavioral interventions with psychotic disorders, Routledge, London (1996)
- Hammersley, P., Langshaw, B., Bullimore, P., Dillon, J., Romme, M. and Escher, S. (2008). Schizophrenia at the tipping point. Mental Health Practice, 12 (1), 14-19.
- Hammersley, P., Read, J., Woodall, S. and Dillon, J. (2007). Childhood trauma and psychosis: The genie is out of the bottle. Journal of Psychological Trauma, 6(2/3), 7-20.
- Harper, D. (2004). Delusions and Discourse: Moving Beyond the Constraints of the Modernist Paradigm. Philosophy, Psychiatry, & Psychology Volume 11, Number 1, pp. 55-64
- Heery MW (1989). Inner voice experiences: an exploratory study of 30 cases, Journal of Transpersonal Psychiatry, vol 21, no. 1, pp 73-82
- Herman, Judith Lewis (1992). Trauma and Recovery: The Aftermath of Violence From Domestic Abuse to Political Terror. New York: Basic Books.
- Honig, A., Romme, M., Ensink, B., Escher, S., Pennings, M., & Devries, M. (1998). Auditory hallucinations: a comparison between patients and non-patients. Journal of Nervous and Mental Disease, 186, 646 651.
- Hornstein, Gail A. (2009). Agnes's Jacket: A Psychologist's Search for the Meanings of Madness. New York: Rodale Books.
- Icarus Project. (2004). Navigating the Space Between Brilliance and Madness: A Reader and Roadmap of Bipolar Worlds (available from www.theicarusproject.net).





Voice-hearing bibliography continued

James, A. (2001), Raising our voices: history of the voice hearing movement, Handsell UK

Jaynes J: The origin of consciousness and the breakdown of the bicameral mind: (1976) Houghton Mifflin, Boston

Jenner, F.A., A.C.D. Monteiro, J.A. Zagalo-Cardoso, and J.A. Cunha-Oliveira. (1993). Schizophrenia: A Disease or Some Ways of Being Human? Sheffield, UK: Sheffield Academic Press.

Lakeman, Richard. (2002). Making sense of the voices. International Journal of Nursing Studies, 38, 523-531.

LeFevre, S.J. (1996). Killing Me Softly. Handsell Publishing. Gloucester.

Lehmann, Peter (ed.). (2002). Coming off Psychiatric Drugs (available from www.peter-lehmann-publishing.com).

Leudar, I., & Thomas, P. (2000). Voices of Reason, Voices of Insanity: Studies of Verbal Hallucinations. London: Routledge.

Lynn, G. Stephens, George Graham (2000): When self-consciousness breaks: alien voices and inserted thoughts (Philosophical Psychopathology Series), Bradford Books; ISBN: 0262194376

Martin, PJ (2000). Hearing voices and listening to those that hear them. Journal of Psychiatric and Mental Health Nurses, 7 (2), 135 – 141.

Mary's Dog is an Ear Mother: Listening to the Voices of Psychosis, Psychological Perspectives vol 6, no 2, pp 144-160

Millham, A., & Easton, S. (1998) Prevalence of auditory hallucinations in nurses in mental health. Journal of Psychiatric and Mental Health Nurses, 5, 95 – 99.

Mosher, L. (1999). Soteria and other alternatives to acute psychiatric hospitalization: A personal and professional review. The Journal of Nervous and Mental Disease, 187, 142-149.

Moskowitz, A., Schafer, I. & Dorahy, M.J. (2008) Psychosis, Trauma and Dissociation: Emerging perspectives on severe psychopathology. Wiley.

Newnes, C., Holmes, G., & Dunn, C. (1999) (eds) This is madness A critical look at psychiatry and the future of mental health

Newnes, C., Holmes, G., & Dunn, C. (2001) (eds) This is madness too: Critical perspectives on mental health services. Ross-on-Wye: PCCS Books.

Nottinghamshire Healthcare NHS Trust. (2008). Taking back control: a guide to planning your own recovery. South West London and St George's Mental Health NHS Trust. Nottingham.

Parker, J., E. Georgaca, D. Harper, T. McLaughlin, and M. Stowell-Smith (1995). Deconstructing Psychopathology. London: Sage.

Posey TB and Losch ME (1984), Auditory hallucinations of hearing voices in 375 normal subjects, Imagination, Cognition and Personality, vol 3, no 2, pp 99-113

Rapley, M. (2004). The Social Construction of Intellectual Disability. Cambridge University Press: Cambridge.

Read, J., et al. (2003). Sexual and physical abuse during childhood and adulthood as predictors of hallucinations, delusions and thought disorder. Psychology and Psychotherapy: Theory, Research and Practice, 76: p. 1-22.

Read, J., Mosher, L., and Bentall, R. (Eds.) (2004). Models of madness: Psychological, social and biological approaches to schizophrenia. Brunner-Routledge: New York.

Read, Jim. (2009). Psychiatric Drugs: Key Issues and Service User Perspectives. London: Palgrave Macmillan/MIND.

Reeves, A. (1999). Recovery a holistic approach. Handsell Publishers: UK.

Robinson, J. (2001). Voice of Reason, Mental Health Practice. vol 4, no 7, pp 24-25

Romme M and Escher S (eds): Understanding voices: coping with auditory hallucinations and confusing realities. First published by Rijksuniversitiet Maastricht, Limburg, Holland (1996) and English edition, Handsell Publications

Romme M, Honig A, Noorthorn EO & Escher S (1992): Coping with hearing voices: an emanciapatory approach British Journal of Psychiatry:

Romme, M, Sandra Escher, Jacqui Dillon, Dirk Corstens, and Mervyn Morris (eds.). (2009). Living with Voices: 50 Stories of Recovery. (available from www.pccs-books.co.uk)

Romme, M. & Escher, S. (1993). Accepting Voices. Mind Publications. London

Romme, M. & Escher, S. (2004). Making Sense of Voices: a guide for mental health professionals working with voice-hearers. Mind Publications, London.

Romme, M. and Escher, S. (1989) Hearing Voices (1989) Schizophrenia Bulletin 15 (2): 209-216

Romme, M. and Escher, S. (2005). Trauma and hearing voices. In W. Larkin and A. Morrison (eds.) Trauma and Psychosis: New Directions for Theory and Therapy. Routledge: London.

Romme, M. and S. Escher. (1996). Empowering people who hear voices. In Gillian Haddock and Peter Slade (eds.), Cognitive Behavioural Interventions with Psychotic Disorders. London: Routledge, pp.137-150.

Romme, M., & Pennings, M. (1994). Hearing voices in patients and non-patients. Paper presented at Work Congress of Social Psychiatry.



Voice-hearing bibliography continued

Romme, M., S. Escher et al. (1996). Understanding Voices — Coping with Auditory Hallucinations and Confusing Realities. Gloucester, UK: Handsell Publications (available fromwww.workingtorecovery.co.uk).

Rothschild, B. (2000). The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment. London: Norton.

Rowe, D (2002) Beyond Fear, Third Edition, Harper Collins.

Rowe, D. (2003). Depression: The Way out of Your Prison. London: Routledge.

Sarbin TR (1990), Towards the Obsolescence of the Schizophrenia Hypothesis, The Journal of Mind and Behaviour, vol. 11. No.3/4, pp 259-283

Sayer, Jane, Susan Ritter and Kevin Gournay. (2000). Beliefs about voices and their effects on coping strategies. Journal of Advanced Nursing, 31, 1199-1205.

Sidgwick, H.A. et. al. (1894). Report of the census of hallucinations. Proceedings of the Society for Psychical Research, 10, 25-422.

Siegel, R. (1992): Fire in the brain: clinical tales of hallucination, Dutton Books, New York

Slade, P. D. (1993) Models of hallucination: from theory to practice, The Neuropsychology of Schizophrenia, David AS and Cutting J (eds); Earlbaum, London

Smith, D.B. (2007). Muses, Madmen, and Prophets: Hearing Voices and the Borders of Sanity. Penguin Books. London.

Smith, M. (2000). Victim to Victor II: Working with Self-Harm. P & P Press: UK.

Stastny, Peter and Peter Lehmann (eds.). (2007). Alternatives Beyond Psychiatry (available fromwww.peter-lehmann-publishing.com).

Steele, Ken and Claire Berman. (2001). The Day the Voices Stopped: A Schizophrenic's Journey From Madness to Hope. New York: Basic Books.

Stephens, Lynn and George Graham. (2000). When Self-Consciousness Breaks: Alien Voices and Inserted Thoughts. Cambridge, MA: MIT Press.

Thornhill, Hermione, Linda Clare, and Rufus May. Escape, enlightenment and endurance. Anthropology and Medicine, 11, No. 2, 181-199.

Tien, A.Y. (1991). Distribution of hallucinations in the population. Social Psychiatry and Psychiatric Epidemiology. 26: p. 287-292.

Tiihonen, Hari, Naukkarinen, Rimon, Jousimaki and Kajola (1992) Modified Activity of Human Auditory Cortex during Auditory Hallucinations, American Journal of Psychiatry, vol 149, no 2, pp 225-257

Tony David, Ivan Leudar (May 2001): Head to head: Is hearing voices a sign of mental illness, The Psychologist vol 14, no 5, pp 256-259 van Os, J., et al. (2000). Strauss (1969) revisited: A psychosis continuum in the normal population? Schizophrenia Research. 45: p. 11-20.

Endnotes

- ¹ Sidgewick et al., 1894; Tien, 1991; Posey & Losch, 1983
- ² Leudar & Tomas, 2000; Millham & Easton, 1998
- ³ Posey & Losch, 1983; Barrett & Etheridge, 1992; Tien, 199; Honig et al., 1998; Eaton, Romanoski, Anthony, & Nestadt, 1991; Romme & Pennings, 1994
- ⁴ Berrios, 1991; Jaspers, 1962
- ⁵ Leudar & Thomas, 2000
- ⁶ Leudar & Thomas, 2000
- ⁷ Coleman, 2006
- ⁸ Breggin & Cohen, 1999
- 9 Romme and Escher, 1993
- ¹⁰ William James, 1902, as cited in Fulford, 1997
- Author of: Delusions and Discourse: Moving Beyond the Constraints of the Modernist Paradigm. *Philosophy, Psychiatry, & Psychology Volume 11, Number 1, March 2004, pp. 55-64*
- ¹² Davidson, Chinman, Sells and Rowe, 2006
- ¹³ Our thanks to the UK Hearing Voices Network, Manchester, for permission to utilize their guidelines as a basis for our own (which are constantly growing and changing.) Although our groups prefer to work in a non-clinical setting, we do support those in clinical settings who would like to offer voices work to voice hearers.
- ¹⁴ BBC Manchester, Science and Nature, Listening to the voices, 2006
- 15 Tig Davies © 2006. Recovery Trainer, Published Roet, Singer Songwriter and Consumer, Glasgow, Scotland
- ¹⁶ Taken from the HVNA newsletter—publication No. 5



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Hearing Voices Network Australia (HVNA) provides an opportunity for people to connect; working toward gaining a better understanding of the experience of hearing voices, seeing visions and other like experiences.

Voice hearers, consumers, service providers, carers and friends share ways of coping and working with voices, aiming to reduce anxiety, ignorance, stigma and isolation by offering peer support groups, raising awareness, training and education.

At HVNA We will realise our vision through four Key Result Areas:

- 1. Supporting Hearing Voices Groups to develop
- 2. Education, Training and Awareness
- 3. Networking, Partnerships and Alliances
- 4. Infrastructure and Resources

HVNA Key Principles:

- Accepting that hearing voices is a valid experience
- Respecting each person's interpretation and beliefs about their experiences
- Fostering and enabling safety and wellbeing of all
- Promoting hope
- Helping consumers to know that they are not alone
- Believing in each person's capacity to take control of their experience and recover
- Encouraging people to come together and feel safe in sharing their experiences and coping strategies
- Working collaboratively and inclusively with other services to develop knowledge and achieve holistic approaches to recovery
- Fostering and supporting consumer independence and empowerment



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