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RECOVERING WITH VOICES OUTSIDE PSYCHIATRY

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50 PEOPLE WHO HEAR VOICES



- Most of them with a diagnosis of schizophrenia.
- Who greatly suffered from their voices.
- Who recovered from their distress with their voices.
- Who took their lives in their own hands again.
- Recovered outside the traditional psychiatric care.



1 What people need to recover:

- Accept HV as personal
- Take back power
- Change relationship
- Recognize own emotions

- They don't get.

2 What people get:

- Makes recovery impossible.



- HV is a psychotic symptom of an illness.
- Most likely the illness of schizophrenia.
- A chronic illness with no hope of recovery.
- Needing treatment with neuroleptic medication.
- Patients have to adapt to illness restrictions.

THE REALITY IS



- HV apparent in 4% of the general population.
- Most likely the consequence of trauma experience.
- Recovery not easy but quite well possible.
- Needing acceptance, support and stimulation.



Jacqui:

Despite the threats that my abusers had made, I did start to talk about what they had done to me. I knew that what had happened to me as a child was the root cause of my distress.

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

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

No one ever asked me what I thought might help. The fact that I listened to my voices was evidence of my illness.

REASONS WHY WITH HV RECOVERY IS NOT POSSIBLE INSIDE PSYCHIATRY



- Equation of HV with a diagnosis of Schizophrenia.
- No hope and life-long illness information, breaking down the self.
- The passive victim of pathology approach, not stimulating the self.
- The dominance of this diagnosis and HV experience over all other problems.
- Inability to accept people's experience, denying personal aspects.
- Medication only with many harmful consequences.

EXAMPLES OF NEGATIVE CONDITIONS IN TRADITIONAL PSYCHIATRY



THE NO HOPE CONDITION.

Stewart:

I was only 15. I got a diagnosis of schizophrenia and different professionals - nurses, social workers, psychologists and psychiatrists - all gave the same sort of message, time and time again.

My prospects for the future were not great.

I shouldn't have expectations about school, work or having relationships.



Audrey:

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

What do you do with that? They are complete bizarre words. How do you know how to combat that? What are you supposed to do?

It was very frightening and I felt such hopelessness.

THE DOMINANCE OF THE DIAGNOSIS AND THE HV EXPERIENCE OVER ALL OTHER PROBLEMS



Johny:

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

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

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



Johny:

The dosage was increased over a period of time because each time I was asked if I still heard voices I said yes. During the next ten years I became more and more isolated.

Antje:

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



Frans is diagnosed with paranoid schizophrenia. He has worked 20 years as an IT specialist in a big firm and is confronted with a number of consequences:

- No psychotherapy.
- The advice not to have children.
- At yearly works assessments, a report is asked from the psychiatrist.
- When he tells the works doctor about his voices, he is approached as under aged and a report is asked from a psychiatrist
- With financial transactions, the costs of insurances become higher.
- To become self-employed, he gets the same problems with health insurance.
- In England, No drivers license is given.
- The diagnosis is kept a life-long reality.



The traditional psychiatric system
does not fit the patients' needs
and makes it worse for him/her.

Everyday mental health workers
just do the wrong things
again and again.

WHAT HAS TO BE CHANGED



- Schizophrenia, if not abolished, should not be used automatically with voice hearers.
- It should be acknowledged that HV is mostly related to traumatic experience because of distorted emotions.
- Psychiatrists should not express scientific nonsense like the chronicity myth; not having hope on recovery and giving medication as primarily indicated and helpful with voices.

WHAT HAS TO BE CHANGED



- Psychiatrists should take up their original role - helping people to cope with their emotions and problems.
- Should be interested and explore the background of the mental health problems they meet. Not being afraid of emotions.
- Psychiatry and psychology should acknowledge that HV, like most other mental health problems, is not in itself a sign of illness, but possible signals of problems.



A VOICE HEARER CAN ONLY DEVELOP OUTSIDE TRADITIONAL PSYCHIATRY BY:

- Meeting someone who takes interest in the voice hearer as a person.
- Receiving hope, showing them an alternative way, open other possibilities.
- Meeting people who accept the voices as being real.
- Becoming actively interested in the experience of hearing voices and take action.
- Recognising voices as personal.

CONDITIONS FOR RECOVERY



A VOICE HEARER CAN ONLY DEVELOP OUTSIDE TRADITIONAL PSYCHIATRY BY:

- Changing one's ideas about being a victim.
- Challenging the power of the voices.
- Taking back power.
- Changing the relationship with the voices.
- Accepting oneself by accepting emotions as from oneself.