

# Hearing voices

Clinical psychologist Deborah Allen provides personal insights into the experience of having a diagnosis of schizophrenia

## A case study

To tell you more about hearing voices and the experience of schizophrenia, I'm going to describe the case of a woman called Marion, though this is not her real name. Marion was in her late 20s, married with two young children. She was struggling with her experience of voice hearing and visual hallucinations. She had a diagnosis of paranoid schizophrenia, which meant that she had a strong sense that people were out to hurt her.

She had been detained under the Mental Health Act (1983) on three previous occasions, as health services felt she was too ill to take care of herself and needed time in an acute psychiatric hospital (against her will) in order to get better. She had not found these experiences helpful. She had also been referred to Child and Family Social Care in the past as health services felt she was not capable of looking after her children. She had not found this experience helpful either.

When I met Marion, she was finding it hard to work with these services. She didn't trust them and didn't feel she could be honest about her experiences. She found that the medication options available to her made her feel drowsy and this made her feel that she could not care for her children.

However she knew she couldn't cope with her experiences by herself and she knew that if she didn't work with services, she might lose the legal permission to care for her children, her main priority. In order to gain Marion's trust, I had to be honest with her about what I could and couldn't do — and that this would include times when I might need to contact Child and Family Social Care and why I might do this. Once I had gained Marion's trust, she was able to share her experiences with me.

## Marion's voices

On an ordinary day, Marion heard two external male voices. Marion described them as formal, official and strict. They would talk about her as if she wasn't there, saying things like 'She hasn't dusted that surface very well has she?' or 'No, she's rubbish at everything she does.' Marion reported that most of the time she could hear the voices, and this may be described as a diagnosis of schizophrenia often find they try to make sense of their externalised internal dialogue, and this may be described as delusions. For example, if I hear a voice that is external from me and no-one else can hear this voice, I might make sense of this by thinking or believing that the radio, TV or aliens have transmitted the voice to me. People can be reluctant to share such experiences with others.

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voices and ignore them. In fact in some ways, she welcomed the voices, recognising that she might feel lonely without them, being in the house alone for much of the day.

Marion realised that the voices didn't help if she was feeling criticised by the people around her, who loved and cared for her, or when she felt she had to do something that she didn't want to do, like attend a meeting at school. Then, the voices would tell her things about her future performance, for instance that she was a terrible person and would fail at everything she did.

This would result in her self-confidence, self-esteem and self-efficacy dropping and would lead to suicidal thoughts or feeling as though she wasn't connected to her own body. Then, Marion would experience visual hallucinations of dead people, hanging in the corners of rooms in the house. At its worst, Marion would feel like she was being followed by a dead person who was telling her she should kill herself or hurt the people around her. This would make her feel frightened and angry.

At these times, she wanted to hide away and smash things, to help her manage her experiences. Her experience had taught her that it was at these times that she needed to keep control or that she shouldn't tell anyone about what she was feeling as she might then be taken into a psychiatric hospital.

## Working with the voices

The work we did together focused on allowing Marion to talk about her experiences without gaining negative feedback or taking action against her will. This took time and the voices told her not to trust me and to keep quiet. With time and trust-building, Marion was

able to think about and learn how she could react when the voices got worse. We used grounding techniques that help patients feel more connected to their bodies and more confident about dealing with and detaching from their emotions. This helped her to develop positive scripts to challenge the more negative voices that commented on her performance.

We applied ways to manage her angry feelings that were less destructive and she recognised that having thoughts of killing herself did not mean she was crazy or that she needed to act upon these thoughts. Instead, these were signs that she was not feeling OK and needed to do something to give herself a treat. We did some work on helping her to be more assertive and to say 'no' to things she didn't want to do, and we worked on getting her the right support and help when she had to attend meetings that she found frightening. This intervention helped Marion to recognise that she did have control over the voices and she that could take action to make the voices change. Thus, her self-esteem, confidence and self-efficacy improved, and the voices became less derogatory and destructive.

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Go online (see back cover) for a podcast on the phenomenon of hearing voices.

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Bentall, R. (1992) 'A proposal to classify happiness as a psychiatric disorder', *Journal of Medical Ethics*, Vol. 18, No. 2, pp. 94–98.

## Reference

You would think that an article like this would contribute to the sum of human happiness but sadly some people took it seriously and it made them sad. Humour, it appears, is a serious business.

In his article he suggested that the relevant literature shows that happiness is statistically abnormal, is made up of a discrete cluster of symptoms, is associated with a range of cognitive abnormalities, and probably reflects the abnormal functioning of the central nervous system. He considered the possible objection that happiness is not thought badly of, but dismissed it as scientifically irrelevant.

In a gentle parody of psychiatric diagnosis, Richard Bentall (1992) proposed that happiness should be classed as a mental disorder and referred to under the new name of *major affective disorder, pleasant type*.

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Phil Banyard

