
Article:
Wood, C. orcid.org/0000-0001-6787-4448 (2020) Hearing Voices Movement and art therapy. Art Therapy, 37 (2). pp. 88-92. ISSN 0742-1656

https://doi.org/10.1080/07421656.2020.1756138

Hearing Voices Movement and Art therapy

ART THERAPY-D-19-00057

Brief report submission for

Art Therapy: Journal of the American Art Therapy Association

To cite this paper

Chris Wood (2020) Hearing Voices Movement and Art Therapy, Art Therapy, 37:2, 88-92, DOI: 10.1080/07421656.2020.1756138

Abstract

The international Hearing Voices Movement (HVM) offers a service-user generated approach to those who hear voices that encourages them to pay attention to their voices and their significance. Art therapists have been working with people with psychosis-related diagnoses for decades but there is little written on integrating the HVM framework. Attention to three main phases of adjusting to life with voices – startling phase, organizational phase; and stabilization phase – offers opportunities for art therapists to refresh their collaborative approach potentially using simple mindfulness techniques, studio environments, dialoguing with images, and advocacy.

Keywords: Hearing Voices Movement (HVM); psychosis; lived-experience; service-user perspectives; Art Therapy;

Hearing Voices Movement and Art therapy

I have worked as an art therapist in the UK for several decades alongside people with a psychosis-related diagnosis, including many who hear voices. Having lived through different periods in the approach of art therapy for people with the diagnosis, I am inspired by the art made and the different ways clients manage to live well (Wood, 2011). Yet, when service-users get stuck in a revolving door of psychiatric admissions, I have wondered and commiserated with clients and colleagues about what collectively could be different.

With these ideas in mind, I attended the World Hearing Voices Congress in 2018 at the Hague. The theme was "Living with Voices: A Human Right!" and included service-users, family members, and different health and social care professionals from thirty-seven countries. People with a diagnosis might generally feel wary of the response of others, yet while at the conference they seemed to feel a sense of real pleasure, belief, and relief that they would not be judged and found wanting.

Although psychosis is less frequent than other mental-health problems of depression, anxiety, substance use, and suicide, the World Health Organization (WHO) estimates that some 23 million people are affected by a psychosis-related diagnosis. These include many who face high levels of fear and anxiety, many who want to kill themselves, and too many who do. Early deaths, for several reasons, among people with a psychosis-related diagnosis are 50% above that of the general population (National Institute of Health and Care Excellence [NICE], 2010). A hallmark diagnostic category for psychosis in psychiatry is the presence of *auditory and other hallucinations*. However, people hearing voices include those with a wide range of diagnoses: schizophrenia, bipolar, depression, personality disorders, post-traumatic stress, and dissociative identity.

The dominant approach for people with these diagnoses is a medical one in which

the content of reported voices is thought to have little relevance. Mental health practitioners have been encouraged to distract people from talking about their voices, and to focus on asking them to take their medication. Sometimes people feel calmed by the medication, but sometimes they just feel becalmed and sleepy. Service-users across all health and care systems make their opinions about treatment known and are rightfully demanding changes (WHO, 2010).

One such development is the international Hearing Voices Movement (HVM; http://www.hearing-voices.org/), which is built upon collaborative learning between people who hear voices, who may or may not have a psychosis-related diagnosis, and mental-health professionals. HVM has offered a new approach that has many comparable traits to art therapy, which makes it surprising that there have only been a few mentions of HVM in the profession's literature (Parkinson & Whiter, 2016; Wood, 2013, 2016; Wright et al., 2019). This article aims to describe HVM, outline the intersections with art therapy, and provide a framework for art therapists to honor HVM tenets.

Hearing Voices Movement (HVM)

HVM responds to people with psychosis-related mental health needs by pushing for change in the dominant psychiatric approach. Those who hear voices and those who want to help are encouraged: to pay careful attention to the voices; try to understand their significance in the person's life; and understand how it is possible for a person to find good ways to live after a period of psychosis. Baker (2009), a community worker in the UK, incorporated his interest in how groups help people share understanding and build support with the inspiration he gained from HVM and its founders. He stresses that people who hear voices can work out what is happening to them and move forward in their lives. He cites the following principles as having shaped the movement:

- “Hearing voices is not in itself a sign of mental illness.
- Hearing voices are experienced by a great many people, who do so without becoming ill.
- Hearing voices is often related to problems in the life history of the voice hearer.
- To recover from the distress the person who hears voices has to learn to cope with their voice and the original problems that lay at the roots of their voice-hearing experiences.” (2009, p. 1)

It is important to mention that although “Hearing Voices” is the name given to the movement, it also addresses unusual auditory, visual, and tactile experiences. Service-users have sometimes mistakenly thought that HVM is not relevant to them because they do not hear voices, though they do see and feel unusual things.

Brief History of HVM

HVM originated in Maastricht, Holland in the late 1980s and is built upon collaborative learning between people with lived-experience, their family members, and practitioners from a range of mental health disciplines. The names “Hearing Voices Movement” and the “Maastricht Approach” are used interchangeably.

Patsy Hage was diagnosed with schizophrenia. She worked with the Dutch psychiatrist Marius Romme. Romme was worried about her as she struggled with hearing insistent voices that did not disappear even though she was taking major psychiatric tranquilizers. The medication had the effect of dampening Hage’s mental alertness and her feelings, and she did not think she could live long with this and with the voices. Struggling to help, Romme lent Hage a book by Jaynes (1977), which proposes that there were times in history and different religions when hearing voices was normal. These ideas challenged standard views and helped Hage move from despair about her voices, to a sense of

reassurance that it might be possible to have a more fulfilling life. As a contributor to *Accepting Voices*, the first book outlining the HVM approach, Hage wrote:

> There is a remarkable resemblance between the way the gods speak in the "*Iliad"* and the ways in which many of us experience the hearing of voices. They converse, threaten, curse, criticize, consult, warn, console, mock, command, predict. They shout, whine and sneer. They may come in anything from a whisper to a scream …
>
> The gods in the "*Iliad" were* always obeyed. Similarly, many of us obey our voices and Jaynes suggested some possible explanations for this obedience to either voice or gods. (Romme & Escher, 1993, p. 196)

Hage and Romme were joined by Sandra Escher, a research journalist, as the main co-founders of HVM. They arranged meetings for people who heard voices, which sparked hope and mutual recognition of the experience of hearing voices, but also revealed deep feelings of powerlessness, frustration over life-long medication usage, concerns regarding prejudice, and enforced admissions to hospitals. All three were courageous in the way they worked alongside service-users in the promotion of what was a radically new approach. Hage moved out of despair and found the stamina with which to persuade others. Romme challenged standard practice in his profession and was often met with skepticism. Escher risked her professional status by supporting a small movement seen as having dubious credibility.

In 1987, Hage persuaded Romme and Escher to appear with her on Dutch TV and talk about hearing voices. They invited people who were watching to contact the TV station if they had any knowledge of hearing voices. Romme wrote he was astonished that:

> 700 people responded. 450 were voice hearers … 300 described themselves as unable to cope with their voices … 150 said they had found ways to manage theirs. The response from this latter group was especially important in encouraging me to organize contact (Romme et al. 1993, p. 12).

Information on HVM is written and presented in disarmingly clear language (Romme & Escher, 1993, 2000). The clarity does not mean the movement shirks complexity, but it ensures that the ideas are accessible to a wide audience of experts-by-experience, family members, friends, and experts-by-profession. Longden's (2013) TED talk, *The Voices in my Head*, was named by Meltzer (2013) in the *Guardian* newspaper as one of the "Twenty Online Talks That Could Change Your Life". In one year, it was viewed two and a half million times and translated into thirty-three languages. The direct approach, which seeks to collaborate with service-users and not assume power over them, may partly explain, the spread of the movement, which currently includes HVM networks in thirty-seven countries.

Research

Yet leading proponents of HVM (Corstens et al., 2014), point to the differences between an empowering social movement for change, and the need for research. They indicate both are important, but that evidence-based research and well-documented qualitative research are needed to challenge the dominant psychiatric approach. Escher, Hage, and Romme (1987) developed the "Maastricht Interview" a research tool. The aim of the questionnaire was to find out about the experience of hearing voices: the age of onset, the nature and number of voices, and what sorts of experiences had happened before hearing voices for the first time. Their interest was in the differences between those who managed to cope well and those who did not (Romme & Escher 1993). In addition to

collecting information, it seemed to help the interviewees put together a coherent narrative of their experience.

The Australian study by Beavan et al., (2017) showed Hearing Voices groups are associated with self-reports of feeling less isolated, more skilled in being with others, having improved self-esteem, and having a better understanding of voice experiences. Steel et al. (2019) also researched the HVM approach showing it to be viable to deliver in the UK NHS. Both studies indicate further research is warranted, but a better understanding of the mechanisms of change are needed. Their discussion of research dilemmas in HVM resonate with research dilemmas in art therapy (Springham & Brooker, 2013; Wood, 2013; Wright et al. 2019) and the challenges for conducting trials (Crawford et al. 2012; Montag et al. 2014; Richardson et al., 2007).

Integrating HVM Practices with Art Therapy

There is a long tradition of art therapists working with people with psychosis-related diagnoses and there are systematic guidelines for such work (Attard & Larkin, 2016; Brooker, et al, 2007; Wright et al; 2019). It is possible to point to fruitful areas of overlap between what service-users say about HVM and aspects of what they say about art therapy. Like HVM, art therapists are increasingly ensuring that people with lived-experience are central in determining the course of treatment (Kapitan, 2014; Woods & Springham, 2011; Morris & Willis-Rauch, 2014). Within HVM people who hear voices are gently challenged to find a plan for their lives. They are encouraged to recognize the likelihood of three main phases in their experience: *startling phase, organizational phase,* and *stabilization phase* (Romme & Escher, 1993). Each of these phases are explained below and brief indications given of how they might integrate with art therapy theories and practices.

Startling Phase

Working through the *startling phase* involves first helping a person with unusual sensory experiences establish a sense of safety and human connection in relation to the shock of these sensations. Romme and Escher (1993) describe the need to focus on anxiety-management techniques. In art therapy, simply being in the company of others, without having the expectation to speak while making art can be a reassuring first step. Then when a person uses art materials to capture and show their fear, they might be helped by the recognition they receive as a result of sharing the artwork. Art therapists throughout the world indicate the usefulness of offering people a safe place to meet and a range of art materials. If a person finds safety in a place and a form of art making that absorbs them, this can help them feel less alienated and afraid (Wood, 2000).

Many people I have worked alongside in art therapy have been very frightened by their first experience of psychosis. When working with an individual, I was unsure how to help her manage a high level of fear. Recalling the collaborative stance of HVM, I mentioned that I was learning about meditation, and I wondered if we could learn about the process together. Initially, we focused on simple breathing. This helped her locate a sense of safety inside and gradually her artwork began to flourish. Subsequently I have been reassured to learn of the different ways in which art therapists integrate simple meditation practices (Rappaport, 2014).

Organizational Phase

The *organization phase* occurs once the initial anxiety and confusion has been reduced or suspended in order to concentrate on organizing the voices and the individual's relationship with them. Detailed attention is paid to the possible significance of the voices in the past and the present and the nature of any triggers. Art therapists can learn more about the ways that HVM has shown that voices are often related to problems and traumas in the

life history of the voice hearer (Longden, 2013). To recover from the distress, the person who hears voices needs to learn to cope with their voices and the original problems that lay at the roots of their voice-hearing (Romme et al. 2009; Bevan et al. 2017).

This phase requires an atmosphere which is comparable to the encouragement to find expression and support in group art therapy described by NICE (2010). Self-expression and support are described as helpful elements of art therapy by people with a non-psychosis-related diagnosis (Scope et al., 2017) and those with a first episode of psychosis (Lynch et al., 2019). This overlap in perspectives of art therapy service-users with or without a diagnosis fits with the HVM approach, because it works to normalize the experience of hearing voices and unusual experiences.

Romme et al. (2009) and Escher (2018) describe the importance of asking people to write their story to help make sense of their experience. This suggests that the externalization of the story is important in facilitating understanding. This is directly comparable to art-making in art therapy which also involves externalization and sharing, whether individually with a therapist or in group art therapy. Hanevik et. al (2013) found that clients who created art to dialogue with their voices developed coping skills, restructured their relationship with the voices, and engaged in meaning making.

Stabilization phase

During the *stabilization phase* the focus is on helping people expand their understanding of their voices and develop resources. The assistance from society, friends, and family is seen as important and there is an overall aim of becoming part of the community (Romme & Escher, 1993). Strategies may include pointing service-users to external resource, such as local galleries, studios, and community groups.

I sometimes introduce clients to the HVM literature and its YouTube presence. For

example, the five-minute animation *Compassion for Voices: a tale of courage and hope* (Kings, 2015) can help those interested in how other people cope with voices. It challenges the idea that the voice-hearer needs to get rid of the voices by modeling an approach to voices that is like having a compassionate dialogue with different parts of an image. However, caution is recommended. Once when I showed a client the film, he was angry with me. He thought me showing him the film meant I saw him as being 'mad'. I apologized. Later, he wanted to see the film again and he developed curiosity about its message.

Personal accomplishment does not necessarily protect persons from prejudice related to their diagnosis. Facilitating peer-support in HVM is a means to reduce the impact and provide a coping buffer against societal prejudices. Parkinson and Whiter (2016) describe art therapy, which carefully balances validation and challenge, and additionally offers parallel groups for family and friends. Ho et. al (2017) use a relational approach to advocacy to challenge stigma.

Conclusion

The philosophy of HVM is built upon a powerful challenge to the illness model and prejudiced stereotypes: essentially the voices and the people who hear them are accepted and treated with respect, and this has resulted in many being able to claim their mental health. There are challenges for service-users and professionals who adopt and adapt the approach, it is not straightforward to move away from traditional approaches. HVM has navigated the cultural and ideological differences between mainstream psychiatry and its approach in a reasoned way (Corstens et al., 2014). Often art therapists find themselves in these same waters. People involved with HVM report that the movement has given them a sense of hope and new ways of facing the fears and prejudice associated with a diagnosis. This alone would make it worth art therapists finding out more about the movement.

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