

**Review of**  
***Living With Voices: 50 Stories of Recovery***  
**By Marius Romme, Sandra Escher, Jacqui**  
**Dillon, Dirk Corstens, and Mervyn Morris**  
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This book is the third in a series by Marius Romme and Sandra Escher, which addresses the experience of hearing voices. Their first book, *Accepting Voices (Romme & Escher, 1993)* sought to explain the hearing voices experience outside of the medical model of formal mental health treatment. The second book, *Making Sense of Voices, (Romme & Escher, 2000a)* was written for mental health professionals to explain an approach to working with voice hearers. All three books reference the Maastricht Interview Schedule, which explores different aspects of voice hearing, and is available in the appendix of this book.

*Living with Voices* tells the stories of 50 people who have recovered from the distress of hearing voices. Some of them take medication and/or participate in psychotherapy, the Hearing Voices Network and groups, as well as reading books such as this one in their own process of understanding and accepting their voices. Most of them considered their voices to be a source of information to work with in understanding and accepting themselves. Almost all describe life experiences regarding traumatic stress and powerlessness as contributing to their first experience hearing voices. Many found connections between life experiences and their voices, which helped them to make sense of them and not just to think that they were “going crazy.” The expectation for recovery is not necessarily to extinguish the voices, but to change one’s relationship with them. The philosophy is that “recovery is only possible when the voices become accepted as a human capacity that can have a function in a person’s life, and can be used to help voice hearers develop themselves.” (p. 4)

Rather than having a team of “professionals” do the research for this book, many of the people who hear voices were involved as “user researchers,” making it more experiential. The first half of the book introduces concepts and illustrates each with an example from one of the 50 selected stories. The last half of the book is comprised of the 50 verbatim stories from voice hearers, alphabetized by first name.

The concept of “recovery vs. cure” is the backbone of this study. The authors’ definition of recovery is “functioning well and being independent in the circumstances people have chosen for

themselves. It means finding a purpose in life--a personal and social recovery--not a clinical recovery where eradicating the voices is the main issue in the recovery process.” The selected stories provide good examples of how getting rid of voices is neither necessary, nor that important. Many of the fifty people kept their voices but changed their relationship to them in a way that the relationship became helpful. Some people were able to replace the original negative voices with positive helpful ones. All eliminated the distress caused by voices by changing their relationship with them. Most no longer use medication, but some continue to take low doses because it helps them with their emotional response. (p.7) Notably, there were no stories of recovery involving medication alone.

Participants were initially contacted by letter and asked to participate in the study, by writing their own narratives, but this did not generate enough stories for the book. The authors then offered to work with people, interviewing many whose stories appear in the book. Fifty people from different countries were selected. Most were diagnosed with schizophrenia, and had received long-term psychiatric care that had not been helpful. Many, at some time, had experienced trauma or neglect that could be connected to their voices.

The authors frequently reference Ron Coleman (1999), an author and voice hearer who has recovered from the distress related to his voices. In Coleman’s view, recovery requires involving others for hope, support, friendship and direction, working on the self, making choices and owning your own voice hearing experience. The 50 stories elucidate the many stigmatizing and harmful aspects of medical model treatment and staying within a disease concept of voice hearing. Some of these include: equating hearing voices with the lifelong, “no hope” diagnosis for schizophrenia, disregarding all other aspects of the person’s voice hearing experience, offering no alternatives to unsuccessful medication, the lack of relationship between the voice hearer and the professional working with them, and the overall lack of understanding of the voice hearing experience. (p. 27)

The authors concluded that, “The most important change might be that the relationship between voice hearer and professional

becomes the centre of the treatment. This means listening to each other, being interested in each other, believing each other, becoming unafraid of each other, trusting each other, supporting each other, exchanging and accepting experience, exchanging knowledge and thinking together.” (p.37) The authors also suggest changing the way schizophrenia gets diagnosed, given that only one in six voice hearers actually meet all of the DSM-IV TR criteria for diagnosis. In addition, they advocate the acknowledgement of trauma in the experience of hearing voices, since 70% of all voice hearers identify traumatic experiences. (p.37) They criticize the use of neuroleptic medication as an automatic response to someone reporting hearing voices, recommending instead that it be discussed in terms of positive and negative consequences. Many of the stories involve gruesome descriptions of the side effects of antipsychotic medications, and the unwillingness of the professionals involved to assist the client in finding solutions or alternatives.

The first hearing voices group was formed in Holland in 1987 and 1988 in England. Since 1987, there has been development of groups in 20 countries, with England having over 180 and Finland with 24: considering it has a fairly small population with 5 million people, this is significant. (pp 73-74) The authors have included a directory of each country, the groups that are known to exist, and contact people whenever possible. The movement seems to be growing too rapidly for all locales to be specifically listed. There have been several research studies done on the impact of hearing voices groups on recovery. Some of the sub-goals found by Pennings and Romme (1997) (p.74) were overcoming the difficulty in talking about voices, Recognizing similarities in others’ experience, accepting voices, and changing how people coped with their voices.

This study found that 80% of the participants would recommend a hearing voices group to others. Although some people experienced more voices initially after attending group, none felt a negative reaction to the point of decompensation. One of the major barriers to group therapy with the clients I see in community mental health is that many don’t feel comfortable or safe in groups of people, even their own peers, so it is hard to get them to participate.

It would be interesting to know why 20% of the participants did not recommend the group.

There are moving and insightful aspects to the 50 stories. Andreas Gehrke stood out as one of the most touching:

I often encounter skepticism when I recount my experiences with the voices. The most common objection is: ‘Is it at all possible to have a good and friendly relationship with evil voices?’ To this I tend to say that we have to live with all creatures, whether we want to or not. I think that all of them have a right to be and as a human being, I must love all people especially those that only talk, do no harm and are frequently right. I must love them with an earnest heart; so that I will ultimately learn to love all of my own parts in just the same way. (p. 111)

Audrey Reid’s story (with Jacqui Dillon) describes her various voices as parts of herself with touching clarity and insight. She often heard the sound of crows. She describes her theory of where they might have come from:

I was abused; it was near the woods, not far from my home. There were really tall trees with crows in them. I’d forgotten about the abuse, I had shut it out of my memory, and I think the sound and the sight of crows were messengers saying: “There is something here that you need to deal with.” (p. 123)

Client/person-centered therapy is not specifically mentioned in the book, but the authors’ shift away from the medical/disease model of psychiatric treatment, suggests there is common ground in the overall attitude of this approach. As someone who works primarily with people diagnosed with schizophrenia, or other psychosis in community mental health, this book is a valuable resource. The 50 stories could be the stories of my clients. Having noticed myself in community mental health that the majority of the clients I meet have untreated trauma issues, this connection vindicated thoughts and theories I have had about voice hearing for years, and completes the circle for me as a therapist in being trauma informed. As helpful as this book will be to anyone interacting with someone who hears voices, it should be noted that the work has an inherent bias, in that the stories sent in by people who had not accepted their voices were not included.

### References

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