Talking with Voices

Next stop: psychosis (altered states)

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Summary
People who hear distressing voices can be entangled in repressing dialogues with their voices that limit their lives. Talking to the voices as outlined in this article is a technique that enhances a more fruitful relationship between the voices and the voice hearer. This work is inspired by Voice Dialogue, a method developed by Hal and Sidra Stone. This methodical framework will be explained briefly. The technique and attitude necessary for speaking with the voices will be put forward. Indications and contraindications will be mentioned. Four examples clarify the potentials of this approach.

Why Talk With Challenging Voices?
Many people who hear challenging voices have found that a turning point in coping with the experience is finding different ways of talking with and understanding them. Exploring the voice’s motives and discovering different ways of relating to them can help change the relationship between the voice-hearer and their voices. Techniques derived from various psychological and dramatic traditions (e.g. Gestalt, Voice Dialogue, Transactional Analysis, Psychodrama) have used chairs to act out different roles and relationships in order to help people resolve conflicts and reclaim power in their lives. For the last ten years, a growing number of individuals have adapted this method to use with voice-hearing. We came together to write this so that others may try the technique as an aid for coping with negative, distressing voices. Many people already engage and speak with their voices, and stances can vary from argumentative:

Voice: “You’re a failure”
Person: “If I’m a failure what does that make you?”

To challenging:
Voice: “These people don’t like you”
Person: “Haven’t you got anything better to say?”

To submissive:
Voice: “You shouldn’t go out tonight”
Person: “All right then, I won’t.”

Many voice-hearers experience their voices as a powerful, all-consuming influence - as if they have to obey everything they say, that the voices tell the ultimate truth. Voices can also threaten the voice-hearer with “punishments” for not obeying their commands, either to the person themselves or to friends and family.
In our approach, which is derived from a technique known as “Voice Dialogue”, we try to explore the motives of the voices so that the person can find new strategies to cope with them. Working with voices in this way can create a more independent position from which an individual can make his/her own choices. Some voices can even become supportive.

**Why is Speaking With Voices Helpful?**
1. This method does not focus on voices as a symptom of “illness”: nor does it concentrate on discovering what is “wrong” with the person.
2. It offers a neutral but strong attitude to work with voices - acceptance is the core of the technique.
3. It offers a positive model for the existence of voices.
4. It helps develop increased awareness, objectivity and a more productive relationship between voices and voice-hearer.
5. By definition, voice-hearing is very lonely experience. Allowing others to “hear” the voices is empowering, liberating and a source of considerable support. In turn, it also affords professionals, friends and family some valuable insight into the reality of a person’s voice-hearing experience.

**Basic Principles**
The most essential principle is that we are not necessarily trying to change the voices, nor banish them from the person’s life. What we are trying to do is explore their relationship with the voice-hearer. Doing this work will help the individual gain a different perspective on what the voices are trying to say: and if the person can develop a stronger attitude then the voices are able to change. Our aim is not to get rid of the voices, but to make their relationship with the voice-hearer more equal through helping the person take back control.

**The Theory Behind The Technique: “Voice Dialogue”**
This method of working with voices was inspired by a technique known as ‘Voice Dialogue’ (Stone & Stone, 1993). The name is slightly misleading, as the word ‘voice’ doesn’t actually refer to voices which people hear, but to different aspects of one’s personality. According to this model, every person has different ‘selves’: so-called ‘sub-personalities’, each with its own way of perceiving the world, its own personal history, emotional reactions and opinions on how we should live our lives. These selves help us cope with difficult situations. For example, the dominant selves want us to succeed in life, and expect us to do whatever a social situation demands. We learn these kind of adaptations very early in life, and our selves stick to what is learned to survive. Our dominant selves push away our more vulnerable parts and these (what is called “disowned” selves) become hidden and unable to play a significant role.

The selves are organised in opposites. For example, if you were brought up with the rule “children should be seen and not heard” you may develop a dominant self that strongly wants to please everybody and focuses on doing

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1Emphasis mine PL
whatever is necessary to be liked. The opposite self (the self that wants to ask questions and challenge people, even if it means risking rejection) is pushed away by this stronger “Pleaser” self, which craves approval and avoids rejection. A person with selves organised like this doesn’t dare to ask questions for fear of rejection. They no longer have a choice between asking for something they need and neglecting what their own needs are.2

The person has adapted to the rule that was prevalent in history. Originally the organisation of the selves was beneficial to cope with situations in daily life. But in life circumstances change and these selves stay fixated in their originally adaptive roles. So later in life, in other situations, with other people and other needs, the organisation of the selves can prevent you from adaptation. Mostly we are not aware of this process.3

In the practice of Voice Dialogue, the interviewer (who is not called a ‘therapist’ but a facilitator”) helps you explore these different selves by asking them, one after another, simple questions. The facilitator asks you to concentrate on a self (e.g. the ‘pleaser’ the ‘inner child’, the ‘leader’) and go into the energy of this particular self by standing in a different place in the room. This is a physical demonstration that you are speaking from a different part of yourself. This specific aspect of the self is then questioned about its function in the person’s life, and it is an exciting experience when this self is questioned in such a respectful way. The facilitator elaborates no pressures to change, just expresses their curiosity and desire to acknowledge the presence and individuality of this particular self. The self experiences this acknowledgement and expresses feelings and emotions, like a real person. There will be no discussion or opposing views from the side of the facilitator: the self simply expresses itself without limitations.

Finally, the facilitator asks if the self has any advice for the person, then thanks it and asks the person to return to their original seat and reflect on what happened. Mostly people express surprise, and a sense of increased understanding about how this aspect of themselves works in daily life.

Talking With Voices

So what does all this have to do with the voices people hear? These voices are not experienced as “parts”. They are other people that speak to me, they have nothing to do with me! They can attack, they ruin my life. They forbid me to do things. I am afraid of them. They challenge everything I want. They tell me to do what I don’t want. They have full power over me! This “Voice Dialogue” is another therapeutic trick to convince me that my opinions are wrong. I want to get rid of my voices! They are my enemies.

But you can’t deny that your voices are yours. You own them. You have a

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2This is also a description of co dependent relationship and the role OPPOSITE this one is the person who dictates the nature of reality and demands to be followed without question.

3This adaptive behaviour is NOT, IMO restricted to voice hearers but is something present in all dysfunctional relating patterns. I believe this arbitrary division between the sick and the well is part of the dysfunctional adaptive process. It just becomes more obvious in some people.
relationship with them. They came in your life at a difficult moment. There is no magical trick that you can use to get rid of them. You live with them. That is a reality.

It is like an abusive partner that won’t leave: you dislike him, but you can’t divorce. You didn’t ask for this, but it won’t stop. You want to fight it but it is too strong. So you better find ways to endure it, then you can improve your skills to relate to it.

In our experience voices want to be heard. To be listened to. They want to express themselves. Many voices are angry, or even malevolent: but angry people want to vent their anger, to express why they are so angry. Mostly anger connects to repression. You don’t get what you want, and were unable, or unpermitted, to say what you wanted. And in some respects, voices are just like ordinary people. They have feelings, motives, shortcomings, possibilities and opinions. They don’t use rational strategies but react out of frustration.

When talking with voices we essentially use the same non-judgemental attitude that is required for Voice Dialogue practice. Of course, we disagree with the destructive attitudes some voices have: we don’t want people to be hurt. But mostly there is a reason for these attitudes, and these are the motives we are trying to explore. What happened in the life of the voice-hearer to make the voices appear in such a negative way? We want to discuss the events which frustrated the voice and support the voice-hearer to become more equal to the voices. Generally, neither the voice and the voice-hearer are happy in their mutual conflict. Therefore we aim to improve understanding between both parties and strive to help the individual develop positive strategies and techniques for dealing better with their experience. If there are positive voices, we encourage support from them too.

**An Example**

Jacob heard one voice, which was extremely destructive and constantly urged him to take his own life. It commented incessantly on everything Jacob thought or said, and ultimately destroyed his quality of life. Understandably, Jacob was terrified of the voice and resented its presence. When the facilitator spoke with the voice it was extremely hostile and expressed a great deal of anger and frustration towards Jacob. According to the voice, Jacob deserved to die: he never stood up to injustices against him, was easy to manipulate and never took the lead in any situation. The voice went on to tell the facilitator that it spent all day feeling angry with Jacob. That must be very tiring, the facilitator remarked. Indeed it was, the voice said: it was growing tired of this. It wanted Jacob to be stronger, but all its comments only served to make Jacob more anxious and avoiding. The facilitator mentioned that the voice seemed to want Jacob to become stronger. Was that correct? Yes, it was. Is the way you are trying to help Jacob effective? No: it only makes Jacob feel weak. When does Jacob become less anxious? When he is supported, the voice replied. Do you know how to do this?

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4 Notice anything? What do psychiatrist do? They wave them off, dismiss them mock them and suppress them...the OPPOSITE. Sure seems to have a lot to do with opposites doesn’t it?
No. So the facilitator told the voice about how she had learned to support anxious people. The voice was intrigued. Would it like to become Jacob’s “Teacher”? This idea attracted the voice and from that time on it began to evolve from a destructive bully to a supportive companion who tried to help Jacob express what he needed. In the following sessions the facilitator suggested ways the voice could improve its supportive qualities, and from that day until now the voice has never returned to its previous nagging, criticizing attitude. Jacob had ultimately acquired a true friend.

**What Happens in a Session?**

**Beginning the Session**
The facilitator begins by asking the voice-hearer how s/he and the voices would feel about talking to her directly, exploring why the voice-hearer and the voices find it a good idea or not. She then gives a detailed description of the method and its purposes and emphasises that the voices must give their permission to talk with her. If the voices don’t agree, then it is important to explain what the advantages can be, but the facilitator will never force either voice-hearer or voices to do this work. All three parties (the facilitator, the voice-hearer and the voices) must agree and feel safe with it - this is a vital condition, and if it is not fulfilled then we don’t go ahead with the session. There are many other ways to work together and achieve a better relationship with voices, and these can be discussed as more suitable alternatives.

The facilitator may attempt to stimulate the interest of both the individual and the voices by describing examples of positive experiences with the method. At all times the facilitator behaves as if she is talking to the individual members of a continually present group, and the whole group must give consent. Some voices are more enthusiastic than others, and some don’t want to engage at all, and if this is the case the facilitator asks what the consequences can be. The situation we want to achieve is that both parties begin to understand each other better, and that the person’s relationship with the voices will be improved. During questioning, the voice-hearer repeats the voice’s comments word-for-word, almost as if they are dictating from, perhaps, an earpiece or a telephone. If the person prefers to remain dominant, the facilitator can speak indirectly to the voices, asking questions that are formulated by the voice-hearer as an interpreter. This can either be used as a warm-up exercise, or the sole method, depending on what the person is most comfortable with. If possible however, it is preferable for the voice-hearer to directly repeat what the voices are saying, as it gives a more direct opportunity for them to express themselves.

**Talking With the Voice**
Before the interview begins, the facilitator and the voice-hearer discuss which voice they would like to speak with first. It is preferable to start with a familiar voice which is not too threatening.

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5That is about personal empowerment with boundaries isn't it?PL
The facilitator then asks the voice-hearer to concentrate on the chosen voice. When proper contact has been established, the voice-hearer is asked to take another place in the room. A chair is then placed in an appropriate spot, usually based on where the person feels the voice is coming from - although this is not the sole criteria and the chair can be placed anywhere, as long as it different to where the voice-hearer used at the start of the session. Using the chairs in this way is extremely important as it distinguishes to both voice-hearer and facilitator that what is speaking is a separate entity from the person. If the voice agrees to speak, then it is welcomed by the facilitator who tries to adopt a suitable attitude towards it. This is referred to as “matching the voice’s energy”: a passive voice, for example, should be spoken to in a gentle way, a dominant voice addressed with respectful assertion. Alternatively the facilitator might use her own experience of anxiety to relate empathically to an anxious voice.

The following are examples of questions which can be asked. At first it may seem rather strange to refer to the voice-hearer as if s/he is not in the room. However, we have found that directly addressing the voice as separate from the voice-hearer stimulates the voice to remain present.

1. Who are you? Do you have a name?
2. How old are you?
3. What do you look like?
4. How are you feeling at the moment?
5. When did you come in the life of (name of voice hearer)?
6. Does (name) know you?
7. What was your reason for coming into (name’s) life?
8. **What were the circumstances** at that time in (name’s) life? What was happening for (name)?
9. Did you have to do anything to care for (name)?
10. What do you want to achieve for (name)?
11. Would you like (name) to change anything in his/her life?
12. What would happen with (name) if you were not there?
13. How does (name) feel about you?
14. What is it like taking care of (name)?
15. Would you like something to change in your relationship with (name)?
16. (If the person hears more than one voice) ”Do the other voices know about you? What do they think of you? Do they collaborate with you?”
17. Is there anything you want to advise / suggest to (name)?

During this process the facilitator engages with the particular voice in an open and committed way, and after the questions have been answered she thanks the voice for its explanations. When the facilitator/voice-hearer (or voice!) wish to finish the dialogue, the facilitator asks if the voice is happy to close the talk, and maybe renew the

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*Emphasis mine PL*
conversation at another time. After the voice has given its permission, the facilitator says goodbye to the voice, and possibly makes a compliment/positive comment about it. We then return to the voice hearer, who returns to the chair they were using at the start of the session.

Ending the Session
The individual is then encouraged to reflect on what has just happened. People often express surprise at what has taken place, and may experience a sense of objectivity towards that particular voice. The facilitator discusses how it felt to interview the voice and the voice-hearer gives their own perspective on what the voice said. At this point it is not uncommon for another voice to appear. If this is the case, the procedure can be repeated (depending on how the voice-hearer is feeling and the amount of time left in the session.) Finally, the “Awareness” phase is initiated. The facilitator asks the voice-hearer to stand next to her, and together they view the scene while the facilitator summarizes what she saw happening. Most people appreciate this, as it helps them to become (more) aware of what went on during the interview. It is important to emphasise that the facilitator is not using this opportunity to judge what happened: she simply describes what she saw. Before leaving, the facilitator encourages the voice-hearer to continue making contact with the voices at home, and maybe consider some potentials for changing the relationship. Questions to put to the voices in the next session may also be scheduled in advance. We have often found that once this process has been initiated, the voice-hearer and voices begin to develop things for themselves. It is helpful to keep a diary of what happens. Sessions can also be summarized on paper afterwards by the voice hearer. Sometimes a voice hearer may want the session to be (video/audio) taped.

Attitudes
1. The voice-hearer is the owner
At any moment the voice hearer can interrupt the interview. The facilitator states how important it is for the voice hearer not to completely disconnect from the session. It is vital to remember and learn from the process, and they must remain in charge and take responsibility for this.

2. The facilitator is not the enemy of the voices
In traditional psychiatry the prevalent opinion is that voices must be got rid of: you should keep yourself distracted, ignore the voice content, and whatever you do don’t engage with them. One result of this approach is that the actual experience of voice hearing is not positively acknowledged. Of course, we want

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7“writing behaviours” to you psychiatrists and “normal” people who call it “journalling” when YOU do the same thing...PL
to reduce the voices’ influence - but sending them away is not our goal. **It is very likely that you will come to a point when the voices naturally withdraw, either because they have served their purpose or because the underlying problems/reasons for their presence have been resolved.**

3. **Non-judgemental, relaxed**
Facilitators are trained not to judge, and not to enter a debate with the voices. The facilitator can’t work with your voices if he is afraid of them. Although it is an exiting endeavor to talk with voices, he must be able to feel confident and relaxed.

4. **The facilitator wants to get to know the voices**
The facilitator will express interest in how you and the voices are doing together. Often the voices are not happy with the entanglement they are trapped in, and the facilitator expresses empathy so he, the voices and the voice-hearer can work collaboratively to resolve the situation.

5. **Respectful, but not submissive**
The facilitator must have a respectful attitude towards any voices he may speak with. Equally however, he remains firmly opposed to any negative commands or statements the voice might make. The facilitator wants to stimulate autonomy, not submissivness, on the part of the voice-hearer and therefore he does not placate or appease the voices himself.

6. **Assertive stance when challenging the voices, not argumentative**
The facilitator refuses to be challenged or drawn into an argument. He stays firm but doesn’t take a moral standpoint - respect is the ethical **principle**.

**Who Might Find the Method Helpful?**
The technique is particularly beneficial for those with prior experience of communicating with their voices. Not all voice-hearers are aware that dialogue with voices is even possible, or have previously been too afraid to try it. If this is the case, the facilitator can give help, advice and support in establishing direct communication. However, some voice-hearers can’t or don’t want to communicate with their voices and for those this method is not appropriate.

The person has to feel safe enough to do the exercise. Again, the facilitator helps the person to feel at ease with this new and often exciting exercise. The voice-hearer stays in control: the facilitator focuses on that. And the voice-hearer is responsible for staying present: the facilitator encourages it.

Time should be spent collaboratively with the voice-hearer for planning suitable questions to put to the voices. It is important to plan what you want to achieve and express any concerns you may have in advance. You may already have very specific ideas about questions or issues you wish to explore with the voices, and the facilitator can discuss these.

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8 Again, Emphasis mine PL
9 Mutual respect for boundaries is the principle I used and talked about TO others. I believe it is THE essential principle PL
with you and suggest ways to proceed. The voice-hearer should be given the opportunity to talk with the voices directly by using the chairs. This allows the individual to rehearse speaking with the voices in a safe environment, and with confidence they may be able to do this independently.

**When the Technique can be Dangerous**

**When the voice-hearer feels they may be unable to maintain control during the interview**

If the facilitator senses that this is the case, she should ask the voice-hearer to return to their chair and immediately stop the interview with the voice (not with the person). The importance of having some form of control is imperative, and if the voice-hearer can’t stay in control then the reasons need to be discussed. It is very important that both voice-hearer and facilitator are confident that the voice-hearer can take over at any moment. If necessary the facilitator doesn’t proceed with talking to the voices until both she and the voice-hearer are convinced that control is possible next time. Other work can be done beforehand to pave the way.

**If there is a poor understanding between the interviewer and the voice-hearer**

If this is the case it must be addressed immediately. Doing this kind of work together demands proper understanding, and anything which hinders this should be discussed and resolved before proceeding. Achieving this kind of relationship is the joint responsibility of both the facilitator and the voice-hearer.

**When the interviewer responds inappropriately to the voices, in either tone or content**

This may seem obvious, but the facilitator is only human (and therefore not perfect!). And if they are unaware that they are responding to the voices in the wrong way, the voice-hearer needs to mention it. Equally, if a voice expresses anger towards the facilitator it should be dealt with properly - often there is a good reason for it and this needs to be explored. It is also important that the facilitator doesn’t take hostility or criticism from the voices too personally.

**When debriefing does not take place**

The voice-hearer must leave the room feeling confident and reassured, and this is hard to achieve if debriefing does not take place. If the influence of the voice is still too strong at the end of the session, time should be taken in order to put the voice-hearer at ease and clarify any misunderstandings or anxieties.

**When the chair is not clearly used**

Voices will often compete with each other for the facilitator’s attention. The facilitator should be aware of this and take the time to negotiate and set a proper agenda for all of them.

**When talking to the voices becomes a goal in itself**

Because this procedure is dynamic and engrossing, it is very easy for the voice-hearer to become so fascinated with it that it becomes a game instead of a means to achieve certain goals (e.g. autonomy and a better relationship).

**Long-Term Goals**
1. Exploring the voices’ underlying motives.
2. To help the individual feel more detached from the voice-hearing experience.
3. Enhancing a more healthy dialogue.
4. Solving conflicts.
5. Gathering information about the voices and the role they play in a person’s actual life and life history.\(^{10}\)
6. Discovering what kind of action is required.
7. Starting an internal process of change.

**Examples**

**KAREN**

Karen is a 28 year old woman and had been in psychiatric hospital for four years. Much of this time was spent in the seclusion room to prevent her obeying the commands of her voices and injuring herself. Karen was heavily medicated, but this neither rid her of the voices or reduced their power over her. Karen was determined to be discharged and live on her own, and resolved to stop self-harming in order to achieve this. She managed both these goals successfully and eventually married - but despite this progress she still felt extremely restricted by the voices. They were constantly present, criticising, commenting and ordering her to hurt herself. Ignoring the voices was a constant battle for Karen, and one which became increasingly exhausting and demoralising.

In Karen’s first interview it became apparent that she heard four voices, all of them male, and all critical towards both her and her actions. Over the course of the session, the voices expressed their anger with Karen and described the history of their relationship with her, and the following story emerged.

The voices first came into Karen’s life when she was around four years old and a victim of abuse. At this time, the voices were a source of huge support and companionship for Karen, and throughout both childhood and adolescence she welcomed their support and cherished the positive relationship she shared with them. When she was 20 Karen became a member of a religious sect, an environment in which she felt safe and supported – to the extent that she felt comfortable discussing her voice-hearing experiences. Unfortunately the response was not the one Karen had anticipated: the other members of the sect felt that the voices were instruments of the devil and urged Karen to get rid of them. It was at this point that the battle between Karen and the voices was initiated and the voices transformed from a positive, caring presence into one that was malevolent and threatening. It was also the beginning of Karen’s journey in psychiatry.

Surprisingly, Karen had little memory of this shared history that the voices described - having become so absorbed by the negativity of the voices she had forgotten their past relationship with her. Nobody had ever discussed the history of the voices with Karen. In both psychiatric clinics and hospital, the professionals had only ever concentrated on getting rid of the voices, an exercise which had never succeeded.

\(^{10}\) Currently this is something that is usually ignored, or worse, completely denied. PL
The facilitator encouraged the voices to explain their sense of frustration, and it soon became apparent that their original intent was to support Karen rather than persecute her. They described this frustration in great detail, and Karen was able to appreciate their feelings. After the session Karen started intensive dialogues with the voices at home in a more constructive way. At the next session, a month later, she reported that two of the voices had disappeared. Two sessions were sufficient to restore the relationship between Karen and the two remaining (but now positive) voices. It appeared that Karen had developed to an independent person in less need of support. The voices disappeared and stayed away and Karen felt confident to begin reducing her medication. Two years later she hears only one supportive voice (which she doesn’t want to leave) and leads a fulfilling life with almost no medication.

Ultimately, talking to the voices allowed them to transform back into their original supportive form. At last Karen didn’t need them anymore - and they could withdraw.

**JUDITH**

Judith is a 25 year old woman who first began hearing voices aged 18. She had recently left home for the first time to study at university, and while she initially enjoyed the experience had begun to feel progressively isolated, anxious and lonely. Because of this, she found her voices reassuring and companionable, and was able to continue her studies with considerable success.

After casually mentioning the voices to a friend, Judith ultimately came to the attention of psychiatric services. Because she was unwilling to comply with medical treatment, Judith was eventually sectioned, and later given a diagnosis of schizophrenia. Being encouraged to see the voices as symptoms of illness made Judith increasingly hostile and fearful towards them. This in turn served to make the voices stronger and more aggressive.

Judith became a target of hostility from her fellow students once news of her diagnosis had spread, and her sense of despair and paranoia made the voices grow stronger still. Within three months of her contact with psychiatry, Judith had gone from a successful student to someone with acute and debilitating psychosis. She would spend the next four years either in psychiatric hospitals or receiving surgery and treatment for serious self-injury.

Judith was initially sceptical about speaking with the voices, as no one had ever credited them as purposeful, only a meaningless symptom of schizophrenia. Judith had one particular voice which was much more dominant than any of the others, so she and the facilitator concentrated on speaking with this one. The voice expressed huge hostility towards Judith, and reiterated its desire for her to be punished. It also gave dire warnings about her impending death. There seemed as if there could never be anything remotely positive or constructive about this voice: its agenda seemed to be concerned purely with destruction, mutilation and death.

However, after speaking at length with the voice, Judith and the facilitator began...
to realise its motives were not quite as negative as they had initially appeared. Judith came to understand that what the voice was actually doing was reflecting how she really felt about herself. It represented unconscious feelings of self-loathing: this contempt and hatred was a product of her subconscious and would only change when she changed. Judith decided that the voice was revealing unacknowledged aspects of her emotional state, things that she had been unable to express directly. In this way, the voice had the potential to provide valuable insights into conflicts she needed to deal with.

Judith had never had an opportunity to explore the feelings of low self-esteem, insecurity and anxiety that had initially caused problems for her at university. **Because these issues had never been resolved, they had become externalised as voices.** Together, Judith and the facilitator found that the voice wanted to help make Judith strong, and remind her that if she could deal with these kind of distressing experiences then there was nothing to stop her continuing her degree and resuming her old life. The voice felt she undervalued her own potential, and was angered by this. It also became apparent that when the voice talked about Judith dying he did not mean it in a literal way: rather that if she didn’t try and assert herself she would remain a psychiatric patient for the rest of her life, and in this sense would ‘lose the life’ she ought to have had. Judith later said that the voices, while frightening, where also **symbolic and meaningful** and represented points of personal relevance. They had only seemed evil because she had never had the opportunity to understand and accept them. By acknowledging and tolerating the voices, **their intensity and intrusiveness began to decrease.** Judith has now lived medication-free for four years and returned to university to study for a doctorate. While she still hears voices, they have lost their power to devastate her. She states that only by making peace with the voice has she been able to make peace with herself.

**TINA**

Voice dialogue can help someone **separate their sense of self** from their voices and therefore **take back control** of their life. Tina was an in-patient who had a long history of self-injury. She had told staff that she felt obliged to obey her voice which told her to do destructive things to herself. She agreed to try a voice dialogue session to find out more about the voice’s motives. She explained she heard a voice called Paul, who she recognized as a neighbour who had sexually abused her in her childhood. In the first interview, the voice was asked when he had first come into Tina’s life (as a voice). Paul explained that...

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12 Was she ”allowed” to express this directly? PL
13 How about also thinking of this in the opposite direction: that because external reality had never been acknowledged as truth, the voices of abuse were originally INTERNALIZED. I have always maintained that these experiences are true ON SOME LEVEL no matter how they may sound to ”others.” PL
14 Something many people are not “allowed” to do in the dysfunctional groups in which they play an assigned role. PL
15 Psychiatrists? Do you notice the common themes here? PL
he had turned up eleven years ago, the same time that Tina had disclosed to a counsellor about the abuse that he had perpetrated. Paul said he had been very threatened by this exposure and had sought to control Tina by encouraging her to self-harm. Paul was asked why he treated Tina so badly, and stated that it was because she was a woman. When the facilitator asked Paul if he thought all women were second-rate and worthy of abuse, Paul agreed that he did. The facilitator commented that men needed women as mothers, and Paul stated that his mother had beaten him and abused him emotionally. The facilitator asked Paul how that had made him feel: did he cry? Paul said that if he cried he would be hit more. The facilitator then asked Paul whether he was seeking revenge for his own maltreatment by abusing girls/women like Tina. Paul agreed that this was the case. Paul was not remorseful for his treatment of Tina and said he was determined to carry on attempting to control her and harm her. The interview with the voice was then concluded and discussed with Tina. The facilitator commented on the bravery Tina had shown in beginning to talk about the abuse. He also observed that it was because Paul was afraid of this power that he had sought to intimidate and control her. Tina agreed with this. She had not been aware of Paul’s own difficult childhood and this knowledge about his own vulnerability made the voice seem less powerful. The experience of speaking with voices gave Tina renewed confidence in her own power and ability to stand up to Paul. She was shortly discharged from hospital as her self-injury was no longer a problem.

**STEVEN**

Steven had been in mental health services for 11 years, although in the past year he had made huge progress, taking a voluntary job and beginning a university course. In the first meeting, Steven described a voice called Gerald, who laughed at him in a derogatory way, called him abusive names and told him he was never going to succeed at anything. During the interviews Gerald began to acknowledge some of Steven’s achievements, even agreeing to reform his behaviour. However, between sessions he would revert to his usual abusive attitude. With the encouragement of the facilitator, Steven began to talk assertively with Gerald, and this seemed to help the voice to recognise Steven’s new-found confidence and achievements. On one occasion Gerald was asked if he had any advice for Steven. His response was that Steven should not allow himself to be overcome by grief. The facilitator then discussed Steven’s feelings towards his mother, who had died when he was a young man. Steven had been close to his mother and said that he occasionally heard her voice. It was decided that the voice of Steven’s mother would be invited to engage in the sessions, which she did, providing much encouragement and advice for Steven in the process. In turn, this gave Steven the confidence to stand up to Gerald’s hostility, and gradually his intrusiveness began to reduce.

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16 Ah yes...the old switcheroo..PL