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Abstract

An experiment is described in which people with auditory hallucinations were brought into contact with each other. On an evening television talk show, a patient—diagnosed several times as having schizophrenia—talked about her voices. Four hundred and fifty people who also were hearing voices reacted to the program by telephone. A questionnaire was sent to those who responded to the television program in order to get more information about their way of coping with the voices. From those who filled out the questionnaire, 20 people were selected who explained their experiences in a clear way. A meeting for people hearing voices was organized, and the 20 persons were invited to become the speakers. In this article the experiences described by the participants are reported as well as the many ways in which they coped with these experiences.

For some years, one of my patients, a 30-year-old woman, has heard voices in her mind. These voices give her orders or forbid her to do things. They dominate her completely. She has been hospitalized several times and diagnosed as having schizophrenia. Neuroleptics do not have any effect on the voices, although they reduce the anxiety provoked by them. But the medication also reduces her mental alertness. For that reason, in order to stay alert, my patient does not take medication over long periods and does not remain an inpatient long when she is hospitalized. Nevertheless, the voices have isolated her more and more by forbidding

her to do things she has always loved to do.

Last year she started to talk increasingly about suicide. I felt she was taking a road with no turning point. The only positive topic in our communication then was the theory she developed about the phenomenon of the voices. The theory was based on a book written by the American psychologist Julian Jaynes (1976), *The Origin of Consciousness in the Breakdown of the Bicameral Mind*. It was reassuring for her that the author described hearing voices as having been a normal way of making decisions until about 1300 B.C. According to Jaynes, hearing voices has disappeared and been replaced by what we now call "consciousness."

I began to wonder if she could communicate especially effectively with others who also heard voices, and whether her theory would be accepted by other people who had these experiences. This might have a positive effect on her isolation, her suicidal tendency, and her feeling dependent on the voices. She and I began to plan together how she might share some of her experiences and views.

From this point, things progressed rapidly. Speaking on a popular Dutch television program, my patient and I invited people to contact us. After the television program, 700 persons responded to our appeal; 450 of them heard voices. Of these 450, 300 reported not being able to cope with the voices

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and 150 said they were able to handle them. Hearing from this last group was especially important in encouraging me to organize a congress for people who heard voices and who wanted to exchange ideas about their experiences.

We sent out a questionnaire to those who responded to the television program in order to get more information from them. From those who returned the questionnaire, we selected a number of people who could cope with the voices and invited them for an interview about their way of coping. We selected 20 persons who we thought were able to explain their experiences in a clear way and who would like to tell their experiences to others who could not handle their voices. These 20 became the speakers at a congress attended by 300 people who heard voices, a congress that took place on October 13, 1987.

The congress itself was held in a large labor union meeting building not connected physically or administratively to any psychiatric or even medical institution. Although members of the psychiatry department were active in organizing and guiding the meeting, the plenary speakers were all people who had responded to the television program and heard voices. Following the morning plenary session, there was a series of 1-hour smaller group workshops with facilitators from the department of psychiatry who did not lead the discussions but rather guided them or helped out as necessary.

The general atmosphere of the entire congress was of a meeting of a group of people with common interests and experiences. Although medical aspects of these experiences were discussed, there was no sense that this was a medical meeting or a meeting of medical patients. The participants freely shared their

experiences, their many interpretations of these experiences including religious views or a range of other human reactions, and their approaches to coping. Some people were obviously troubled by their voices and saw them as part of a mental illness, but many had very different ways of understanding these experiences and appeared to be competent, not disabled, and depending on one's view of the nature of voices, not in any way "ill."

The considerable range of experiences described by the participants and the many ways they dealt with these experiences, successfully or unsuccessfully, can be viewed from many perspectives. It seems most useful to divide the reports into three possible *phases* they reflected relevant to coping with the voices:

- The startling phase: the usually sudden onset, primarily as a frightening experience.
- The phase of organization: the process of selection and communication with the voices.
- The stabilization phase: the period in which a more continuous way of handling the voices is acquired.

Many participants described phases of roughly this type. For example, one of the speakers distinguished the following phases in the process of learning to cope with the voices: (1) fear, anxiety, and escape; (2) investigation of what the voices mean and accepting the voices as independent beings; and (3) accepting myself, exploring what I try to escape from, reversing the confrontation with the voices, and not trying to escape any more.

In this report, we illustrate the three phases found among people who learned to handle their voices. We also present information from

the questionnaire about the frequency of experiences and coping mechanisms described.

The Startling Phase

Most people who heard voices said that it began quite suddenly, at a moment they well remembered. This was usually a startling and anxiety-provoking experience:

On a Sunday morning at 10 o'clock, it suddenly was as if I received a totally unexpected enormous blow on my head. I was alone and there was a message—a message at which even the dogs would turn up their noses. I instantly panicked and couldn't prevent terrible events from happening. My first reaction was: What on earth is happening? The second was: I'm probably just imagining things. Then I thought: No, you're not imagining it; you have to take this seriously.

The age of onset for the initial experience of voices varied widely. Many of the respondents stated that their voices had started in childhood. For 6 percent of the questionnaire respondents, onset occurred before age 6; for 10 percent, onset was between ages 10 and 20. One of the speakers told about her first experience as a child.

As long as I remember I have had one, and later more voices inside myself. My earliest memories about voices go back to kindergarten. Perhaps it sounds funny but I had two "egos." A normal child-ego, fitting with my age, and an adult-ego. The voice adapted itself to the ego. It spoke a child-language to the child and an adult-language to the other ego. The adult-ego gradually disappeared in primary school. As a child, I didn't experience these two egos as strange. In fact, for a child, nothing is strange.

A representative of those who started hearing the voices in their adolescence, in a period of developing personal independence, told us:

In 1977, after high school, I decided to move into lodgings. I must say student life was fascinating, but I didn't sleep enough; I didn't eat regularly. After 4 months, I wanted to paint the large white wall in my room. That wall was challenging me. Painting is like bringing something from your head to your hands. I started to paint a dark forest on the wall, with a reptile on the foreground. I have always been able to hear colors. They transmit vibrations. I can hear black, red, and deep brown. During the painting it was deathly quiet in the room. The radio wasn't on. In this silence, something frightening was slowly growing. Something threatening was coming up. I had the feeling I wasn't alone in the room any more. Then I heard a monotonous sound in my ears that didn't come from myself and which I couldn't explain. It was a bit like the squeaking you hear when your ears are closed, only this sound was lower and more monotonous. It was like an emotion, but deeper. I had the feeling something was looking for me.

Antecedents to the Voices' Initial Occurrence. To the question whether the onset of the voices was due to a certain event, 70 percent of the respondents answered that the voices began after a traumatic (traumatic = emotional) event, such as an accident (4 percent), divorce or death (14 percent), a psychotherapy session (12 percent), spiritism (4 percent), and other events like illness, being in love, moving, or pregnancy (36 percent).

Impact of the Voices. People who began to hear voices after a trauma

described two general impacts. The first was that the voices were helpful, the beginning of an integrative coping process. They evoked a feeling of recognition or marked a period of rest after a miserable time. Afterwards, these people felt the purpose of the voices was to strengthen them, for example, or to raise their self-esteem. The voices were viewed positively, and as understandable aspects of their internal selves.

For other respondents, the voices were considered as aggressive and negative from the beginning. One woman said: "The positive voices were suddenly accompanied by what I call real crooks, who could become very nasty," and "They came from everywhere: in my head, behind me, in front of me. It seemed as if telephone lines operated from inside my chest." Among these individuals, the voices were hostile, and were not generally accepted as parts of the self or as internally generated phenomena.

People who considered the voices as negative often perceived them to be causing chaos in their minds, and demanding so much attention that the people could hardly communicate with the outside world anymore. One man reported:

In no time (through the voices) I made contact with family members, friends, neighbors, colleagues, the psychiatrist, the police, secret service, criminals, politicians, members of the royal family, and other well-known people. I got in touch with plants, animals, and things. I even discovered "robot people." Once, my brother came to visit me and his eyes were a bit glassy; his skin was smooth. I thought he had been replaced by a robot. I had to take care, because robots are awfully strong. I talked to him in a superficial way and got rid of him as soon as possible.

The Phase of Organization: Coping With the Voices

Many people who heard voices got confused by them and wanted to escape. For some of these people, the period of hearing voices only lasted weeks or months. For others, this period lasted many years. From the interviews, it emerged that after the panic and the feeling of powerlessness, there was a period of great anger toward the voices. This anger, however, did not seem to be a fruitful coping strategy. Mr. R. told us:

Every time I thought I had telepathic contact with people, I went to visit them. If those people denied having telepathic contact with me, then I argued with the voices. So we scolded each other; there was a lot of negative communication. This only made the voices stronger and more aggressive.

Ignoring the voices was another strategy employed by those with unfriendly voices. From the questionnaire it appeared that only 33 percent of the respondents were able to ignore the voices successfully. This strategy did not always seem a good solution. The effort spent on ignoring often led to a curtailment in the scope of activities, as noted in the following description:

Finally I decided to ignore the voices and asked them to leave me alone. In all my ignorance I handled this in a totally wrong way. You can't just put aside something that is existing in yourself and manifesting itself in such a strong way. Moreover, the result of such a decision would be that the voices would lose their right to exist because of a lack of attention and energy, and of course this was not what they wanted. Until then the voices had always been polite and friendly,

but it changed in the opposite way: they said all kinds of strange things and they made the things that were important to me look ridiculous. It was a full-blown civil war, but I was determined to win and I continued to ignore everything. And I did so by keeping myself busy the entire day. In that period, I solved a lot of crossword puzzles, my house had never been cleaner, and the allotment garden was never taken care of better. The result was that life became more peaceful, but in a constrained way; I almost couldn't relax anymore.

The most fruitful strategies, described by people who heard voices, was to select the positive voices and listen and talk only to them, trying to understand them.

The woman who had talked about ignoring the voices said:

In this period of ignoring the voices, to my surprise there were two voices that wanted to help me. My first reaction was to send them away, because this whole story was getting on my nerves, but they insisted that I needed them and to be honest, I realized this was true. The voices taught me how to watch, hear, and feel. For example, they asked me: "How do you hear us and in what way do we talk to you?" And I, very smart, answered: "Well, I just hear you with my ears, and you talk with your mouth." "Oh, really," was the answer, "then where is our larynx and in the same time we would like you to notice how you answer us." I was very much amused by this last remark. At first I took everything literally which didn't improve the already strained relation with the voices. We then agreed to say everything twice, at least the important things: once as we always did, and the second time in symbols in an expressive way. The receiver would repeat briefly the essence of what was expressed. At first we jerked along, I wasn't used to thinking in symbols at all, but I could immediately apply

what they taught me and as a result I began to feel better.

Accepting the voices seemed to be related to a process of growth toward taking responsibility for one's own decisions. Others cannot always be blamed for problems. Or as some people described it, you have to learn to think in a positive way about yourself, the voices, and your own problems.

Another strategy that was frequently mentioned was "drawing limits" or "structuring the contact," whether or not accompanied by ritual or repeated acts. An example was given by someone who heard negative voices and interpreted them as follows:

I must mention that I was attacked by the evil. With my ego-will, I choose not to be identified with the evil. The evil in myself, the evil in others, the evil in things surrounding me—I don't want it to be there. That's why I make gestures. You can also do that in your mind. I think you really turn your back to the voices, only by making a physical gesture. "This doesn't fit me, I throw the message away." That gives me a feeling of relief, and then I think: "There, good ridance to bad rubbish." Next, I send away the messenger, and I say aloud or in my mind, "You just go to your friends, don't bother me with this." That is the first step. The second step is choosing with my own will to make contact—to associate with the light in me, the most beautiful thing there is. I have a source of heat and a healthy core, consisting of pure healthy energy. I know such a thing is present in each human being and that we can choose whether to make contact or not.

In the preceding section, two dimensions of relating to voices emerge: (1) The friendliness or hostility felt, and (2) the relationship or location of the voice relative to the

"host" or person hearing the voice. Some respondents integrated the voices as accepted, hostile foes. There is, however, no simple association between internality, friendliness, and acceptance or hostility, externality, and attempts to reject, ignore, or control the voices. In the next section, we learn more about coping modes that worked for the respondents and congress attendees.

Phase of Stabilization

People who learned to cope with the voices developed a kind of balance. In this stabilization, the individuals saw the voices as a part of themselves. The voices are part of life and self, and they can have a positive influence. In this phase, the individual is able to choose between following the advice of the voices of his or her own ideas. These people are able to say: "I hear voices, and I'm happy for that." One woman told us:

They show me the things I do wrong and teach me how to do them otherwise. But they leave the choice to me if I really want to change it or rather leave it as it was. They think the way I listen to music isn't right. I lose myself in music, and they think I shouldn't. I tried the way they think I should listen to music, but I didn't want to make the effort. I don't see the use of it. Such a decision is taken in mutual consideration, but I have the final choice and the voices always resign to it.

Another speaker said:

Later on, it seemed as if life was slowing down a little. I was in calmer waters and I could concentrate on my own life again.

A third woman described:

When you fall with your bicycle, you don't throw it away, but you continue in the right relation to each other. You create a beautiful bicycle trip just as it can go in your inner self. Finally, I have the feeling to be neither the winner nor the loser, but it is as if a dimension is added to my life, a dimension that you dare to handle and which can be useful in the end.

Comparisons of People Who Coped Well With the Voices and Those Who Did Not. The frequency of different types of response to hearing voices and coping in this group of people is illustrated by tabulations of the responses to the questionnaire that had been completed before the congress. We arranged these data by the differences between those persons who could cope with the voices (group A) and those who could not (group B). In table 1 only the variables that appeared to distinguish the two groups are listed. Many people (33.8 percent) reported that they were able to manage their voices well, but 66.2 percent said they could not. People who could not handle the voices generally experienced them as negative and aggressive, whereas people who could cope with their voices often experienced them as positive and friendly.

The process of coping is complex and entails many variations in this preliminary sample. The common dimensions include: the attributed meaning of the voice; the hostility or friendliness seen in the voice and its messages; the degree of interference or rejection of the voice as internal and part of self or external and alien; the nature of the voice as psychological, medical, spiritual, or the personification of someone else. Coping success, as discussed in the next section, appears to entail

reaching some sort of peaceful accommodation and acceptance of the voice as "part of me." Those strategies that focused on ignoring a hostile, "not-part-of-me" voice were less adaptive. At this early juncture in the study of voices from the individual's perspective, we can only suggest further scrutiny of these dimensions and their efficacy in coping strategies.

Coping Success, Frames of Reference, and Coping Strategies. In the introduction we noted that the 30-year-old woman (one of our patients) who heard voices was somewhat reassured by adopting a specific frame of reference (Jaynes 1976). We wondered whether others would share her theory. This was a naive expectation, because it became clear that there are a great many frames of reference used by the people who heard voices. These frames of reference included psychodynamic, mystical, parapsychological, and medical perspectives. Each of these perspectives has examples in writings of many authors the congress participants had read (Jung 1961; Ehrenwald 1978; Pierrakos 1979; Roberts 1979; Atkinson 1985). In an attempt to classify the frames of reference somewhat, we used two main categories: (1) viewing the voices as a psychological phenomenon arising from within the individual (e.g., coming from mystical, psychodynamic, or parapsychologic origins), and (2) viewing the voices as a phenomenon the causes of which lie primarily outside the psychological characteristics of the person.

Viewing voices as a phenomenon related to "not me" psychological characteristics within the person. This perspective, which was

described by many participants, has origins in many scholarly sources. Carl Jung (1961), for example, had a psychodynamically based view that impulses from the unconscious speak to humans in visions or voices. Jung's work appealed to many "voice hearers." By reading his books, they felt they developed a better understanding of their voices and what those voices were trying to tell them.

Another relevant psychodynamic theory focuses more on psychodynamic mechanisms for dealing with emotions. It is assumed that a human being may react to an extremely traumatic experience such as incest, sadistic rearing patterns, life-threatening accidents, hostage, and acts of war by isolating these memories from the consciousness. The trauma then returns in forms of flashbacks, feeling pursued, aggressive voices, or terrifying images (Putnam 1987). Some speakers seemed to be using this strategy of interpreting their voices as coping mechanisms to deal with the emotions provoked by life events.

Mystics have an explanation for hearing voices that is not based on fear but on development (Roberts 1979). They often assume that people have the capacity to expand their consciousness by developing spirituality. Voices may be viewed as part of that expansion. By training themselves, people are able to overstep their limits in a spiritually creative, divine, and/or cosmic ego.

A third "psychological" explanation is given by parapsychology. From this perspective, voices may be viewed as originating from a special gift or sensitivity. It is even possible that a person can be a medium for others. Voices thus are understood as occurring at a more subtle level of consciousness. The

Table 1. Differences between "good coping" and "bad coping" individuals

		Group A good coping (%)	Group B bad coping (%)
Nature of the voices			
Mostly friendly		24	18
Friendly, aggressive, or giving commands		25	17
Mostly negative		39	15
Who is stronger?			
He		85	50
The voices		15	50
How do you cope with the voices?			
Selecting	Yes	50	15
	No	50	85
Draw limits	Yes	50	33
	No	50	67
Distraction	Yes	25	40
	No	75	60
Do you have to obey the voices?			
Yes or sometimes		40	75
	No	60	25
Can you ignore the voices?			
Yes		58	28
	Sometimes	6	34
	No	35	37
Are the voices disturbing the contact with others?			
Yes		32	75
	No	68	25
Do the voices take over your thoughts?			
Yes		33	47
	No	67	53
Did you learn to cope with them on your own strength?			
Yes		80	30
	No	20	70
How do you interpret the voices?			
As gods or spirits	Yes	50	40
	No	50	60
As a good guide	Yes	25	14
	No	75	86
As people you know	Yes	15	35
	No	85	65
As a special gift	Yes	46	22
	No	54	78

purpose of parapsychology is to handle this sensitivity, for the benefit of oneself or for others. From this perspective, one does not want

to lose such a sensitivity, but rather wants to cope with it. It is important to draw limits, to learn to handle the sensitivity instead of

being overrun.

Views about voices as caused by factors not primarily psychological

in origin or external to the person. One group of other than psychological explanations described by participants is founded in biologically oriented psychiatry. Voices are viewed as a symptom of an illness, believed to be anchored in the biological functioning of the brain. Several participants at the congress held this view. For example, one person said:

I never experienced the voices as something from outside myself, I know they are inside of me and I can do something about it. I take medication on a daily basis, and I know I will have to do so for the rest of my life. However, this doesn't bother me. I have been working for 10 years as a secretary and I feel good.

Another very different group of nonpsychological explanations is presented more broadly by the Society for Natural Medicine, a group interpreting voices as spirits of wandering deceased. Some religious groups, such as Jehovah's Witnesses, consider voices as demons. For example, one person said:

I heard three to five different voices. They were sexless and they were always threatening. I had to do exactly what they said. One day they even commanded me to tell my stepfather and at the last moment I came back to myself. Shortly after I admitted myself to a psychiatric hospital. I got medication, but the voices remained. By means of my hobby, which is art and history of the Middle Ages, I started reading the bible. In my opinion in the bible Jesus heals people like myself. It is the story of the possessed man. Matthew VIII, verses 1-5 and Mark V, verses 2-20.

Both frames of reference described above lead to certain coping strategies logically associated with the theoretical explanations.

Group 1 includes the following:

- Psychodynamics—psychotherapy focusing on archetypes and split off emotions.
- Mysticism—mystical training (e.g., through meditation and transcendent experiences).
- Parapsychology—learning how to deal with different levels of consciousness, keeping one's sensitivity under control.

Group 2 includes the following:

- Biological psychiatry—medication.
- Natural medicine—escort of the wandering deceased.
- Religion—faith healing.

If coping attempts are to be made, it seems very important for individuals to adopt a frame of reference, to attribute some meaning to the voices; otherwise it is very difficult to start the phase of organizing one's relationship to the voices to reduce anxiety. Interestingly, at least in terms of coping efforts, it seems unfortunate when individuals adopt a frame of reference discouraging them from attempting to master the voices. Viewing the voices as linked to electronic influences is one such example. The explanation offered by biological psychiatry may also not be very helpful in coping with the voices because it, too, places the phenomenon beyond one's grasp.

The Psychiatric Paradigm and Treatment

One hypothesis that might be generated from this congress is that the reduction of "hearing voices" to being viewed merely as a pathological phenomenon is not very fruitful in helping patients to deal with

these experiences. It may also be inaccurate. Outside the world of psychiatry (Ehrenwald 1978), many people hear voices and are quite able to handle them, even experiencing the voices as enriching their lives. Thus, in the mental health professions, it may be worthwhile to explore in greater detail which frames of reference and coping strategies are best for patients who hear voices so that we can help them more effectively in learning to deal with these experiences.

The main steps in this process are the following:

- To accept the patient's experience of the voices. Those voices are often more penetrating than sensory perceptions.
- To try to understand the different language patients use to describe their frame of reference as well as the different language the voices use for communication. Often a world of symbols and feelings is involved. For example, the voices might speak about light and dark when expressing love and aggression.
- To consider helping the individual communicate with the voices. Issues of differentiating good and bad voices and accepting the person's own negative emotions may be involved. Such acceptance may be assisted when support is given to promote self-esteem.
- To stimulate the patient to meet other people with similar experiences and to read about hearing voices in order to diminish the taboo and the isolation.

For most psychiatrists, these steps will require an enlargement of one's perspective in addition to broadening the generally accepted theories within the profession. We are very interested in hearing from others about the experiences they

have encountered that might relate to the suggestions we received from the congress participants described above.

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Acknowledgments

We thank Professor S. de Batselier from Leuven, Belgium; Professor J.

Strauss from New Haven, CT; and Professor M. deVries from Maastricht for their stimulation in developing the approach to the phenomenon "hearing voices" as described in this article.

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