



CHILDREN WHO HEAR VOICES

A Common Reality: Overcoming Stigma and Fear towards Hope, Empowerment and Recovery

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The work of Marius Romme and Sandra Escher in understanding voice hearing as a common human experience and a 'sane reaction to insane circumstance' (Longden 2013) has been invaluable in changing conversations in adult mental health settings. However, acknowledging and accepting the experience of children and young people hearing voices remains something of a taboo; despite the incredible work of Sandra Escher in identifying common themes that contribute to children and adolescents hearing voices that cause distress. *Young People Hearing Voices*, (Escher & Romme, 2013) brings together this work and has been a platform for understanding and working with young people and families who hear voices.

Escher and Romme (2013) identified biographical themes of voices hearing, consistent with the understanding of voice hearing distress in adults as being a response to adversity and the connection between voices and social or emotional conflicts (Corstens et al., 2013). Escher and Romme's themes of trauma and adversity correlate with the themes in adults who hear voices, identified in the work of Verase et al. (2012).

Despite the work of Escher and the initiatives of the work of Voice Collective (<http://www.voicecollective.co.uk/>) and many others, there is a lack of confidence to embrace and support young people in their experience. Often, the fear and vulnerability are experienced by parents, professionals and the voice hearer themselves. Although there remains a lack of safe spaces for children, young people and families to explore the reality of hearing voices, some individuals and environments have supported opportunities for individuals and families to find acceptance and meaning.

Amanda Waegeli

A significant question asked in a Maastricht interview is at what age were you when you first heard a voice? Children and young people hear voices too, and why are we so surprised? Working with the Hearing Voices Approach, predominately with adults, I have learnt that many adults first heard voices as a child or adolescent, but rarely told anyone until later in life. Interestingly, many of these first voices were often helpful, guiding, and positive to the young person, often helping them to cope, or manage difficulties, challenges

or childhood trauma in their life, and they were not unlike the "imaginary friend".

Working in a Hearing Voices Network, it was not unusual to receive several enquiries or requests a month, to support a child or young person who was hearing voices. These enquiries were not from children but rather parents, family members or friends. Providing a safe space to listen while creating opportunities to talk, both with the young person and their parents or support networks about the hearing voices approach, provided hope, much-needed relief and deeper understanding of the experience.

Stigma, fear and shame are still very prevalent. The message from the hearing voices approach provides options for parents and opportunities to explore and think about all possible explanatory frameworks for understanding a young person's voice hearing experience. As a result, from these conversations, a shift was often observed from parental distress to an ability from parents to tolerate the uncertainty of the voice hearing experience of their young person, benefiting the whole family.

What I have found is most helpful to a child or adolescent is when we, as professionals can give reassurance, education and support to the primary caregivers and the child's social network. We can then help them to respond to the problem discourse or behaviour as meaningful to the child. And place emphasis on the life experiences surrounding the onset of voices, rather than focussing on the voices as a symptom of a serious mental illness.

In running Hearing Voices Groups in the community, with young people who have experienced first episode psychosis, the added value of peer support from other voice hearers who are coping well with the experience, assists in alleviating feelings of isolation, encourages connections and gives hope. The use of creativity to express unexpressed emotions and information technology to create cyber spaces to talk more openly about voices has also proved invaluable to the process of working with young people in gaining mastery over the experience of hearing distressing voices.

Ros Thomas, a mental health worker, has been something of a pioneer in working with young people who hear voices in Australia.



Matthew Ball



Amanda Waegeli



Andrew Fort



Ros Thomas

Ros developed a Young People specific Recovery Program in 2002. The group program provided an opportunity for youth to gain a comprehensive range of life skills, build relationships with others in a safe place, share and explore their experience of hearing voices. She encouraged the young people in the program to also share their stories of recovery at conferences – including three of the Young People from the Program presented at the 1st Hearing Voices Congress in Maastricht, Netherlands.

Inspired by the Recovery from Psychosis Conference in Perth, WA in 2008, and training in the Hearing Voices Approach, Ros began the journey of supporting young people in understanding the relationship between hearing voices and trauma. In her work, the connection between being labelled with a mental health diagnosis and the experience of childhood trauma and abuse became apparent. The outcomes for the Young People in the programs, Ros demonstrated that people could and do recover.

The program empowered young people to share their stories and make sense of their experience. Most importantly, it supported them to understand and change their relationship with their voices through voice dialogue, rather than being passive recipients of treatment by others. This process has been the catalyst for these youths to gain mastery over their lives. The journey of supporting young people who hear voices, in overcoming traumatic life events, and not binding them to labels of psychiatric diagnosis supports the outcome of voices being understood as disowned parts of self that hold the trauma experiences. In the young people's program set up by Ros, participants in the program had Mental Health Diagnoses and most had never disclosed to services that they heard voices because of the stigma and labels attached to the experience; many have now ditched their labels and have moved out of mental health services. Many have trained and now work as Community Support Workers and facilitate our local Hearing Voices Group (Edited from Thomas, R, 2015).

Matthew Ball, MH nurse practitioner candidate, who himself experienced hearing voices as a young person, has supported some local children and families who have approached him to discuss the experience of children experiencing distress and voices in their attempts to put aside the stigma and fear when a child hears voices.

Parents have expressed fear in disclosing their child's reality to health professionals, indicative of the stigma and vulnerability that continues to exist when a child does hear voices. Often in informal interactions with families, the approach to educate the value of accepting and understanding that a child hears voices, and advice in the direction of loving, support and care have helped to create an opportunity for the child to be supported in a strength-based and person-centred fashion. A simple human connection between the child and family members has formed a journey for many of the families in pursuit of healing and a path to less distress by incorporating values that inspired the international hearing voices movement. By accepting and making sense of this common human experience, hope and empowerment can provide these children (who often have become distressed by hearing voices) with pleasant and bright journeys.

Andrew Fort - 'Asking the question'

Andrew: "If I told you that most young people when they are distressed, see or hear things they wouldn't usually see or hear, what would you say about that?"*

John: "Wow... I thought I was the only one..."

Mary: "I thought I was going crazy, and I'd get locked up and drugged for the rest of my life"

This is the type of question I ask all young people I work with now (I use whatever language that makes sense, e.g. 'freaking out', 'overwhelmed', 'going through some sh*t', etc.). How John and Mary (not their real names) responded is very common; they are often already frightened by their experiences, and fearful of what may happen if others find out.

People like John and Mary have taught me that hearing voices and 'seeing things' is a 'normal' human experience. I used to ask the young people I worked with if they heard or saw things they wouldn't ordinarily hear or see; about five percent would tell me they did. Over time, those who saw me for a period would begin to trust our relationship and about 70 percent of those young people I saw would tell me about their experiences of hearing voices or seeing things others didn't see.

Let me clarify, that during this time, I wasn't seeing young people who were seen to be 'psychotic'. Working in small rural communities, I saw young people who were experiencing such challenges

as school stress, relationship difficulties, 'anger management' issues, shyness, grief and sadness. I didn't expect these 'unusual' experiences to be so common but now understand that it is a normal response to distress found in young people.

It surprises me that most of the experiences for these young people resolved quite quickly; within days or weeks. This was particularly true for those young people where their experiences were relatively new. I have discovered that a normalising, accepting approach where the nurse works alongside the young person to make sense of the experience (in the context of the young person's life) while offering support around problem-solving, mindfulness and distress tolerance usually leads to either full resolution of these experiences or a greater level of comfort with experiences that were previously frightening or confusing.

The challenge is how can we create safe spaces where young people feel safe to share and make sense of their experiences? Some of us are fortunate enough to meet and work with children and youth who hear voices, as well as their families and given the opportunity to provide them with support towards healing and recovery. The role of nurses, the lived experience workforce and wider social networks around children and young people is to love, nurture and support them when they are distressed. Far from the stigma and labelling of diagnosis and treatment, lived experience experts, health workers, teachers, families and the wider community can play a role in breaking the stigma by embracing children and young people in distress through loving, nurturing and strong connections.

References

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