South Southwest MHTTC
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Re-envisioning FEP Services with Youth & Young Adults

Psychosis: Recovery and Discovery

Dr Eleanor Longden

inter Voice
The International Community for Hearing Voices

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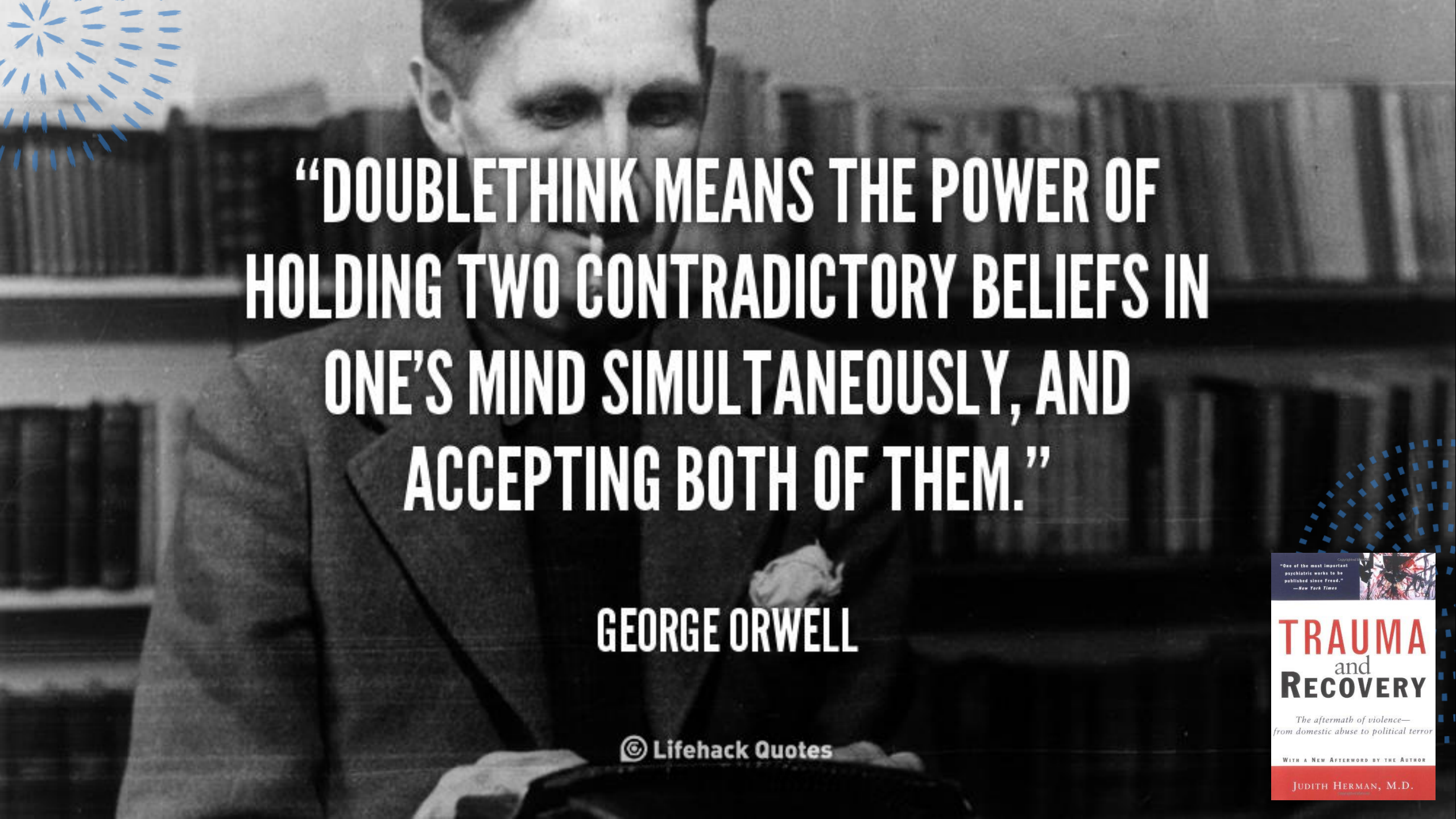
"DOUBLETHINK MEANS THE POWER OF HOLDING TWO CONTRADICTORY BELIEFS IN ONE'S MIND SIMULTANEOUSLY, AND ACCEPTING BOTH OF THEM."
GEORGE ORWELL
© Lifehack Quotes
"One of the most important psychiatric works to be published since Freud." —New York Times
TRAUMA and RECOVERY
The aftermath of violence— from domestic abuse to political terror
WITH A NEW AFTERWORD BY THE AUTHOR
JUDITH HERMAN, M.D.

Adversity & Psychosis

SCHIZOPHRENIA BULLETIN
The Journal of Psychoses and Related Disorders

Childhood Trauma Is Associated With Severity of Hallucinations and Delusions in Psychotic Disorders: A Systematic Review and Meta-Analysis

Thomas Bailey, Mario Alvarez-Jimenez, Ana M Garcia-Sanchez, Carol Hulbert, Emma Barlow, Sarah Bendall ✉

Schizophrenia Bulletin, Volume 44, Issue 5, 20 August 2018, Pages 1111–1122,

"The results lend support for cognitive and biological theories that traumas in childhood may lead to hallucinations and delusions within psychotic disorders and have important implications for clinical practice." (p.1111; emphasis added)

"[The research] is a straightforward, unashamed wake-up call. Everyone involved should act, in whatever way your circumstances allow, to end this madness."

(quoted in Read & Dillon, 2013, p.406).

Professor Loren Mosher

Meaning and Responsibility

Johnstone (2011)

"You have a medical illness with primarily biological causes."

vs.

"Your problems are a meaningful and understandable response to your life circumstances."

"You have an illness which is not your fault BUT you retain responsibility for it and must make an effort to get better BUT you must do it our way because we are the experts in your illness."

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Non-compliant

vs.

Too dependent

Won’t accept illness (lack of insight)

vs.

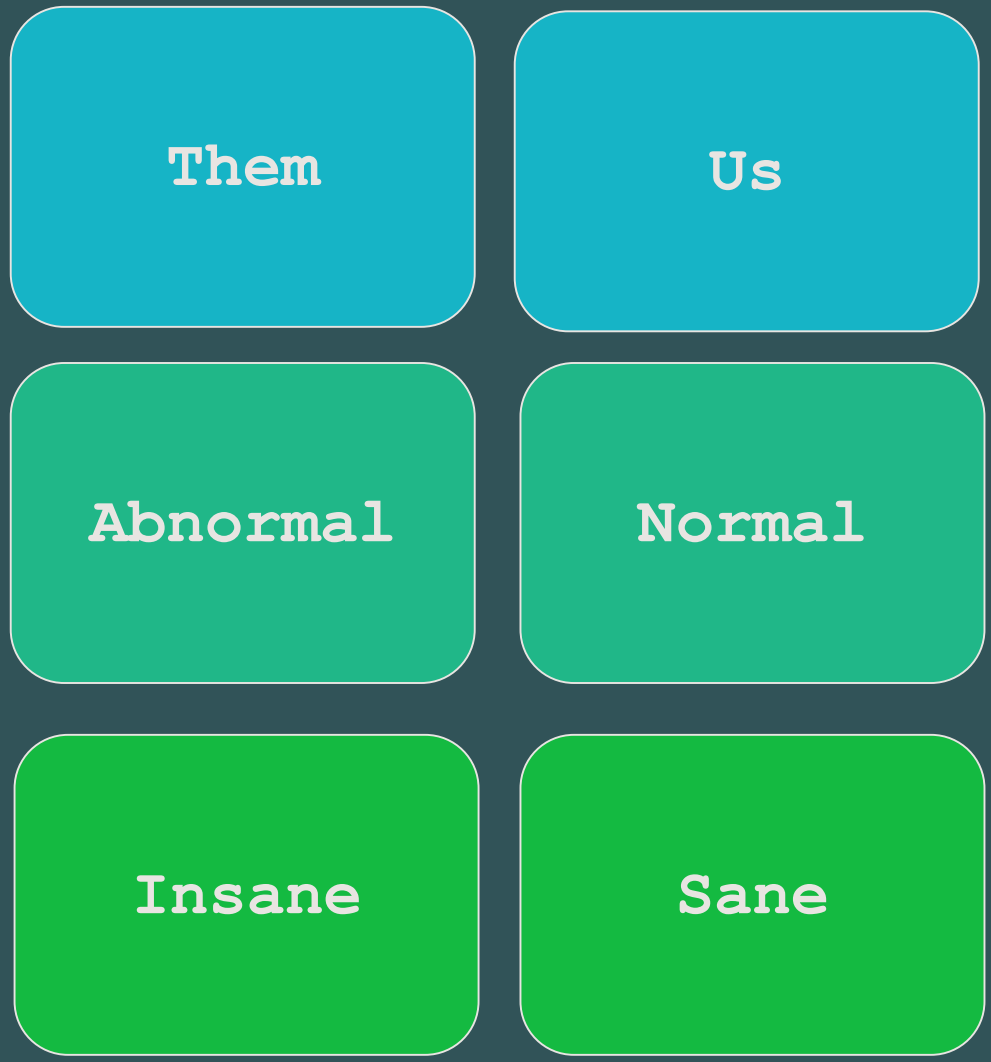
Sick role behaviour

Too demanding of services

vs.

Not engaging with services

Divided World



United World

Moderate Experience

ordinary reaction

Extreme Experience

extraordinary reaction

Voices as a Survival Strategy

"Hearing voices is both an attack on personal identity and an attempt to keep it intact."

Romme & Escher (2000)

- Voices can hold traumatic memories and unbearable emotions.
- Metaphorical language can be translated into real life changes.

© The Committee on Trauma

Dissociation

"The separation of whole segments of the personality…or of discrete mental processes…from the mainstream of consciousness or of behavior."

American Psychiatric Association

Auditory verbal hallucinations and the differential diagnosis of schizophrenia and dissociative disorders: Historical, empirical and clinical perspectives

Andrew Moskowitz [a,*], Dolores Mosquera [b], Eleanor Longden [c]

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[b] Institute for the Research and Treatment of Trauma and Personality Disorders, Avenida de Oza 5, 15006 La Coruña, Spain
[c] Psychosis Research Unit, Greater Manchester West Mental Health NHS Foundation Trust, Harrop House, Bury New Road, Prestwich, M25 3BL Manchester, United Kingdom

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ABSTRACT

Introduction. – Despite the long association between auditory verbal hallucinations (AVH) or voice hearing and schizophrenia, recent research has demonstrated AVH's presence in other disorders and in persons without a diagnosis, particularly amongst those with a history of traumatization. But are there differences in the *type* of voices between these populations?
Objective. – To consider the status of the relationship between AVH and schizophrenia, in comparison to certain posttraumatic disorders, and the implications of this relationship both conceptually and clinically.
Method. – The relationship between AVH and schizophrenia was reviewed from an historical and empirical perspective, in comparison to the posttraumatic or dissociative disorders, borderline personality disorder (BPD), posttraumatic stress disorder (PTSD) and dissociative identity disorder (DID). The relationship between AVH in general and dissociation was also considered. A psychotherapeutic approach to working with voices from a dissociation perspective was presented, along with a clinical case.
Results. – AVH in schizophrenia appear to be very similar to AVH in other disorders, with some apparent differences disappearing when the person's attitude toward their voices changes. However, compared to BPD, PTSD, or DID, AVH in schizophrenia tend to be first experienced much later in life (adulthood as opposed to adolescence or even childhood), rarely include 'child' voices, and exert significantly less control over the person's behavior.
Conclusion. – AVH are common in schizophrenia and posttraumatic disorders, and are not significantly differently manifested in these disorders. We contend that all voices are dissociative in nature, and can be most successfully treated through respectful engagement, which seeks to recognize the underlying purpose/concern of the voices, and transform the person's relationship with their voices. The dissociative etiology of AVH in schizophrenia, however, may be somewhat different from that in other disorders – a 'bursting through' of dissociative parts associated with severe depersonalization, as opposed to a more gradual development through absorption and intense focus on internal states. In concert with Bleuler's original proposal of schizophrenia as 'split mind', it is proposed that schizophrenia might represent a 'low level' dissociative disorder. Research to further explore this proposal is suggested.

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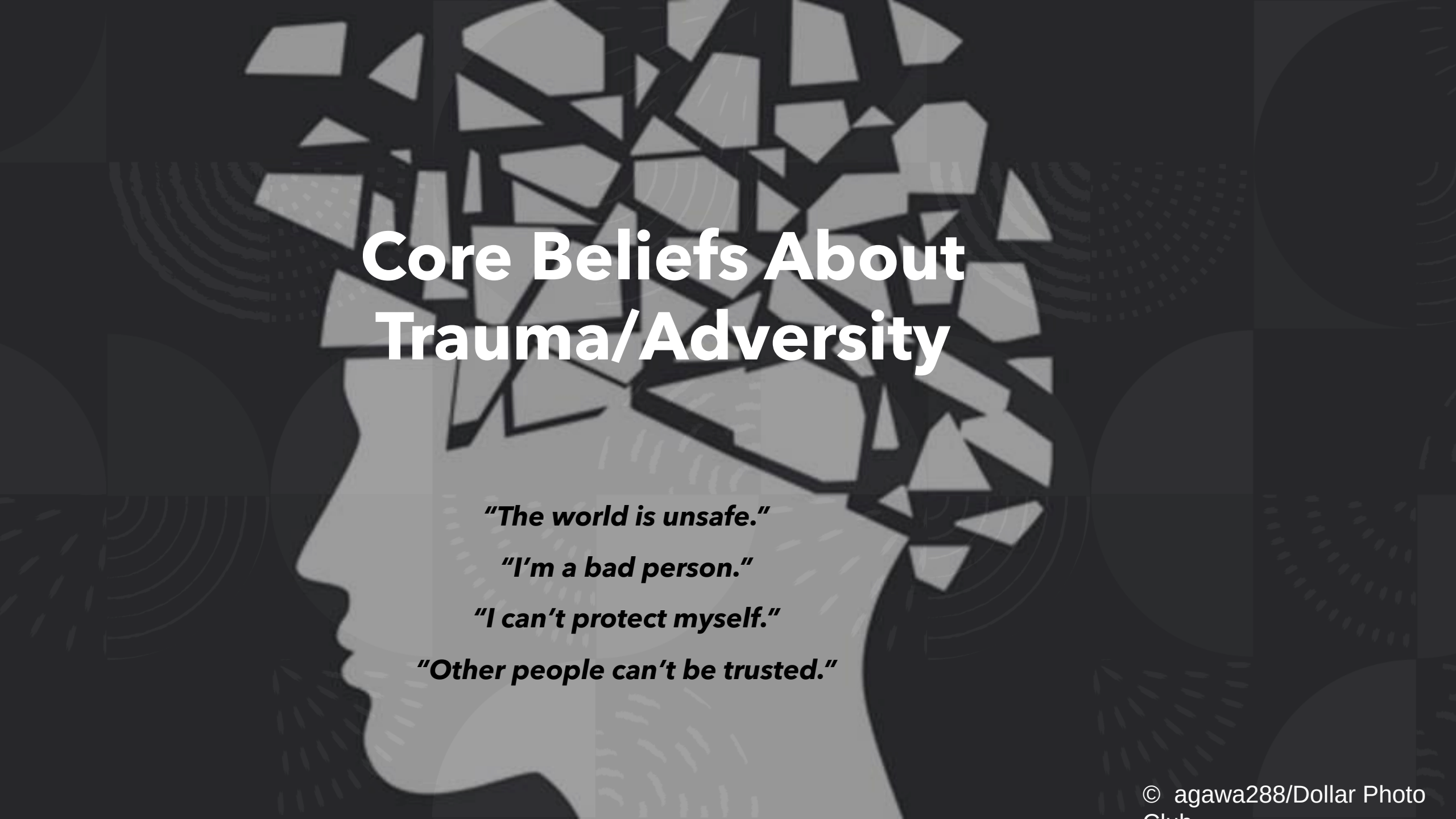

Core Beliefs About Trauma/Adversity

"The world is unsafe."

"I'm a bad person."

"I can't protect myself."

"Other people can't be trusted."

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Adapted from Moskowitz, Mosquera & Longden (2017)

Presentation	Possible function/goal
Distrustful voices	Being alert to possible danger/threats and avoiding further victimization
Blaming voices	• Internalization of previous negative messages that the voice hearer has received from other people (e.g., caregivers or perpetrators) • An attempt to gain control (e.g., "If I believe it's my fault then I can live with the hope that the situation may change") • An attachment to the perpetrator
Submissive voices	• These voices are often related to learned helplessness in that the person's fight system is ineffective and the only perceived possibility is to submit • A belief that submission, compliance and/or not speaking out (e.g., about previous abuse) is a way of protecting oneself from further harm
Aggressive voices	• These voices can draw attention to possible sources of threat as well as unresolved conflict. In many cases they start as distrustful voices; however, when not heard or listened to they can escalate in their messages • The voice hearer's own disowned sense of rage and resentment

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"I often hear voices….If you believe, as I do, that the mind wants to heal itself, and that the psyche seeks coherence not disintegration, then it isn't hard to conclude that the mind will manifest whatever is necessary to work on the job."

Jeanette Winterson (2011)

Challenging Doublethink

1) Theory

‘Identifying patterns in mental health problems as an alternative to functional psychiatric diagnosis’

The Power/Threat/Meaning framework poses these core questions:

1) 'What has happened to you?'

- (How is **power** operating in your life?)

2) 'How did it affect you?'

- (What kind of **threats** does this pose?)

3) 'What sense did you make of it?'

- (What is the **meaning** of these experiences to you?)

4) 'What did you have to do to survive?'

- (What kinds of **threat response** are you using?)

5) 'What are your strengths?'

- (What access to **power resources** do you have?)

An Alternative to Psychiatric Diagnosis

- Summarising the evidence about causal factors in mental distress and troubled or troubling behavior
- Showing how we can group similar types of experience together
- Suggesting ways forward and interventions
- Providing a basis for research
- Providing a basis for administrative decisions such as commissioning, service design, access to services and benefits, legal judgements etc.

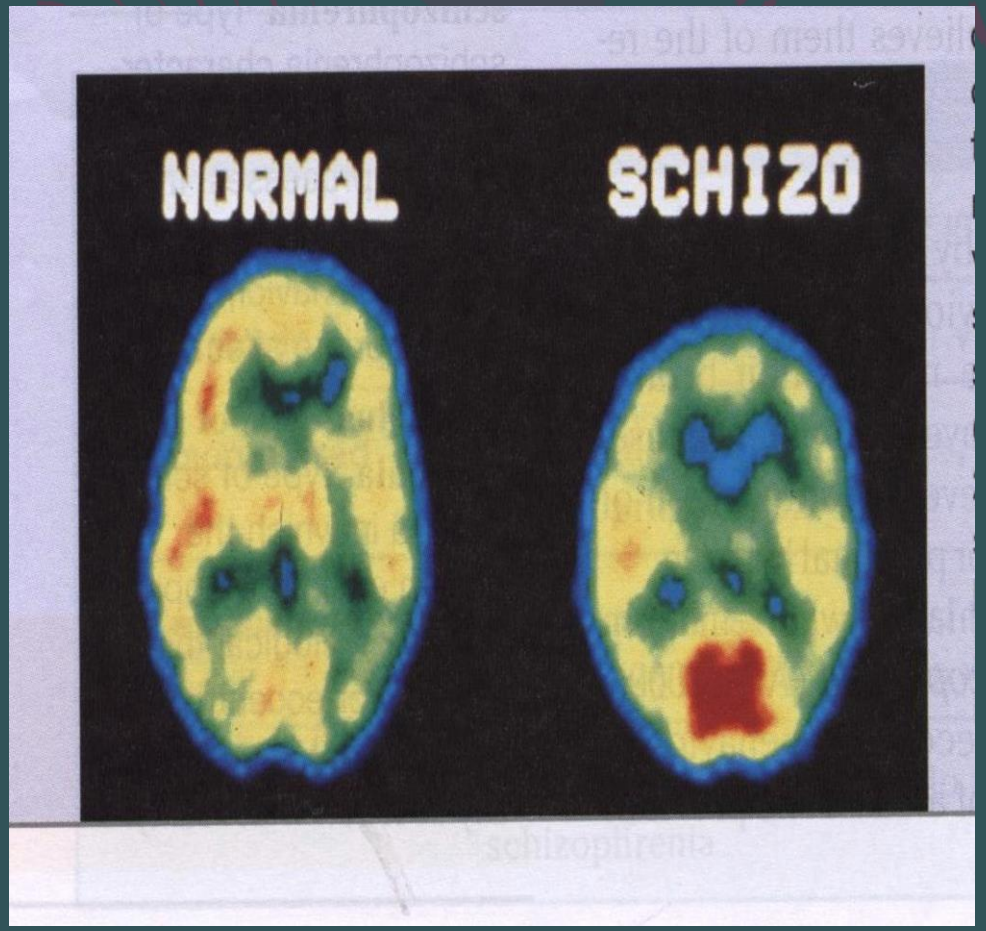
And just as importantly…

Recognising	Recognising that emotional distress and troubled or troubling behaviour are, ultimately, understandable responses to a person's history and circumstances
Restoring	Restoring the link between distress and social injustice
Increasing	Increasing people's access to power and resources
Creating	Creating validating narratives which inform and empower people, groups and communities by restoring these links and meanings
Promoting	Promoting social action

Challenging Doublethink

2) Research

- Dopamine, serotonin and norepinephrine irregularities
- Reversed cerebral asymmetry
- Hippocampal damage
- Ventricular enlargement
- Cerebral atrophy



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- Dopamine, serotonin and norepinephrine irregularities
- Reversed cerebral asymmetry
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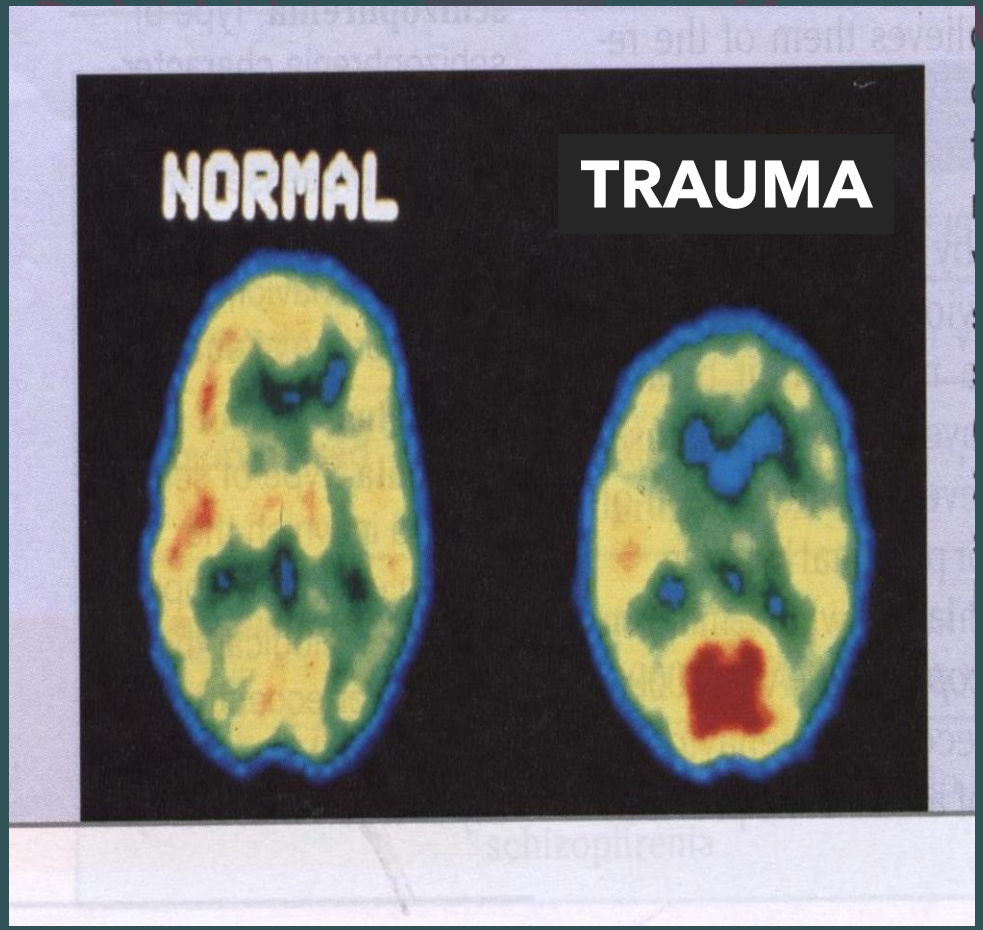
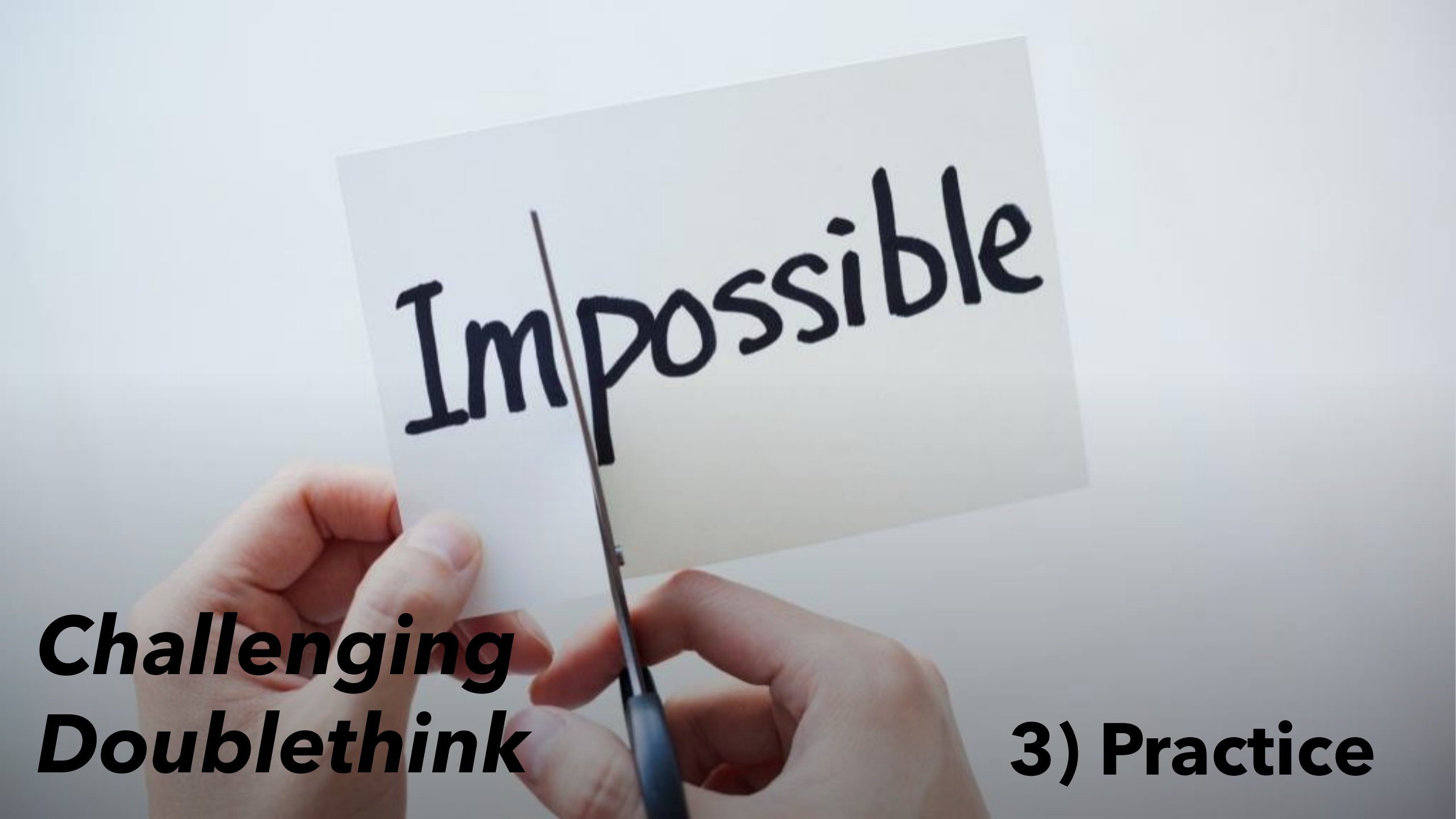


Traumagenic Neurodevelopmental Model of Psychosis
(Read et al., 2001, 2008, 2014)



Challenging Doublethink

3) Practice

TALKING WITH VOICES

NHS Greater Manchester Mental Health NHS Foundation Trust

A feasibility and acceptability study of the Talking With Voices intervention amongst adults with psychosis

Longden et al. (2022)

Funded by NHS National Institute for Health Research

This project is funded by the National Institute for Health Research (NIHR) Postdoctoral Fellowship Scheme (Grant Reference Number PDF-2017-10-050). The views expressed are those of the authors and not necessarily those of the NIHR, the NHS, or the Department of Health.

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Psychology and Psychotherapy: Theory, Research and Practice (2021)
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A treatment protocol to guide the delivery of dialogical engagement with auditory hallucinations: Experience from the Talking With Voices pilot trial

Eleanor Longden*[1,2,3], Dirk Corstens[4], Anthony P. Morrison[1,2], Amanda Larkin[1], Elizabeth Murphy[1], Natasha Holden[1], Ann Steele[1], Alison Branitsky[1,2,3] and Samantha Bowe[1]

Demonstration video available at:
www.psychosisresearch.com
TALKING WITH VOICES
NHS
Greater Manchester Mental Health
NHS Foundation Trust

Thoughts From a Therapist

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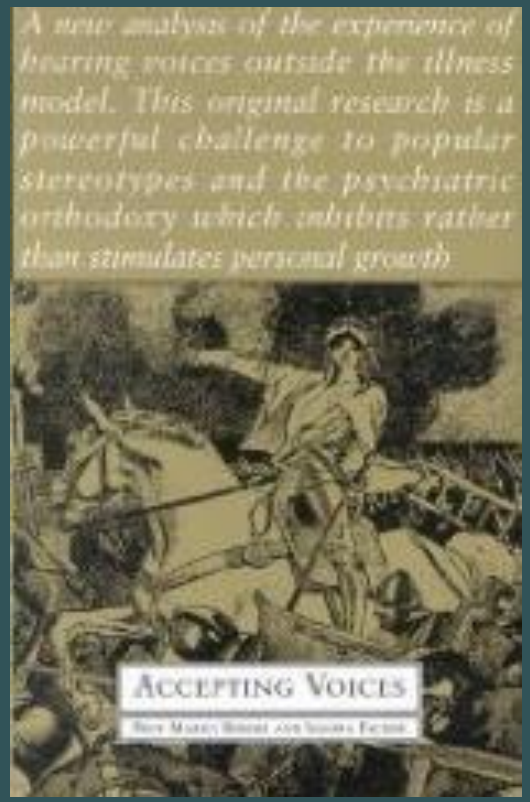
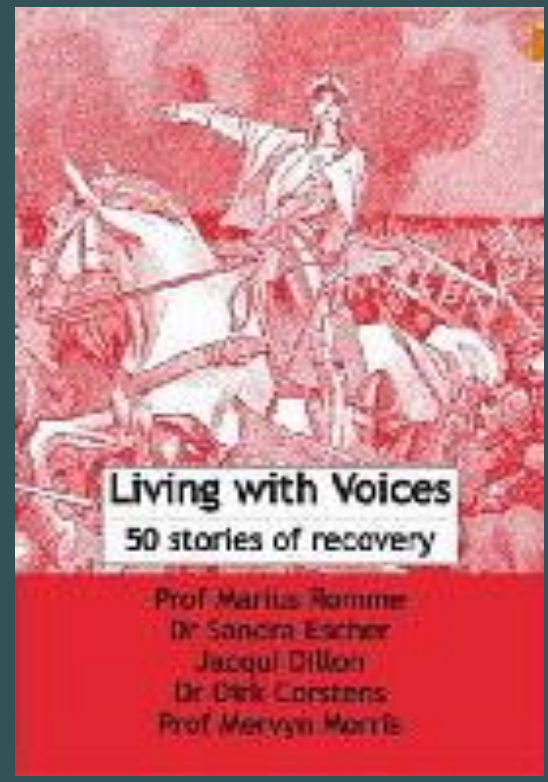
A New Way of Thinking About Voice Hearing



Romme, M. & Escher, S. (1993). *Accepting Voices*. London: Mind Publications.

Romme, M. & Escher, S. (2000). *Making Sense of Voices*. London: Mind Publications.



Romme, M., Escher, S., Dillon, J., Corstens, D. & Morris, M. (2009). *Living With Voices*. Ross-on-Wye: PCCS Books.

Schizophrenia Bulletin vol. 40 suppl. no. 4 pp. S285–S294, 2014
doi:10.1093/schbul/sbu007

Emerging Perspectives From the Hearing Voices Movement: Implications for Research and Practice

Dirk Corstens*[,1], Eleanor Longden[2], Simon McCarthy-Jones[3,4], Rachel Waddingham[5], and Neil Thomas[6,7]

[1]RIAGG Maastricht, Maastricht, The Netherlands; [2]Institute of Psychological Sciences, University of Leeds, Leeds, UK; [3]ARC Centre for Excellence in Cognition and Its Disorders, Macquarie University, Sydney, Australia; [4]Department of Psychology, Durham University, Durham, UK; [5]London Hearing Voices Project, Mind in Camden, London, UK; [6]Brain and Psychological Sciences Research Centre, Swinburne University, Melbourne, Australia; [7]Monash Alfred Psychiatry Research Centre, Melbourne, Australia

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The international Hearing Voices Movement (HVM) is a prominent mental health service-user/survivor movement that promotes the needs and perspectives of *experts by experience* in the phenomenon of hearing voices (auditory verbal hallucinations). The main tenet of the HVM is the notion that hearing voices is a meaningful human experience, and in this article, we discuss the historical growth and influence of the HVM before considering the implications of its values for research and practice in relation to voice-hearing. Among other recommendations, we suggest that the involvement of voice-hearers in research and a greater use of narrative and qualitative approaches are essential. Challenges for implementing user-led research are identified, and avenues for future developments are discussed.

Key words: auditory hallucinations/service-user involvement/social psychiatry

groups" (HVGs), are a particularly striking consequence of this movement. In England, eg, there are now over 180 groups hosted in a range of settings including child and adolescent mental health services, prisons, inpatient units, and the voluntary sector. Organized into a number of local and national networks, the success of this approach can also be seen by its diffusion in the past 20 years throughout Europe, North America, Australia, and New Zealand, emerging initiatives in Latin America, Africa, and Asia; and the success of the sixth World Hearing Voices Congress (Melbourne, Australia, 2013), which was attended by nearly 800 delegates. Within these international networks, the combined experience of voice-hearers and professionals have overseen the development of ways of working with people who hear voices that draw on the value of peer support and which help people to live peacefully and positively with their experi-

www.intervoiceonline.org

Examples of Intervoice's Work

- World Hearing Voices Day
- World Hearing Voices Congress
- Peer-support groups
- Challenging stigma
- Media work
- Promoting research
- Self-help literature
- Teaching & training
- Engaging with different communities
- Promoting user-led services

Psychosis
Vol. 4, No. 3, October 2012, 224–234

Routledge
Taylor & Francis Group

Voice hearing in a biographical context: A model for formulating the relationship between voices and life history

Eleanor Longden[a], Dirk Corstens[b]*, Sandra Escher[c] and Marius Romme[c]

[a]*Institute of Psychological Sciences, University of Leeds, Leeds, UK;* [b]*RIAGG Maastricht, Maastricht, The Netherlands;* [c]*City University of Birmingham, Birmingham, UK*

(*Received 5 May 2011; final version received 30 May 2011*)

Growing evidence suggests a meaningful association between life experience, particularly trauma and loss, and subsequent psychotic symptomatology. This paper describes a method of psychological formulation to analyse the relationship between the content and characteristics of voices ("auditory hallucinations") and experienced adversity in the life of the voice-hearer. This systematic process of enquiry, termed *a construct*, is designed to explore two questions: (1) who or what might the voices represent; and (2) what social and/or emotional problems may be represented by the voices? The resulting information provides the basis for an individualized psychotherapeutic treatment plan that examines the influence of interpersonal stress in creating vulnerability for emotional crises (i.e. psychological predisposition) and the personally significant events that cluster before onset or relapse (i.e. the actual stressors which provoke voice onset or continuance). A case example using this method is presented.

Keywords: trauma; hallucinations; hearing voices; psychotherapy; formulation

The Construct: "Cracking the Code"

1. Identity of the voices
2. Voice characteristics
3. Triggers
4. History of the voices
5. Voice hearer's life history

- Who/what might the voices represent?
- What problems might the voices represent?

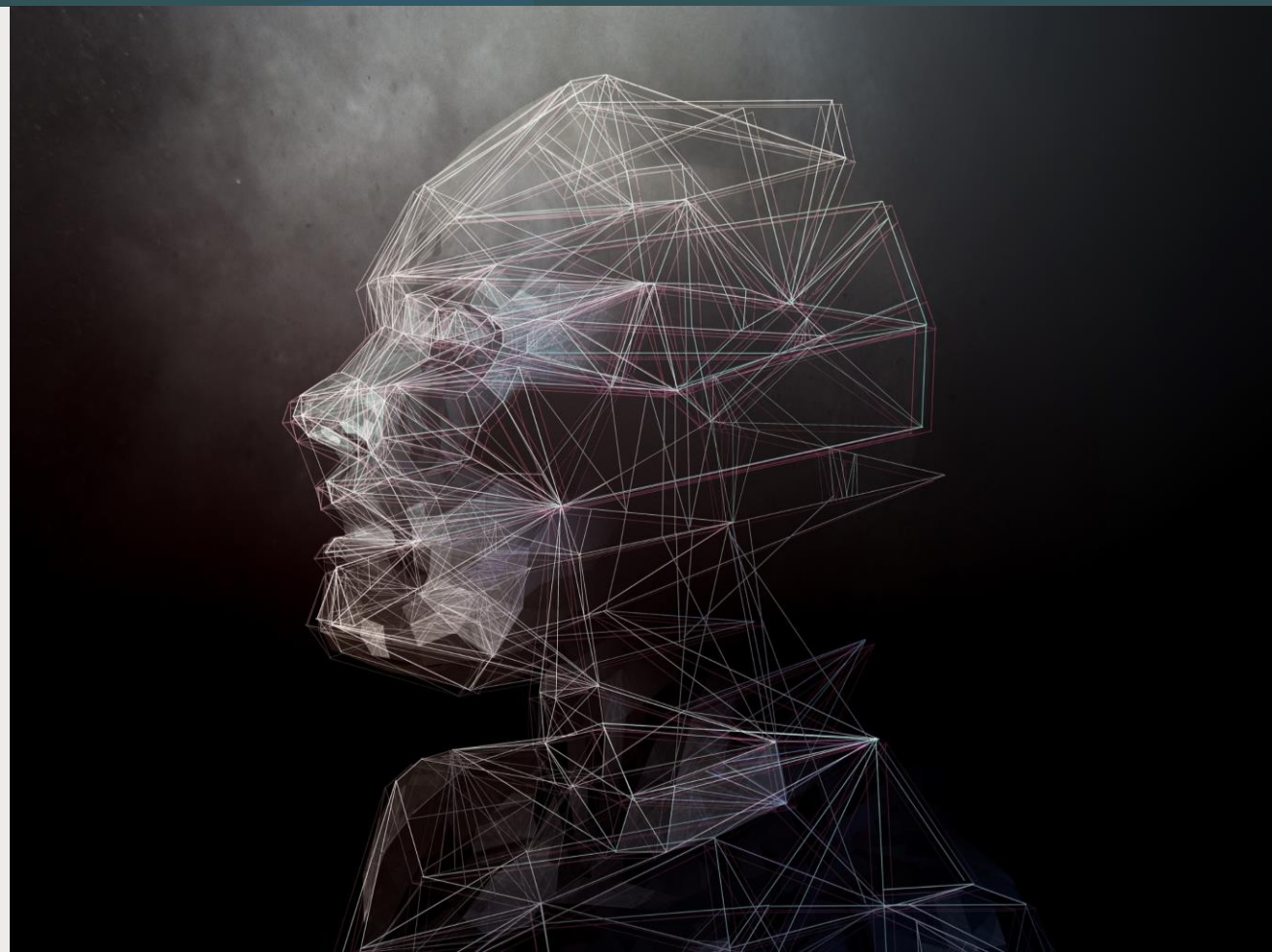
“Most mental disorders are actually strategies for dealing with fear” (Prof. Bruce Perry)

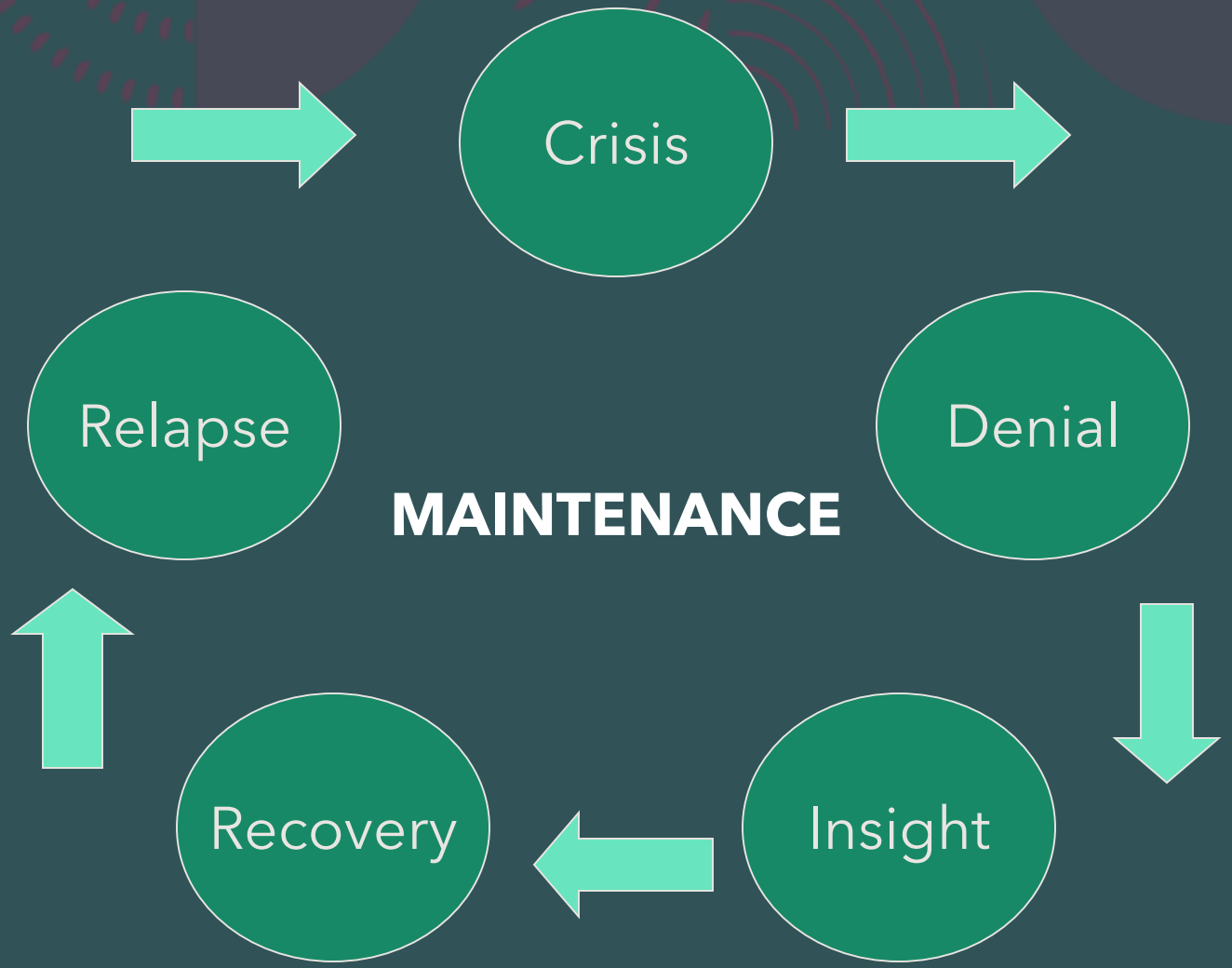
1. **Establishing safety**
   - Coping with the most challenging aspects of the voices (and other sources of distress).

2. **Making sense of one’s experiences**
   - Integrating and processing painful memories and beliefs and moving towards the future.

3. **Social Reconnection**
   - Personal and interpersonal growth.

Romme & Escher (2000)





Dillon, J. (2010). The personal is political. In S. Benamer (Ed.), *Telling stories? Attachment based approaches to the treatment of psychosis* (pp. 23–49). London: Karnac Books.

Crisis
Acknowledgement
Insight
Recovery
Growth
RECOVERY

The ‘4 Rs’ of Trauma-Informed Care SAMHSA (2014)

1

Realising what trauma is and how it affects us

2

Recognising traumatic events and their effects

3

Responding to traumatic events and their consequences

4

Preventing **r**etraumatisat-ion

Trauma-Informed Approaches (e.g., Bloom, 1997; Herman, 1992; Sweeney et al., 2016)

- Recognising trauma
- Preventing re-traumatisation
- Trust and collaboration
- Empowerment
- Peer-support
- Emotional and physical safety
- Social reconnection
- Person-centred and strengths-based

What Contributes to Personal Recovery? The CHIME Framework

- **C**onnectedness
- **H**ope
- **I**dentity
- **M**eaning
- **E**mpowerment

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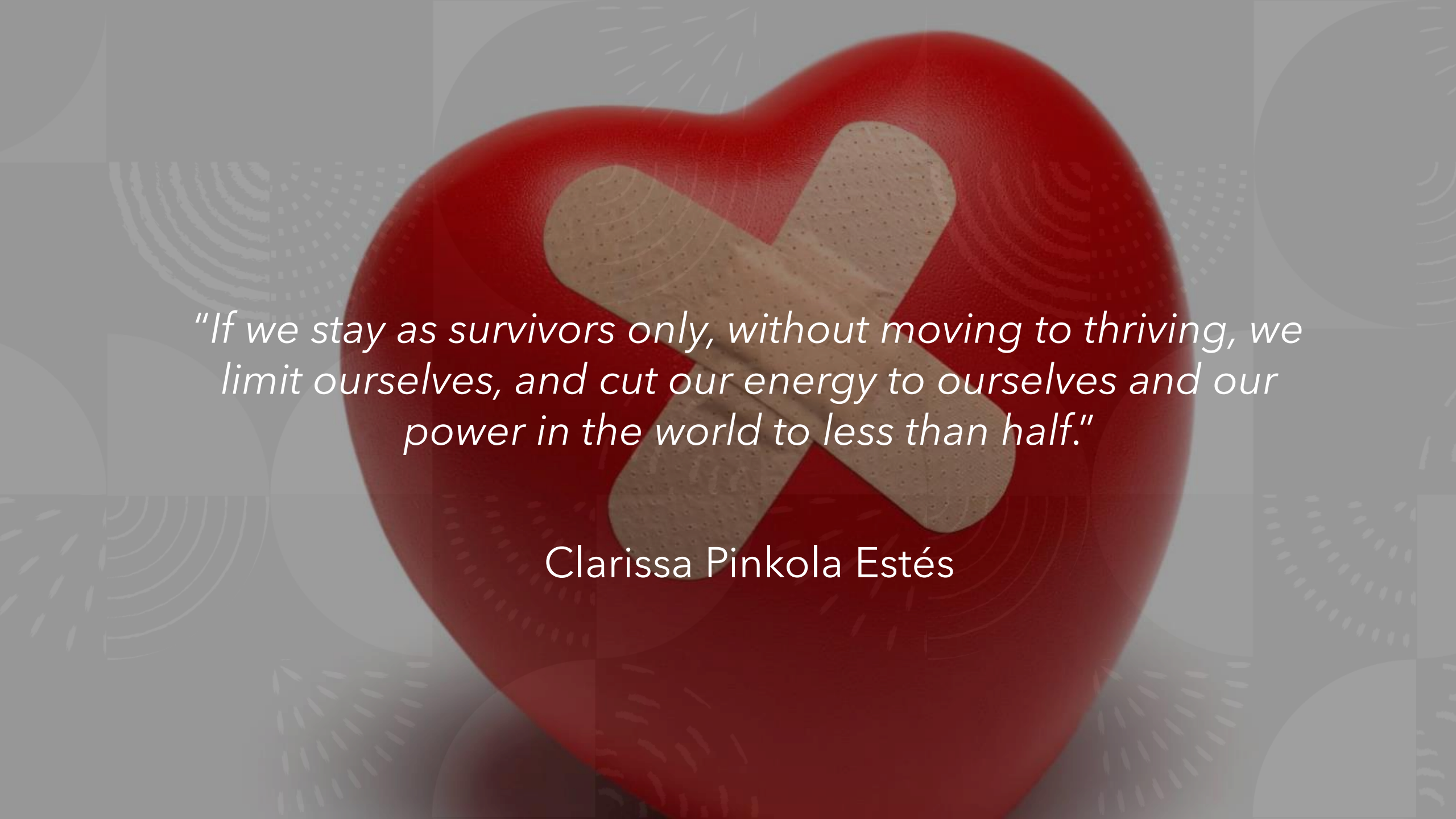
Leamy et al. (2011). Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. *British Journal of Psychiatry, 199*(6), 445-452.



"If we stay as survivors only, without moving to thriving, we limit ourselves, and cut our energy to ourselves and our power in the world to less than half."

Clarissa Pinkola Estés

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Childhood Trauma Linked to Schizophrenia

By JANICE WOOD *Associate News Editor*
Reviewed by John M. Grohol, Psy.D. on April 20, 2012

Children who have experienced severe trauma are three times as likely to develop schizophrenia in later life, according to new research from the University of Liverpool.

The research analyzed the findings from more than 30 years of studies looking at the association between childhood trauma and the development of psychosis.

The researchers looked at more than 27,000 research papers to extract data from three types of studies: those addressing the progress of children known to have experienced adversity; studies of randomly selected members of the population; and research on psychotic patients who were asked about their early childhood.

Across all three types of studies, the results led to similar

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The City Law School

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theguardian website of the year

If psychosis is a rational response to abuse, let's talk about it

Clare Allan

---

theguardian Alpha

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Severe abuse in childhood may treble risk of schizophrenia

Research links sexual, physical and emotional abuse, school bullying and parental neglect to schizophrenia in adulthood

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The New York Times

HEALTH

New Approach Advised to Treat Schizophrenia

ScienceDaily

Your source for the latest research news

Science News

Childhood trauma linked to schizophrenia

"It's better to light even a little candle than to curse the blackness."

Peter Benenson, founder of Amnesty International

© Amnesty International

© Unsplash.com

The transformation I want to see is...

For service-users to be supported to devise and pursue their personally-defined recovery goals.

For services to recognise the value of incorporating trauma-focussed frameworks when supporting people with a diagnosis of psychosis.

That the value of including those with lived experience of mental health difficulties is emphasised in the design and implementation of both research and clinical services.