



Thursday, Feb. 21, 2008

The Listening Cure

By WILLIAM LEE ADAMS



ILLUSTRATION FOR TIME BY ALISON SEIFFER

At the age of 7, Peter Bullimore experienced his first auditory hallucination: a comforting voice that told him everything would be all right. By the time he was 10, he recalls, it had turned into 20 "threatening and demonic" voices; over the next two decades, they compelled him to steal, convinced him he was Jesus, and persuaded him to attempt suicide. "They told me to burn in hell, so I bought gasoline and poured it over myself," he says. Years of psychiatric treatment offered no relief, so Bullimore joined a support group for people similarly afflicted. A decade later, he says, he is no longer at the mercy of his voices: "Now, when we argue, it's on my terms and not theirs."

Last month Bullimore, 46, shared his story with about 150 fellow voice hearers at a University of East London conference sponsored by the Hearing Voices Network (HVN), an organization that brings such people together to exchange personal stories and coping strategies. Drawing on research by Dutch psychiatrists indicating that up to one in 25 people hears voices, HVN seeks to recast the phenomenon as a normal experience, encouraging members to maintain a dialogue with their voices so they can live peacefully with and even appreciate their presence. Studies suggest that these auditory hallucinations emerge following traumas ranging from the death of a loved one to outright abuse, so HVN encourages members to address the phenomenon with these origins in mind. In the past six years, HVN in England has doubled its number of support groups to more than 160 local chapters, and similar groups have cropped up in 17 other countries, from Japan to Finland.

The HVN prescription flies in the face of traditional psychiatry, which prefers that patients take antipsychotic medication and ignore their voices, and warns that acknowledging them intensifies

hallucinations. But according to Dr. Marius Romme, a psychiatrist and former professor at the University of Maastricht in the Netherlands, "Accepting voices is the one precondition to start the process of recovery." He argues that the mind uses this internal chatter to alert people to unresolved trauma: studies by Romme and others estimate that 50% of cases have experienced some form of abuse, and their voices tend to take on characteristics of their tormentors. "The road to recovery," says Romme, "involves getting a better view of that relationship."

For Bullimore, that process began at an HVN support group in Sheffield, England, where he first spoke of being tied to a banister and abused by a female babysitter from the age of 5 to 13. He says his dominant voice, which echoes that of the babysitter, incessantly taunted him and suggested that the abuse had aroused him. During 11 years of psychiatric care, Bullimore claims his doctors refused to discuss what his voices were saying. But at HVN meetings he began to answer back, and "to alter the power relationship" with his tormentor.

In about a third of cases, antipsychotic medication helps to reduce distress, but for many it fails, says Dr. Sara Tai, a researcher at the University of Manchester in the U.K. The drugs also leave many patients feeling exhausted and emotionally numb. Audrey Reid, a 36-year-old from Dundee, Scotland, says medication slowed her thinking and rendered her powerless against bullying by her voices. They made sexually demeaning comments and, when she tried to make coffee, convinced her she was brewing poison.

But their effect is not always destructive, and HVN encourages its members to form relationships with them. Reid says four of her seven voices calm her down during stressful situations, help her assess people she meets, and remind her what to buy at the grocery store. One — which she regards as that of herself as a child — even helped her successfully confront another, which she says mimics a man who molested her when she was 8 years old. "I'm not a confrontational person, so I needed her there," she says, noting that while the abuser's voice still occasionally criticizes her, for the most part "he's been put in his place."

Voice hearers must navigate a society that often views them as freaks and potential criminals: Bullimore says he's been spat upon, called a "psycho" and had his face slashed with a broken vase by people who know of his condition. In public, some voice hearers mask internal arguments by appearing to shout into their cell phones. Others wear headphones to drown out the sound, or set up appointments during which the voices can vent at their leisure.

Mainstream psychiatry remains skeptical of HVN's approach. Dr. Cosmo Hallstrom, a fellow at the Royal College of Psychiatrists in London, says hallucinations are usually symptoms of illness, particularly schizophrenia. He says that people who need psychiatric treatment don't always know it, and worries that support groups like HVN could impede efforts to "combat the scourge of mental illness." Still, he adds that "more than one approach may be valid" and that the real danger may not be hearing voices, but hearing them without some form of support — psychiatric or otherwise.

As for Bullimore, he's convinced that challenging his voices has put his life back on track. He now trains mental-health professionals working with voice hearers, runs a support group and has entered a long-term relationship. Positive voices have appeared, too, he says, waking him at night and reminding him to write down ideas that have become the basis for his first children's book. By listening to what the demons in his past have to say, Bullimore has learned to do more than talk back to the voices: he's managed to find his own.