Sussex Partnership NHS
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The Voices Clinic
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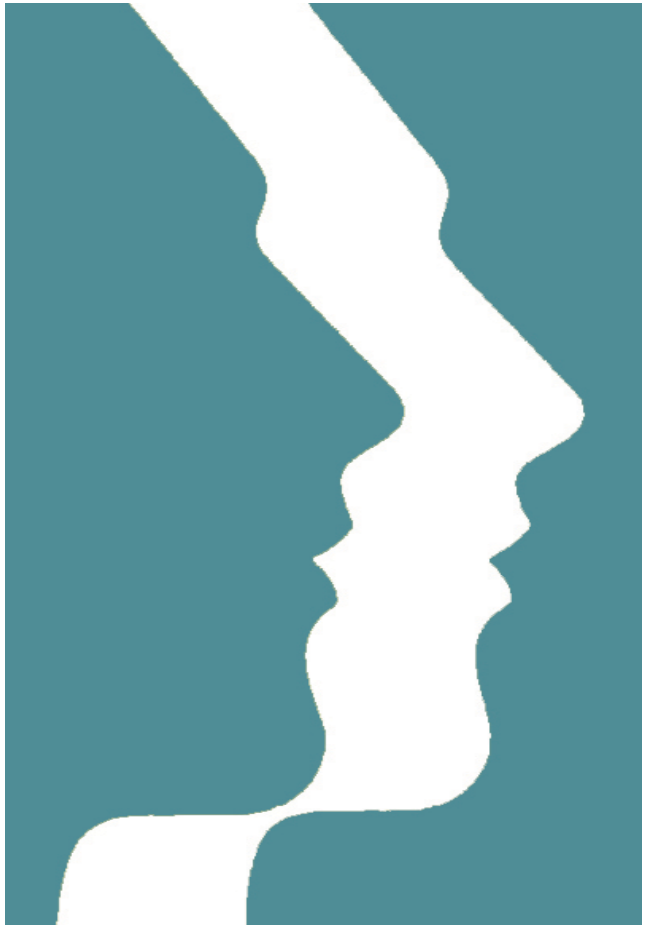
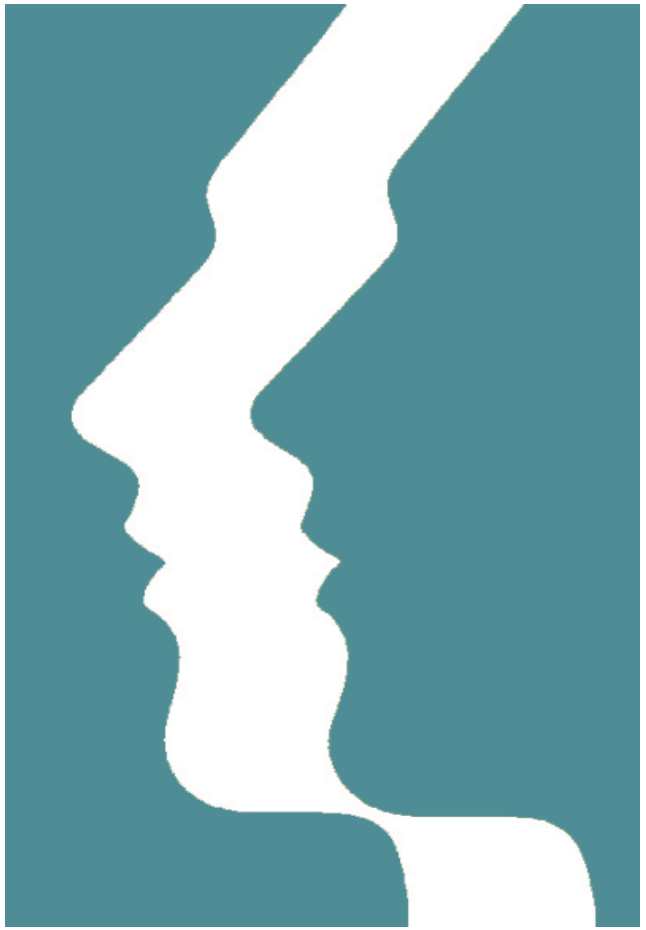
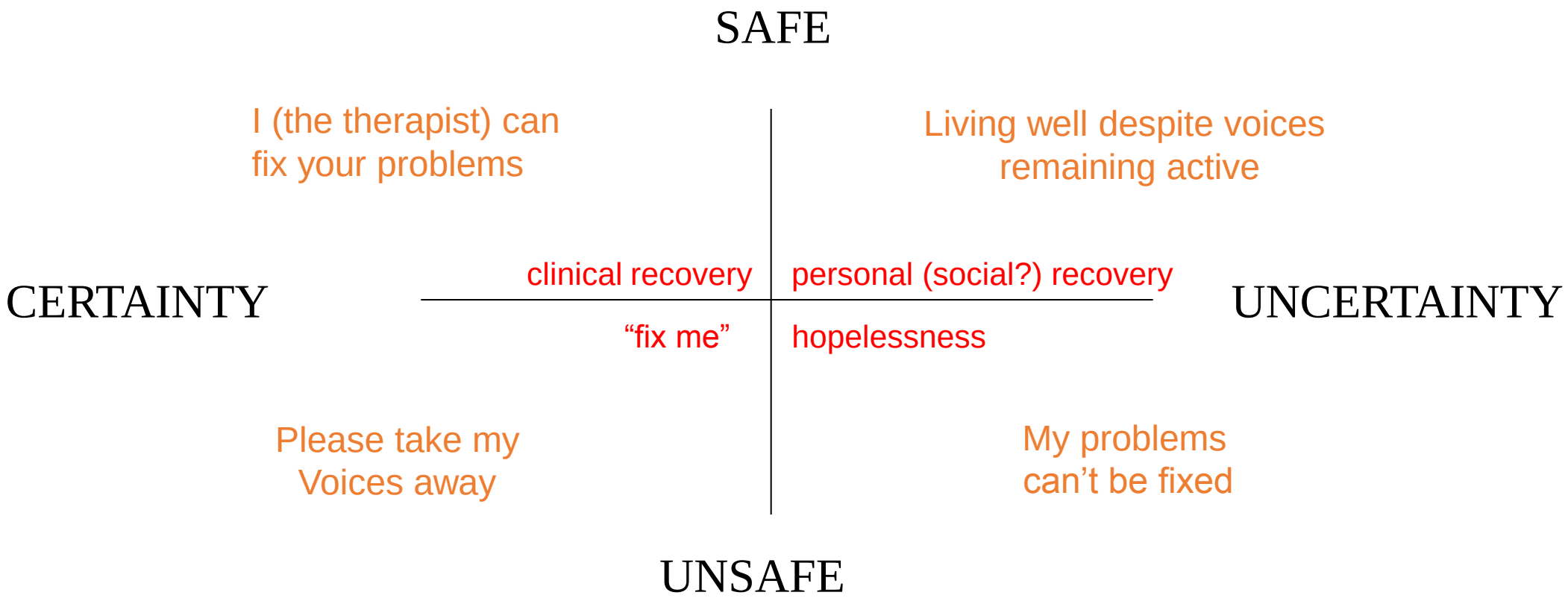
Developing and evaluating…



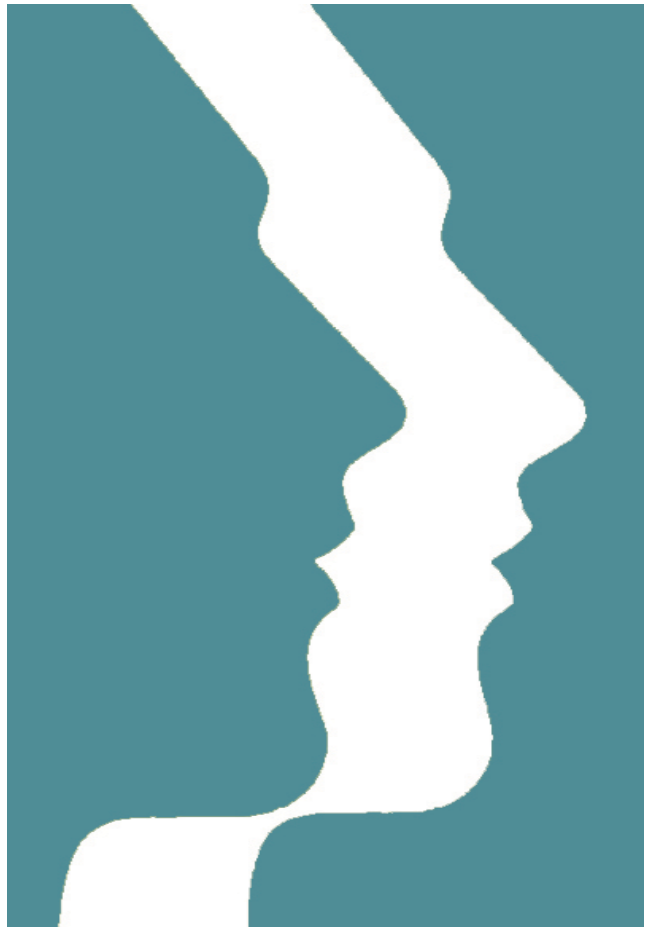
- Group Mindfulness-based Therapy
- Brief, guided CBT
- Coping Strategy Enhancement
- Relating Therapy



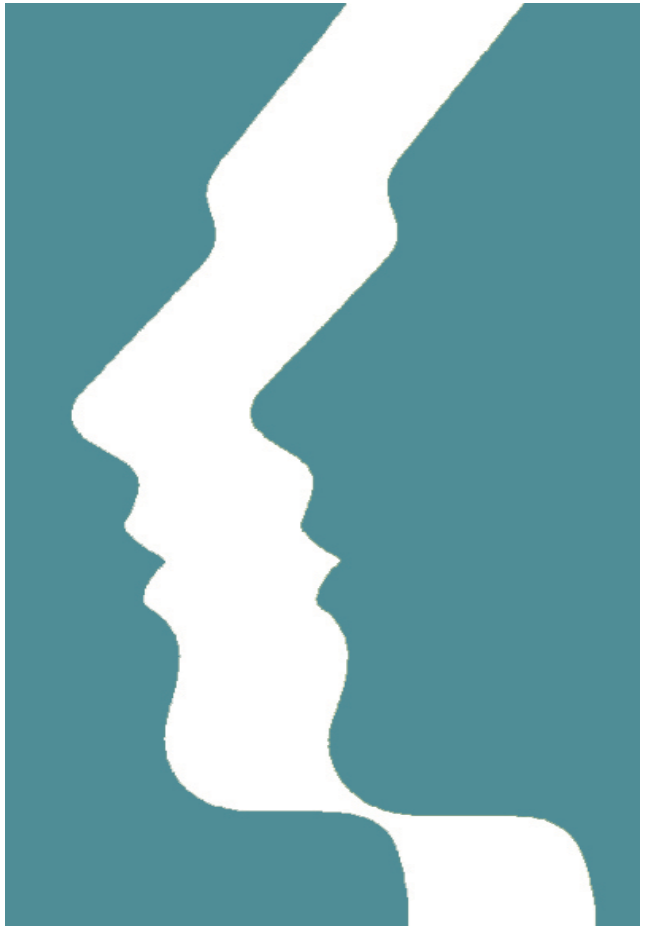
We can’t make your voices go away!



Mason (1993)



Relating Therapy for distressing voices



A few questions:

- Do hearers have ‘relationships’ with the voices they hear?

Do patients have ‘relationships’ with their voices?

- “Integrated, personally coherent relationships with their voice”

(Benjamin, 1989)

- “Individuals experience their voices not as their own thoughts, but attribute them to others. Consequently, it is possible to view an individuals relationship with a voice as interpersonal, and indeed the relationship shows many of the dynamics common to ordinary relationships”

(Chadwick *et al*, 1996)

Is "relating to a voice" meaningful to patients?

(Chin, Hayward & Drinnan, 2009)

- **YES**
  - Evidence of "relating" in their interaction

    "Erm we still have this 'go away I'm not listening', 'yes you are, you're going to listen to me' kind of relationship"

    "when I talk to [the voice of] *my mum she asks me how my day's going and I tell her what I've done and what I'm doing"*

  - Personification facilitated understanding and predictability

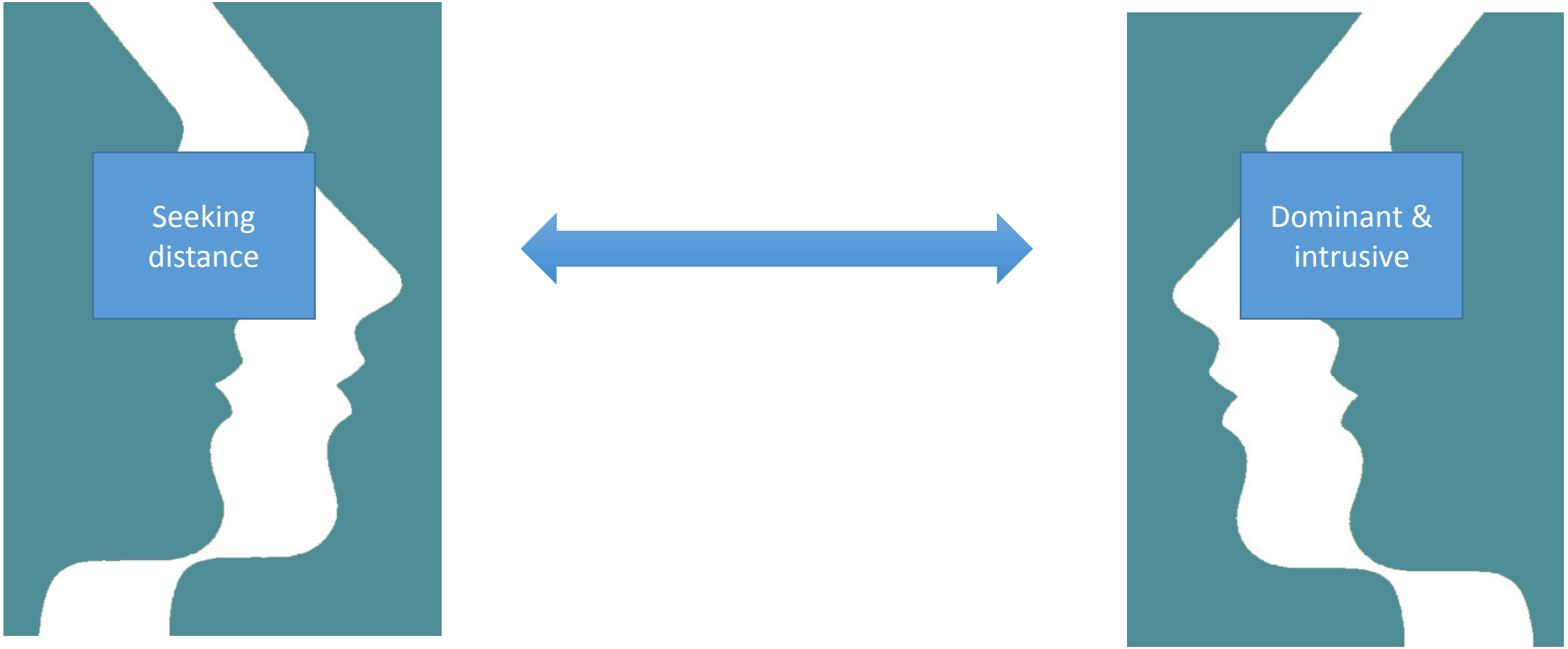
- **NO**

  "[…] I've said to them many times that er 'there's you or me but no we'"

  - Because relationships (in the social sense) should be supportive and involve mutual interest

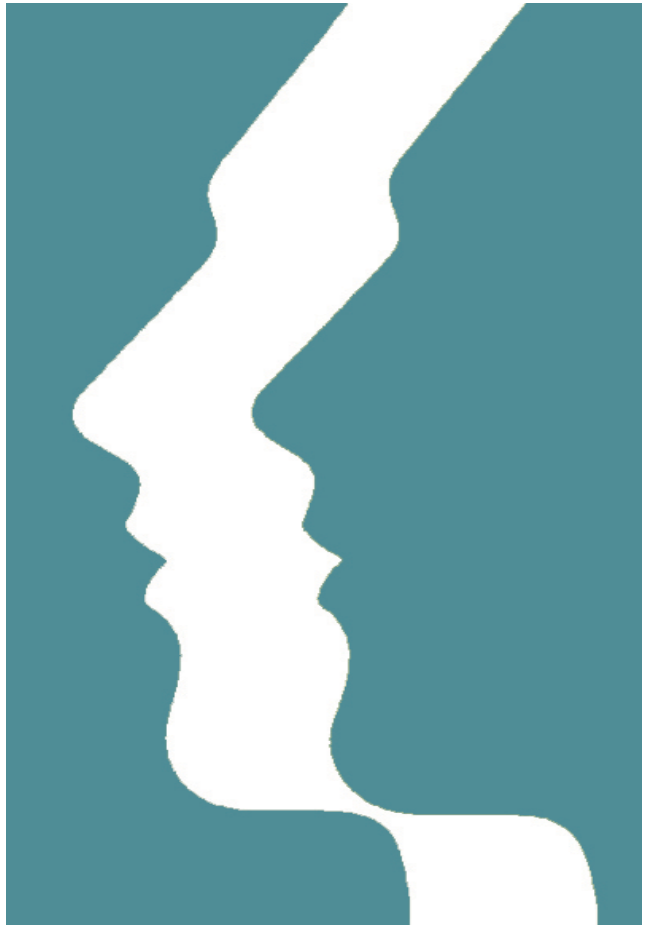
Reciprocal relating with voices

(Hayward et al, 2008; Vaughan & Fowler, 2004)



Turn away

(de Jager et al, 2015; Tarrier et al, 1993, 1998)



- activity
- medication
- humming
- music

Distance & distress (r)

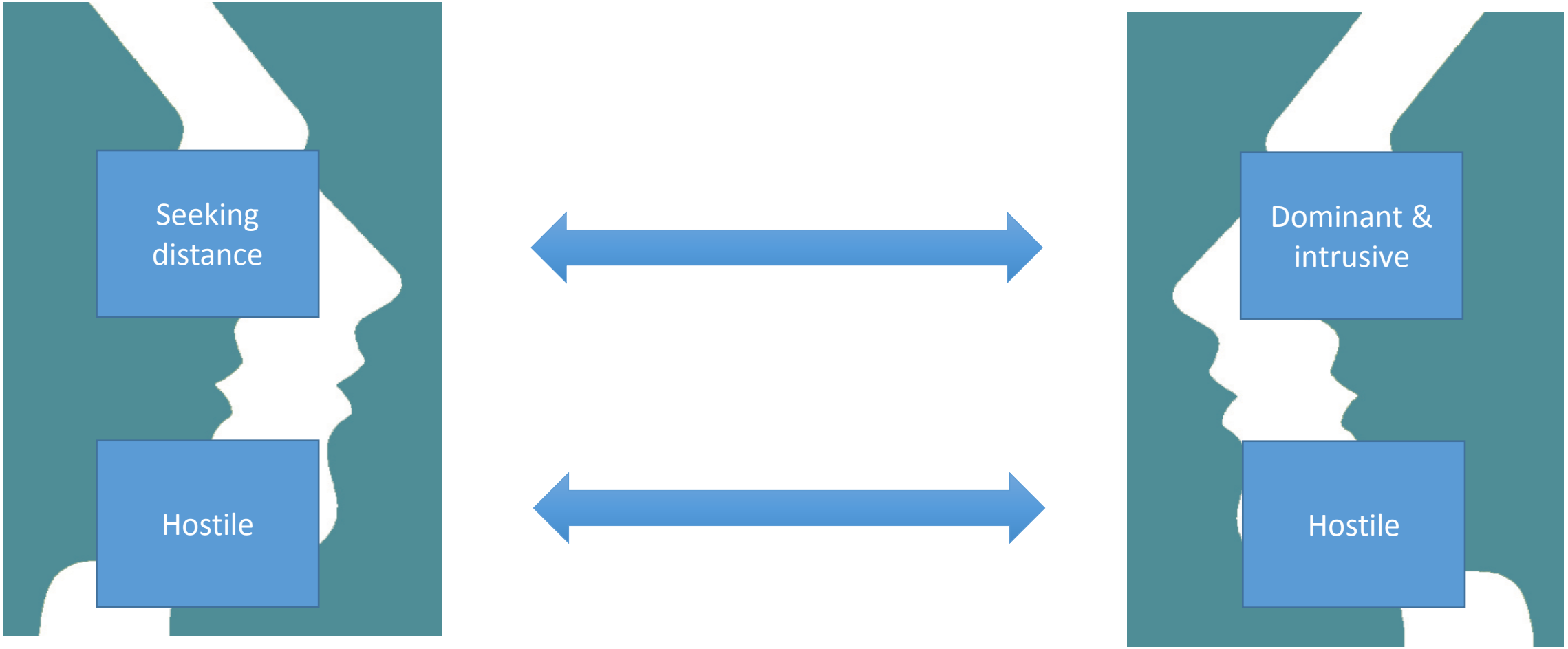
Hayward et al (2008) = 0.61**

Perona-Garcelan et al (2015) = 0.40**

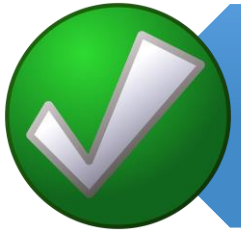
Sorrell et al (2010) = 0.33*

Reciprocal relating with voices

(Thomas et al, 2009)



A few questions:

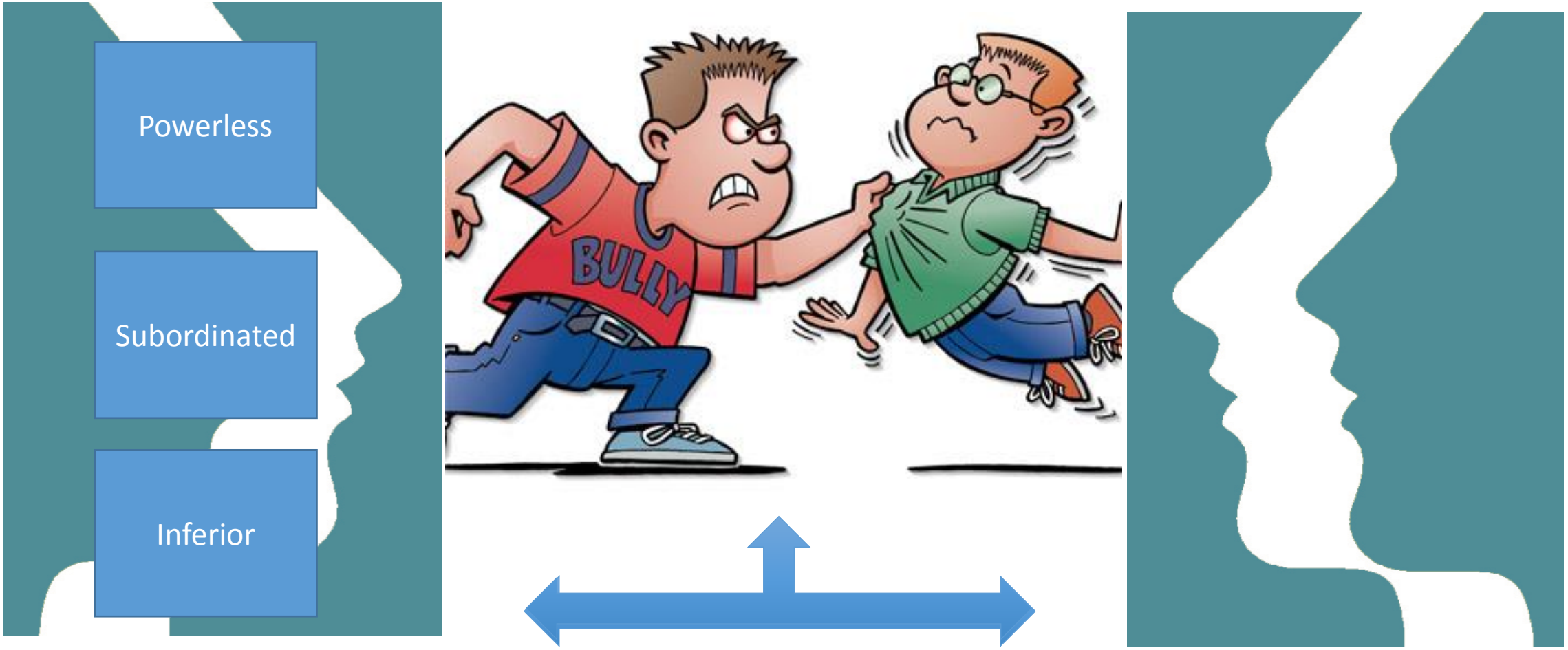


Can we understand voices within relational frameworks?

Are relationships with voices similar to social relationships?

Subordination to voices and others

(Birchwood et al, 2000, 2004)



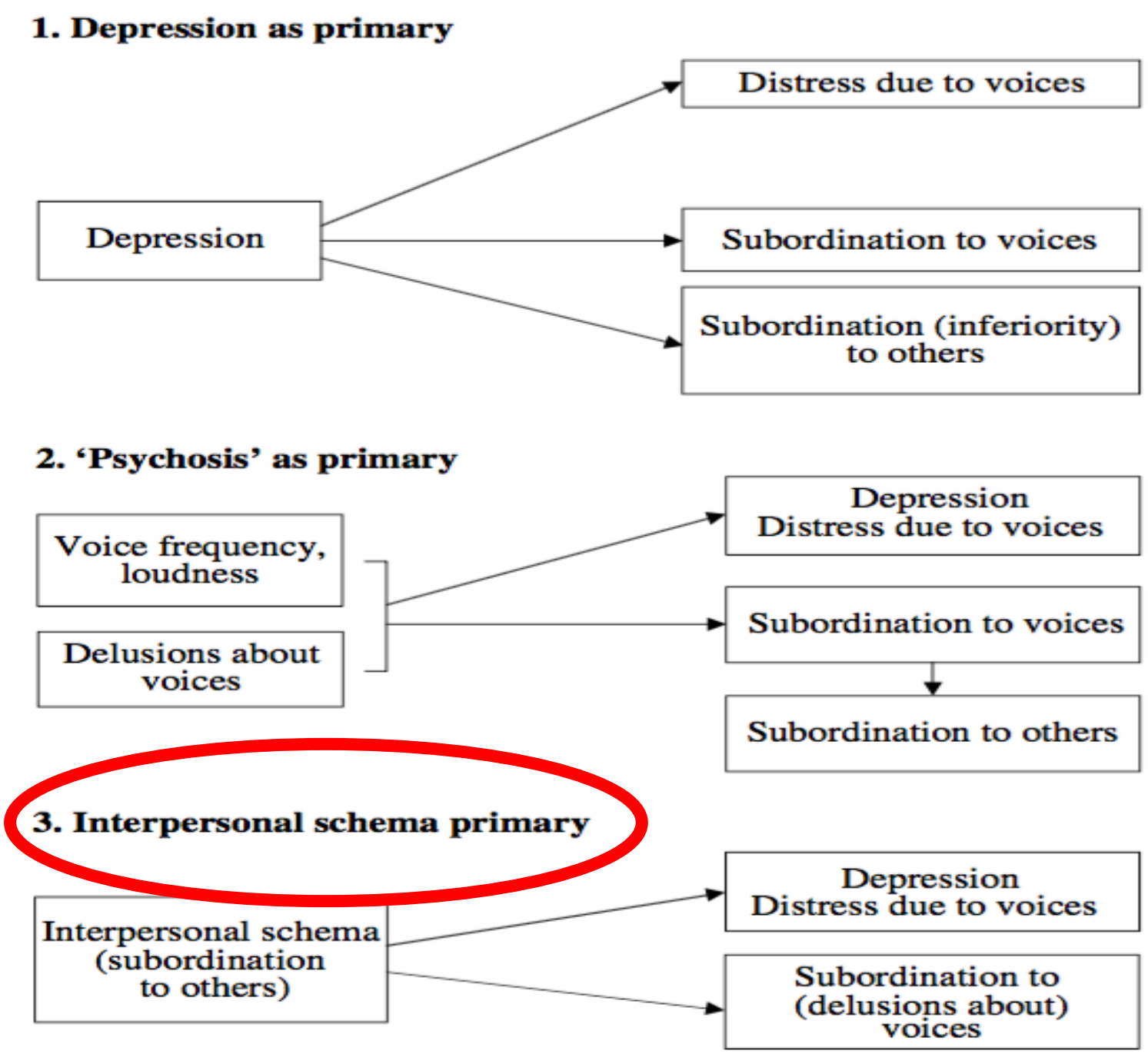
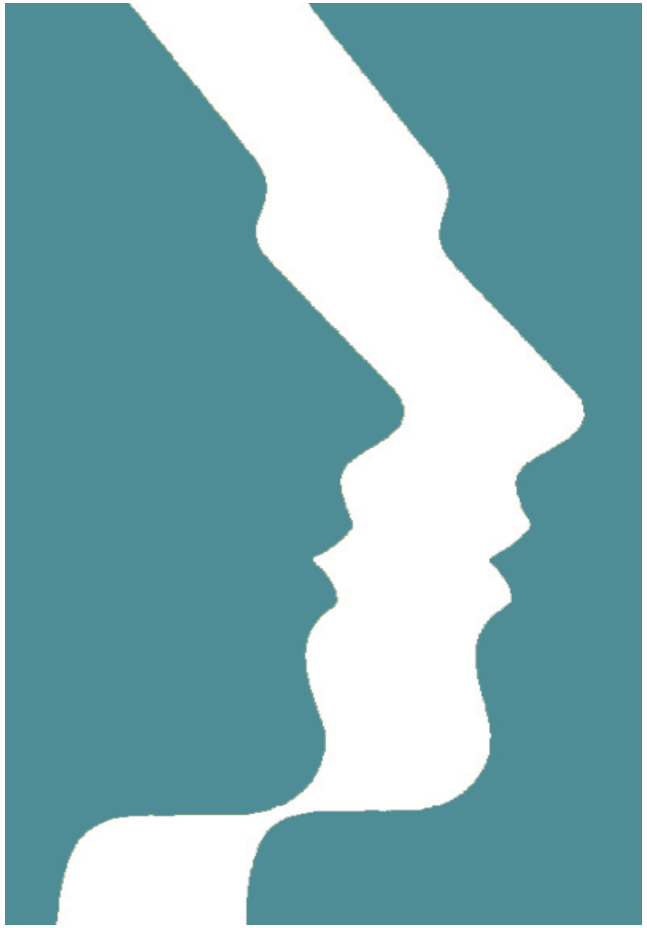
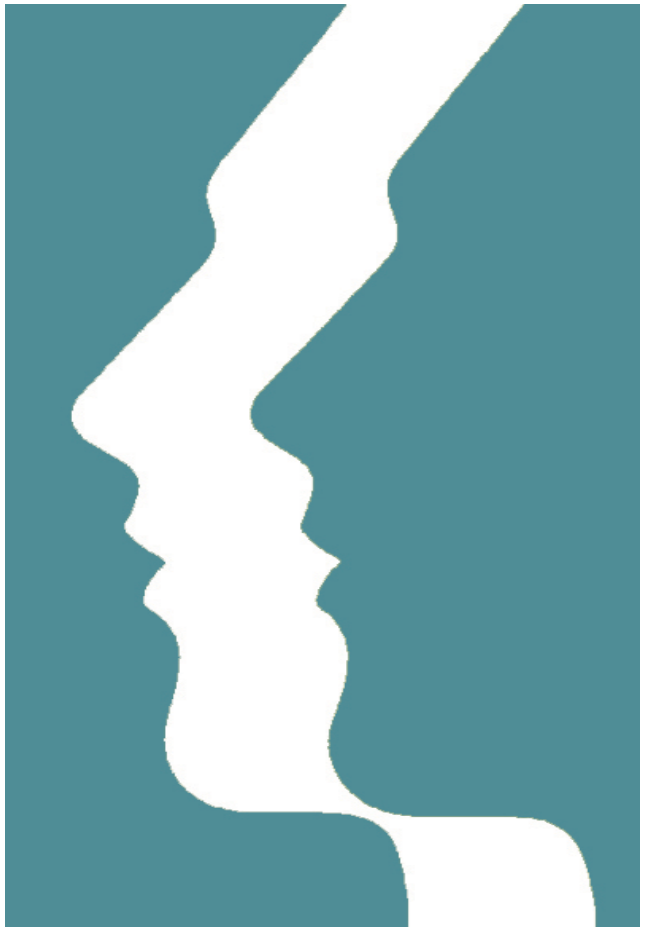


FIG. 1. Three models of distress arising from voices.

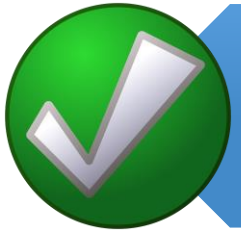
Relating differently within difficult relationships



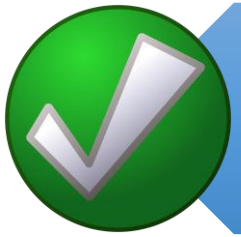
Relating to voices and other people differently



A few questions:



Can we understand voices within relational frameworks?



Are relationships with voices similar to social relationships?

Can relationships with voices be positive?

Relating differently?

(Sorrell, Hayward & Meddings, 2010)

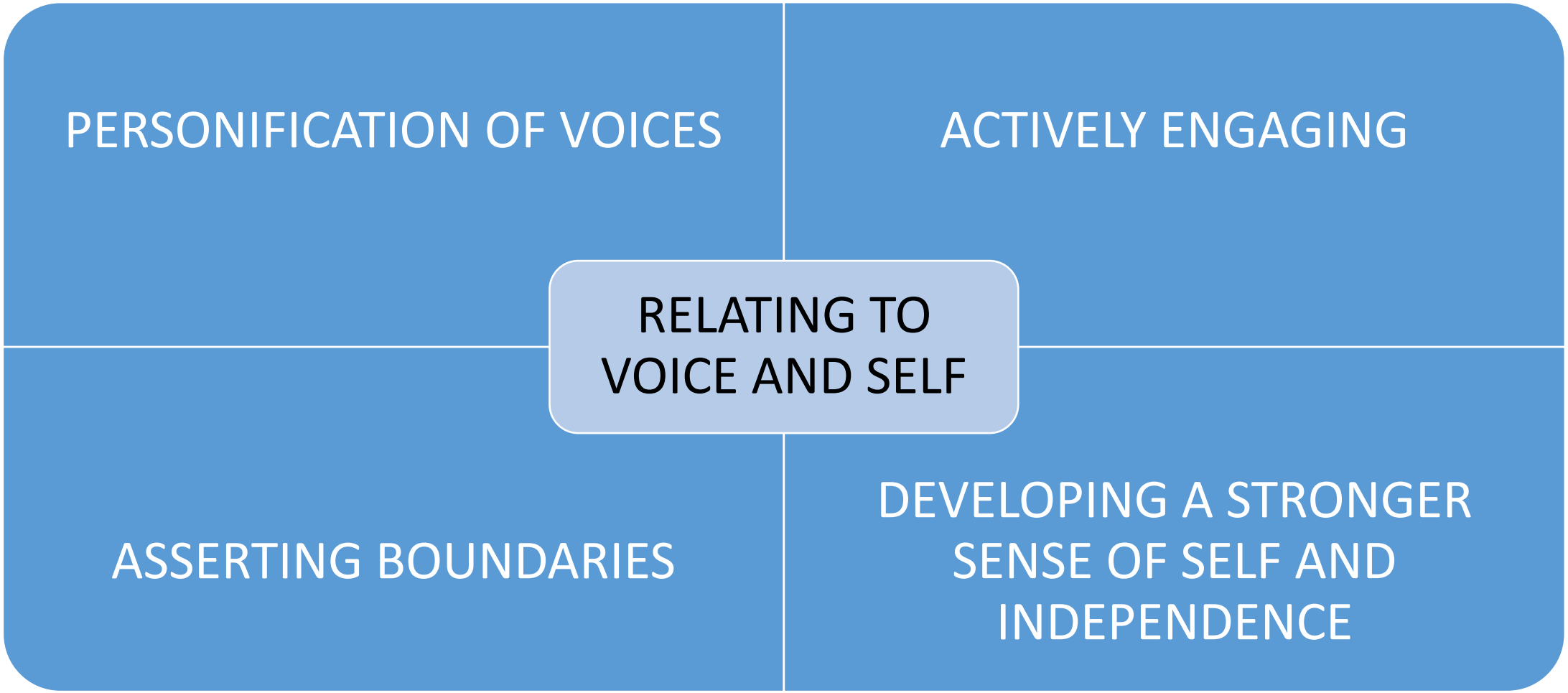
Table 2. Scores on the PSYRATS (intensity of distress), VAY, BAVQ-R and BDI-II

Variable	Whole sample ($N = 50$)	Clinical sample ($N = 32$)	Non-clinical sample ($N = 18$)
	Mean (*SD*)	Mean (*SD*)	Mean (*SD*)
VAY – Voice dominance	10.58 (8.67)	14.78 (6.85)	3.11 (6.25)
VAY – Voice intrusiveness	6.53 (5.41)	9.03 (4.56)	1.82 (3.75)[a]
VAY – Hearer dependence	7.76 (6.88)	8.34 (6.78)	6.72 (7.14)
VAY – Hearer distance	9.69 (7.41)	13.52 (5.55)[b]	3.11 (5.30)
BAVQ-R Malevolence	7.48 (7.53)	11.22 (6.70)	[illegible]
BAVQ-R Benevolence	6.46 (6.25)	4.34 (5.45)	10.22 (5.92)
BAVQ-R Omnipotence	9.42 (4.98)	11.03 (4.95)	6.55 (3.65)
BDI-II	15.50 (15.54)	21.31 (16.23)	5.17 (6.27)
PSYRATS "intensity of distress"	1.94 (1.53)	2.71 (1.19)	0.61 (1.09)

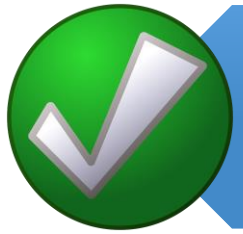
[a] $N = 17$; [b] $N = 31$.

What can facilitate positive relating?

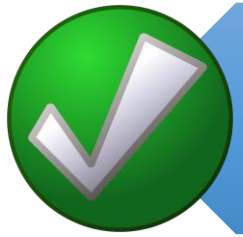
(Jackson, Hayward & Cooke, 2011)



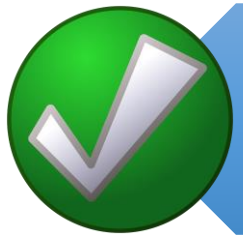
A few questions:



Can we understand voices within relational frameworks?



Are relationships with voices similar to social relationships?



Can relationships with voices be positive?

Do relationships with voices change without intervention?

Is therapeutic intervention necessary?

(Hartigan, Hayward & McCarthy-Jones, 2014)

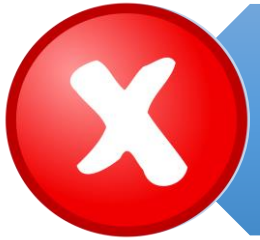
RELATING STYLE	BASELINE	12 M FOLLOW-UP	Z, sig	EFFECT SIZE (d^c)
Voice Dominance	14.83 (7.14)	15.28 (7.36)	-0.71, p=.48	-.12
Voice Intrusiveness	9.44 (4.33)	9.67 (4.88)	-0.58, p=.56	-.07
Hearer Dependence	9.33 (6.47)	8.50 (4.88)	-1.02, p=.31	.22
Hearer Distance	13.89 (5.89)	13.22 (6.72)	-0.76, p=.80	.16

A few questions:

Can we understand voices within relational frameworks?

Are relationships with voices similar to social relationships?

Can relationships with voices be positive?



Do relationships with voices change without intervention?

Relating Therapy

(Hayward et al, 2009; 2012)

- Enhance awareness of reciprocal nature of relationships with voices
  - ‘I’m involved [whether I like it or not], so I might want to change how I relate’
- Explore current patterns of relating
  - “How do I usually react and respond to difficult relationships, with voices and other people?”
- Explore ways of relating differently to voices and other people
  - assertive verbal and non-verbal responses – and meaning it!

Name of a person I have a difficult relationship with	How difficult is this relationship? *On a scale of 0 'not at all difficult' to 10 'extremely difficult'*	How likely is this relationship to change? *On a scale of 0 'not at all likely' to 10 'extremely likely'*
Mother	7	7
Voice of Foster Mother	10	3
Sister	5	7
Employer		
Psychiatrist		

They say...	I respond by... Feelings, actions, what I say	Is my response: passive, aggressive or assertive?	An assertive response would be...
You are useless and worthless, and deserve to die	Feelings: frightened	Passive	I hear what you're saying...I have made a lot of mistakes
	Actions: go to bed		and do feel useless sometimes. I see things a bit
	What I say: try to say nothing		differently.....and have evidence to support my view

- The client in the ‘voice chair’:
  - getting a sense of how his/her usual responses can reinforce the dominant and/or intrusive relating of the voice.
  - Having an opportunity to hear/see/receive assertive communication.

- The client in their ‘own chair’:
  - saying the assertive statements previously created – and reflecting upon the experience.
  - Being aware of body language and how to adopt an assertive posture.
  - Drawing upon evidence to support their view.
  - Staying assertive during increasingly longer practices.

They said...	My assertive response was...	They responded by...	This conversation made me feel...
You're useless and worthless and deserve to die	I do feel useless sometimes, but at other times I can be useful – and last week I …..	Shouting loudly at me	Anxious, but also determined to stand-up to this bullying voice

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Practitioner Report

Relating Therapy for People Who Hear Voices: A Case Series

Mark Hayward,[1,2]* Jo Overton,[3,4] Theresa Dorey[2] and Joanna Denney[3,5]
[1] *University of Surrey, UK*
[2] *Sussex Partnership NHS Foundation Trust*
[3] *University of Southampton, UK*
[4] *Hampshire Partnership Trust*
[5] *2gether Foundation Trust for Gloucestershire*

This paper presents a series of cases to explore the development and value of a form of relating therapy for people who hear voices. The therapy is theoretically underpinned by Birtchnell's Relating Theory and offers a therapeutic space where hearers can explore and seek to change the relationship with their predominant voice. Five cases are presented to illustrate the processes of: (1) exploring similarities between relating to the voice and relating socially; (2) enhancing awareness of reciprocity with the voice–hearer relationship; and (3) using assertiveness training and empty chair work to facilitate change. Results were encouraging as change in control and/or distress was apparent for four of the cases. Changes in patterns of relating to voices were also apparent. Copyright © 2009 John Wiley & Sons, Ltd.

INTRODUCTION

The experience of hearing voices is increasingly being understood within a relational framework (see Perez-Alvarez, Garcia-Montes, Perona-Garcelan, & Vallina-Fernandez, 2008 for a review), with an emphasis being placed on the reciprocal relationship between hearer and voice (e.g., Gilbert et al., 2001). This conceptualization has given rise to a new generation of therapeutic approaches that seek to modify the hearer–voice relationship. Trower et al. (2004) built upon the theoretical work of Birchwood, Meaden, Trower, Gilbert and Plaistow (2000) and Birchwood et al. (2004) to develop a therapeutic approach to address the power dynamic with voices that issue commands. Most recently, Mayhew and Gilbert (2008) have reported the successful application of self-soothing ('compassionate mind') approaches to hearers who may be critical of the way they relate to their voice(s).

Each of these therapeutic approaches place an emphasis upon the variables of greatest influence within the hearer–voice relationship: disempowerment in relation to voices that issue commands; or self-attacking in relation to dysfunctional responses to voices. Yet, the concept of 'relationship' when applied to voices has been reported by hearers to be a complex one that can involve a variety of relational possibilities, e.g., conflict and intimacy (Chin, Hayward, & Drinnan, 2009). A theoretical approach capable of exploring a range of variables within the hearer–voice relationship that may facilitate change has been developed from Birtchnell's (1996; 2002) Relating Theory.

Birtchnell describes relating along the intersecting axes of power and proximity, represented at their two poles by 'upper—lower' and 'distant—close', respectively, and distinguishes between positive and negative relating, the difference between these descriptions being a matter of relating competence and versatility. Relating Theory has been adapted to consider the reciprocal relating of the hearer and voice(s). An initial adaptation was conducted by Vaughan and Fowler (2004) who reported dis-

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Relating Therapy for People who Hear Voices: Perspectives from Clients, Family Members, Referrers and Therapists

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Psychology, University of Surrey, UK
Sussex Partnership NHS Foundation Trust, UK

Current psychological models of voice hearing emphasise the personal meaning that individuals attribute to the voice hearing experience. Recent developments in theory and research have highlighted the importance of the relationship between the hearer and the voice. This study aims to contribute to this area of research, by exploring the experience and usefulness of a new form of 'Relating Therapy' that aims to modify distressing relationships with voices.
Semi-structured interviews were conducted with ten participants and explored the experience and usefulness of a pilot of Relating Therapy: three therapists, three voice hearers, two relatives and two referrers. Interviews were transcribed and analysed using Interpretative Phenomenological Analysis. Three themes that emerged from the analysis are presented for discussion: engaging with the therapeutic model; developing a new relating style; and how change is described and defined by participants.
This study is consistent with the growing body of theory and research that highlights the interpersonal nature of the voice hearing experience. It also offers tentative support for a therapeutic framework that aims to modify distressing relationships with voices as a means of bringing about positive change. Clinical implications and areas for future research are outlined. Copyright © 2009 John Wiley & Sons, Ltd.

Key Practitioner Message:

- Conceptualising the voice hearing experience within a relational framework may be normalising, hopeful and helpful for some clients.
- Similarities exist between social relationships and the relationship with the voice.
- Therapy that aims to modify distressing relationships with voices may be of benefit for some voice hearers.

Keywords: Voice Hearing, Therapy, Perspectives, Relating, Interpretative Phenomenological Analysis

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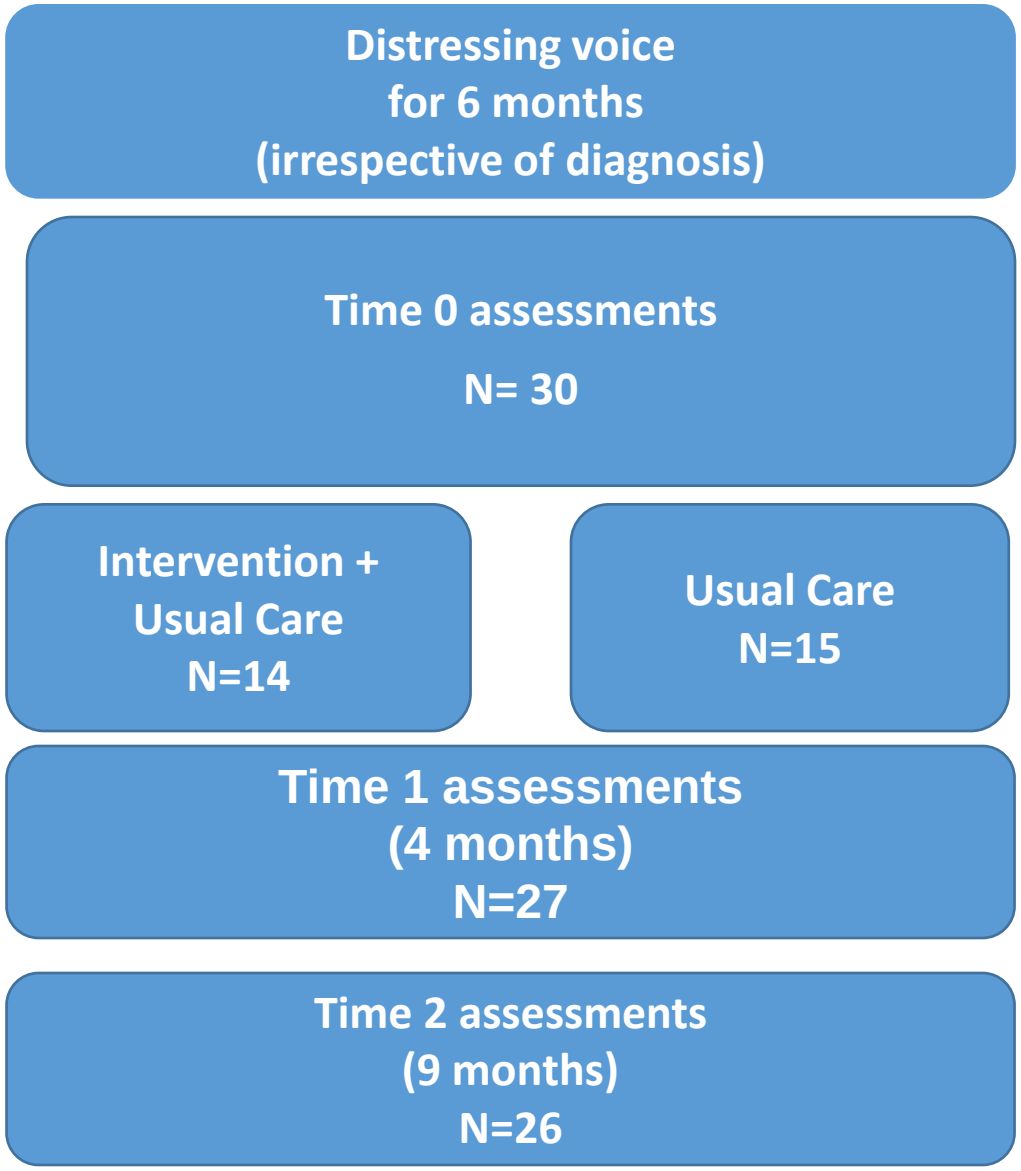
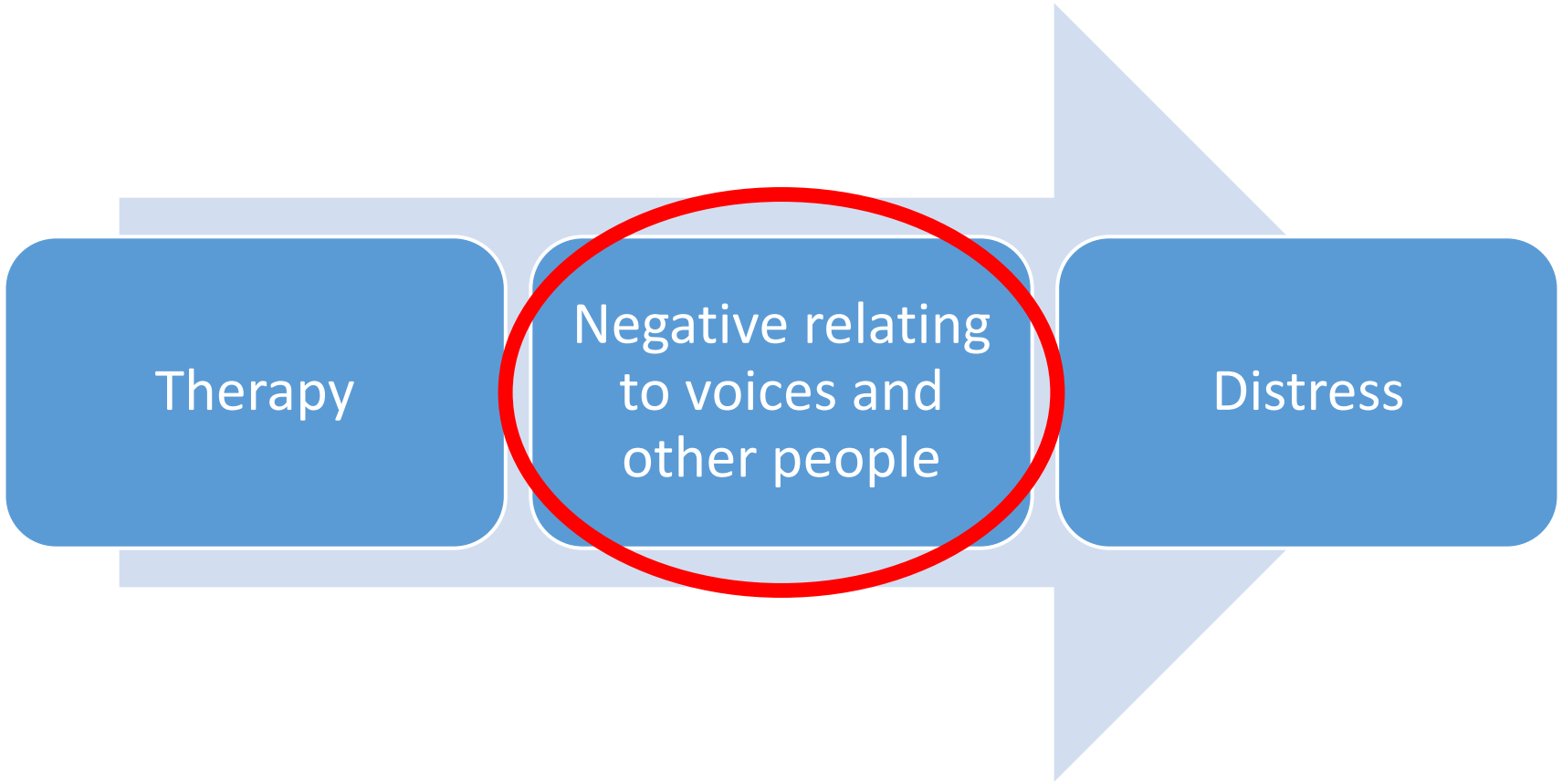
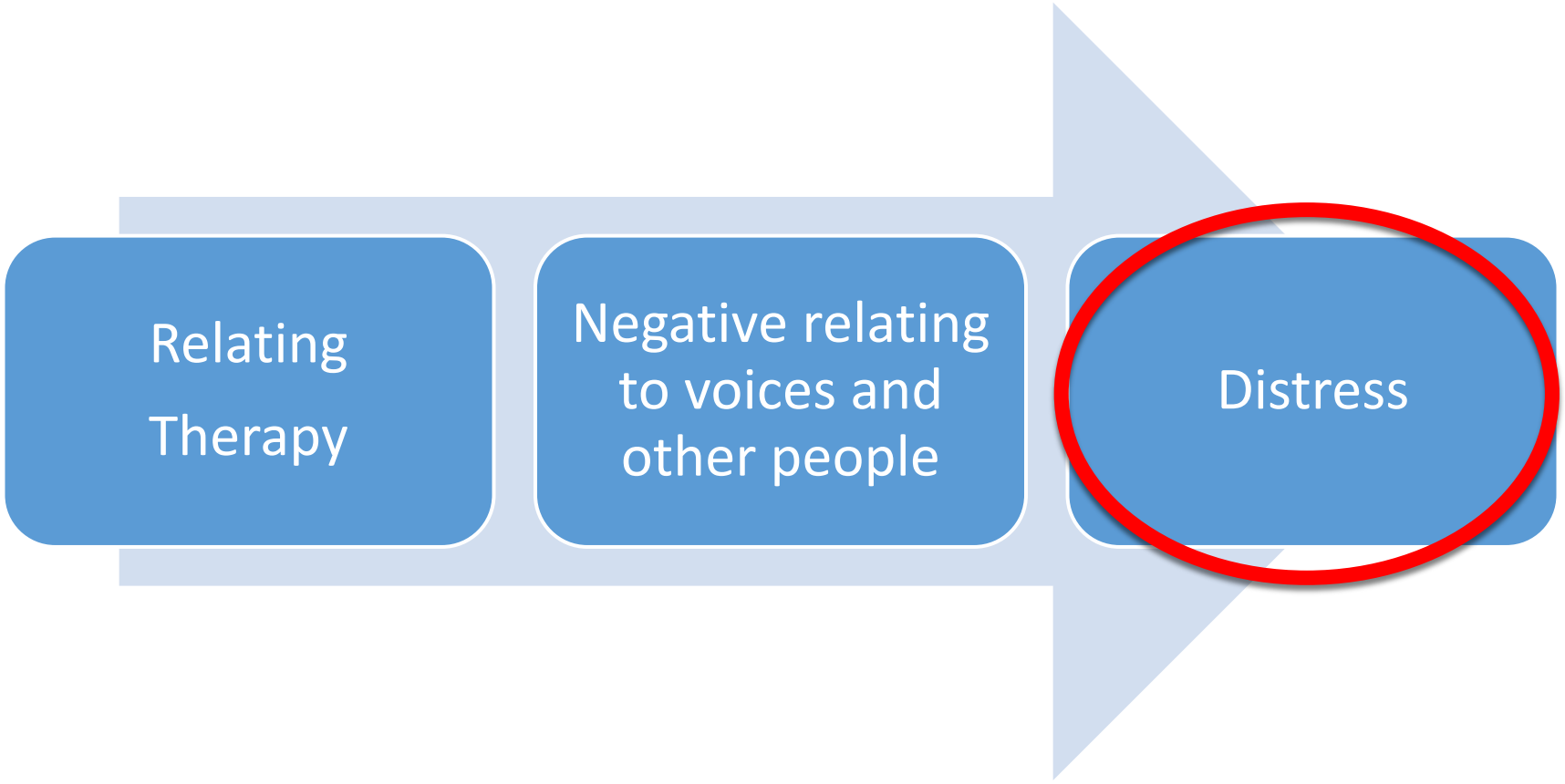
Pilot RCT (R2V)

(Hayward et al, under review)




Therapy
Negative relating to voices and other people
Distress

	Relating Therapy + TAU			TAU only			
	Baseline Mean (SD)	**16 weeks Mean (SD)**	**36 weeks Mean (SD)**	**Baseline Mean (SD)**	**16 weeks Mean (SD)**	**36 weeks Mean (SD)**	**Cohen's d (95% CI)**
PROQ3 Total (0-120)	58.75 (12.11)	50.92 (10.79)	49.50 (8.19)	53.27 (13.57)	55.91 (17.06)	54.43 (14.74)	0.57 (14.25 - 0.69)
VAY – Voice Dominance (0-21)	18.71 (1.94)	14·57 (7·18)	14·33 (7·32)	15.93 (6.12)	16·54 (4·48)	15·86 (5·29)	0·63 (-7.05 - 1.12)
VAY – Voice Intrusiveness (0-15)	11.92 (2.25)	10·36 (4·88)	9·17 (4·65)	9.00 (4.10)	9·85 (3·69)	10·46 (3·84)	0·58 (-5.34 - 1.22)
VAY – Hearer Distance (0-21)	15.20 (2.78)	13·36 (7·14)	12.00 (5·95)	14.14 (5.16)	16·23 (4·28)	15·58 (4·56)	0·76 (-6.62 - 0.14)
VAY – Hearer Dependence (0-27)	10.85 (7.48)	8·50 (5·60)	6·75 (4·59)	11.79 (6.15)	11·69 (7·58)	10·64 (8·56)	0·44 (-6.69 - 0.76)


Relating Therapy
Negative relating to voices and other people
Distress

	Relating Therapy + TAU			TAU only			
	Baseline Mean (SD)	**16 weeks Mean (SD)**	**36 weeks Mean (SD)**	**Baseline Mean (SD)**	**16 weeks Mean (SD)**	**36 weeks Mean (SD)**	**Cohen's d (95% CI)**
PSYRATS Distress (0-20)	15.71 (3.54)	12.29 (5.30)	11.33 (5.66)	16.67 (2.77)	16.46 (2.40)	15.79 (4.87)	1.21 (6.80 – 0.79)
HADS Depression (0-21)	13.43 (4.27)	9.71 (5.37)	8.58 (4.83)	13.27 (3.49)	12.46 (4.75)	12.14 (5.96)	0.83 (6.19 – 0.12)
HADS Anxiety (0-21)	15.71 (3.65)	11.86 (3.39)	11.83 (3.86)	14.27 (3.49)	13.23 (4.49)	12.64 (3.93)	0.51 (-3.93 - 0.10)

What were the social benefits of Relating Therapy for Sheila?

Poem by Sheila – a recipient of Relating Therapy

The voices I hear used to fill me with dread, I truly believed I was ‘sick in the head’

I’m sixty years old now – most treatments I’d tried, had given up hope and at times wished I’d died.

I’d learned of research through my CMHT – my first thought was that they’d have no use for me.

With nothing to lose though I gave them my name - from that day ‘til this my life’s not been the same.

The therapy offered was something brand new – my therapist caring, he taught me to view

The voices in ways that gave me some control – to tame them not stop them completely – my goal.

They’re not fully silenced – they’re still part of me, but they’ve loosened their grip – at last I am free

To savour life’s pleasures – to finally be, at peace with the person I feared – which was me.