
Learning from the patient

Frances Klemperer and Sally Browning review the BBC2 Horizon programme of 24 April 1995

One of the most enduring images of the BBC2 *Horizon* States of Mind: 'Hearing Voices' was of an exercise used by Ron Coleman from the Hearing Voices Network. Dividing his audience of mental health professionals into groups of three, he asked two to hold an ordinary conversation while the third whispered comments, repeated sentences or gave orders to one of those trying to talk.

At other stages in the programme we heard people describe their own experiences of hearing voices and saw more of the work of the Hearing Voices Network, which encourages people to share experiences of hearing voices and exchange coping mechanisms. Some people had received medication without benefit, but had found that focusing on the voice seemed to give control. Others had never needed treatment and regarded hearing voices as positive experiences.

The central message of the programme was that people who suffer auditory hallucinations can be adept at discovering ways to control their 'voices'. Indeed, much of the research into cognitive and behavioural treatment for hallucinations has developed from knowledge of patients' coping mechanisms.

Professor Romme, a Dutch psychiatrist, talked to a schizophrenic patient about her voices on an evening television talkshow. Viewers who heard voices were then invited to telephone. Their replies led Romme to conclude that it was often helpful to the sufferer to understand the meaning of the voice and to accept its presence. This programme outlined Romme's ideas in the context of his view that voices could originate in traumatic experiences. It described the related work of Professor Bentall, who facilitates patients' control over their hallucinations by encouraging the patient to

focus on and gain a personal understanding of the voices, rather than by ignoring or suppressing them.

But Romme's approach has aroused criticism and suspicion; other psychiatrists emphasised the biological origins of hallucinations and the value of medication. But it is not just psychiatrists who can find it helpful to understand hallucinations in terms of 'biology' or 'illness'. Many patients regard medication as one of their 'coping mechanisms'. It would have been useful to have heard a patient's account of this.

The programme gave insight into the experience of hearing voices. But in narrowing the field to a debate – psychological v. biological causes; accept or suppress the voices – the programme did psychiatry a disservice. Most psychiatrists are, necessarily, pragmatic. They use many different levels of explanation and treatments drawn from diverse theoretical backgrounds. (A psychiatrist unable to do this would fail the MRCPsych.) Romme does not claim that all hallucinators, or all hallucinations, can be treated the same. Patients with drug resistant hallucinations, in particular, require other treatment.

This was, nevertheless, a stimulating programme. Ability to control the voices is an important issue for those with this experience. Anything that increases that sense of control is to be welcomed. Medical students could do worse than trying out Ron Coleman's exercise, to get a sense of the misery and helplessness that auditory hallucinations can cause and the need to develop new treatments.

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