

Hearing Voices

NAMI Education Meeting

January 10, 2008

Hearing Voices is an integrative program in which participants perform tasks and interact with others while listening to voices on an MP3 player. The program was run by Officer Joan Logan of the Montgomery County Police. Joan Logan is a Crisis Intervention Team Coordinator (CIT) and has dealt with consumers with mental illness. Dr. Turner Graham, a psychiatrist, was in the audience and offered her insight about what its like for her clients who hear voices.

The exercise began with the workstation assigned to you. Upon completion of the task, you went to the next station. We did not exceed 15 minutes at the first three stations. Upon completion of all three stations we returned to work station three and completed a word and math cross word puzzle until we were instructed the exercise was over. At end of the exercise, there was a discussion led by Officer Joan Logan. Dr. Turner-Graham and Esther Kaleko-Kravitz added their expertise to the experience.

We were told to leave the MP3 player(which had the voices) on during the whole time. If one felt it was overwhelming you could stop the recording and participate in the discussion afterwards.

The tasks included the following: (1) a mental cognition test where you were asked to name the last 5 Presidents, remember certain words and record them later, and state your name and address, (2) perform a manual task with toothpicks with instructions from a poorly Xeroxed instruction sheet (in many day treatment centers there aren't the funds for new materials and this simulated this too), and a reading comprehension exam. The examiner, Joan Logan, gave instructions intermittently.

At first the voices sounded like whispers coming from various people. It was like static one hears on a TV set. Some members of the audience thought they heard a heartbeat. Officer Logan explained that when you hear disorganized stimuli, the brain processes something you can deal wit. That is why some members of the audience heard heartbeats at the beginning of the tape.

I felt nauseous during the exercise. I felt like everything I was doing was in slow motion and took a very long time. I also ignored the examiner and spoke the directions to myself. Officer Logan noted that feeling nauseous is not uncommon. Hearing voices causes a somatic feeling because the reactions affect the whole body. Other reactions of the group to the voices were disorientation, headache, stress, feeling stupid, a disruption of balance.

Coping skills included ignoring the examiner, working harder but having a lower standard of expectation, and talking to yourself. Esther Kaleko-Dravitz, the NAMI Executive Director, pointed out that when we see mentally ill consumers on the street talking to themselves, that may be a way of handling the voices.

Dr. Turner Graham, the psychiatrist in the audience, stated that in her practice dealing with consumers that there was a lot of variability in the voices. She said that sometimes consumers report hearing a clicking sound that progresses to voices. The voices can be those of dead relatives or sometimes strangers.

Dr. Turner Graham said that the voices consumers hear can be reduced with medicine but not totally eliminated. Medicines make the voices less upsetting. Through the use of anti-psychotic drugs, a consumer can learn to dismiss the voices. Every once in awhile the voices will go away while on the medicine.

Esther Kaleko Kravitz added that not all voices are derogatory. Sometimes the consumer will miss hearing the voices which are diminished by medicines.

Esther Kaleko Kravitz said that strategies for dealing with someone who hears voices is to give short, simple commands. You repeat, repeat, repeat.

Officer Logan stressed that in Montgomery County we need better crisis services. The Health and Human Services Agency agreed to the funding for the crisis center team to be staffed from midnight until 8 a.m. This proposal is stalled in the county council right now. It is important to get on the NAMI website and get on the links to write the county council about the need for these services.

Dr. Turner-Graham said that the family dynamic can influence the chaos of the disease. It's important to be non judgmental, create a trusting environment, and when you get impatient don't take it out on the consumer.

When I heard the voices, I felt that I had entered my daughter's world Our daughter has schizoaffective disorder. There were times before my daughter was on anti-psychotic medicine when her answers to questions would be like in slow motion. It must have been difficult to concentrate when there are other things going on in her mind. I remember that in the car she would ask me not to listen to the radio. How confusing it must have been for her to listen to radio sounds and her own voices. Our daughter believed we were poisoning her. How frightening it must have been to have voices telling her we would do such a horrific thing.

Esther said that education about mental illness is the key to empathy for our loved ones. Not all medicines work but you have got to work with your psychiatrist and keep tweeking them until you get results. It is important to keep hope alive. Supporting and loving our mentally ill family member is key to their rehabilitation.

Right now, our daughter lives in a group home in Staten Island. She takes medicines for schizoaffective disorder. She works part time in a program called Bridger II. That is a program which is run by consumers who reach out to others with mental illness in the hospital. We are so proud of our daughter's accomplishments. We feel blessed to have her.

Article written by Rochelle Banta

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