Talking therapies

Many people find it helpful to talk about their voices in some way. For people with distressing voices, talking therapies can sometimes make the experience easier to manage and less upsetting. Others would rather not discuss their voices and that is OK. There are a range of therapies on offer and it is important to remember that there is no ‘one size fits all’.

Here we’ve collected some first person reflections on different types of talking therapies. Overleaf you can find out more about what some of these therapies are and how they work.

“In February last year, 10 years since being diagnosed, I finally started psychological therapy treatment. I went to the Maudsley Hospital in London every week for sessions of CBT and the therapist helped me to find strategies to cope. I have really bad problems sleeping and CBT has helped with this and really helped with the ‘nasty voice’. CBT has helped me remain aloof from this voice and I no longer believe what it says. I now think of the voice as a petty bully and don’t let it bother me.”

David Strange

“I am doing CBT - the P one for psychosis. It kind of gives you false hope because it gives you all these techniques or tools that kinda work in this specific setting but when you’re living in the real world and you get challenged with this, you’re not going to be thinking ‘oh how can I challenge this or let me challenge this’. You are caught off guard and your brain is just trying to survive. You’ve got this thing trying to tear you apart. It’s very difficult to have a clear head in those situations.”

David Strange

“I am trying to learn to do this (talking with voices) but it is very new to me. I think it’s important for me to try and interact with the ‘voices’ as if I simply distract from them, it tends to make them ‘shout louder’. I try to tell the ‘voices’ that I’m listening, that I want to hear what they’re saying and try to understand that they’re there for a reason and to be compassionate about that reason.”

David Strange

“In my experience, EMDR appears to work on a number of different levels – unlocking, unblocking and processing the trauma, re-connecting us with the parts of ourselves which we have dissociated from, resulting in greater integration and a much more adaptive resolution…. Prior to beginning EMDR the voices I heard were an almost constant backdrop to my life. There was no escape. I had had to resign myself to living a life tormented by abusive voices, although I had not entirely given up hope of finding some sort of reprieve. Through EMDR I have experienced a number of significant changes. With respect to the voice hearing, I do still hear voices, but these are now occasional.”

Helen

“I am having compassion focussed therapy and am working towards having a conversation with my voices from my compassionate self. This is a work in progress because self-compassion is hard and I am still practicing.”

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### Talking therapies

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<th>Type</th>
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<td><strong>Cognitive Approaches</strong>&lt;br&gt;Address a person’s thoughts or beliefs about voices</td>
<td>Cognitive Behavioural Therapy for Psychosis (CBTp)</td>
<td>- Usually offered by a psychologist, CBTp is concerned with how you think and act in the here and now&lt;br&gt;- It involves developing a ‘formulation’ – a kind of framework or explanation that links thoughts, feelings, experiences and behaviour. The formulation should be developed in collaboration between the therapist and the person doing the therapy.</td>
<td>To get people to think about their voices differently and make them less distressing, rather than getting rid of the voices completely.</td>
<td>Recommended by NICE for the treatment of psychosis&lt;br&gt;It should be available for people with distressing voices when they access the NHS, but in practice this doesn’t always happen.</td>
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<td>Cognitive Analytical Therapy (CAT)</td>
<td>- A form of talking therapy based on the idea that voices need to be heard. By listening to voices, the client can explore what their voices represent, why they started and how they relate to other people, past experiences and different aspects of themselves.&lt;br&gt;- CBT techniques are then used to identify unhelpful patterns of thinking, feeling and behaving</td>
<td>To learn new ways to engage with – and manage distressing voice-hearing experiences</td>
<td>Usually offered alongside the use of CBT</td>
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<td><strong>Talking with Voices</strong>&lt;br&gt;Involves engaging in a dialogue or conversation with voices</td>
<td>Voice Dialoguing</td>
<td>Voices are understood in terms of different ‘parts’ of the self. For instance, a constantly critical voice might reflect a part or aspect of the self that is trying to express strong feelings of anger or distress. In Voice Dialoguing, the voice-hearer lets the voice speak through them to the therapist or facilitator</td>
<td>To explore and understand the voices better, and make them easier to relate to and manage</td>
<td>Not typically offered on the NHS, though some local services might include practitioners with experience of using the method.&lt;br&gt;Many people learn to talk to their voices themselves and find this beneficial</td>
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<td><strong>Compassion and Acceptance</strong>&lt;br&gt;Encourage people to be kinder to and more accepting of themselves, their voices and other people.</td>
<td>Compassion Focused Therapy (CFT)</td>
<td>Client is encouraged to develop a compassionate self – a safe, non-judgmental perspective from which they can explore the function and meaning of their voices and how they might be linked to difficult life experiences</td>
<td>To reduces distress by giving the client new ways of relating to voices and understanding what they mean</td>
<td>CFT is available in some parts of the UK but not in all areas</td>
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<td>Acceptance and Commitment Therapy (ACT)</td>
<td>Encourages people to accept difficult voices and experiences without trying to resist, avoid or suppress them</td>
<td>To change the way a person reacts to their voices rather than their content or frequency.</td>
<td>ACT is available on the NHS but this depends on whether there is an appropriately trained clinician in your area.</td>
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<td><strong>Trauma-focused therapies</strong></td>
<td>Eye Movement Desensitization &amp; Reprocessing (EMDR)</td>
<td>Client is encouraged to move their eyes in particular patterns in response to the therapist's hand whilst holding a particular memory, thought or image relating to the trauma in mind. This makes it easier to think and talk about such events in a way that keeps stress levels down.</td>
<td>To help people manage the trauma that underlies and gives rise to some voice-hearing experiences</td>
<td>EMDR is available on the NHS for the treatment of post-traumatic stress disorder (PTSD).</td>
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<td>Prolonged Exposure</td>
<td>Involves gradually building up engagement with imagery and triggers related the trauma in order to make traumatic memories easier to manage.</td>
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<td><strong>Systemic therapies</strong></td>
<td>Open Dialogue</td>
<td>A form of therapy developed in Western Lapland in the 1980s for the treatment of psychosis and which aims to promote healing through better connection and communication between people.&lt;br&gt;Carried out through a series of meetings that always include the person who is experiencing the crisis and their friends and family</td>
<td>To bring the client's family and friends together to talk about what’s happening as equals to gain a shared understanding of why the crisis occurred and how to respond.</td>
<td>Available through the Dialogue First service in North East London NHS Foundation Trust (NEFLT).&lt;br&gt;Also available privately through APOD and Open Dialogue UK.</td>
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