Resisting Voices Through Finding Our Own Compassionate Voice

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I am a mental health service user with 15 years experience of hearing voices and having delusions. I have been having compassionate focused therapy at my local mental hospital, as developed by Professor Paul Gilbert. My psychologist, Angela Kennedy, has an interest in voice dialogue approaches and has adapted compassion focused therapy to include talking to my voices. During this therapy, I discovered an inner voice, realized it was compassionate, and that it could help my therapeutic outcomes.

I first want to outline this in terms of what I have been enlightened by theoretically and then provide examples to illustrate how this all works in practice.

Eleanor Longdon’s firsthand account of recovery suggests that thanking voices for their criticism and being courageous and compassionate in response to these voices is a good way of dealing with them.1 I now know that another good way is to find our own inner voice. This inner voice can speak out against the fears and criticism of auditory hallucinations in a compassionate manner.

The basic thought is that we need to find this voice, which means we also need to find ourselves so that we know who we are and not just what and how the voices think we are. We might be criticized by voices for who we are (eg, for being a bad person), but if we truly know ourselves we might be able to rethink reth of criticism and resist the influence of psychosis.

Eleanor Longdon notes that when we are criticized in this way, we have a “violated identity,” and I think that this is a good way of describing the problem. Such a self-hood might be challenged not just by having kindness for ourselves but by having deep wisdom of ourselves and knowing that this criticism is untrue. Through finding our inner compassionate core, we can challenge this false identity.

One key factor here is partiality: we may think we are a bad person for being criticized for who we are, but we will know good parts of ourselves and good things that we have done which might be used to challenge what is being said by the voice. Even if the voices are true, the compassionate voice of the self could challenge this without a debate on whether the voice is true or not. It brings balance and acceptance of ourselves as a whole.

The problem with voices is often that the criticism of the voice has an element of truth in it. What the voices are criticizing often is partially true and might be part of our identity, but our inner voice might say that there are many good parts about ourselves that make up for these imperfections. None of us are perfect so that while what the voices are saying may be true, overall our sense of self-worth might be preserved and the voice, although not silenced, can be resisted.

This may be reinforced by the esteem that friends and family and partners may hold us in. Often when we are under the influence of critical voices, we may not think that we might have any worth. I think it is therefore important for the therapist to find out and emphasize what the person’s strengths are and help us not to mistake a part for a whole. To feel the therapist respects us in spite of everything is therefore important too. In my case, the voices were criticizing me to the point where I had to be a perfect human being to make up for being responsible for 9/11. But nobody is perfect and being criticized by voices together with my own internal critic was helped by an element of sense; nobody can live up to being perfect. Nevertheless, this was a frightening thought that being a perfectionist about life and my studies was something I had to leave behind.

The more the voices repeatedly criticize and undermine us, the more we might submit to them. It is then easy to mistake a part of us to be the whole of us, to believe we are as bad as they say or even just a safe life outside of the voices. Indeed, this is reinforced by a wish to be “nice.” Being “nice” can mean that we become compliant and submissive to the voices. We are very conscious of what other people think of us and of the moral conviction not to hurt people.

I believe I was responsible for 9/11 and I experience some torment and fear as a result. In response to this, initially it was important for me to realize that I was good, in spite of what I thought I had done. It was not just that I was compassionate but that I thought I had good things in me, which could counteract what I believed I had done. I think the idea of compassion involves recognition that nobody is perfect. We might have to weigh the good and
bad in the lives we have led, and this may lead to sympa-
thy or redemption in the face of what the voices might
be saying. I believe I need to atone for my past deeds and
build a more positive self out of my history and char-
acter. However, I found it very difficult to listen to my
compassionate self. My mind was always thinking about
something else, usually my delusions or whatever the
voice was talking about, so I had to concentrate and keep
bringing my attention back to the voice when most of me
wanted to think about the delusions instead. Meditating
and mindfulness are good ways of focusing on the voice,
and this was helpful to me.

A compassionate self-image is not only a way of coun-
terposing the good with the bad about ourselves but can
overcome the conditioning effect and the influence of the
voices. I struggled for a long time to access or feel any
compassion. I worried I didn’t have it and didn’t have
anything to build it on. However, I now recognize it and
it feels like my core. I kept trying until I realized that my
anxiety got in the way. I had to learn to notice and pay
attention to it. I had to keep practicing and learn to trust
it. Before that, I had to have faith that my psychologists
knew what they were doing. Their faith and persistence
helped. Compassion is way of dealing with the suffer-
ing that psychosis inflicts by being sensitive to it and motivat-
ing to do something about it. By adding a compassionate
core, we know that we don’t deserve to be abused in the
way psychotic voices abuse us, and this provides a sooth-
ing answer to what we are hearing. The inner compas-
sionate voice carries more truth than what we are hearing
from the voices and delusions, and it expresses the truth
about our identity.

The compassionate voice can be relatively quiet and
infrequent compared with auditory hallucinations. What
we hear from the psychosis can be so persuasive, pro-
longed, pronounced, and loud that we listen to them more
than we listen to our own inner selves. I have learned that
the threat system in our brain grabs our attention in this
way. In my case, I hear voices on and off all day long.
My voices have magnified the voice of my lower (anxious)
self and made it harder to replace it with the voice of the
higher (compassionate) self. Susan Jeffers in her book
The Little Book of Confidence (Rider 1999) notes that at
first the higher self speaks very softly and that the lower
self-voice is loudest. Finding my own inner voice helped
me to develop a confident, higher self with wisdom that
is not so intimidated by the voices.

We need training and reinforcement from the therapist
to concentrate on listening to ourselves in spite of the psy-
chosis, and we need to build a life outside of the voices so
that our attention is not always on them. It is difficult to
stay compassionately regulated when you hear voices all
day and have nothing to do but stay in our room. I stayed
in my room for years. When we begin to listen to a com-
passionate self, we begin to believe more in who and what
we are rather than what the psychosis dictates. Once we
begin to listen to our self, we see the truth, and in time we
can overcome the impact of the psychosis.

I think it is a gradual process. Tough delusions must be
challenged one by one as they occur for the patient. Often
it is not just one belief that is involved, and it is a learning
curve as we overcome the negative aspects of ourselves
because they are focused on by the voices. People often
have lots of separate parts to their personality and iden-
tity. They are a mixture of good and bad, and the bad
must not to be allowed to outweigh the good however
critical and convincing the voice can sound. I think the
educated and trained voice of the therapist can be vital
in reinforcing and inspiring faith that we can develop our
inner voice and that we can begin the process of engag-
ing with the unwanted or challenging aspects of our
own mind.

Voices have reasons and arguments and we can get
into a bit of debate with ourselves about which is most
convincing. In my case, being responsible for 9/11
seemed like a lot of responsibility to take on. If it was
true, then should I be punished for this? Being a good
person and writing might have atoned for this perhaps.
However, the issue of ultimate responsibility seemed
to be challenged. My inner voice argued against pun-
ishment and seemed to suggest that mercy was needed
despite the gravity and culpability of what was involved.
I had suffered and tormented myself and I recall think-
ing for the first time, “I don’t deserve this!” I had been
recording my level of belief and realized that I could
have moments of insight where I didn’t believe the delu-
sion at all! Compassionate mind training allowed me
to resist this suggestion and resist the negative conse-
quence of this thought.

I think it is important to realize that we are resisting
voices by trying to find ourselves and that this process can
take quite some time. Often the therapist will try to help
us to resist voices by emphasizing that we are not such
bad people on the basis of our manifest personality as
the voices might suggest. We have to learn that listening
to ourselves is valuable.

The changes occurring through listening to myself
were quite striking. The voices embodied religious and
moral criticism and seemed to exercise a strong influence
over my identity. Having found my own compassionate
voice, I began to realize that I had power too. More to the
point, my inner voice was a true expression of who I was.
It could not be doubted. I could say to the voice with
absolute certainty, “I am not like that.” I did not need
to get into an argument with the auditory hallucinations
because I now knew who I was.

Our inner voice is not the only voice we have, how-
ever. Our emotions and instincts, subconscious, and our
heart all have voices as well. In my case, these have all
had something to say in respect of my illness and I have
been subjected to a virtual cacophony. My instincts often
doubted if I was really responsible for 9/11 and I have
had moments of insight. When I was delusional however, I would disregard these feelings because my beliefs were so strong. My mind was always chattering away to itself nervously about 9/11 and my auditory hallucinations kept talking critically too. When I found my own voice, this all started to calm down a bit. I was able to resist the voices in a number of ways.

I think one weapon I could then use with the inner voice was to develop some self-confidence. There are classes run on this at my local day center, as well as much pop psychology, that focuses on finding one’s own compassionate voice. My therapist also had the courage to talk to my voices directly. I have been in services for 20 years and no one had suggested or tried this before. What surprised me was that sometimes they had useful things to say. Sometimes we could work out what their fear was and allay their fears. Maybe just acknowledging them calmed them down?

Conclusion

In my case, I think that overcoming a violated identity might also then help me grow in respect of who I am, instead of being at war with myself. I think that a compassionate inner voice can establish is a firm and immovable bed rock for the self-development of the patient. Overcoming critical voices in this way might, as in my experience, also get us to the esteem level of the Maslow tree, and once there the identity based compassion we feel for ourselves cannot easily be undermined.

If we have been lost in life and have not yet found our own voice, this could be something that therapists might help the patient with. Without an inner connection, the only alternative the therapist might have would be to try to use authority derived from his or her expertise, professionalism, training, and experience to induce the inner voice of the patient to speak out against what they are hearing.

References
