



MAKING COMMON SENSE OF Hearing Voices

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- Hearing voices experiences without illness
- Characteristics of the hearing voices history
- Multi model knowlegde to be used
- Important elements

Arguments for a relationship between trauma and hearing voices

- The high frequency of traumatic experiences in the life-history
- The prevalence of hearing voices experiences without illness
- The differences in hearing voices experiences in the healthy and the patients

Non-patients

- Problems not denied
- Problems solved or compensated
- Consequence after all positive
- Capacity to cope with stress

Patients

- Problems denied or deformed.
- Problems not solved because of power structure and lack of compensation
- Negative consequences, because of blackmail and unjustified identification
- Damage of the capacity to cope with stress

Relations between hearing voices and the life history

- social circumstances related to the onset of the voices
- Hearing voices works as a defence mechanism
- Voices have a metaphorical meaning

Trauma history

- Multiple trauma or a long period of traumatising
- 2de generation problems
- Aggressive fathers and men without supporting mothers or families or friends
- Complicating elements for coping with trauma
- Predictors for continuation

The process

- Dissociative way
- To turn aggression towards one selves
- To abolish emotions
- To fly away from the problem and plunge into an inadequate solution
- To try to meet impossible expectations
- To deny or deform traumatic experiences
- To entrust oneself to a higher power

Multi models

- Normalising (psycho education)
- Epidemiology (health illness ratios)
- Social stress theory (creating safety)
- Trauma theory (working through guild and aggression)
- Attachment theory (stress coping capacity)
- Psycho analysis (coping with emotions)
- Cognitive behavioural theory (coping with anxiety)
- Context analysis (relation with life history)
- Spiritual theory (relation with meaning)

Phases and process

■ Startling phase

- Accepting, respectful supportive relationship
- Short-term interventions promoting control over the voices

■ Organisation phase

- Engagement with the voices
- Cognitive interventions strategies
- Relationship with the life history
- Working through experiences as grief; guild

■ Stabilisation phase

- Reconnecting
- Self-esteem
- Network

Differentiated problem oriented treatment

- An open accepting, respectful supportive relationship
- Organise social security
- Anxiety reduction: psycho education: CBT; Medication
- Context analysis: relationship life-history
- Recovery; social roles; influence; compensation.