

# Hearing Voices Network

*Summarized by Thomas T. Thomas*

Cindy Marty Hadge, who spoke at our September 28 meeting, is Lead Trainer for the peers-led [Wildflower Alliance](#) in Western Massachusetts and for the [Hearing Voices Network USA](#),<sup>1</sup> where she is an internationally award-winning trainer and a keynote speaker. Cindy spent many years struggling with trauma, use of both prescribed and unprescribed drugs, and distressing voices, while receiving services from a mental health system that was at times helpful but was also frequently injurious. She is now creating a life she finds worth living through the healing environment of the Wildflower Alliance, the Hearing Voices Movement, and a belief in a loving higher power. In doing so, she has found that all her struggles have value in creating space for herself and others to heal.

Hadge began by describing a hypothetical “Patient A,” a middle-aged woman who lived alone, isolated herself and was afraid to go outside; depended on her adult children and food deliveries for sustenance; smoked cigarettes, drank, and watched TV; had no regular doctor or medical services; was unable to communicate; and tended to self-harm.

She then asked the audience what they thought the patient’s diagnosis was. Several people suggested depression and a thought disorder. And the prognosis? They said it depended on the patient’s internal and external condition. And what could the family do? Help her get meds and try to fix things. But one member also said that what works is gentleness, kindness, and “being present.”

Cindy Hadge then described her own experience. She was born at home with a cleft palate and hustled off to a hospital before her mother saw her. She had several intense surgeries and still was not the perfect baby, so she never got to bond with her mother. She recalled one Christmas in a hospital charity ward, where she saw a woman coming down the hall distributing presents and had her first vision, of an angel, and of “a loving mother who could protect me from evil.”

Her own mother had a drinking problem, for which doctors at the time prescribed Valium, and that made things worse. The woman took her own anger out on her daughter. Hadge started hearing a voice at age twelve, and it said that either she or her mother had to go. In response to the voice, Cindy internalized the conflict and began to injure herself.

Hadge engaged in magical thinking, believing that “If I am good enough, everything will be okay.” When her mother once hit her in the back of the head, Hadge thought she should have seen the blow coming. When she did hit back, she felt shame and guilt. “My parents were not nurturing people,” she said, “and I was a

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<sup>1</sup> It was in leader training that she met our own NAMI East Bay board member Ed Herzog, who is a founder of the [Bay Area Hearing Voices Network](#). The group helps people who hear voices, have visions, or have unusual experiences or beliefs.

needy kid.” It would take thirty years for a therapist to finally explain that the voice was telling her to stand up for herself. “Instead, I was blind to myself, tried not to be me, not to remember, and broke into pieces.”

When she did get psychiatric help, she learned that the clinical setting mirrored the trauma experience. The voices instruct you not to tell what happened, and the clinical setting says if you tell you will lose your rights. The voices say people won’t believe you, and the clinician says your experiences are not real. The voices say that someone is trying to kill you, and the clinician calls you paranoid and prescribes medication.<sup>2</sup> The voices say you should be grateful to have it this good, and the clinician says to accept and be happy with a limited life. The clinician told Hadge she was doing well so long as she was not getting into trouble. And so Cindy Hadge became the hypothetical patient as described above, isolated and alone.

She eventually found support for her experience from the peers at the Wildflower Alliance and the Hearing Voices Network. Instead of finding the right pill to fix the problem, their aim was to find inner strength and for her to become an “expert of her experience,” to understand the origin and meaning of what the voice was saying. The group asked if she heard the voice all the time, and when she answered yes, they encouraged her to keep a notepad and record the time and the context of the experience. She began to see it was not always present and was repeating messages she had heard earlier in her life. “The voice lost power when I could see it was coming from outside sources and the message was not true about me.”

The point, Hadge said, is that there is a human being in there, and they have a story and have value. And that things go better when you have a counselor who believes in you rather than someone trying to scare you into submission.

Hearing voices is actually common, and about 2.5% of people hear voices at some point in their lives, often after a loved one has passed or echoing some negative message they have heard earlier. Sometimes the voice is a spiritual guide or protector, sometimes it is religiously or culturally related.

“The voices often start after a major life event, such as a trauma or emergency,” Hadge said. “If the voice has a particular age, say, sounding like a six-year-old, that might indicate an event at age six.”

She offered general strategies for the person who hears voices or has visions. First, acknowledge that the experience is real and meaningful. Then, do not feel obligated to do what the voices say. Just because you don’t see or hear what others do, that doesn’t mean the experience isn’t real. Talk to others with similar experiences and learn to manage and integrate the experience into your life. Be curious about where your feelings and your fears may be coming from. And finally, talk about this in a safe space free from judgment, fear, and pathologizing.

When you are doing better and feeling stronger, then practice saying no. Set limits, listen selectively to the voices, and communicate more often and talk back to the voices. Use fewer distracting techniques, which might help you through a

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<sup>2</sup> Cindy Hadge noted that she is not anti-medication. But a person might not want to take it for the rest of her life and might want other tools in the toolbox.

difficult moment but keep you from becoming an expert of the experience.

“Many frameworks work well,” she said, “except the ‘medical model,’ because it says that you are the problem and doesn’t allow you to get better.”

Hadge offered tools for a person to build power in relationship to the voices:

- Test the power of the voices and the extent of their knowledge.
- Practice saying no to the voices.
- Discover that you are not alone in hearing voices.
- Identify your inner strength and build on it.

For family and friends of a person who is hearing voices, having visions, or having unusual experiences and beliefs, she offered the following advice:

- **Validate the person’s feelings.** For example, “It sounds hard, and I would be scared if a voice was getting angry at me.” Be respectful of the person’s experience.
- **Be curious about the experience.** “Does the voice sound familiar to you? Do you know who is yelling at you? Have you heard them before?” And interact with the voice if possible, such as, “Can I talk to the voice? What are you so angry about? Please stop yelling at my friend.” Help the person organize their own experience.
- **Express your own vulnerability.** “In my life, it’s been difficult to deal with angry people and negative feedback.”
- **Offer a sense of community.** “Would you like to talk with people who have similar experiences?”

Healing interactively includes building trust, mirroring back strength, and encouraging a person’s situational awareness. “And remember that family members can have feelings, too,” Hadge said. Fear is contagious, but hope is also contagious.

**Q. Where can we find books and support groups for family members?**

A. The Bay Area Hearing Voices Network offers a once-a-month [support group](#) and training for family members.

**Q. It seems that family abuse is a strong source of the hearing voices phenomenon. Perhaps the answer lies in addressing parental and sexual abuse of kids.**

A. Trauma is not always abuse. Depending on the sensitivity of the child, it can be traumatizing to go to a new school or to have an emergency that results in surgery.

**Q. Is hearing voices a family generational problem? What about the influence of genetics?**

A. Hearing voices is strongly correlated with adverse childhood experiences. Researchers have spent millions of dollars looking for a biomarker linked to the phenomenon and still haven’t found one. However, genetic traits may influence the sensitivity a child exhibits to certain traumatic events. And the age between 16 and 24 is a time of existential crisis when things seem to be falling apart for some people.