



## **Visionary Therapist in Brisbane has formed the first 'hearing voices' Network in Queensland for people medically diagnosed with a mental illness.**

**It is nearly 50 years since Dr. Ainslie Meares an extraordinary Australian psychiatrist, worked with a client diagnosed as mad (schizophrenia) who introduced him to her drawings.**

Over a period of months he worked alongside her she gave him the drawings she had created. They worked together with the drawings and she found her way back to sanity and was able to understand why she went mad. He followed her up for over 10 years and she never relapsed. This was documented in a book he wrote about their journey together ...a woman who was mad and a psychiatrist who tried to understand her (*Door of Serenity*).

**Ainslie Meares** was a pioneer in the treatment of mental illness, cancer and the use of visualization, meditation, relaxation and personal inner work to move a client to wellness. He was often ridiculed by the Australian Medical Association, and ultimately resigned from that organization.

Here we are 50 years later and there is a strong movement around the world by psychiatrists, psychologists health care workers, nurses to reject the model that assumes it is a chemical imbalance **only** which causes mental illness, and instead refocus on an **holistic** model for clients.

**Judi Shearer** a therapist in private practice, lecturer, writer, motivational coach and public speaker has been committed for over 25 years to valuing people and their stories. To this end in May 2005 she co-coordinated a conference **New Horizons in Health Philosophy** which focused on the social and mental health issues confronting the community.

**Dr. John Read** was the keynote speaker at the Conference, and co-editor of a new book, **Models of Madness** which discusses many social, biological and philosophical causes of mental illness. He is a senior Lecturer in Philosophy at The Auckland University.

He like Judi believes there are too many social reasons reflecting long term issues which are never addressed within the mental health system. Judi continues to liaise with Dr. Read and other professionals in creating different models of wellness.

Judi believes we need to **challenge** a medical model which **often** sees drugs as the first option in treating people who are perceived as having a mental illness. She sees clients constantly who have been under medical care and medicated and their lives are still out of control. We have thousands of people who are having their feelings medicalized all the time. As humans we need to process feelings and experiences and put them into some sort of order.

Can this be done by a child who is being physically, emotionally or sexually abused?

Judi does not think the bio-medical model used in this situation is appropriate. The client is being labeled as crazy....when as far as she is concerned the system which gives this label is 'dysfunctional'. When we have something like 70% of all psychiatric patients in hospital having experienced sexual abuse....we have to ask different questions about a system that continues this practice. The role of psychiatry in medicine appears to be out of control, and contributes to the enormous cost of the use of prescription drugs.

She continues to have a strong belief in what she presents to the community, because of her experience with clients, and she personally financed the major part of the conference.

In February this year Judi formed the first '**hearing voices**' network in Queensland. There are four such groups around Australia. During the group meetings she creates a space where those in the group can express themselves and be **accepted** as 'voice hearers'.

This is not the phenomena that is constantly being depicted within the medical system because in research (Grimby 1993) suggests 82% of bereaved people hear voices at different times. Students at University experiencing stress, will often hear voices.

The majority of voice hearers will not seek help as their 'voices' are not annoying them enough (Morrison, 2004). When voice hearers do seek help because they experience negative, critical voices, this is not the same as presenting because they are hearing voices per se. The reality is we need to regard the 'voices' as 'stress alarms'.

The voice hearing experience has meaning and is related to life circumstances and voices can be understood and managed. Other people may get physical systems like migraines, ulcers, colitis, asthma when under stress.

**So much hype is experienced when there is any talk of mental illness, but it is not matched by the stories of people who have 'recovered' and go on to lead productive lives.**

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