Exploring Meaning in Experience

"My mental health is dependent on my ability to fully engage with and strengthen my capacity to hear voices, see visions, and enter in and out of altered states, not to suppress it; to develop a keen level of discernment, and a practice which promotes exploration, experimentation, and the application of my experiences in my life and my work."  Nathan Grixti, 2015

Voices, visions and other forms of non-ordinary states of consciousness or sensory perception are common, often meaningful human experiences

Estimates suggest that nearly one in seven people hear voices, see visions, or have other forms of sensory experience which other people do not, with some research indicating that an overwhelming majority of people have some form of mystical or visionary experience in the course of their life. While often classified as characteristic of a number of mental illnesses, such as schizophrenia, bipolar and psychosis, most people who ‘hear voices’ live in good psychological health, have no history of contact with mental health services, and never require or want psychiatric care.

Research shows that many people’s experiences demonstrate a significant number of neurological and phenomenological similarities, such as neurological activity and brain chemistry, as well as frequency, loudness and content, whether they are considered to need psychiatric interventions or not. Evidence also suggests that people who live well with voices and visions often share similar beliefs about their experiences as people who otherwise would be considered to have delusions by a large number mental health professionals. People who live well with voices frequently communicate with them, and with other people about their experiences, and often have explanatory frameworks in the context of individual and cultural worldviews, such as spirituality and religion.

While many people diagnosed with mental illness do experience high levels of distress, a large number of people who have received diagnoses describe their experiences as being positive, helpful, and often useful in their lives, while many others report a mix of both positive and negative experiences. Many people find psychiatric models of mental illness and treatment helpful, however research suggests that medication is only effective for a relatively low number of people, while others report not wanting treatment for their experiences as they feel they are an important part of who they are. Evidence suggests that a large percentage of people who experience distressing or problematic voices have also experienced trauma in their lives, with research indicating strong links between negative voices, visions and other non-ordinary or extreme states, and adverse life events.

In many cultures and communities around the world, the ability to hear voices, see visions, or have other forms of sensory experience or non-ordinary states is often celebrated and integrated into the
lives of individuals and the community in ways which promote exploration and constructive use of experiences. A large number of spiritual and cultural traditions consider voice hearing and visionary experiences as an important part of life, and have developed a diverse range of rituals, techniques and skills, which enable and encourage people to regularly engage with their experiences. Many individuals and communities consider certain types of experiences to be initiations, rights of passage, healing gifts, or abilities to communicate with spirits or the divine, and often engage in practices which help induce ‘voices’, such as meditation, drumming and dance, and using different types of plant or chemical substances. Some research demonstrates strong links between experiences which are often classified as psychosis and other mental illnesses, and creativity and genius. Many well-known and influential people throughout history have experienced voices and visions which have informed their lives, work and important, sometimes world changing contributions to society.

Evidence suggests that for many individuals, voices, visions, and the beliefs people have about them, in and of themselves are not necessarily the problem. While some research attempts to make distinctions between the experiential qualities and phenomenology of particular explanatory frameworks, such as distinguishing between a Shaman and someone who has schizophrenia for example, these findings are largely based on assumptions that culturally contextual systems of classification are compatible with each other and represent an accurate, objective reflection of people’s experiences. The reality however, appears to be something far more complex and nuanced, and difficult to define according to conventional thinking. Regardless of the presence or lack of diagnosis, if we consider ‘hearing voices’ to be a common human experience, whether or not a person lives well, utilises their voices constructively, or experiences distress or difficulty coping is perhaps better understood as being influenced and shaped by a range of important, contextual and dynamically interdependent factors. These include social, political, lifestyle and environmental factors, cultural values and worldviews, the life experiences of individuals, and how people might react to or interpret voices and visions, including individuals having the experience, family members or even mental health professionals.

Often in mental health settings, diagnostic criteria which draw relationships between voices and visions, individual beliefs about them, and clinical concepts such as anosognosia (lack of insight), treatment resistance and non-compliance often leave people with little to no recourse when they feel their otherwise common, ordinary human experiences have been pathologised. Compounding this issue for many people who identify their experiences as being positive or meaningful in the context of alternative explanatory frameworks is legislation which permits the use of compulsory treatment, seclusion and restraints if authorised medical professionals feel it is necessary. Even more problematic is the implications of a number of common practices in Australia’s public mental health system drawing criticism for breaching several important United Nations Human Rights Conventions.

An ever increasing number of experts and people with lived experience are calling for research and innovation which encourage non-pharmacological approaches and exploration of voice hearing, rather than suppression, as key to achieving positive mental health outcomes for many people, as well as addressing stigma, discrimination and human rights violations in the community. This raises important questions about what constitutes good mental health for a person who ‘hears voices’ and values their experience as positive, helpful, useful, and above all meaningful.

**My Goal: Independent Peer to Peer Mentorship, Education, Community and Support**

My aim is to offer wholly consumer owned and operated services based on the principles of Intentional Peer Support and the Hearing Voices Approach to people who experience voices, visions and other forms of altered states or sensory perception, and who wish to explore the positive, helpful or constructive aspects of their experiences, or who identify with alternative explanatory frameworks, such as spirituality or religion. It is a highly specialised focus, and one which is founded primarily on experiential qualities and explanatory frameworks that people identify with. It builds on the principle of
that Peer Support is not based on psychiatric labels, diagnostic criteria or concepts of recovery which seek to delineate between wellness and mental ill health, but instead is a reciprocal system of both giving and receiving which is founded on principles of respect, shared responsibility and learning, and mutual agreement of what is helpful.

This will not be a ‘mental health service’ in the strictest sense, but will instead be an independent community space where people can meet, engage and connect with others around shared experiences, values and ideas. The underlying foundation will not be based on concepts of mental illness and recovery, but rather focus on lived experiences, validation and mutual exploration of worldviews, ongoing social connection and participation, and individual and community identity. I will be looking to establish a number of group and community spaces, as well as begin one to one private consultations, in a safe and supportive environment which encourages healing, discovery and growth through exploration of experiences and meaning, and an open exchange of knowledge and ideas.

I will also be looking to develop a series of lived experience resources, created by and for people who share similar experiences, which will explore the question: ‘Can “hearing voices” actually be good for you?’. These resources will be freely available to consumers in print an online formats, looking at a range of different types of ‘voice hearing’ experiences, with a focus on positive, helpful and constructive aspects people often identify with, as well as information about support for people in crisis or distress. They will use personal stories, including my own, and explore different cultural interpretations and spiritual beliefs, while also examining concepts of spiritual discernment, strategies, rituals and techniques (and in some cases, risks) people describe in different cultures and belief systems to cope or develop skills relating to their experiences. These resources will not be promoting a particular ideology, agenda or belief system, but instead will be a balanced and reflective exploration of worldviews from the perspective of lived experience, and in the interest of sharing information which is accessible in plain language, and promotes self-direction and choice for individuals. Information will be included about multiple perspectives, ranging from psychiatric models, to neurology, trauma, spirituality, magic, religion and everything in-between!

How your contribution will help

We are currently in a time of change and evolution in our contemporary mental health landscape. While there are many exciting developments occurring in emerging evidence bases and research, social movements like the Hearing Voices Network, and the increasingly widespread uptake and recognition of the value of Consumer Perspective and Peer Support Work, there is also a large amount of uncertainty about what the future holds. With the introduction of a new Mental Health Act in 2014, recent state wide Mental Health Community Support Services reforms, and the impending rollout of the federally funded National Disability Insurance Scheme (NDIS), we are faced with an unprecedented level of both opportunity and complex challenges.

The services I hope to provide will ideally be accessible for people who receive NDIS funding, as well as others in the community who are either not eligible, not wanting to participate in the scheme, or who simply do not identify with diagnoses of mental illness. While I do anticipate drawing income from providing an individualised, one to one service to people, I do not currently receive any funding to develop and implement group and community spaces or resources, and I am doing this work largely unpaid in the community.

At this stage NDIS funding is only available for people who have been assessed as having, or are likely to have, life-long, permanent impairments. While the NDIS does hold enormous potential for new initiatives and services to be developed which offer participants greater choice and control of supports, there are urgent concerns that the eligibility criteria and focus on concepts of permanent disability and functional impairment are harmful, and do not reflect current and emerging evidence or best practice. There is also a great amount of uncertainty about what, if any, state funded community managed mental health supports will be available for people who don’t meet the strict NDIS eligibility
criteria at the conclusion of the national rollout of the scheme. In addition to this, despite the evidence which tells us that if given the choice a significant majority of people will engage supports who also have a lived experience, and that Peer Support Work achieves positive outcomes at least on par with other forms of mental health treatments and interventions, there is currently no other funding source which supports wholly Peer owned and led services which are available to all members of the community, with or without diagnosis of mental illness.

My goal is to initially develop and implement independent group and community spaces in Barwon, with the possibility of further spaces in Metropolitan Melbourne and other parts of regional Victoria, which are open and accessible to anyone in the community with similar experiences, values and beliefs, regardless of whether or not people have a diagnosis of mental illness or are eligible for funding under the NDIS. I hope to encourage participation by a diverse cross section of the community who identify as having positive, helpful or constructive experiences of voices and visions, such as spiritual practitioners or people from different cultures who may view voice hearing as a special gift, in an effort to help lower the boundaries between arbitrary classifications and cultural belief systems, and begin facilitating a more open and community focused dialogue.

In an effort to encourage community ‘buy-in’ and cover the costs of certain amenities for groups, such as tea and coffee, I will be asking for small, voluntary donations from participants who can afford to do so, however larger financial contributions will help me to cover other costs, such as promotional material, equipment and travel, professional development, supervision and research, and some basic living expenses while I work unpaid in the community.

Contributions will also support me to focus on research and development of lived experience resources, including consultations with a range of community groups (for example, consumer groups, academics and researchers, spiritual and faith communities), editing, proof reading, printing and distribution. Sufficient response and contributions will potentially enable me to explore developing further initiatives, such as industry training and workshops, or research opportunities with collaborative partners.

In exchange for your support:

All contributions of $5.00 or more will be listed on my website [www.nathangrixti.com](http://www.nathangrixti.com)

Contributions of $50.00 or more will receive a shout out on social media via my [Facebook page](http://www.facebook.com)

Contributions of $500.00 or more will receive recognition and special thanks in any published resource material, as well as regular quarterly updates and a hard copy of any resource material which is developed and published in print format during the rollout period of the NDIS (2016-2019).

Contributions of $5,000.00 or more will be listed as major sponsors on my website and in any published resource or promotional material, as well as acknowledged in any related industry presentations such as conferences, public forums, etc. Organisations making contributions at this level and wishing to be recognised as sponsors or supporters will also be invited to display corporate sponsorship logos and links to organisational websites on the homepage of [www.nathangrixti.com](http://www.nathangrixti.com), as well as in any promotional and relevant industry presentation material.

I am grateful for any contributions from individuals, community groups, charities and philanthropic organisations, health services, funding bodies, or other community organisations which will help me to work towards my goal. Please visit [www.mycase.com.au](http://www.mycase.com.au)/page/126432 for details.

For further information, or if you would like discuss making a contribution or supporting this initiative in other ways, please visit [www.nathangrixti.com](http://www.nathangrixti.com) and fill out the contact form, email me at [nathan.grixti@gmail.com](mailto:nathan.grixti@gmail.com), or call 0401 334 099.
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Nathan Grixti is an independent mental health Consumer Consultant, Advisor and Advocate. Nathan also provides independent, specialist Peer to Peer Mentoring, Education, Community and Support for people who hear voices, see visions, and experience other forms of altered states or sensory perceptions, and who identify with spiritual, mystical, or alternative explanatory frameworks.

Working in the mental health sector since 2006, he has been an active member of the mental health consumer community and has been speaking publicly about his lived experience for over a decade. He has been employed in a number of designated consumer workforce roles, including Peer Support Work and Support Coordination as part of Personal Helpers and Mentors (PHaMs) with Karingal Transcend, Advocacy with the peak consumer organisation VMIAC, and most recently as Program Manager of Voices Vic with UnitingCare Prahran Mission.

In addition to his work with individuals and groups in the community, in recent years he has been heavily involved across a range of key systemic advocacy issues and important sector reforms, including the trial and implementation of the National Disability Insurance Scheme (NDIS), the introduction of the new Mental Health Act 2014, the Victorian State Government Mental Health Community Support Services (MHCSS) reforms, the Department of Health and Human Services (DHHS) Consumer Workforce Partnership Dialogue Forum, and the development of Victoria’s 10-Year Plan for Mental Health. Nathan has also presented at a number of major conferences and forums on consumer perspective, including the 2014 Lifting the Lid on Mental Health Victorian Pre-election Event and the 2015 International Consortium on Hallucinations Research (ICHR) 'Hearing Voices and Hallucinations: Research, Practice and Recovery' Conference.

Nathan holds strong conviction in the importance of recognising and listening to the wisdom and expertise of lived experience, with a focus on wellbeing, social justice, equality and human rights. He is also a strong supporter of the social movement which is happening within the context of the International Hearing Voices Network and is increasingly engaging frameworks promoting exploration, rather than suppression, of voice hearing, visionary experiences, and other forms of altered states and perceptions, as a valid and potentially healthy expression of human diversity.

Thankyou

Nathan Grixti

I would like to acknowledge the traditional owners of the land on which we live and work, and pay my respects to elders past and present.